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Abstract	D7.3.5 represents the third and final update to the Exploitation and Sustainability Plan including an Activity Report for the period M25-M41. It follows the Exploitation and Sustainability Plan (D7.3.1, delivered in M3), the first update (D.7.3.2, delivered at M12 and including an activity report) and the second update that was delivered in M25 (D7.3.3, again including another activity report). The purpose of this report is to present the final Exploitation and Sustainability report as executed by partners since M25 and until the end of the project in M41, thus covering the period January 2020 to May 2021, focusing on ensuring a continued use of key project results beyond the ENhANCE project funding period and in particular increasing impact and sustainability of the project results through commitments made by Supporting Partners.
Keywords	Exploitation, sustainability, exploitable results, long term outcomes; indicators; Supporting Partners, positive developments, remaining challenges, letters of support.

Signatures

Reviewed by	Role (Organization)	Date
Reviewer 1	Francesca Pozzi (ITD-CNR)	12/05/2021
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List of Acronyms

CEDEFOP	European Centre for the Development of Vocational Training
EIP on AHA	European Innovation Partnership on Active and Healthy Ageing
ER	Exploitable Result
EU HPP	EU Health Policy Platform
IEP	Individual Exploitation and Sustainability Plan
FCN	Family and Community Nurse
GP	General Practitioner
LTC	Long term Care
OOT	Open Online Tool
PHC	Primary Health Care
SEAM	Stakeholder Engagement Assessment Matrix
WP	Work Package

Executive Summary

The purpose of this report is to present the final Exploitation and Sustainability Plan focused on the final period of the ENhANCE project and specifically the timeframe between January 2020 to May 2021, including the five-months extension granted due to the COVID-19 pandemic.

A key activity of all partners in these last months and regarding their Individual Exploitation and Sustainability plans (IEPs) has been to continue to work on identifying potential opportunities, but also to identify and address the potential barriers that need to be overcome to ensure strengthened recognition of FCN profile supplemented with more strategic primary care investments in FCN.

The sustainability activities have principally been focused on achieving and mobilising a greater engagement and commitment from so-called *Supporting Partners*, who were targeted and approached with a specific "Stakeholder Engagement" Survey and later contacted as a potential "Supporting Partner" willing to commit to further disseminating and/or taking up and using all or some of the ENhANCE Exploitable Results (ER).

1   Introduction

This main focus for this final report, D7.3.5, is to describe the collective and individual efforts of the ENhANCE Alliance and the individual partners involved in Task 7.3 in these final 12+5 months[1] (from January 2020 and up to 31 May 2021), to achieve a greater recognition for the FCN Profile, greater awareness for the FCN European Curriculum and overall to seek explicit commitment from so-called *Supporting Partners* to act as multipliers and further broaden the reach and strengthen the impact for the ENhANCE Exploitable Results (ER).

1.1   Aims and objectives

The aim this final report, D7.3.5, Exploitation and sustainability plan updated and activities (M41) is to provide a final update and progress report on the main exploitation and sustainability activities and initiatives taken by individual ENhANCE project partners in their country/regions in these last 17 months, thus building upon their Individual Exploitation and Sustainability action plans that were reported in-depth in D7.3.3.

It also aims to report on the collective efforts made by the ENhANCE Alliance to engage with the already identified relevant stakeholders (SAEM), to mobilise greater awareness for the Exploitable Results (ER), and secure written commitments from *Supporting Partners* for the main outcomes and the ER of the ENhANCE project.

Finally, this report also aims to provide a summary about the perceived main opportunities and remaining barriers that need to be overcome to ensure more strategic investments in community and home-based care, and thus the need for a greater recognition among decision makers of the FCN profile, and its value-added in providing person-centred and integrated care.

1.2   Relations to other activities and deliverables

This D7.3.5 report links in particular to activities carried out to increase Stakeholder Engagement, notably the indicator of securing at least 20 Supporting Partners (according to the project proposal). This particular activity commenced with the launch of a targeted Stakeholder Engagement Survey (**see section 2.2.4**), for which both the results and the related quantitative analysis has already been published in greater detail in *Deliverable 6.2* "*Evaluation Report: EU Curriculum and Guidelines targeting VET designers*".

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[1] A 5-months extension was granted, due to project activities being delayed by the COVID-19 pandemic.

This report also links with deliverable *D7.3.4 "Recommendations on Efficient Investments in FCN"*, which intends to provide policy and decision makers (including public and private employers of FCN) with a set of recommendations based on existing evidence and literature concerning FCN.

Finally, and crucially, this report also links strongly with Task 7.1 (Dissemination), in particular the Final ENhANCE Conference, which was organised as two separate online events on the 6th and 20th May (see D7.1.4 for further details about the ENhANCE Final Conference). Moreover, key stakeholder feedback from these online and interactive webinars are available here: https://www.enhance-fcn.eu/2021/05/10/watch-again-the-enhance-final-conference/ and have been included in D7.3.4 (Section 4).

1.3 Report structure

This report is divided into four sections. *Section 1* provides the Introduction for this deliverable. *Section 2* presents and reports the exploitation and sustainability activities conducted by all ENhANCE partners in this last reporting period. The first part of S*ection 2* focuses on the Individual exploitation and sustainability plans and activities of the ENhANCE partners in the reporting period Month 25 to 41, with main updates, outcomes and progress outlined in quite some detail in the previous D7.3.3. The second part of Section 2 reports on the exploitation and sustainability activities at EU- level, mainly driven by the European umbrella organisations−EASPD and Eurocarers−actively involved in the project, but also at the more ENhANCE-collective level in obtain commitments to support the further promotion, dissemination and possible uptake of the key project outcomes by external stakeholders that have shown interest in the ENhANCE project. *Section 3* provides an overview and summary of the status for the exploitation of the main exploitable results, as well as the sustainability outcomes. Finally, *Section 4* provides the main points of discussion and concludes the report.

2   Exploitation and sustainability activities report (M25-41)

An important aim, in this final period, has been to focus efforts on to maintain the momentum and continue the engagement, around the main project outcomes of ENhANCE and in particular targeting key end beneficiaries such as nursing graduates, teachers and trainers, Vocational Education and Training (VET) providers and other higher educational institutes, but also among nurse regulatory bodies and other associations representing the nursing profession. Particularly, to build upon the experience from the ENhANCE FCN progammes/courses that were piloted at UEF, UTH and UNIGE (see D5.1, D5.2 and D5.3), and how this could shape future nursing programmes and/or specialisations, and ensure a continued, integration of the ENhANCE FCN Curriculum.

In regard to sustainability, a key effort in this final period has been to advocate for a change in practice, mainly by engaging with key decision and policymakers to further discuss and put in place the necessary conditions – to enable an improved recognition and integration of the FCN professional profile in PHC among relevant stakeholder groups – which is a prerequisite to ensure further uptake and implementation of the FCN Curriculum and study programmes among VET providers and/or higher educational institutes.

Apart from some delays experienced by some pilots due to the first wave of COVID-19 in the period February 2020-May 2020, which caused some issues around the availability both of nursing students and teachers, the exploitation and sustainability activities reported for this period January 1, 2020 to May 31, 2021 are strongly connected to the experience from the FCN pilots at UEF (Finland), UTH (Greece) and UNIGE (Italy), and the feedback from the teachers and nursing graduates obtained, which have been reported in relevant WP6 deliverables. It should be considered that, given the fairly high number of Italian partners in the Alliance, their Individual Exploitation Plans may have overlap or duplicate information, as partners report on the recent progress achieved in Italy with FCN.

2.1   Individual Exploitation and Sustainability Plans of ENhANCE partners (M25 – M41)

2.1.1   University of Eastern Finland (UEF), Finland

<u>Summary of UEF main Exploitation and Sustainability activities:</u> One of the main activities that UEF, Department of Nursing Science, performed to secure the use and sustainability of the ENhANCE project was updating the curricula of future study programmes of both the UEF Bachelor and Master's level programmes and integrating the ENhANCE Family and

Community Nursing (FCN) modules for the next three academic years (2020-2021, 2021-2022, 2022-2023) in accordance to the university planning process.

Additionally, the Department of Nursing Science considers continuing using the *Open Online Tool (OOT)* developed in ENhANCE, and has already embedded the FCN modules based on the ENhANCE European Curriculum at the UEF to ensure sustainability and implementation of key project results in future. The FCN course is currently offered as a part of national level learning path studyinfo.fi (in Finnish "Opintopolku") for students to register to study FCN. For further information regarding it, please see link here: https://studyinfo.fi/app/#!/koulutus/1.2.246.562.17.96959852888.

Main Opportunities and positive developments:

The main stakeholder engagements of the University of Eastern Finland included Universities, The Open University, and the Alternative Path to the University project (TRY project)[2.]. The TRY is a national project that aims to develop educational processes for those professionals who are combining their employment with Lifelong learning opportunities, and their identified need to update their competencies. The UEF has disseminated the ENhANCE project and the Finnish pilot FCN curricula through a recently published book entitled *"Marginaalista vakiintuneeksi valinta tavaksi Ideoita avoimen väylän kehittämiseen",* an outcome of the TRY project (Alternative Path to the University). The book (in the Finnish language) is available here: https://bit.ly/3xivBBK.

Furthermore, the UEF presented the ENhANCE Finnish pilot as an oral presentation at the 16th National Nursing Conference (HTTS conference) in September 2020.

Additionally, the UEF has introduced the ENhANCE project to Dr Tiina Mäenpää, PHN, who is the president of the Finnish Association of Public Health Nurses, and has invited her to give a presentation at the ENhANCE final Seminar on 6th of May 2021.

Remaining challenges and next steps:

The Department of Nursing Science does not envisage serious barriers regarding the continued implementation of the ENhANCE FCN curricula due to the open and systematic educational system in Finland. Generally, the universities of applied sciences are responsible for the training of registered nurses and public health nurses, and universities are responsible for scientific education in the field of nursing, i.e. nursing science education (that is the level UEF nursing science is offering). Normally, after completing 240 ECTS in

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[2] TRY project – Toinen **R**eitti **Y**liopistoon ("Alternative Path to University" project) - https://www.avoin.jyu.fi/en/open-university/projects/alternative-path/alternative-path-to-university

the universities of applied sciences, students complete the Bachelor in Health Care degree and are eligible to serve as a public health nurse and work as Family and Community Nurse.

Notably, Finland follows the Nordic Welfare Model of care. The model core pillars include equality, services in health, and wellbeing. Finland is already very much focused on developing quality and resourcing of home care, and thereby, family and community nursing is already a well-established programme in Finland through the universities of applied sciences. Nevertheless, based on the Finnish ENhANCE pilot experience, as students may not across-the-board be interested in all modules within a fully integrated ENhANCE FCN Curriculum, which would lead to UEF's policy of offering the ENhANCE Modules individually (see D5.3 and D6.4 for more details about the Finnish pilot being offered also as modules).

2.1.2 University of Genoa, UNIGE (Italy)

Summary of main exploitation and sustainability activities

The main activities at UNIGE consisted of:

- Involving stakeholders from local health facilities and the Ligurian Regional reference centre at ALISA, who are able to employ staff.
- Starting up and relaunching the Italian Pilot (1-year postgraduate Master Course) with the curriculum defined for the year 2021 at the University of Genoa.

Main Opportunities and positive developments:

A number of recent developments, listed below, can be seen as positive developments for ensuring the sustainability of the project results:

- The regional health service system has activated several projects and protocols for the territorial deployment of the Family and Community Nurse, e.g.: D.G.R. n.40 / 2019 "National Strategy for Internal Areas" which targets the elderly population aged at least sixty-five, people with complex health needs and major frailties.
- Local health authorities launched an announcement for selection to offer grants for 1-year postgraduate master courses for Family & Community Nurses in collaboration with UNIGE to implement the service.
- The National Federation of the Orders of Nursing Professions (FNOPI) has defined and established the roles and operations of the Family & Community Nurse (in Italian, *IFeC – Infermiere di Famiglia e di Comunità*). (See: https://www.fnopi.it/wp-content/uploads/2019/10/FNOPI-INFERMIERE-DI-FAMIGLIA-E-COMUNTA-

schema-4-.pdf) and identified the operational needs (see: https://www.fnopi.it/2020/09/10/ifec-regioni-conferenza-presidenti/).

- UNIGE adopted the methodology developed during the ENhANCE project, in particular concerning the training of teaching staff and tutoring for the new teaching procedures and practices; design and delivery of online collaborative activities; introduction to gamified approaches and self-regulated learning in e-learning contexts; production of Open Educational Resources, to improve the complementary teaching activities of existing courses.

- Regulators, lawmakers and health care providers proposed, in line with type of trained staff, having of a Bachelor's Degree in Nursing to access to the 1-year postgraduate Master and obtain the new qualification, facilitations that allow pre-enrolment in public competitions pending discussion of the degree thesis. We got Interaction with regulators and service providers in order to activate employment proposals with local authorities.

- Identification of the need for Family & Community Nurses on a national level (9600 nurses) with the Law of 17 July 2020, n. 77 Conversion into law, with amendments, of the decree-law 19 May 2020, n. 34, containing urgent measures in the field of health, support for employment and economy, as well as social policies related to the COVID-19 epidemiological emergency. (20G00095) (GU Serie Generale n.180 del 18-07-2020 - Suppl. Ordinario n. 25).

- Position Statement on FCN by FNOPI (National Federation of the Orders of Nursing Professions), see Appendix 1.

- Developing future experimentation pathways for models linked to the remote monitoring of patients aimed at a greater efficiency of the system. Evolution through the development of future prospective studies that identify the impact of Family & Community Nursing on the healthcare services and on patients.

Remaining challenges and next steps:

The IFeC curriculum has obtained a very high national and regional recognition, also in relation to the pandemic emergency, which has highlighted the key role of the Family & Community Nurse within the national health panorama. In addition to the indications proposed in the previous section about amin opportunities and development, it is worth mentioning that the widening of the interest emerged thanks to the national recognition with the Law 77/2020 (see previous section).

The major obstacles are currently determined by the potential recognition of the Family & Community Nurse role even without the qualification guaranteed by the 1-year Master Course in FCN.

The evolutionary perspective involves the dissemination of the curriculum as a solid basis on which to prepare the training plans to qualify the Family & Community Nurse in Italy and in the Region where this type of nurse was launched, i.e. Liguria. This activity allows the permanence of a univocal vision of the family and community nurse and a coordinated and stable approach to care on the national territory. The interaction with the MED 45 University network, related to the training of Nurses and Master's Degree Nurses, allows them to actively pursue this goal.

The Italian Pilot (Master Course) could also be adopted by other countries/universities under the supervision/guidance of the University of Genoa.

2.1.3 ITD-CNR (Italy)

Summary of main exploitation and sustainability activities

The Institute of Educational Technologies (ITD) of the National Research Council (CNR), during the period M25-M41, has initiated several new contacts with relevant stakeholders in respect to what was envisaged in the SEAM (updated with Y2 stakeholders). Unfortunately, the COVID-19 pandemic somewhat diminished the possibility for real networking and interactions with key persons who might be potentially interested, so most interactions took place on various online dissemination events.

Key events where ITD-CNR could engage with stakeholders was at the first online edition of the *European Week of Active and Healthy Ageing (EWAHA)* that took place in November 2020; *ECEL 2020 - Elearning Excellence Award*; and the *15th annual International Technology, Education and Development Conference*, which offered the opportunity to present the ENhANCE project to a wide range of target audiences and diverse institutions and then the interested ones contacted us directly to lay the basis for future interactions and collaborations.

Particularly, after these events ITD-CNR had many exchanges via email and via Skype with the Italian Red Cross, the University of Bologna and the Emilia Romagna Association of Family and Community Nurses. These 3 institutions were interested in knowing ENhANCE project in general and in particular its results. Furthermore, the Coordinator of Emilia Romagna Association of Family and Community Nurses provided ITD with an official Declaration of Interest where he declares:

- the support and the interest on the part of his institution towards the project,
- the interest of the association to disseminate project results among their networks,
- the interest on possible future collaborations between the association and the project to strengthen the role of the FCN on the territory.

The University of Bologna is considering adopting the EU Curriculum as a basis to offer a Master for FCNs next year.

All the stakeholders envisaged in the SEAM and the new ones, were all contacted to complete the "Survey for External Stakeholders" (see Section 2.2.4) about key project results and they have been all invited to the ENhANCE Final Conference.

Main opportunities and positive developments:

In general, interacting with external key stakeholders opened up the opportunity to collect feedback and at the same time to get them actively engaged in the project, making them aware of our outcomes and triggering them to reflect on possible future collaborations with the project and possibly uptake of our outcomes.

Starting from the contacts taken by ITD-CNR during the period (M25-41) (see section above), it was possible to reach a number of European and national stakeholders, who are part of big networks (e.g., the Italian Red Cross) and this will further expand the project outreach. Moreover, in some cases (see section above), we have already collected concrete commitments /intentions by stakeholders which will guarantee exploitation of the main project outcomes.

Remaining challenges and next steps

In the previous period, we were concerned about collecting a sufficient number of answers for the "Survey for External Stakeholders" (see Section 2.2.4). Thanks to the effort to disseminate the project in various contexts and through various channels, we achieved to collect about 20 letters of intent from Italian stakeholders.

As to the challenges envisaged for the future, generally speaking, primary care in Italy is managed at regional and local level, this means that it might be challenging to have the same impact on other regions and reach the national level. However, as already mentioned, ITD-CNR and the whole Alliance is organizing the project Final Conference (6th and 20th May 2021), inviting organizations and stakeholders from the European/national/regional, as well as the local level, to ensure a long-lasting and wide impact and successful uptake of the project results.

Some of the main project outcomes, e.g. the Professional Profile, as well as the EU Curriculum, will have a leading role to lasting changes both at European and Italian level. In particular, as far as the definition of the FCN Professional Profile (D2.2), as this has been defined in the project, this will be possibly included in the ESCO[3] (European multilingual classification of Skills, Competences and Occupations), thus contributing to raise awareness and job opportunities regarding this key figure in the European PHC system. Moreover, the EU Curriculum (D3.1.2) in Italy has already been taken by policy makers as an input for the definition of standardized training paths for FCNs, and now that a national law has been promulgated to recognize the role of FCNs, this lays the basis for further uptake.

Moreover, ITD-CNR is considering submitting a proposal for a European project, aimed to build up and sustain an international community of practice for FCNs.

2.1.4 A.Li.Sa (Azienda Ligure Sanitaria), Italy

Summary of main exploitation and sustainability activities

Guaranteeing the use and results of ENhANCE is a priority objective for ALISA; at the moment the Italian legislation is directing the reform of the primary care system and foresees extensive use of the FCN, having an adequate training course allows to have competent professionals. ALISA worked intensively with important stakeholders to disseminate the results of ENhANCE at national and regional level. Locally the University of Genoa has activated, and is currently running, the second edition of the Master in FCN which was a pilot for the project. ALISA interacted strongly with FNOPI (National Federation of Nursing Professions), and with a working group on FCN, which is active in cooperation with PROMIS (see below for further details).

Main opportunities and positive developments:

Below a list of recent developments that can be seen as positive factors for the sustainability and exploitation of the project results:

- PROMIS − Programma Mattone Internazionale Salute. It promotes Regional Health in Europe and the World as well as Europe and the World in the Health Systems of Italian Regions, in the framework of a synergic collaboration with the Country System. A working group on the FCN is active and considers the ENhANCE results as an integral part of the national implementation of FCN. A recent webinar was

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[3] https://ec.europa.eu/esco/portal/home

held in April 2021 focusing on the FCN and on the ENhANCE training model. The webinar also allowed the promotion of the ENhANCE Final Conference**.**

- FNOPI*, the National Federation of the Orders of Nursing Professions*, has adopted a position statement on the FCN see, Appendix 1. This position statement also refers to the outputs of ENhANCE, specifically, the Conference of Regions and Autonomous Provinces on 10th September 2020, approved the "Guidelines for Family/Community Nurses". (https://www.fnopi.it/wp-content/uploads/2020/09/DOCUMENTO-REGIONI-SU-IFeC.pdf). The guidelines have been drafted by the technical subgroup starting from the document "Position statement on Family and Community Nurses" of the FNOPI, in which the description of the competences of the Family and Community Nurse is complete and in line with the European guidelines with regard to the two areas of competence (family and community) considered strategic for health promotion and management of chronicity/fragility in the territory.

- A recent *Law Decree no. 34/2020*, art. 1 c. 5, converted into Law no. 77 of 17 July 2020, *provides for the introduction of the family or community nurse,* in order to strengthen nursing services, to enhance the care on the territory of SARSCoV-2 infected individuals identified as affected by COVID-19, also assisting the special Continuity Care Units and the services offered by primary care, in relation to regional organisational models, see https://www.fnopi.it/wp-content/uploads/2020/09/DOCUMENTO-REGIONI-SU-IFeC.pdf.

- *Project "Network of Masters in Family and Community Nursing"- 3.0:* this is a network among representatives of the FCN Masters throughout Italy; it was started in October 2020 by APRIRE and AIFeC, and is currently active. Representatives of the following universities are part of the network: Bolzano, Trento, Vicenza, Piemonte Orientale, Torino, Milano, Brescia, Parma, Bologna, Firenze, Lucca, Roma e Bari. The objective of the network is to draw a concrete work plan shared by all the partners, which will start from the European Curriculum of the ENHANCE Project and from the IFeC Position Statement document, which each university will adopt and share (see: https://www.aprirenetwork.it/page/3/).

Remaining challenges and next steps

The main challenges relate to the main implementation role, which is the competency of the territories. This remains an issue and is partly related to the shortage of nurses on the labour market and to the duration of the training courses that are currently available.

In the future, the aim is to keep the ENhANCE main results (PP and Curriculum) as a benchmark. FNOPI is working at a master degree aimed at training an Advanced Practitioner Nurse, a FCN with competences in primary care based on the ENhANCE FCN Curriculum. In Italy we are also considering having the Curriculum implemented as an intermediate specialisation course between the basic training and the master degree, able to guarantee FCN a minimum set of competences able to work in the field and to continue with the training in parallel (the Curriculum will be in case localized by using the Guidelines developed in ENhANCE – see D3.2.2).

2.1.5 SI4LIFE, Italy

Summary of main exploitation and sustainability activities

The main exploitation and sustainability actions carried out by SI4LIFE in this period are related to *the European Innovation Partnership on Active and Healthy Ageing* (EIP on AHA: see: https://ec.europa.eu/eip/ageing/home_en).

The EIP on AHA is the first EIP launched by the EC in 2011, focusing on active and healthy ageing of the people of Europe. An EIP is a partnership which brings together all the relevant actors at EU, national and regional levels across different policy areas to handle a specific societal challenge and involve all the innovation chain levels. The EIP on AHA has, as its foundations, two main pillars: Action Groups and Reference Sites.

The Reference Sites are coalitions of regions, cities, integrated hospitals or care organisations that focus on a comprehensive, innovation-based approach to active and healthy ageing. Regione Liguria is a Reference Site of the EIP on AHA and SI4LIFE coordinates this important activity for the region. REFERENCE SITES are based on a QUADRUPLE HELIX MODEL which imposes the inclusion of representatives of 1) Governments and Service Providers; 2) Civil society; 3) Industry; 4) Research and Academia. Therefore, the involvement of multiple stakeholders is always assured in this context.

In particular, in October 2020 SI4LIFE represented REGIONE LIGURIA in the "Online workshop with reference sites about scaling up initiatives in context of EIP on AHA". In this occasion SI4LIFE presented the "Efficient investments in FCN as well as a gradual and sustainable scaling up of the deployment of FCN in Liguria." This presentation encountered the interest of many attendants and ENhANCE project results have been properly outlined and disseminated.

Aside of the participation in the EIP on AHA, SI4LIFE is currently involved in many projects financed under the Erasmus Plus Programme:

- IN-TOUR a SSA financed in 2019 (IN-TOUR - INclusive TOURism Professions. European Curricula For Accessible Tourism Manager And Frontline Staff) https://in-tour.eu/

- NECTAR a SSA financed in 2020 *aN Eu Curriculum for Chef gasTro-engineering in primAry food caRe* http://www.nectar-project.eu/

- oMERO project – A strategic partnership in the field of Higher Education – financed in 2020 (an eu curriculuM for visual disabilitiEs RehabilitatOrs).

The main lessons learnt, templates, achievements and results of ENhANCE project are feeding and will feed the work that SI4LIFE will carry out in the above mentioned projects as the coordinator of Curriculum development WPs.

Main opportunities and positive developments:

In order to refine the first release of the Curriculum and to deliver the final version as leader of WP3, SI4LIFE interacted with many stakeholders, internal and external, in order to collect feedback about this important project result. This action has been carried out both during formal dissemination events and during informal professional exchanges, mainly in the framework of the work carried out for the above listed EU projects. Many formal and informal opinions have been collected and the majority of them pointed out the high quality level of ENhANCE outcomes.

Remaining challenges and next steps

ENhANCE project main results have been integrated in Regione Liguria at a high level. The Curriculum has been implemented in the Italian pilot, which consisted in a twelve-month Course at Master's level, awarding a Certificate in Family and Community Nursing officially recognized by UNIGE at EQF7. 44 FCNs took their certificate in December 2020.

ENhANCE results have been also taken as a reference point for the position statement about FCN delivered in summer 2020 by the National Federation of Nurses (FNOPI). The last step of the scaling-up process has been fostered by the pandemic emergency. On the base of the needs emerged with COVID emergency, in May 2020 the Italian Government issued the Decree Law n34 which empowers and reorganizes the welfare networks and formally introduces for the first time Family and Community Nurses as a key professional in social-health care services. In summer 2020, Regione Liguria formally adopted the national law with a decree and identified in 8 FCN per (fifty thousand) 50.000 inhabitants the current need of the regional system.

FCNs will be integrated in the whole regional territory. Of the 44 FCN trained in the framework of ENhANCE project, 21 of them have already been employed and the remaining will be employed soon under this new law and the Master Course organized by the University of Genoa will be repeated next year in order to provide the needed workforce. This process can be broadened both increasing the number of FCNs operating on the territory and extending the model to other Regions or countries. In order to achieve the targeted societal impact, there are always challenges to be tackled. Most of them are rooted in the traditional "reactive" social-health care model, which is centred on hospitals, Table 1.

TABLE 1. Attributes of Effective care for chronic conditions

REACTIVE (outdated) health and social care	PROACTIVE (effective) health and social care
Disease-centred	Patient-centred
Hospital-based/ Specialist care	Primary Health Care-based/Community based
Focused on individuals and treatment-focused	Focus on the community and on prevention-focused
Reactive, guided by symptoms	Proactive, Planned

SOURCE: PAHO, 2013

An important switch to a proactive model is needed, in order to set the ground for Primary Health Care based on the pivotal role of FCNs. Other challenges are rooted in citizens' attitude towards healthcare services: they are not used to a proactive approach, where it is the system that contacts them. In this case, professionals' training, citizens' education and formal and informal networks plays an important role as enablers.

The COVID-19 pandemic has in a way also been an enabler, too, since it has further amplified the need for a new approach in PHC. The challenge will be to maintain and implement the new settings and policies for the "post-COVID-19" phase.

2.1.6 Hellenic Regulatory Body of Nurses (ENE), Greece

<u>Summary of the main exploitation and sustainability activities of ENE</u>

Various communication and exploitation activities have been conducted to facilitate further use of the ENhANCE results beyond the project's funding period. Announcements were published on ENE's website regarding the completion of ENhANCE 1st, 2nd and 3rd pilot courses in April, May and June 2020 respectively. This information resonated with a wider public, given the fact that the website's clicks during March amounted to 46.2 thousand.

More than 700 nursing professionals were introduced to the ENhANCE project during the 13th Panhellenic Scientific & Professional Nursing Conference in October 2020 (an online event) by a poster presentation in the e-Conference's Poster Area. In addition, detailed information about the ENhANCE project and the completed pilot projects was published in the monthly journal "Health Rhythm" of ENE in December 2020.

16.000 who subscribed to ENE's newsletter, out of its 43.000 members, received regular mentions of the project, while social media posts were created on several important occasions of the project. Last but not least, in April 2021 a Twitter post was published by ENE to attract participants to the project's final online conferences.

<u>Main opportunities and positive developments:</u>

The activities of ENE have mainly focused on providing greater visibility for ENhANCE and promoting the European Curriculum. During this period, a high number of nursing professionals (up to 16.000 members of ENE) and representatives of the scientific community (722 persons) have been reached. Disseminating the information about the project results, including the successfully implemented pilot projects, has significantly contributed to stressing the necessity to further invest and develop FCN. Finally, through the accumulation of 14 Letters of Intent, several VET providers, as well as regional Health Centres, have been reached and informed about the project and its outputs (see also Section 2.2.4).

So, in terms of stakeholders, it could be stated that mostly the categories targeted were mostly beneficiaries and sideliners. However, the presentation of the project to the deputy Minister of Health definitely counts as informing a key stakeholder about ENhANCE, while there were also a few VET providers reached (private colleges in Athens) that could account as facilitators, given the fact that they have the power to determine the curricula taught in their schools. Head nurses in regional Health Centres, around Greece, Presidents of Regional Departments of ENE as well as nursing professionals, targeted through the

conference, may be regarded as beneficiaries, while all general public reached through social media posts as sideliners.

<u>Remaining challenges and next steps</u>

The main challenges in 2020 and 2021 were related to the immense pressure of the COVID-19 pandemic on the healthcare system and a long-term trend of limited healthcare resources and budgets, which shifts away the attention and resources from FCN. The dissemination activities implemented by ENE have focused on showing the tangible results achieved during the ENhANCE project, thus facilitating further steps to acknowledge the importance of FCN.

What is more, ENE has exerted influence at the level of the Ministry of Health towards the establishment of two new nursing specializations: Intensive Care Unit nurse -so as to offer an immediate support to the Health Care System, during the Covid crisis- and Community Nurse, that is imminently related to ENhANCE FCN scope. These two specializations have in the meantime been successfully established.

In relation to the Community Nurse specialization, having been officially established by the Greek state, an upcoming action is to present the ENhANCE FCN Curriculum to the respective tripartite scientific committee, promoting the project's objectives. After the finalisation of the project, ENE will continue exploitation activities via conferences, seminars and professional contacts with stakeholders and other nursing regulatory bodies, to facilitate further use of the ENhANCE results beyond the project life. ENE will also initiate or join new projects and partnerships to capitalise the results of ENhANCE and continue working on the topic of FCN.

2.1.7 Hellenic Mediterranean University (HMU), Greece

<u>Summary of main exploitation and sustainability activities of HMU</u>

HMU played a dual role in the project, acting as a partner supporting the project both for their technical competences in informatics and for their disciplinary competences in the nursing education field. Its exploration and sustainability plan is quite restricted as regards to engage and work in partnership with a wide range of stakeholders. Nevertheless, following the planned activities, HMU achieved to include 2 courses in the Syllabus of the HMU Nursing Department, because of the ENhANCE project commitment.

More specifically, a specific course entitled "Family Nursing" [in Greek: Μάθημα [0805.5.007.0]: Νοσηλευτική της Οικογένειας - for the Academic year 2020-21 and another one entitled "Elderly care Nursing" [in Greek: Μάθημα [ΥΝ40Γ4]: Νοσηλευτική της Τρίτης

Ηλικίας] see https://service.eudoxus.gr/public/departments/courses/411691/2020 are now delivered to nursing students as a concrete activity and thus enhancing the sustainability of the project. In this context, not only the results of ENhANCE are presented, but also structured, and designed according to the learning-outcomes based context of the ENhANCE FCN curriculum and VET guidelines.

Noteworthy to mention that any new outcomes were emerged in the period (M25-41) were also delivered to identified stakeholder groups such as; (Community-based) social service providers; Higher educational institutes and VET providers; Local authorities and decision makers in the field of health and community care provision and, our Graduate nursing students mainly via social media (mainly Facebook) and e-class learning environment.

Main opportunities and positive developments

Thanks to the ENhANCE project, now the institution of "Specialization in Public Health & Community Nursing" in Greece is established. This nursing training (internship) is an important step for enhancing the professional profile of public and community nurses at multiple levels, highlighting the conceptual framework in the national perspective on FCN specialization. HMU has actively contributed to the organization of the curriculum of the "Internship" and the development of the educational materials based on the project's core competencies and methodology applied. Nowadays, Greek nurses working in primary healthcare sectors (across Greece) receive highly specialized knowledge and skills including clinical training.

Remaining challenges and next steps

It is widely well-known that restricted financial resources can be a significant barrier to continuous delivery of an "educational training program" (implementation) after the end of the project. In addition, lack of information, or the uncertainty regarding the specialization/qualification of Family and Community Nurse (FCN) and implementation processes and benefits, can also be critical barriers limiting the uptake of FCN by decision makers. Most importantly, different responsibilities and tasks (nursing tasks/interventions) distributed among multiple departments are a barrier to produce benefits from FCN and limit the opportunities for incorporating novelty in the FCN planning and management process especially in the long-term care. At regional level, the partnership among stakeholders and organizations (Hospitals and Community Health Sectors) from multiple levels is the most frequently identified socio-institutional enabler. Therefore, any FCN curriculum has to be designed to deal with challenges affecting multiple stakeholders and partnerships.

Given that the institution of "Specialization in Public Health & Community Nursing" in Greece is established, HMU is focusing on introducing a specific course namely "Family and Community Nursing" in the "Master of Science" of the Nursing Department at HMU.

By an academic year 2020-21, several learning outcomes related to project transversal competencies are delivered to nursing students as a concrete activity enhancing the sustainability of the project. Most importantly, HMU is planning for the next few days to introduce the projects to 18 trainers on "Specialization on Public Health & Community nursing in Greece" by recruiting them to register to the project Final Conference (DAY 6th of May & 20th of May). This is not only a step beyond the project sustainability, but also a great challenge for the Nursing Department and MSc program (Advanced Clinical Practices in Health Sciences) of HMU by recruiting new candidates.

2.1.8 University of Thessaly (UTH), Greece

Summary of main exploitation and sustainability activities

The main activity that University of Thessaly (UTH), Department of Nursing performed to ensure the use and sustainability of the ENhANCE project, was the development of new lifelong learning programmes for Community Nurses by integrating the ENhANCE Family and Community Nursing (FCN) learning outcomes and also the teaching and assessment strategies.

In particular, Nursing Department developed and is now implementing the lifelong learning programme *"Specialization in School Nursing"* Πρόγραμμα Εξειδίκευσης στη Σχολική Νοσηλευτική - Κέντρο Επιμόρφωσης & Δια Βίου Μάθησης Πανεπιστημίου Θεσσαλίας (uth.gr). School Nursing is a subspecialization of Community Nursing. This LL program is running through the LifeLong Learning Institute of University of Thessaly, and is an online program with a duration of 340 hours. The program adopted many Learning Outcomes, teaching and assessment strategies of the ENhANCE European Curriculum.

Furthermore, Nursing Department developed and during May will start to implement the lifelong learning program for Community Nurses that gives a certification of specialization in *"Care for Diabetes"* Πρόγραμμα Εξειδίκευσης στον Σακχαρώδη Διαβήτη - Κέντρο Επιμόρφωσης & Δια Βίου Μάθησης Πανεπιστημίου Θεσσαλίας (uth.gr). This LL program will run also through the LifeLong Learning Institute of University of Thessaly, and will be an online programme with a duration of 365 hours. This program also adopted many Learning Outcomes and teaching strategies of the ENhANCE European Curriculum.

Main opportunities and positive developments

Based on the interactions between UTH, Department of Nursing and the Greek Ministry of Health & Welfare in view of developing the educational material and a logbook with the competencies and skills of the Nurses for the new specialization, established by law, of *"Public Health Nursing - Community Nursing"*, has been the key positive development. For this specialization, the ENhANCE European and Greek Localized Curriculum have been exploited and used as a basis.

Furthermore, the UTH presented the ENhANCE Greek pilot course as an example of preparing nurses to manage health care needs of families and communities in the context of the *2nd International Scientific Conference on Health Management* (March 2021) (ICOHEMA 2021 – International Conference on Health Management). Furthermore, the motivation factors, course engagement and academic achievement of the participants in the ENhANCE Greek pilot course were presented as an example of the factors that should be taken under consideration in future actions about continuing nursing education in the field of Community Nursing.

Remaining challenges and next steps

Due to the fact that in Greece the Higher Educational Institutes follows the European Directives and have a high degree of autonomy in terms of curriculum design and implementation, the Nursing Department, University of Thessaly, didn't and will not meet any obstacles in the process of the implementation of the ENhANCE FCN curricula in undergraduate, lifelong learning and postgraduate modules.

But in Greece the primary health care system is currently under reform and in development. Usually in our country the main emphasis is being given in the development of the secondary and tertiary health care. This means that more actions should be taken if we want to further exploit the outcomes of WP2 (i.e., D2.1 "Report on current FCN working and occupational contexts" and D2.2 "FCN Professional Profile").

The Nursing Department – University of Thessaly (UTH) has currently established by law the Community Nursing Lab, where many actions for community populations will be developed. Those actions will include health promotion and education, health screening, rehabilitation interventions for civilians in Thessaly region and research in the field of Family and Community Nursing. In these actions many of the specialised nurses that graduated from the ENhANCE Greek Pilot Course will be involved.

In addition, this laboratory is responsible for the training of nurses in the field of community nursing and it is our intention to continuously implement the ENhANCE FCN Curriculum.

Last but not least, even though in Greece UTH implemented the EQF-6 level of the ENhANCE Curriculum (se D5.2), we are in the process of developing and establishing a new Master Degree Program in the School Nursing (sub specialization of Community Nursing) in which EQF-7 level of the ENhANCE Curriculum will be implemented.

2.1.9 Future Balloons (Portugal)

Summary of main exploitation and sustainability activities

FUTB has contacted a wide range of potential stakeholders in Portugal including community-based social service providers, higher educational institutes and VET providers, Nursing regulatory bodies, and nursing professional associations, local authorities and decision makers in the field of health and community care provision, to widely disseminate and inform them about the ENhANCE project results, but also - where relevant - to ask for their contributions in terms of quality assurance.

Main opportunities and positive developments

FUTB has made specific efforts to include, inform and provide opportunities of engagement about ENhANCE outcomes with the important *Ordem dos Enfermeiros*, The Portuguese Order of Nurses. The Order responded to the ENhANCE "Stakeholder Engagement survey" (see Section 2.2.4) about the FCN PP and European FCN Curriculum and they sent a letter to the ENhANCE Project Coordinator.

In their letter the Order states that they are *the* competent authority in their country acting as the main regulatory body for the Nurse profession, so it seems they have perceived the ENhANCE the project activities and related outcomes as an interference in their role, see Appendix 2.

Nevertheless, FUTB is positive in hoping that the stakeholders which have been approached will show an interest in both the ENhANCE European FCN Curriculum, and the Open Online Tool produced in the ENhANCE project, post-COVID19.

FUTB sees the potential in providing translated versions of the project outcomes, adapted to the requests of different stakeholders and institutions. For this reason, even during the project FUTB has been proactive in assuring translation in Portuguese of some the project materials, as for example the project website, even if this was not explicitly mentioned in the proposal.

Remaining challenges and next steps

The *Ordem dos Enfermeiros* is the responsible institution for the development of the Portuguese nurses curriculum, but the communication with them during the project lifespan was difficult. As already mentioned, the Portuguese Order of Nurses has specific authorities as the main regulatory body for the Nurse profession, specifically to:

- regulate the access and exercise of the profession;
- define the level of professional qualification and regulate professional practice;
- participate in the elaboration of legislation that concerns the profession of nurse;
- assign the title of nurse and specialist nurse with issuance of the inherent professional card;
- analyse and pronounce on the study plans courses, taught by Portuguese higher education institutions.

The first contact with the Portuguese order of nurses was to invite them to take part to the project meeting in Portugal, but their response to our contacts was not particularly supportive. Moreover, in the letter they sent to the Project Coordinator, they stated they are available to provide feedback, but they strongly empathised their role as unique body entitled to the official accreditation process and the evaluation of any course in Portugal for the award of the professional title of Specialized Nurse.

Taking all of this into account, it is a huge challenge to seek the support of this important institution in the field of nursing in Portugal.

Moreover, all the health institutions contacted by us are, at the moment, highly occupied with the pandemic, so the risk of ignoring low priority issues, like checking and investing in new formats of education, is high.

FUTB is planning to make contact with these institutions again at the end of summer (September 2021). If we receive any interest from any of them, we envisage the possibility to translate some additional content according to their needs and to promote new projects on the basis of ENhANCE with new organisations, including the Services of Health.

2.2 Exploitation and sustainability activities by European networks and other European level activities (M25-M41)

2.2.1 European Association of Service Providers for People with Disabilities (EASPD)

Summary of main exploitation and sustainability activities

EASPD has particularly ensured the interest of the EASPD member forum on workforce development and human resources (WD &HR) on using the recommendations on efficient investments in FCN (see D7.3.4) in their future work (and beyond the project funding period). EASPD has managed to do so, by involving them in providing their feedback from the service providers' perspective on what should be done to ensure high-quality integrated social and health care services for persons with disabilities and for older persons (who are the main target groups of our members). The recommendations are intended to become a reference document for the WD & HR group in terms of ensuring efficient social and health care integrated care and will potentially become the basis for developing specific training and EU-funded projects within the group.

Main opportunities and positive developments

The European Union is becoming increasingly active in the area of health and long-term care, in particular due to demographic changes (e.g., ageing society), but also on the basis of "rights". The European Pillar of Social Rights (EPSR) acts as a compass for the development of Europe's social welfare model. Principle 18 raises that "Everyone has the right to affordable long-term care services of good quality, in particular home-care and community-based services". The recently launched Action Plan for the EPSR encourages "Member States to invest in Health and care workforce, improving their working conditions and access to training" and points towards a European Commission on long-term care in 2022.

The European Commission has also launched a Green Paper on Ageing highlighting the "structural increase in overall demand for healthcare and long-term care services". It also raises the need for a "greater provision of ambulatory and community care infrastructure", as well as the "potential of 8 million job openings in the health and social care sector in the next 10 years". As a result, the paper argues that "this will require more specialists and up and re- skilling of workers". The European Strategy on the Rights of Persons with Disabilities 2021-2030 also calls "reinforcing community-based services" and refers to the need to upskills and reskills service providers.

The ENhANCE project provides practical and evidence-based tools and recommendations needed to put the European Union's policy in practice by proposing ways to better and increase the specialization of public and community nurses as key actors in providing quality primary health support to communities. These will further support and complement EASPD's lobby and advocacy work in the area of providing high quality community-based services for persons with disabilities across Europe.

Remaining challenges and next steps

As EASPD is a network of social service providers with persons with disabilities, our direct audience is not made up by nursing regulatory bodies, nursing professional associations, nursing teachers and trainers, nor higher educational institutes and VET providers in the field of health. Through the EASPD member forum on workforce development and human resources (WD &HR) which work towards promoting high standards of knowledge, skill, competence and understanding within the social care workforce of the EU, we have managed to target service providers which offer integrated social and health care service.

These members cooperate with primary health providers, including family and community nurses to provide integrated community-based services to their users, be it persons with diverse disabilities or elderly people. By involving the WD & HR EASPD member forum in developing recommendations on efficient investments in FCN (see D7.3.4) and developing a specialized primary health workforce capable of efficiently supporting and responding to the specific needs of persons with disabilities, we have managed to secure the interests of these members in the aims of the project.

2.2.2 The European Association representing Carers (Eurocarers)

Summary of main exploitation and sustainability activities

The main exploitation pathway that Eurocarers has taken in Y3 +5 months to ensure sustainability of project outcomes, has been to frame the ENhANCE project results as example of "good practices" in the context of the network's 10-step strategy, see https://eurocarers.org/strategy/, towards more *Carer-friendly societies across Europe.* Step 4 is about the need for societies to transition to "**Support multisectoral partnerships for integrated and community-based care services"**. The ENhANCE project results will be used by Eurocarers as a good practice example of what that can entail, and how the FCN Curriculum was designed to also integrate and include the perspectives of other end-users beyond the person receiving the care, but also that of informal carers and service providers.

Eurocarers maintains contacts with relevant policy makers in this respect in particular relevant services of the European Commission, i.e. DG EMPL, DG SANTE but also DG CONNECT, and is initiating other important connections with stakeholders who could facilitate and promote uptake of outcomes of ENhANCE in further developing skills needed for community-based and people-centred care, such as AGE Platform EU.

Main opportunities and positive developments

At policy level, Eurocarers is continuously involved in discussions especially at EC (DG EMPL) and OECD level in regard the future sustainability of our health and social care systems including long term care (LTC) and the need to better integrate care systems (across both health and social care) and adequately recognising, involving and supporting informal carers (often family members) as an essential component to the sustainability of our LTC systems.

The recently adopted Action Plan on the European Pillar of Social Rights and in relation to Principle 16 and 18 on the right to adequate health care and access to community-based long term care, represents another opening on further engaging on the topic of the primary healthcare workforce and the need for new professional profiles that are competent and equipped to deliver home- and community-based care, competent to interact and engage with family carers and to support the needs and preferences of end-users including their families . Eurocarers is actively engaged on this topic from the perspective of the needs of informal carers, and will continue to advocate for a greater investment and access to affordable and quality community- and home-based care for all, regardless of their income.

With regard to the topic of the healthcare workforce, a relevant and recent proactive initiative of Eurocarers was in the context of a **Thematic Network** on *Profiling and Training Healthcare workers of the Future* identifying and improving their core competencies and pointing out their critical role in reforming health care systems, which was launched jointly by Health First Europe and European Health Management Association in 2019 in the context of the EU Health Policy Platform (EU HPP).

Thematic Networks are led by a stakeholder organisation selected through a call for proposals and a democratic poll in the Agora Network. The leader prepares a collaborative position paper (the Joint Statement) on a health-related priority. The Platform team organises several open live webinars to discuss ideas before the Joint Statement is drafted and later presented by the organisation in the lead at the EU Health Policy Platform Annual Meeting.

The ENhANCE project and its main outcomes were included as a "**Best Practice example**" for Harmonized Curricula for the Health Workforce, in the Joint Statement of this Thematic Network adopted in January 2021, see Appendix 3, and the following weblink: https://ehma.org/wp-content/uploads/2021/01/EUHPP-Thematic-Network_HFE-and-EHMA-Joint-Statement_Jan-2021.pdf

Remaining challenges and next steps

In view of the COVID-19 pandemic, coupled with the persistent shortage of nurses across EU, and the demographic and sustainability challenges facing all care systems across Europe, a key challenge going forward relate to the accessibility, affordability and quality of LTC services. This is a key are of concern to all EU countries; however, less-developed regions and territories, affected by depopulation and ageing, are more severely affected. These challenges must be addressed by the EU for principle 18 of the Pillar of Social Rights to be put in practice for all EU citizens.

The EU can play a key role in supporting and guiding the public investment needed in formal care with a priority to home- and community-based care, as well as in support targeted at informal carers. Ambitious EU-level standards are required to monitor efforts as part of a comprehensive strategy on care, rooted in both research and the exchange of good practices. Importantly, the complexity, diversity and fast-changing nature of LTC systems mean that policies and initiatives aiming to deliver progress must be based on a comprehensive understanding of the LTC 'ecosystem' of a given area, and the involvement of all stakeholders - including primary users and informal carers -, by means of a participatory process. For more information, on challenges and next steps, see: https://eurocarers.org/green-paper-on-ageing-eurocarers-response-to-the-commission-consultation/

2.2.3 European Innovation Partnership on Active and Healthy Ageing

The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), is an initiative launched by the European Commission to foster innovation and digital transformation in the field of active and healthy ageing, and to replicate at large-scale innovative good practices to support AHA of European citizens.

The EIP on AHA drives its main activities in two main pillars: Action Groups and Reference Sites. The Action Group is a community of partners (public authorities, innovators, large businesses, SMEs, health and care organisations etc) who are committed to work on specific issues related to active and healthy ageing. They do this by sharing their

knowledge and expertise with their peers, increasing the added-value of their national and local experience, and identifying gaps that need to be fulfilled at European level.

EIP on AHA has provided opportunities to collaborate with the most authoritative entities on Active and Healthy Ageing at EU level which is also crucial for sustainability. Indeed, a number of proposals have in this way been funded by the EU, due to these collaborations, including ENhANCE. In addition, SI4LIFE is working at the definition of new partnerships in order to draft new project ideas based on ENhANCE project results. The exploitation and sustainability of ENhANCE results and main outcomes has been ensured via SI4LIFE and ALISA who are involved in relevant Action Groups and Reference Sites of the EIP on AHA network (for more details about this please see section 2.1.4).

2.2.4 Actions to garner commitment from Supporting Partners

One of the long-term outcomes of the ENhANCE project, and to attain a greater impact is the need to trigger increased collaboration among policy makers, regulatory bodies and VET providers leading to improved investments in FCN. According to the project proposal, the ENhANCE Supporting Partners are stakeholders that manifest their interest in being updated or involved in project activities. They are involved and their contribution is taken into consideration in the main project results creation (for more detailed information about Supporting Partners and their role, please consult Section 3.2 in Deliverable 7.3.3).

Summary of main exploitation and sustainability activities

The main efforts led by Eurocarers and with substantial contributions for ITD-CNR was to:

- finalise the Supporting Partners' Online Survey after a review among all ENhANCE partners, see final survey Appendix 4 which moreover included integrated short ENhANCE animations;
- integrate the survey on a specific section of the ENhANCE project website for all language versions, see: https://www.enhance-fcn.eu/stakeholder-engagement/;
- finalise, identify and devise the actual *Supporting Partners contact list* as a final overview and resource for partners (see Appendix 5);
- finalise lay versions of key project outcomes and recent project newsletters and integrate them into the Supporting Partners' Survey to facilitate understanding of key outcomes to a largely external audience;
- provide all ENhANCE Partners with a suitable "template" letter (that could be further tailored and contextualised) and with which to approach potential Supporting Partners (see Appendix 6).

- Devise templates for ENhANCE partners to obtain explicit "Letters of Support/Commitment"; "Declarations of Interest" or "Manifestos" in support of the ENhANCE project outcomes and the possibility for external parties to commit to further promote, use and take up the ENhANCE results (see Appendix 7).

Additionally, to further sustain the project outcomes in the longer term, a stated objective in the ENhANCE project was the importance of including the results and feeding these into the CEDEFOP (European Centre for the Development of Vocational Training) *Skills Panorama*, which represents the dedicated Skills Intelligence pages of CEDEFOP. An enquiry was sent to the Skills Panorama Team of CEDEFOP, about the possibility to include the ENhANCE public results being a Sector Skills Alliance Erasmus+ project) under the Skills Panorama "Resources" page. A favourable response to this request was received and the ENhANCE public results are now available and accessible through the Skills Panorama Resources page at:

- https://skillspanorama.cedefop.europa.eu/en/resources and
- https://skillspanorama.cedefop.europa.eu/en/useful_resources/enhance-project-fostering-european-curriculum-family-and-community-nurse

Moreover, the Project Coordinator is currently interacting with ESCO[4] (European multilingual classification of Skills, Competences and Occupations) to include the definition of FCN produced by the project in the European database.

Main opportunities and positive developments

The quantitative analysis of the Supporting Partner's Survey has already been reported in "*Deliverable 6.2 Evaluation Report: EU Curriculum and Guidelines targeting VET Designers*", but in summary, a total of **47 stakeholders** completed the Supporting Partners' Online survey. Most stakeholders were based in Italy (20) and Greece (15); others were from Portugal (5), Spain (3), Belgium (1), Czech Republic (1), Germany (1), and Netherlands (1).

With regard to the stakeholder categories, thirteen belonged to associations /networks of nurses or non-profit organizations representing nurses or dealing with community and family health. Fifteen reported representing nursing professionals (2); nursing regulatory body (11); or nursing school (2). Four reported being policy makers in the health and training sector, four VET providers, and six from University/Academic education.

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[4] https://ec.europa.eu/esco/portal/home

As a key follow-up activity to the Supporting Partner's survey was to use that action as a basis and entry point for a later subsequent phase to explore more concrete and tangible commitments, notably to get more formal statements of support.

Some very positive and encouraging developments and commitments have been obtained from a range of organisations and relevant stakeholders, in summary: **35 official commitment letters or declarations of interest from Supporting Partners**, which represents nearly double the objective which was 20 Supporting Partners. All official Letters of Commitment from Supporting Partners, are available in a PDF file, see Appendix 8

<u>Remaining challenges and next steps</u>

At European level there is a need for continued engagement with relevant stakeholders to ensure a competent, skilled and valued health workforce (HWF), which is the baseline for a reinforced PHC and delivering community-based care services (integrated with LTC). Such care PHC/LTC care services need moreover to be tailored to the actual needs of people and families (i.e., are people-centred). The COVID-19 pandemic accentuated the need for more crosstalk to overcome existing fragmentation and persistent gaps in delivering integrated care services, with still a heavy reliance on care provided by mostly unpaid informal carers (often family members). Key instruments such as the EU4Health Programme which includes specific objectives and actions to address the reinforcement of the health system and the healthcare workforce. Other important initiatives will be the continued need to share good practices in ensuring a competent and well-trained PHC workforce that are valued and enjoy good working conditions to meet future needs of diverse populations. Most of the challenges and associated recommendations at European level are further detailed in "*Deliverable 7.3.4 Recommendations for Efficient investments in FCN for policy makers*".

3 Analysis of main achievements and outcomes at M41

Action marked these last 17 months, even if networking has been somewhat hampered by the travel ban caused by the COVID-19 pandemic. However, despite that the ENhANCE exploitation and sustainability strategy nevertheless gathered significant backing through the "recruitment" of 35 Supporting Partners who all signed official letters/declarations of support and or commitment to undertake efforts to further disseminate and promote the ENhANCE key project outcomes in the field of Family and Community Nurse. Some also have committed to issuing new editions, beyond the ENhANCE funding period, of FCN programmes based on the ENhANCE FCN Curriculum within their institutions.

3.1 Status for ENhANCE Exploitable Results at Month 41

All eleven Exploitable Results (ERs) expected at project end, M41, have been successfully delivered according to the pre-defined indicators and in their final versions, see Table 2.

In line with the project proposal, the majority of the ERs were already delivered in a first version in Y2; the experiences and structured feedback gathered from various key stakeholder groups via tasks and activities conducted under *WP5 "Delivery of the Pilot Courses"*, *WP6 "Evaluation"* and *WP8 "Quality Assurance,"* led to various final adaptations and improvements before their final release.

Even if all results are to varying degrees "exploitable", the most relevant and key ERs that have been the main focus for partners' Individual Exploitation Plans in the context of the ENhANCE Project, are the "*FCN Professional Profile" (D2.2);* "*FCN European Curriculum" (D3.1.2); "FCN Guidelines for VET Providers" (D3.2.2);* and "*The Open Online Tool" (D4.1.2).*

However, in view of ensuring continued discussion and engagement around the topic, an additional ER that was delivered in a single version in M41, is the "*Recommendations for efficient investments in FCN professionals" (D7.3.4).* This ER will be valuable for partners to use in their efforts to raise further awareness, visibility, increase understanding and to highlight specific gaps with key policy and decision makers about what needs to be in place for family and community care, to deliver good outcomes and where the role of FCN nurses could be an efficient investment in PHC. A brief summary of these five key and most important ERs is provided in sections 3.1.1 to 3.1.5 below.

With regard to the agreed success indicators for the Exploitable Results listed in the two last columns in Table 1, these have been assessed qualitatively in the form of feedback obtained from the various stakeholder categories and through quantitative indicators measured in WP6 "Evaluation" and WP8 "Quality Assurance".

TABLE 2. List of all 11 ENhANCE Exploitable Results with indicators

Number	Deliverable	Exploitable result	Description	Target groups	Dissemination level	Measurable indicators (and related WP)	Status of achievement (and related deliverable)
ER1	D2.2 Month 7	EU Professional Profile for FCN	Definition and delivery of a reference Professional Profile (PP) for the Family & Community Nurse at European level and targeting the Vocational Education and Trainig (VET) of this profile, serving thus as the basis for the European FCN Curriculum. It is based on WHO and EU reccomandations.	VET providers in the field of nursing, Policy makers, Regulatory bodies for VET in the Health care sector, Nurses professional associations, Health and social public institutions.	PUBLIC	Compliance with ESCO (under WP8) Compliance with the main identified WHO and EU recommendations (under WP8) Coherence of PP with the current and future Healthcare and Social welfare contexts (under WP6) Coherence of PP with the current and future health labour market (under WP6)	Achieved (see project interim report) Achieved (see project interim report) Achieved under Task 6.2 (see D6.2.1)
ER2	D3.1.1 (Month 13: first release) D3.1.2 (Month 40: final release)	EU Curriculum for FCN	The EU curriculum can play a reference role at European level for any VET designer targeting FCN profiles; the flexibility and modularity of the Curriculum ensures the possibility of it being instantiated in the different EU countries; it is EQAVET compliant and refers to EQF and ECVET. It targets graduated nurses and will aim to input into the EU Skills Panorama	VET designers and providers in the field of nursing, Regulatory bodies for VET in the Health care sector	PUBLIC	Compliance with ECVET and EQF (under WP8) Coherence of Learning Outcomes with the PP competencies (under WP6 and WP8) Usability (under WP6) Usefulness (under WP6) Ability to support practice sharing (under WP6) Ability to support work based learning (under WP6) Ability to support assessment (under WP6) Ability to support recognition and validation of prior formal, informal and non-formal learning (under WP6) Overall satisfaction after use (under WP6) Expected impact (under WP6) Adaptivity of the EUC to own national context (under WP6) Ability to support modularity (under WP6) Evaluation of 3 pilots and according to the EQAVET indicators (under WP6 and WP8)	Achieved under Task 8.2 (see D8.2.2) Achieved under Task 6.2 & Task 8.2 (see D8.2.2 and D6.2.1) All the other indicators achieved under Task 6.2 (see D6.2.1) Achieved under Task 6.4 and Task 8.2 (see D6.4 and D8.2.2) - see also ER10
ER3	D3.2.1 (Month 14: first release) D3.2.2 (Month 40: final release)	Guidelines supporting the design of local curricula	A set of guidelines for VET designers with instructions about how to instantiate the EU Curriculum into local curricula, the starting point being the needs and rules in the country of the target nurses. The guidelines supports the instantiation of the FCN common curriculum into different kind of courses e.g. in some countries as a MSc postgraduate degree, in others in the form of Continued Professional Development (CPD) courses. In the final version, the guidelines are provided also in digital format and are available in the Open Online Tool.	VET providers in the field of nursing, Regulatory bodies for VET in the Health care sector.	PUBLIC	Usefulness (under WP6) Usability (under WP6) Clarity (under WP6) Overall satisfaction after use (under WP6) Efficacy (under WP6)	All the indicators achieved under Task 6.2 (see D6.2.1)
ER4	D4.1.2 (Month 17)	Open Online Tool	An open online tool for nurses to support formal and non-formal learning, offering functionalities to access and share documents, discuss case studies and best practices but also a way to support social networking and communication through collaborative functionalities. The online tool supports a multiple language interface.	Graduated nurses VET teachers and trainers in the field of nursing	PUBLIC	Perceived usefulness according to TAM3 (under WP6) Perceived ease of use according to TAM3 (under WP6) Behavioural intention according to TAM3 (under WP6) Use behaviours according to TAM3 (under WP6)	All the indicators achieved under Task 6.3 (see D6.3.2)
ER5	D4.3.1 (Month 21 draft) D4.3.2 (Month 36 final version)	Guidelines for teachers	The guidelines contain indications and methodological recommendations for teachers on how to use and customize the tools proposed by the project, as well as how to identify the most adequate teaching and learning methods for the delivery of the activities. In the final version, the guidelines are provided also in digital format and are available in the Open Online Tool.	VET teachers and trainers in the field of nursing	PUBLIC	Guidelines are based on innovative models of CPD (under WP6) Usability (under WP6) Efficacy (under WP6)	All the indicators achieved under Task 6.3 (see D6.3.2)

Number	Deliverable	Exploitable result	Description	Target groups	Dissemination level	Measurable indicators (and related WP)	Status of achievement (and related deliverable)
ER6	D3.3 (Month 18)	Instructional Design documents for 3 national curricula (in Italy, Finland and, Greece)	Instructional design documents for three national curricula (Italy, Finland and Greece) starting from the EU Curriculum. The documents are based on templates, in order to systematize the information about the specific curriculum, and are the baseline for the instructional design documents of the pilot courses. National curricula describe the instantiation of the EU curriculum into a specialisation course for family and community nurse.	VET providers in the field of nursing, regulatory bodies for VET in the Health care sector.	PUBLIC	Adequacy of localized curricula coverage against the PP competencies (under WP6) Usefulness (under WP6) Usability (under WP6) Ability to support practice sharing (under WP6) Ability to support work based learning (under WP6) Ability to support assessment (under WP6) Ability to support recognition and validation of prior formal, informal and non-formal learning (under WP6) Overall satisfaction after use Expected impact (under WP6) Evaluation of 3 pilots and according to the EQAVET indicators (under WP6 and WP8)	All the indicators achieved under Task 6.2 (see D6.2.1) Achieved under Task 6.4 and Task 8.2 (see D6.4 and D8.2.2) - see also ER10
ER7	D3.3 (Month 18)	Design documents for 3 pilot courses (in Italy, Finland and, Greece)	The national curricula are further instantiated into specific pilot courses detailing specific materials, timing, course programmes, teachers, logistics etc	VET providers in the field of nursing, regulatory bodies for VET in the Health care sector	RESTRICTED	The success indicators are evaluated/measured in the context of the delivery of the pilot courses i.e. ER10	see ER10
ER8	D4.2.2 Month 19	A European e-learning path for VET teachers in the field of nursing	Teachers are offered an eLearning training path, aimed to introduce them to the most innovative learning design methods and tools and to support the co-design of innovative teaching/learning activities.	VET teachers and trainers in the field of nursing.	PUBLIC	Teachers' satisfaction (according to Guskey model) (under WP6) Effectiveness of contents and materials (according to Guskey model) (under WP6)	All indicators achieved under Task 6.3 (see D6.3.1)
ER9	D4.2.1 Month 19	Free Open Contents targeting VET teachers and trainers.	A set of training materials (e.g. course guides, lesson plans, slides, etc.) used during the e-learning path for teachers and used in the pilots with students are available in the form of Open Contents hosted in the Open Online Tool. They are public and freely available.	Graduated nurses; VET teachers and trainers in the field of nursing	PUBLIC	Effectiveness of materials (under WP6)	The Open Contents are composed of the materials produced and used during the Teacher Training Path + the materials used in the pilots. The evaluation of the materials used in the Teacher training by teachers and trainers is Achieved under Task 6.3 (see D6.3.1) The evaluation of the materials used in the pilots is Achieved under Task 6.4 (see D6.4.1)
ER10	D5.1 (Month 35) D5.2 (Month 33) D5.3 (Month 33)	Report on the Italian pilot Report on the Greek pilot Report on the Finnish pilot	Pilot courses are carried out in Italy, Greece and Finland. The courses pilot the instantiation of the FCN curricula in line with specific local needs. The courses are delivered through the Open Online Tool.	Graduated nurses; VET teachers; VET providers	RESTRICTED	Achievement level of LOs defined according to ECVET (under WP6 and WP8) Competence and effectiveness of teachers (under WP6) Satisfaction level of students (under WP6) Cost effectiveness (under WP6) Adequacy of NC coverage against the PP competencies (under WP6) Usefulness (under WP6) Usability (under WP6) Ability to support practice sharing (under WP6) Ability to support work based learning (under WP6) Ability to support assessment (under WP6) Ability to support recognition and validation of prior formal, informal and non-formal learning (under WP6) Overall satisfaction after use (under WP6) Expected impact (under WP6)	Achieved under Task 8.2 &Task 6.4 (see D8.2.2 and D6.4.1) All indicators achieved under Task 6.4 (see D6.4.1) All indicators achieved under Task 6.2 (see D6.2)
ER11	D7.3.4 (Month 41)	Recommendations for efficient investements in FCN professionals both for public and for private employees	One of the causes of the skills gap identified in the field of Family and Community Nursing is that national governments lack (at different levels) of guidance, time and funding for investing in new PHC models. Public and private employers, but also regulatory bodies and policy makers are provided with Recommendations enhancing the shift from the old PHC model to the new one, investing in FCNs.	Representatives of public and private employers, Policy makers, Health and social institutions.	PUBLIC	Feedback from representatives of public and private employers	

3.1.1 FCN Professional Profile

Description of the result

This Professional Profile (PP) for the Family and Community Nurse (FCN) will play a reference role at European level for the Vocational Education and Training (VET) of this figure. It was first milestone of the project and the baseline of all of the following results. The FCN Professional Profile was delivered in M7, in the form of a public report that outlined the results of the Delphi Study conducted with a wide range of nursing experts, leading to the definition of the 28 core competences of the FCN PP in line with the ESCO multilingual classification of European Skills, Competences, Qualifications and Occupations. The full report (D2.2) is accessible through the public ENhANCE project website in the main results section, see: https://www.enhance-fcn.eu/project-outcomes-and-deliverables/; and was also further promoted in a short, lay version, available here: https://www.enhance-fcn.eu/competencies/

Ownership:

The ownership is all the ENhANCE Alliance members.

Main exploitation pathway:

The FCN PP as mentioned above has to date mainly been exploited as serving as the baseline and the principal guiding document for the subsequent development of the ENhANCE European FCN Curriculum. In future, any entity active in the provision of higher and specialised nurse education (Masters' level or beyond), or organisations involved in regulating the scope of practice of nursing, can use the ENhANCE FCN PP as a basis of information and to acquire a better understanding of the role of the FCN. Several ENhANCE Alliance partners and additional Supporting Partners have signed commitment letters outlining their efforts in ensuring official recognition of the Family and Community Nurse, see Appendix 8. The PP definition developed by the project will be very likely included in the ESCO.

3.1.2 FCN European Curriculum

Description of the result:

The final version (D3.1.2) of the EU Curriculum for FCN was delivered in M41. The EU FCN Curriculum can serve as a reference role and can be used by any VET or higher educational institute in the design of study programmes that aim to target the FCN profile across any EU country. Key features of the European FCN Curriculum that aim to increase its potential impact and improve its sustainability, also beyond the project funding period,

are that it is: (i) **learning outcome-oriented** and compliant with the main EU standard and tools for VET, such as ECVET, EQAVET, EQF, etc; (ii) **general and "across-the-board"**, since it can play a reference role for any VET designer targeting FCN profile in any EU country; (iii) **modular and flexible**, since it is adaptable to different contexts and rules in different EU countries. Moreover, it includes an important **work-based learning** component and fosters the development of Practice Sharing through both formal and non-formal learning. The full publicly available report D3.1.2 is available here (WP3) https://www.enhance-fcn.eu/project-outcomes-and-deliverables/. In addition, a more user-friendly web-version presenting the European FCN Curriculum is available here: https://www.enhance-fcn.eu/european-fcn-curriculum/. Before delivery of the final version of the ENhANCE EU FCN curriculum, input was sought broadly via WP6 and WP8 involving the pilot participants (teachers and nursing students) but also more broadly, the external stakeholders, internal representatives of nurse associations and VET providers, as well as the project External Experts. The results have been published in the respective deliverables of WP6 and WP8.

Ownership

The main work on the FCN European Curriculum was led by SI4LIFE but represented a joint effort in particular with contributions made by the main VET project partners involved in piloting the first version of the FCN Curriculum i.e. UEF, UTH and UNIGE.

Main exploitation pathway

A main broad action to promote the final FCN Curriculum developed in ENhaNCE was to present it to a number of external stakeholders (thanks to the dedicated online survey, see Section 2.2.4) and then to present its final version at the ENhANCE Final Conference, the online event on 6th May 2021, which had 176 attendees. At European level, the final version of the FCN Curriculum was included as a "Best Practice" example in the Joint Statement of the EU HPP Thematic Network on Profiling and Training Healthcare workers of the Future, see Appendix 3.

The main exploitation pathway and success indicator will, however, be its continued use as a reference curriculum by ENhANCE partners and their explicitly addressed commitments (see Individual Exploitation plans in section 2.1 and commitments by Supporting Partners in Appendix 8) to launch new editions and study programmes in future years based on the ENhANCE FCN European Curriculum (D3.1.2).

3.1.3 Guidelines for VET Providers supporting design of local FCN Curricula / "Designers Kit"

Description of the result:

A set of guidelines have been produced in order to provide VET designers with instructions about how to instantiate the FCN EU Curriculum when designing a local one. Two releases were envisaged: a draft at M14 (D3.2.1) and a final version at M40 (D3.2.2).

These Guidelines are inherently linked to the European FCN Curriculum as they support the actual implementation and design of the "local" FCN Curriculum by any European VET Provider or higher educational institute. For instance, in some countries the FCN EU Curriculum could be implemented at the local level in the format of a full 60 ECTS MSc programme, while in other countries the FCN local curricula could be implemented following a shorter study course, but nevertheless in line with the core curriculum of the ENhANCE Curriculum. Their accessibility and usability have been ensured by issuing them available in a web-based format as a "*Designer's Kit*" and available via the OOT Platform (https://oot.enhance-fcn.eu/course/view.php?id=26). Even if this digital format was not originally envisaged in the proposal, it was then implemented to assure an easy access and agile maintenance of the guidelines, even after the end of the project.

Ownership

The main work on the Guidelines for VET providers was led by SI4LIFE but represented a joint effort in particular with contributions made by the main VET project partners involved who used the guidelines to devise their local FCN study programmes that were then piloted at UEF, UTH and UNIGE.

Main exploitation pathway

The Guidelines for VET providers (D3.2.2) provide the full instructions on how to use and design FCN Curricula intended for educational institutes, VET providers or other providers of nursing education. Their exploitation is strictly linked to the European Curriculum of course, as a "Designer's Kit" to meet the different requirements and needs.

The choice to have the "Designer's kit" in a digital format, openly accessible on the OOT, instead of a mere static .pdf document, will foster further use, maintenance and ultimately exploitation even after the end of the project.

3.1.4 The Open Online Tool (OOT)

<u>Description of the result</u>

The OOT https://oot.enhance-fcn.eu/ is the virtual learning platform that was created in the context of the ENhaNCE project. A first release of the platform was released as D4.1.1 at M 13 and then the final version (D4.1.2) was issued at M 17. The OOT supports the delivery of formal and innovative teaching/learning initiatives for Family and Community Nurses. It also provides a space for non-formal learning for Family and Community Nurses. During the project it was used for the delivery for the 3 pilot courses (in Italy, Greece and Finland), see Figure 1, as well as for the teacher training (delivered under WP4), offering functionalities to support collaboration, practice sharing and meta-reflection.

FIGURE 1. Snapshot of ENhANCE OOT platform with available content.

The tool is in English and supports a Multi-Language interface.

It allows retrieval and sharing of the set of Open Contents for Family and Community Nurses training produced during the project. Moreover, it offers guidelines to design innovative learning paths for VET providers and teachers in the field of nurse training, see Figure 2.

FIGURE 2. Screenshot of UEF (Finnish) Pilot.

Ownership

The OOT supports free and open access. In detail this means, access to the OOT will be allowed for an additional full year after project end, and full open access to the OOT source code will be made available for any institution to install the additional components developed in ENhANCE on their own Moodle.

Main exploitation pathway

The Moodle tool and its functionalities, upon which the ENhANCE OOT has been developed, is compatible for use by any higher educational institute, thus increasing the sustainability of the digital learning environment developed in ENhANCE. A video demo showcasing the innovative aspects of the OOT as used in the ENhANCE project has been made available at https://www.enhance-fcn.eu/pilot-fcn-courses/ and was promoted at the ENhANCE Final Online Conference on 6th May 2021.

Another significant asset of the project is the set of Open Contents (D4.2.1 delivered at M19). These consist of educational resources produced under a Creative Common License (CC-BY-NC-SA) which were used both during the teacher training path (WP4) and also in

the pilots (WP5). All these educational resources (such as course guides, lecture notes, tests, tools for the design of teaching/learning activities, and other educational materials, etc.) have been made available and are stored in a specific repository of the OOT (https://oot.enhance-fcn.eu/mod/data/view.php?id=308).

Additionally, all of these educational resources have been described with metadata and are open to use by educators, nurses and the public (if desired) for teaching, learning and research purposes.

3.1.5 Recommendations for efficient investments in FCN

Description of the result

The purpose of the *Recommendations* (issued at M41 as D7.3.4) was to provide relevant stakeholder groups, such as public and private employers, nursing bodies and associations responsible for development of nursing education in community care and other key policy and decision makers and regulatory bodies, with recommendations and guidance to support them in realising their shift from the old PHC model to the new one, which will include the Family Community Nurse (FCN) professional profile. They also include and integrate the broader recommendations as expressed by various stakeholders and policy makers and their wider perspectives as collected through feedback in the ENhANCE Final Conference on 6th and 20th May.

Ownership

The ownership is all the ENhANCE partners and is freely accessible for anyone to use.

Main exploitation pathway

The recommendations will be exploited in actions that aim to increase and raise awareness among key actors about the role of primary health care professionals and in particular nurses such as FCN, in promoting health and disease prevention in the context of context of the need to build resilient, sustainable and accessible health systems that address the real needs of people and their families and promote their social inclusion in the communities where they live. Policy initiatives at EU level already mentioned will be driven in particular through via actions of European-based and EU-level based umbrella organisations, such as EASPD and Eurocarers, on relevant policy initiatives, such as the recently adopted Green Paper on Ageing, the Action Plan on the European Pillar of Social Rights, the Opinions of the Expert Panel on Effective Ways on Investing in Health (EXPH) and also potential activities of the European Parliament in promoting a European Care Strategy.

Further, the recommendations, being broad applicable to various national health and social care contexts, can also be used as a basis by all ENhANCE Alliance partners and any other external party to contextualise and trigger greater engagement, discussion, etc. with policy and decision makers also at the local level about the role of family and community nurses in the community and in providing person-centred care. They will be made available on the ENhANCE website and encouraged to be further used and disseminated by all ENhANCE partners.

3.2 Status for the main ENhANCE Sustainability outcomes (M25-M41)

The long-term outcomes and their indicators (as they were presented in the project proposal) are summarised in Table 2 and - as indicated in greater detail in the Individual Exploitation Plans - have been largely achieved by M41.

TABLE 3. Long-term outcomes and their status at end of Project.

Long term outcome	Target stakeholder groups	Indicator	Status M41
National curricula are implemented in new courses or editions at local or national level	VET providers, public and private healthcare organizations/ institutions	At least one national curriculum is implemented in new courses or editions at local or national level by one year from the end of the project	**Achieved:** The 3 pilot coordinators will continue offering the ENhANCE course/modules at their own institutions. Moreover, other, external VET providers are considering to uptake the Curriculum. For further details, See section 2.1
Collaboration among Policy makers/ regulatory bodies and VET providers as to FCN is improved	VET providers in the field of nursing, policy makers, regulatory bodies for VET in Healthcare sector	Recruitments of at least 20 Supporting Partners representing policy makers/regulatory bodies and VET providers	**Achieved:** A total of 35 official letters of Support/ Commitment /Declarations of Interest received.
Project results are integrated into practice and tools of the regulatory bodies	Regulatory institutions Participating in the project	The Professional Profile and the FCN EU Curriculum are recognized by the 2 regulatory institutions included in the project	**Achieved**: Both A.Li.Sa (Ligurian regulatory body of nurses) and ENE (the Hellenic Regulatory Nurses body) have both officially endorsed and recognised the ENhANCE FCN PP and the final curriculum, see Appendix 8

Improved national and local qualifications and rules for the employment of nurses in PHC sector	Policy makers, regulatory bodies for VET in Healthcare sector, nurses professional associations,	At least one national qualification for FCN is improved (formally recognized by regulatory bodies) taking into account the results of the project	**Achieved:** The FCN has achieved legal recognition in Italy, as implemented in a recent decree on FCN. Public results of ENhANCE included in the CEDEFOP Skills Panorama Resources page, see: https://skillspanorama.cedefop.europa.eu/en/useful_resources/enhance-project-fostering-european-curriculum-family-and-community-nurse
Skills mismatch identified in the target of the Finnish, Greek and Italian pilot reduced	Graduate Nurses	At least the 80% of the course learning outcomes have been reached by students getting the qualification At least the 75% of the students attending the course get the qualification	**Achieved:** For details see D6.4 "Evaluation Report: Italian, Finnish, and Greek pilot courses"
After the end of the project Open Contents are used by VET teachers/trainers	VET Teachers and trainers	Open Contents available for free (after registration) after the end of the project	**Achieved:** See D4.2.1 about "Open Contents for VET Teachers and trainers", freely available through the OOT at: https://oot.enhance-fcn.eu/mod/data/view.php?id=308

3.3 Monitoring, Reporting and Assessment

As already mentioned, these evaluation and assessment of the success indicators, mentioned above, are managed in the context of two specific transversal Work Packages: WP6 (Evaluation) and to a certain extent also WP8 (Quality Assurance). Further details about these processes and the achievement of the indicators are reported in the corresponding deliverables of WP6 and WP8 and are only provided in a summary version in the two tables above.

Moreover, the Individual Exploitation Action Plan "template" was used as the main reporting tool for exploitation and sustainability activities of individual ENhANCE partners, in year 3

and was sent to all ENhANCE partners for completion in Month 40, to report individual activities for the last reporting period M25-M41, see Appendix 9.

4 Discussion and conclusions

In this report we have presented the main exploitation and sustainability activities undertaken by the ENhANCE partners in the last 17 months of the project (1 year + 5 months extension due to delays caused by the COVID-19 pandemic).

Partners' main exploitation and sustainability activities have been reported in Section 2 in the form of their Individual Exploitation Plans both at national and regional level. Notably, all the 3 pilot coordinators will continue to offer the ENhANCE course/modules in the next year, thus assuring further exploitation of the project results. The main exploitation and sustainability efforts conducted by the umbrella networks at European level and other EU platforms, have concentrated on EU policy initiatives, such as the sharing of good practices and the need for greater investments in transitioning to strong community-based care services that meet the needs of service users. A notable positive development and one of the stated objectives of the ENhANCE project was to include the public results of ENhANCE under CEDEFOP (the European Centre for the Development of Vocational Training) *EU Skills Panorama* – their web-based Skills Intelligence Resources. This was successfully achieved and will also serve at European level the purpose of raising awareness for the Professional Profile and core competencies of the Family and Community Nurse.

Key achievements in this period have been the ability of all partners to raise awareness among their relevant stakeholders and target audiences, and to engage with them about the ENhANCE project and its aims to provide a standardised profile and training for Family & Community Nurse. There has been a lot of interest from various organisations involved in community care in the ENHANCE project and some organisations have used the ENHANCE Curriculum as a benchmark to develop a national professional profile for FCN, notably in Italy. Overall, 35 letters of commitment/interest were collected from external stakeholders, who had the chance to analyse the main project outcomes, provide us with their feedback and then express their interest to take up our results.

The main barriers seem to relate mainly to how primary and community care is organised – which takes place usually at local/regional level – and to what extent community care is provided and how well developed the range of care services are, specifically for instance homecare services. Given the complexity, great diversity and many faces of community-based care services – both in terms of service delivery, organisation, funding etc. – it is not surprising that there is a need for greater awareness about the immense and vital function of these community services for all types of populations in the field of health and social care, not least among policy and decision makers. Unsurprisingly, the existence of

community care services is also very uneven across Europe, depending on how exactly the balance of care is organised between formal care and informal care.

Obviously, regions which have a long tradition of delivering homecare services (as in Finland) will be able to more readily implement and use the ENhANCE project outcomes, whereas other regions in Europe (Italy and Greece) are still transitioning and reforming their primary care and may require a lengthier process before being able to fully deploy FCNs within their community- and homecare services. In these regions, the exploitation efforts will be mainly about firmly recognising and establishing the professional profile of the Family & Community Nurse among decision makers and ensuring their role is duly recognised and valued.

The ENhANCE outcomes have in these latter cases rather acted as a welcome trigger for some regions to push for the need to develop of the FCN professional profile and curricula based on ENhANCE, which is not surprisingly also demonstrated in that the majority of the ENhANCE "Supporting Partners" coming from either Italy or Greece.

The extent and impact that the first wave of COVID-19 had on primary care and community care services seems to have affected most European countries in similar ways with overburdened hospitals due to a weak integration between primary care, outpatient specialist care, social care and hospital-based care. Moreover, the underdeveloped crisis preparedness resulted in shortages and lack of coordination at national and at EU level, which took time to resolve (European Commission, EXPH, 2020). It seems, that the impact of COVID-19 in Greece, as indicated by ENE in *Section 2.1.6*, led to resources being channelled *away from* FCN and instead put towards hospital-based care; whereas in Italy, the COVID-19 pandemic triggered the opposite reaction –the release of more funds and investments to accelerate the development of community care services including a specific decree on FCN, section 2.1.2 and 2.1.4.

Overall, going forward, the next potential step to further build upon the successes achieved in the scope of the ENhANCE project, will be to encourage the further development and build up and maintain an international network and community of family and community nurses, which may also be sustained through the ENhANCE network, the resolve for further action, which was further boosted by the ENhANCE Final Conference on the 6th and 20th May 2021. This would ensure the continued relevance and recognition of the FCN Professional Profile and the associated outcomes the ENhANCE European Curriculum for Family and Community Nurses.

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FNOPI

POSITION STATEMENT
L'INFERMIERE DI FAMIGLIA E DI COMUNITÀ

Gli E-book FNOPI – Empowering nurses

Impaginazione e editing: Ufficio comunicazione e redazione.

"Benvenuti a casa mia. Entrate e lasciate un po' della felicità che recate."

(Anonimo)

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Nota

Con questo documento la Federazione Nazionale degli Ordini delle Professioni infermieristiche (FNOPI), intende definire la propria visione sul ruolo dell'Infermiere di Famiglia e di Comunità (IFeC), per ridurne gli elementi di diversificazione interpretativa e giungere a una definizione univoca del modello, riconoscibile sia all'interno che all'esterno della professione infermieristica.

Indice

Premessa

A seguito dell'intesa sancita nella Conferenza Stato Regioni, è stato emanato in data 18 dicembre 2019 il Patto per la Salute per il triennio 2019-2021. Il documento prevede, tra i numerosi punti, la valorizzazione della professione infermieristica nell'ambito dell'assistenza territoriale, finalizzata alla copertura dell'incremento dei bisogni di continuità assistenziale, di aderenza terapeutica, in particolare in soggetti fragili e/o affetti da multi-morbidità, in un'ottica di integrazione con i servizi socioassistenziali. É in corso un ripensamento dei modelli organizzativi dell'assistenza territoriale in virtù dei cambiamenti sociodemografici del Paese. Infatti, si assiste:

- ✓ al progressivo invecchiamento della popolazione (1);
- ✓ all'incremento di persone con almeno una patologia cronica (40,8% della popolazione) e di condizioni di co-morbidità, in particolare in soggetti over settantacinquenni (66,6%);
- ✓ alla progressiva semplificazione della dimensione e composizione delle famiglie, con il 29,6% delle persone over sessantacinquenni che vivono sole (2);
- ✓ a una riduzione del circa il 50% degli anni di vita liberi da disabilità nelle persone sopra i 65 anni, con sostanziali differenze sulla base delle condizioni socio economiche (3).

Tali caratteristiche richiedono un modello assistenziale sensibilmente differente da quello centrato sull'ospedale, orientato verso un'offerta territoriale, che valorizzi un approccio più focalizzato sul contesto di vita quotidiana della persona. L'assistenza sanitaria territoriale diventa luogo elettivo per attività di prevenzione e promozione della salute, percorsi di presa in carico della cronicità e della personalizzazione dell'assistenza (4), in stretta correlazione con il Piano Nazionale della Cronicità e il Piano Nazionale della Prevenzione.

Nello stesso tempo si mira a contenere la spesa sanitaria, mitigare l'impatto della malattia sulla qualità di vita, responsabilizzare il paziente sugli stili di vita, coinvolgendolo attivamente nella gestione della propria condizione di salute (self-care).

Il sistema sanitario è chiamato ad anticipare i bisogni dei pazienti e a seguirli in maniera continuativa lungo tutto il percorso assistenziale, secondo una sanità di iniziativa integrata con i servizi sociali. A fronte di una sempre maggiore frammentazione del sapere, per garantire una risposta comprensiva, unitaria e sostenibile, l'assistenza primaria deve essere distribuita

all'interno di un sistema più ampio e articolato su più professionalità come reso noto nella Dichiarazione di Astana (5).

Nel corso degli anni, la professione infermieristica, a seguito di un processo di espansione ed estensione del ruolo, attraverso la formazione, ha assunto in tutto il mondo forme di assistenza avanzata nelle cure primarie (6). In alcuni contesti, per migliorare l'accesso ai servizi, si assiste ad una condivisione di attività fra la professione medica e infermieristica (es. Task Sharing) (7). In altri contesti, infermieri specializzati sono stati inseriti in ruoli complementari a quelli già esistenti, per ottimizzare la gestione delle patologie croniche in termini di riduzione dei tassi di ospedalizzazione, miglioramento dei parametri clinici e soddisfazione dell'utenza (8–10). In risposta agli obiettivi del Documento Salute 21 dell'Organizzazione Mondiale della Sanità (OMS) si sono sviluppati percorsi di formazione di nuove figure infermieristiche (11), tra cui quella dell'Infermiere di Famiglia e Comunità (IFeC). Caratteristica di questa figura è l'interesse verso l'individuo, la famiglia, la comunità e la casa come ambiente in cui i membri della famiglia possono farsi carico dei problemi di salute (12). Sette Paesi Europei completarono il progetto pilota di applicazione del modello attraverso un processo di formazione dei professionisti e di sua implementazione (13–15).

I differenti approcci di erogazione delle cure, emersi dalla revisione della letteratura disponibile, contribuiscono a incrementare la diversità dell'equipe delle cure primarie (16) e l'ideologia di un'utilità universale del modello ma rendono difficile articolare una definizione operativa europea unitaria. A tal proposito, nel 2018 nasce il progetto europeo ENhANCE (European Curriculum for Family and Community Nurse: https://www.enhance-fcn.eu/it/homeit/) con l'obiettivo di costruire un curriculum europeo utile a implementare le competenze core previste per l'Infermiere di Famiglia di Comunità (17).

Introduzione

L'attuale situazione epidemiologica e demografica della popolazione italiana, congiuntamente alle indicazioni fornite dall'Organizzazione Mondiale della Sanità (11) e alla necessità di rivedere i modelli di assistenza infermieristica territoriale, ha portato allo sviluppo di differenti esperienze di Infermieristica di Famiglia e Comunità in Italia, riconosciute a livello legislativo o per mezzo di progetti e sperimentazioni. Per riportare alcuni esempi:

✓ Il Progetto "Infermiere di Comunità" nato sperimentalmente nel 1999 in Friuli Venezia Giulia nell'ambito dell'Azienda Sanitaria Bassa Friulana i cui principi fondanti sono mutuati da diversi saperi disciplinari: la teoria "relazionale della società", (18), la teoria dello "*Human Caring*" (19), i concetti di "*Communty Care*" (20) che attengono alle più ampie politiche di Welfare Comunitario. In questa logica di "cure di comunità" l'infermiere, collocato a livello distrettuale, opera attraverso un servizio di assistenza infermieristica decentrata e diventa punto di riferimento della comunità per la dimensione assistenziale, ne fa parte integrante in modo organico e connettivale e agisce in stretta connessione con MMG, assistenti sociali e tutti gli altri attori dell'equipe territoriale. (21). Ha la finalità di prendere in carico la persona assistita e la comunità in modo proattivo, offrendo una risposta ai bisogni esistenziali promuovendo l'*empowerment* e rendendo la persona e le comunità competenti. L'infermiere di comunità così concepito non è solo un erogatore di care, ma attivatore di potenziali di care, che insistono in modo latente nella comunità e che portati alla luce sprigionano una serie di beni cognitivi, affettivi, e di legami solidaristici che diventano parte stessa della presa in carico. In questo paradigma l'infermiere esprime il suo agito professionale non solo nella prestazione, ma nella mobilizzazione di risorse informali che hanno già ricevuto forme di welfare e che restituiscono al sistema nuove energie e potenzialità contribuendo allo sviluppo del cosiddetto welfare generativo (21). La regione FVG ha previsto la figura dell'infermiere di comunità nel Piano Sanitario e Socio Sanitario 2006-2008 (DGR 782/2006) e più recentemente nelle Leggi di Riforma Sanitaria FVG n. 27/2018 e n.22/2019.

✓ Il Progetto CoNSENSo (COmmunity Nurse Supporting Elderly iN a changing Society) in Piemonte e Liguria, nell'ambito del Programma transnazionale di Cooperazione

Territoriale Europea Interreg Spazio Alpino 2014-2020, volto a favorire un invecchiamento attivo della popolazione over sessantacinquenne, in special modo nelle "aree interne". I principi cardine del modello sono il mantenimento o miglioramento delle capacità residue funzionali, dei processi di "*self-care*"(22) e di favorire la creazione di un' unica rete sociale(23). Le sperimentazioni del modello di Infermieristica di Famiglia e Comunità nate dal progetto o sviluppatesi in modo parallelo ad esso, sono state riconosciute dalla Regione Piemonte di valenza strategica nel potenziamento dell'offerta territoriale dei servizi, anche laddove non inserite nelle Case della Salute (Deliberazione della Giunta Regionale 12 giugno 2017, n. 32-5173). La Regione Liguria ha proseguito protraendo la sperimentazione in alcune zone;

✓ L'infermiere di Famiglia e Comunità attivo in Regione Toscana che opera nel territorio e nella popolazione di riferimento identificabile nell'ambito delle Aggregazioni Funzionali Territoriali (AFT) della medicina generale. Le caratteristiche peculiari del modello sono:

- La prossimità alla famiglia e alla comunità;
- La proattività degli interventi;
- Il ruolo di garante verso l'equità del sistema di erogazione di cure;
- La logica multiprofessionale in raccordo diretto con il MMG, il PLS, gli assistenti sociali ecc. (Delibera della Giunta Regionale 04 giugno 2018, n.597).

✓ L'infermiere di Comunità nelle Microaree Triestine, l'infermiere, inserito nel contesto locale e circoscritto della microarea eroga interventi di tipo socio-sanitario e svolge un ruolo di attivatore di risorse contribuendo a costruire la rete del *walfare* di comunità (24,25).

Le differenze tra le esperienze rispecchiano il processo di adattamento nel contesto locale di un modello concettuale che risulta, però, essere condiviso. Il framework dell'OMS individua l'Infermiere di Famiglia e Comunità nel professionista che "aiuta gli individui ad adattarsi alla malattia e alla disabilità cronica trascorrendo buona parte del suo tempo a lavorare a domicilio della persona assistita e della sua famiglia (12). La famiglia viene intesa come unità base della società dove chi si occupa di assistenza è importante che conosca la situazione in cui vivono le persone: casa, lavoro, ambiente fisico e sociale ecc. che possono avere un peso considerevole nella gestione della malattia (12)".

L'applicazione del modello deve tenere in considerazione alcuni aspetti peculiari che contraddistinguono il Paese Italia:

1. L'aumento della cronicità, legata all'aumento delle persone che giungono ad età sempre più avanzate ma anche sempre meno libere da problemi di salute spesso invalidanti, necessita di essere affrontata molto prima che si manifesti. Fronteggiare il fenomeno con azioni di promozione della salute e di prevenzione principalmente rivolte alla popolazione anziana o attraverso percorsi di accompagnamento standardizzati è una delle possibili strategie per il futuro. Ciò significa passaggio dai Percorsi Diagnostico Terapeutici Assistenziali al Population Health Management ripensando ad un sistema che investa nei fondi per la non autosufficienza, e sulle cure primarie, in termini di modelli condivisi di stratificazione della popolazione in funzione della gravità/complessità, nonché adeguamento dei Sistemi Informatici e maggiore integrazione tra i professionisti e le reti, attraverso "un maggior coinvolgimento di tutte le figure professionali coinvolte, necessarie per rispondere adeguatamente alla multidimensionalità delle patologie croniche, in seno a piani di cura concordati…" (Piano Nazionale Cronicità).

2. La necessità di incrementare:
   - *L'empowerment* individuale della persona assistita, in modo da migliorare la sua capacità di 'fare fronte' alla patologia e di sviluppare abilità *self-care*;
   - *L'empowerment* di comunità al fine di influenzare e controllare maggiormente i determinanti di salute e la qualità di vita all'interno della propria comunità. Questo richiede una profonda revisione non solo dei modelli operativi ma anche dei principi e dei valori che sottendono alle azioni.

Questa Federazione ritiene che una strada da intraprendere sia quella della messa a regime di modelli di **Welfare generativo di comunità**, in grado di potenziare il **Capitale Sociale** esistente e di aumentare la **sostenibilità** del sistema stesso. Molti esperti internazionali sui temi dell'Empowerment e delle disuguaglianze sociali sostengono che, sia la sostenibilità dei sistemi sanitari, sia la riduzione delle disuguaglianze di salute, sono rese facilitate da azioni rivolte al potenziamento delle capacità delle persone e delle comunità di partecipare consapevolmente ai processi decisionali sui temi che riguardano la salute stessa (26–29). Il National Institute for Health Research (NHS) indica che esiste prova concreta che gli interventi

di coinvolgimento della comunità hanno un impatto positivo sui comportamenti sanitari, sulle conseguenze sulla salute e sull'autoefficacia, generando una chiara percezione del valore del sostegno sociale, in varie condizioni (30). Un altro recente studio, pubblicato nel 2019 da Jane South sostiene l'importanza di distinguere tra interventi basati sulla comunità che si rivolgono a popolazioni "target" come destinatarie di attività guidate da professionisti e approcci centrati sulla comunità con il fine di:

✓ Riconoscere e cercare di mobilitare risorse all'interno delle comunità, comprese le competenze, le conoscenze e il tempo di individui, gruppi e organizzazioni della comunità;

✓ Concentrarsi sulla promozione della salute e del benessere nella comunità, piuttosto che su logiche di servizio;

✓ Promuovere l'equità nella salute lavorando in collaborazione con individui e gruppi per affrontare gli ostacoli per la buona salute;

✓ Cercare di aumentare il controllo delle persone sulla loro salute (31).

Le recenti esperienze sul territorio italiano sono volte a privilegiare, ove possibile, le cure domiciliari rispetto all'istituzionalizzazione, garantendo le prestazioni sanitarie necessarie ed attivando le risorse formali e informali della comunità per dare supporto alla persona e alla famiglia nello svolgimento delle attività di vita quotidiana.

L'innovazione, presente in tali modelli, necessita di competenze specifiche e di nuove relazioni nell'equipe di cura e con il cittadino. Infatti, tra le principali barriere all'implementazione di nuovi ruoli infermieristici nelle cure primarie si annovera la resistenza al cambiamento da parte del personale medico, l'assenza di legislazioni che ne riconoscano l'ambito di applicazione, e un sistema educativo in grado di fornire agli infermieri le competenze necessarie (32).

L'Associazione Infermieri di Famiglia e di Comunità (AIFeC) ha prodotto nell'aprile del 2019 un Position Paper di concerto con le Università di Torino e del Piemonte Orientale che riprende i fondamenti qua descritti (33).

Condizioni necessarie

L'Infermiere di Famiglia e di Comunità può e deve diventare una delle figure centrali nel processo di sviluppo della *vision* finora espressa. Ma, affinché l'innovazione possa essere davvero tale, si ritengono fondamentali alcune condizioni:

✓ La formazione dell'IFeC, a livello accademico, in percorsi post-laurea (Laurea Magistrale, Dottorato, Master di I-II Livello).

✓ Il superamento del modello prestazionale, che sinora ha caratterizzato l'attività degli infermieri nei servizi territoriali. L'infermiere di famiglia e comunità non è infatti una diversificazione degli interventi ADI ma svolge una funzione integrata e aggiunta a tali interventi, Inoltre, pregresse esperienze di implementazione della figura dell'Infermiere di Famiglia e Comunità, suggeriscono una revisione e una eventuale rimodulazione dei servizi infermieristici precedentemente attivi, per evitare il duplicarsi dei servizi, che renderebbe il modello meno riconoscibile alla popolazione (14).

✓ La promozione di modelli di prossimità e di proattività anticipatori del bisogno di salute rivolti a tutta la popolazione, malata o sana[1].

✓ Un bacino di utenza definito che sia coerente con le condizioni geografiche e demografiche del territorio di riferimento (le esperienze attualmente attive in Italia, mostrano un rapporto Infermiere di Famiglia e Comunità che oscilla tra 1:500 persone over 65 anni (progetto CoNSENSo) e 1:2500 abitanti (Microaree) e 1:3500 (Progetto Infermiere di Comunità).

  Non esiste ad oggi in letteratura un preciso standard di riferimento e sarà necessario una volta messo a regime il modello che questo venga indagato con ricerche multicentriche ad hoc. Il bacino di utenza può comunque variare a seconda delle caratteristiche orografiche del territorio (aree interne, isole, comunità montane, zone metropolitane ad alta densità abitativa).

✓ La possibilità di condividere in modalità strutturate lo stesso bacino di utenti con gli altri

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[1]La proattività è riconosciuta e promossa dall'OMS Europa fin dal 1998 e sostenuta dall'Unione Europea per il raggiungimento degli obiettivi di salute fondamentali per lo sviluppo della società.

professionisti tra cui in particolare il MMG e il PLS al fine di creare una vera equipe multiprofessionale di unico riferimento per la popolazione assistita.

✓ L'integrazione dell'azione degli Infermieri di Famiglia e Comunità con i servizi esistenti, attraverso percorsi condivisi e definizione di ruoli complementari come il *disease manager*, il *care manager*, l'*eHealth monitoring* ecc. (6).

✓ La finalizzazione dell'azione fondamentale degli IFeC al potenziamento e allo sviluppo della rete sociosanitaria con un'azione che si sviluppa dentro le comunità e con le comunità.

✓ La possibilità di agire in differenti ambiti (21), intervenendo:

1. a livello ambulatoriale, come punto di incontro in cui gli utenti possono recarsi per ricevere: (**a**)informazioni, per orientare meglio ai servizi e (**b**) prestazioni incluse nei livelli essenziali di assistenza rivolti alla prevenzione della collettività, della sanità pubblica, e dell'assistenza di base (Decreto del Presidente del Consiglio dei Ministri (DPCM) del 12 gennaio 2017) inclusi interventi di educazione alla salute;

2. a livello domiciliare in cui eroga assistenza a tutti gli utenti che necessitano di assistenza infermieristica a medio-alta complessità;

3. a livello comunitario con attività trasversali di integrazione con i vari professionisti tra ambito sanitario e sociale e possibili risorse formali e informali;

4. strutture residenziali e intermedie.

Definizione

L'Infermiere di Famiglia e di Comunità è il professionista responsabile dei processi infermieristici in ambito famigliare e di comunità, in possesso di conoscenze e competenze specialistiche nell'area infermieristica delle cure primarie e sanità pubblica.

Agisce le competenze nella erogazione di cure infermieristiche complesse, nella promozione della salute, nella prevenzione e nella gestione partecipativa dei processi di salute individuali, familiari e della comunità, operando all'interno del sistema dell'Assistenza Sanitaria Primaria (34)[2].

L'Infermiere di Famiglia e Comunità ha come obiettivo la salute e opera rispondendo ai bisogni di salute della popolazione adulta e pediatrica di uno specifico ambito territoriale e comunitario di riferimento e favorendo l'integrazione sanitaria e sociale dei servizi. Agisce in autonomia professionale, afferendo ai servizi infermieristici del Distretto di riferimento, in stretto raccordo con i servizi sanitari e sociali e con gli altri professionisti del Servizio Sanitario Nazionale.

L'infermiere di Famiglia e Comunità può operare in modelli assistenziali di cure primarie molto diversi per le diverse caratteristiche del contesto territoriale. Infatti, zone urbane ad elevata intensità, periferie cittadine, paesi isolati, zone montane richiedono soluzioni organizzative e di intervento specifiche.

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[2] L'Assistenza Sanitaria Primaria è definita dall'OMS nel 1978 come l'assistenza sanitaria essenziale basata su metodi e tecnologie pratiche, scientificamente valide e socialmente accettabili, resa accessibile a tutti gli individui e famiglie della comunità attraverso la loro piena partecipazione e ad un costo che la comunità e il paese possano sostenere in ogni stadio del loro sviluppo, nello spirito dell'auto-fiducia e della auto-determinazione. Essa è parte integrale sia del sistema sanitario del paese, del quale essa assume la funzione centrale ed è punto focale, sia dello sviluppo generale sociale ed economico della comunità. Essa è il primo livello di contatto degli individui, delle famiglie e della comunità col sistema sanitario del Paese, portando l'assistenza sanitaria quanto più vicino è possibile a dove la popolazione vive e lavora e costituendo il primo elemento di un processo continuo di assistenza.

I livelli dell'intervento

L'intervento dell'Infermiere di Famiglia e di Comunità si esprime a:

✓ **Livello individuale e familiare** attraverso interventi diretti e indiretti che hanno come destinatari la persona, la sua famiglia e le sue persone di riferimento. Favorisce la promozione e il mantenimento della salute della persona attraverso il rafforzamento della sua autonomia decisionale, grazie ad un'offerta assistenziale capace non solo di garantire prestazioni che può comunque erogare specie se complesse, ma anche di anticipare la lettura dei bisogni ancora inespressi, con l'obiettivo finale di accompagnare i cittadini nel loro percorso di gestione del processo di salute e di vita, del quale diventano protagonisti portando alla luce i potenziali di cura dei singoli e delle famiglie (21).

✓ **Livello comunitario** attraverso azioni rivolte alle comunità, all'interno di una rete di relazioni e connessioni formali e informali, in cui il problema trova soluzione perché vengono modificate le relazioni che lo hanno generato (21).

L'IFeC interagisce con tutte le risorse presenti nella comunità sotto forma di volontariato, associazioni, parrocchie, vicinato, famiglie disponibili a dare aiuto ai concittadini che si trovano temporaneamente in una situazione di fragilità e contribuisce a supportare la rete del welfare di comunità (21).

L'IFeC non è solo un erogatore di *care*, ma attivatore di potenziali di *care*, che insistono in modo latente nella comunità e che portati alla luce sprigionano una serie di beni cognitivi, affettivi, emotivi e di legami solidaristici che diventano parte stessa della presa in carico (21). L'IFeC svolge attività trasversali di implementazione dell'integrazione con l'obiettivo di favorire l'attivazione e l'integrazione tra i vari operatori sanitari e sociali e le possibili risorse formali e informali presenti sul territorio utili a risolvere problematiche inerenti ai bisogni di salute.

Le competenze core

L'IFeC, attraverso la formazione universitaria post base, acquisisce e implementa conoscenze e competenze per:

- ✓ La valutazione dei bisogni di salute della persona in età adulta e pediatrica, delle famiglie e della comunità attraverso approcci sistemici validati come il modello di analisi e intervento famigliare di Calgary[3].

- ✓ La promozione della salute e la prevenzione primaria, secondaria e terziaria facendo riferimento ai modelli concettuali disponibili, tra cui: il *Population Health Promotion Model*, l'*Expanded Chronic Care Model* e il *Population Health Management*.

- ✓ La presa in carico delle persone con malattie croniche in tutte le fasi della vita e delle persone con livelli elevati di rischio di malattia, ad esempio associati all'età.

- ✓ La conoscenza dei fattori di rischio prevalenti nel territorio di riferimento, considerando i determinanti della salute.

- ✓ Lo sviluppo dell'educazione sanitaria in ambito scolastico anche nell'ottica di un ambiente sicuro (es: vaccinazioni, Covid 19 ecc.).

- ✓ La relazione d'aiuto e l'educazione terapeutica con gli assistiti.

- ✓ La valutazione personalizzata dei problemi sociosanitari che influenzano la salute, in sinergia con il MMG, I PLS e tutti gli altri professionisti che operano sul territorio.

- ✓ La definizione di programmi di intervento infermieristici basata su prove scientifiche di efficacia, anche prescrivendo o fornendo agli assistiti le indicazioni dei presidi assistenziali più efficaci al percorso di cura concordato.

- ✓ La creazione e valutazione degli standard qualitativi per l'assistenza infermieristica territoriale.

- ✓ La definizione di ambiti e problemi di ricerca.

- ✓ L'utilizzo di supporti documentali e gestionali informatici per la documentazione dell'attività assistenziale che concorrono alla rendicontazione dell'attività svolta sul territorio di riferimento.

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[3]Wright e Leahey, 1994.

Tali competenze avanzate consentono a livello individuale e familiare:

✓ Lettura e analisi del contesto famigliare inclusa la valutazione dei determinanti della salute che incidono sul contesto. In particolare si segnalano tra gli approcci e modelli di valutazione della famiglia esistenti quali ad esempio, il *Friedman Family Assessment Model*, il *Calgary Family Assessment Model* e il *McGill Model/Developmental Health Model*.

✓ Rilevazione dei rischi comportamentali, ambientali e domestici e l'individuazione delle eventuali soluzioni migliorative utilizzando modelli scientifici.

✓ Identificazione precoce delle condizioni di rischio e di fragilità delle persone attraverso scale validate in utilizzo nel contesto italiano.

✓ Interventi di promozione di stili di vita e comportamenti salutari dell'individuo e della famiglia anche in relazione alla cura di eventuali patologie già in atto.

✓ Coinvolgimento attivo degli individui e delle famiglie nelle decisioni relative alla salute e al benessere personale.

✓ Valutazione del bisogno di orientamento rispetto ai servizi sociosanitari esistenti, ai percorsi necessari per la loro attivazione e all'utilizzo delle fonti di informazione e di comunicazione disponibili.

✓ Sostegno all'integrazione delle cure attraverso il processo di case management.

✓ Facilitazione delle dimissioni precoci in stretta sinergia con Il MMG, il PLS e gli altri specialisti.

✓ Monitoraggio del grado di stabilità clinica/assistenziale e del livello di complessità assistenziale e valutazione delle alterazioni sintomatiche delle condizioni di salute in caso di malattia, acuta o cronica, che possono indicare un aggravamento o la comparsa di complicanze, in integrazione con i Medici di Medicina Generale e con gli altri professionisti coinvolti.

✓ Monitoraggio dell'aderenza terapeutica ed eventuale segnalazione di anomalie al Medico di Medicina Generale.

✓ Attivazioni di processi collaborativi per il mantenimento dell'autonomia e per evitare la frammentazione delle cure.

✓ Adozione di strumenti per il monitoraggio a distanza e per la tele-assistenza che possano favorire la cura a domicilio in sinergia con i professionisti coinvolti e con le organizzazioni territoriali.

✓ Interventi diretti sulla base delle competenze clinico assistenziali specifiche e dell'expertise maturato.

✓ Attivazione di consulenze infermieristiche su specifiche problematiche assistenziali.

A livello comunitario:

✓ Lettura e analisi del contesto comunitario, attraverso un processo partecipativo tra i vari stakeholder di riferimento del territorio[4].

✓ Mappatura delle risorse del territorio per il mantenimento di stili di vita sani, incluse le associazioni di volontariato.

✓ Formazione, coordinamento e supervisione delle persone che entrano a far parte volontariamente della rete assistenziale della comunità.

✓ Collaborazione con le autorità sanitarie locali per costruire flussi informativi utili alla valutazione e gestione della popolazione in carico.

✓ Collaborazione alla continuità assistenziale attraverso l'integrazione dei servizi fra ospedale e territorio in sinergia con le organizzazioni, i MMG e gli altri professionisti.

✓ Collaborazione con il Medico di Medicina Generale, con le Unità di Valutazione Multidimensionali dei Distretti, con i professionisti dei servizi socioassistenziali, con le associazioni di volontariato.

✓ Partecipazione alla redazione, verifica, attuazione e supervisione di protocolli e procedure per la qualità dell'assistenza.

✓ Progettazione di interventi di rete e monitoraggio dei risultati nell'ottica dell'attivazione del capitale sociale e dello sviluppo dell'*empowerment* di comunità.

✓ Progettazione e attivazione di iniziative di promozione e prevenzione della salute rivolte alla comunità che favoriscano la partecipazione attiva.

✓ Attivazione di iniziative di informazione sulla salute e sui rischi rivolte a gruppi di persone.

✓ Applicazione di strategie e metodi educativi a gruppi di persone, mirati al miglioramento delle abitudini e degli stili di vita e al self-management[5].

✓ Progettazione di occasioni di incontro tra persone che presentano problemi di salute simili per favorire i processi di auto mutuo aiuto con modelli validati come il *Modello Stanford*.

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[4]Indicazioni sulle modalità di valutazione del contesto comunitario vengono fornite nel documento dell'OMS "A framework for community health nursing education" (2010).

[5]Il Patient Education Research Center dell'Università di Stanford ha sviluppato un metodo educativo rivolto ai malati cronici, che si è concretizzato in una serie di programmi strutturati di self-management, accessibili tramite licenza.

La Formazione dell'IFeC è individuata a livello accademico in percorsi post-laurea (Laurea Magistrale, Dottorato, Master I e II Livello).

Appendice

In merito alla citata definizione dell'OMS di Assistenza Sanitaria Primaria utilizzata nel presente documento di posizionamento, si riporta per completezza la specifica indicata all'articolo 7 della Dichiarazione di Alma Ata (OMS, 1978) secondo il quale l'Assistenza Sanitaria Primaria:

1. Riflette e si sviluppa dalle condizioni economiche e dalle caratteristiche socioculturali e politiche di un paese e delle sue comunità. Essa si fonda sull'applicazione dei risultati significativi ottenuti dalla ricerca sociale, biomedica e nei servizi sanitari e sull'esperienza maturata in sanità pubblica.

2. Affronta i principali problemi di salute nella comunità, fornendo i necessari servizi di promozione, prevenzione, cura e riabilitazione.

3. Comprende almeno l'educazione sui principali problemi di salute e sui metodi per prevenirli e controllarli; la promozione di un sistema di approvvigionamento alimentare e di una corretta alimentazione un'adeguata disponibilità di acqua sicura e il miglioramento delle condizioni igieniche fondamentali; l'assistenza sanitaria materna e infantile, compresa la pianificazione familiare; l'immunizzazione contro le principali malattie infettive; la prevenzione e il controllo delle malattie endemiche locali; un appropriato trattamento delle malattie e delle lesioni più comuni; la fornitura dei farmaci essenziali.

4. Coinvolge, oltre al settore sanitario, tutti gli altri settori e aspetti dello sviluppo nazionale e della comunità che sono collegati, in particolare l'agricoltura, la zootecnia, la produzione alimentare, l'industria, l'istruzione, l'edilizia, i lavori pubblici, le comunicazioni e altri settori inoltre necessita del coordinamento delle attività tra tutti questi settori.

5. Richiede e promuove al massimo l'autonomia dell'individuo e della comunità e la partecipazione alla progettazione, organizzazione, funzionamento e controllo dell'assistenza sanitaria primaria stessa, usando appieno le risorse locali, nazionali e le altre disponibili; per questo fine sviluppa, attraverso un'adeguata educazione, la capacità delle comunità a partecipare;

6. Dovrebbe essere sostenuta da sistemi di riferimento integrati, funzionali e di supporto reciproco che portano a un progressivo miglioramento dell'assistenza sanitaria globale per

tutti e danno priorità a coloro che sono maggiormente nel bisogno.

7. A livello locale e ai livelli di riferimento l'assistenza sanitaria primaria dipende dagli operatori sanitari, comprendendo di volta in volta i medici, gli infermieri, le ostetriche, il personale ausiliario e gli operatori di comunità, come pure dalle figure professionali tradizionali quando necessario essi devono essere adeguatamente preparati, dal punto di vista sociale e tecnico, a lavorare come una squadra per la salute e a rispondere ai bisogni di salute espressi della comunità.

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ordem dos
enfermeiros
gabinete
da bastonária

C/c:
Dra. Marta Oliveira
Assistant Project Manager Future Balloons

Email: future.balloons@gmail.com

Dear Dra. Francesca Pozzi
ENhANCE Project Coordinator

Email: pozzi@itd.cnr.it

N. Ref	**V. Ref**	**Data**
SAI-OE/2020/11018		**22-12-2020**

Assunto: Inquérito às partes interessadas sobre o perfil e currículo ENhANCE do(a) enfermeiro(a) da Família e da Comunidade ("Stakeholder survey of the ENhANCE profile and curriculum of the Family and Community Nurse")

Dear Francesca Pozzi,

Following the contact by the company **Future Balloons**, requesting the completion of the survey best identified above, we should clarify the following:

The Ordem dos Enfermeiros is the Professional Public Association representative of those who practice the profession of nurse and who have, as attributions, for what matters here, "to regulate the access and exercise of the profession," "define the level of professional qualification and regulate professional practice", "participate in the elaboration of legislation that concerns the profession of nurse", as well as "to assign the title of nurse and specialist nurse with issuance of the inherent professional card" , in addition, transmitted to Future Balloons at the international meeting of the ENhANCE project, by letter attached and from which no response was obtained.

Thus, it is up to the Ordem dos Enfermeiros to analyze and pronounce on the Study Plans Courses, taught by Portuguese higher education institutions, which enable the award of the Professional Title of Specialist Nurse, issuing a preliminary assent, regarding their suitability for the provision of specialized nursing care.

In this sequence, and according to our previous official letter response, and although there is no standardized model at the European Union level regarding the Professional Profile for Family Community Nurses (FCNs) the Ordem dos Enfermeiros has defined, at the National Level, the profile of competencies and the work methodology of the Nurse Specialist in Community Nursing in the area of Community Health Nursing and Public Health and in the area of Family Health Nursing, for the award of the Professional Title of Specialist Nurse, in accordance with the terms of Regulation No. 428/2018 of July 16 (https://www.ordemenfermeiros.pt/media/8418/115698536.pdf) and which is attached to this letter.

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Thus, we would like to reiterate that, in view of the competencies and attributions, it is solely and exclusively up to the Ordem dos Enfermeiros to rule and regulate on the professional profile of family nurses.
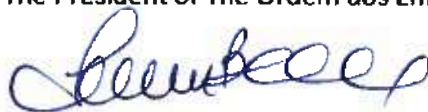
Therefore, the Ordem dos Enfermeiros considers that the approach of this subject in the proposed terms constitutes an interference within the framework of its competencies and attributions, since it is up to this institution to promote the defense of the quality of nursing care provided to the population, promote the development of Nursing training and research and to rule on the training models and the general structure of nursing courses.

Regardless of this fact and as set out in our Statute, the Ordem dos Enfermeiros manifests full willingness to provide the scientific and technical collaboration requested by ENhANCE in order to develop a standardized European model of family and community nurses, based on the profile of competencies and the work methodology of the Nurse Specialist in Community Nursing and Family Health Nursing, in accordance with the above-mentioned Regulation Nº. 428/2018 of July 16.

We emphasize, however, that the Ordem dos Enfermeiros, without prejudice to being able to collaborate with any national or foreign organizations, of a scientific, professional or social nature, aimed at the exercise of the nursing profession, will always have to participate in the official accreditation processes and in the evaluation of the courses for the award of the professional title of Specialist Nurse in the Portuguese territory, under penalty of those organizations not being able to award that title.

Yours sincerely,

On Behalf of The President of The Ordem dos Enfermeiros

Luis Filipe Cardoso Barreira
Vice-President of the Board of the Ordem dos Enfermeiros [1]

With the Official Letter N/Ref.ª SAI-OE/2018/6311 of 29/06/2018 and Regulation Nº. 428/2018 of 16/07/2018.

(1) With delegated powers from the President of the Ordem dos Enfermeiros, according with the article 30, n.º 1, a), b), e) and l) of the Statute of the Ordem dos Enfermeiros).

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EUHPP Thematic Network

Profiling and training the health care workers of the future

JOINT STATEMENT

January 2021

TABLE OF CONTENTS

FOREWORD

Health First Europe and the European Health Management Association (EHMA) are network organisations that work intensively to improve the quality of European healthcare delivery. In 2019, our organisations joined forces to collaborate on a project to participate in addressing the needs of the health workforce of the future. Needs that were made greater and starker by the challenges of the current global health crisis.

By leading a Thematic Network on the topic of 'Profiling and training the health care workers of the future', EHMA and Health First Europe wanted to identify the health workforce skills and competences necessary to effectively address the digital transformations that are facilitating more effective, accessible, and resilient health systems. We also wanted to highlight European innovations in digital and data areas that represent best practices in developing the skills of the health workforce.

Our organisations brought together an extensive network of stakeholders across European health and care systems with the relevant experience to inform a policy discussion to then define the barriers and incentives to promote health systems that successfully implement innovations in digital and data areas.

We intend for the work of this Thematic Network to inform the initiatives that will be funded by the Digital Europe programme for 2021–2027, and primarily those that propose to act on the 'advanced digital skills' of the health and care workforce, and to support the uptake of innovation and digital tools that is rapidly taking place, as well as those to be implemented within the cluster on health of Horizon Europe.

More than ever, European health systems need to identify good practices in digitalisation and integration of care linked with health workforce challenges. EHMA and Health First Europe will continue to collaborate with our networks to initiate discussions, provide a platform to highlight best practices, and advise European policy makers in promoting the delivery of high-quality healthcare.

George Valiotis
Interim Executive Director
European Health Management Association

Brandon Mitchener
Interim Executive Director
Health First Europe

Introduction

Healthcare systems around the world have been under tremendous pressure, even before the COVID-19 crisis, based on a confluence of factors such as the increased prevalence of chronic diseases, changing population demographics, digitalisation, restrained health care budgets, and institutionalised systems out of date with modern day requirements.

Healthcare workers are the backbones of these systems. Health is highly labour intensive and one of the largest economic sectors in the EU: Europe's 18.6 million health and care workers represent 8.5% of the total workforce and they are involved in a wide range of activities to promote healthy lifestyles and prevent, diagnose and treat illnesses. Any transformation of the healthcare systems to make them resilient and innovative, while ensuring patients' safety and quality of care, must start with healthcare professionals, their educations and continual learning.

Starting from this assumption, the following joint statement, a product of the work of the EU Health Policy Platform (EUHPP) Thematic Network on the workforce of the future led by the European Health Management Association (EHMA) and Health First Europe (HFE), provides insights into best practices in workforce education to be shared across borders, into the skill set of the workforce of the future and into the role of healthcare professionals in promoting data-driven innovation and patient-centered and inter-disciplinary models of care. The set of concluding recommendations of the statements shall inform and advise the European Commission and the EU Members States on health care workforce education, training, and planning for the future of care, identifying the necessary skill mix and the areas in which greater EU collaboration and best practice sharing are needed.

A large community of stakeholders has been involved in the drafting of the joint statement, including healthcare workers, hospital and healthcare employers, representatives of families and informal caregivers, students, academia and technology providers, as vital segments of health care delivery. Those stakeholders have contributed via an online survey and presenting their case studies and best practices at the Thematic Network webinars in 2020.

The challenges ahead

Even before the COVID-19 pandemic, Europe was experiencing a rising demand for complex care linked with an increase in the percentage of the European population that is elderly and has chronic and multiple diseases. New patient needs require different skill sets as well as different ways of working across sectors and disciplines. There is also a lack of a joined strategy for the future of care delivery to tackle common and cross-border issues.

The challenges affect the health and well-being of every EU citizen and require imaginative thinking along with decisive changes. The transformation of health care systems implies structural changes and disruptive reforms to become more resilient, accessible, and effective in providing quality care to European citizens. It may require the redefinition of the relationship between different service providers, the introduction of new stakeholders and new cultural thinking for carers and citizens. Therefore, a joint effort is necessary to improve our mutual well-being.

In recent years, the incidence of chronic diseases has increased due to the ageing of the population, environmental pollution, and unhealthy lifestyles, raising pressure on public health and social care budgets. This has led to the need for a shift towards prevention and a more patient-centred and value-based method of healing. Consequently, more digital technologies have been employed to achieve greater precision, better results and to increase life expectancy. The health workforce has been highly affected by this phenomenon and the demand for specialised professionals is increasing every day. Unfortunately, this demand is rarely satisfied.

The European Commission has estimated a future shortage of healthcare workers that will leave 15% of the positions unfilled in the next years.[1] The shortage of both healthcare workers and students exacerbates the burnout issues that are created by an excess of work and long working days. Increasing demands for more complex care exacerbate the shortage.

European hospitals have yet to agree on a shared vision and collaboration to create a connected system for care that could benefit all European citizens and improve the quality of services in each country by fostering healthcare service and policy innovation transfer. Healthcare professionals are still not trained and formed with a harmonised, standardised protocol. There are also neither common digital infrastructures nor consistent outcome-based policies that would incentivise an effective use of digital tools and technologies. Both are needed to support health professionals and health systems to deliver a stronger, more effective integration and personalisation of care across the Union.

[1]
https://ec.europa.eu/health/sites/health/files/workforce/docs/health_workforce_study_2012_report_en.pdf

Best practices across Europe

The following section covers the case studies presented during the EU Health Policy Platform webinars and submitted in response to our survey. This section is divided into **four thematic segments**, including case studies on (1) Continuity and coordination of care, (2) Innovation readiness and digital health, (3) Harmonised curricula and international exchanges and (4) Workforce planning & interprofessional programmes.

Continuity and coordination of care

- -

Thematic segment N.1

Introduction: A certain skill mix is needed to provide continuity and coordination of care, especially to those chronic patients who need frequent controls and support in self-management. The following best practices in continuity & coordination of care show how to prepare the health care workforce to provide coordinated care and meet the needs of chronic patients.

Case Study no. 1 : An integrated care approach to tackle heart failure

Actor / author: Heart Failure policy Network and the University Hospital Bellvitge, Barcelona

In a multidisciplinary and integrated care approach, patients are involved in every stage, empowering them and their families. Those have been shown to be best practices, but in reality, they are not put in practice (e.g., patients experience significant changes in medications when they transfer to other clinicians). At the University Hospital Bellvitge (Barcelona), in the scope of delivering multidisciplinary and integrated care, the following measures resulted in a 50% reduction in hospitalisation:

- Endorsement of health pathways by managers;
- Give access to Key Performance Indicators to professionals: quality improvement;
- Population-based approach (tailored intervention for each patient).

A Nurse-led heart failure (HF) management programme in primary care in Barcelona showed excellent results. Healthcare institutions in the Litoral Mar area in Spain and the Catalan Health Service developed a nurse-led multidisciplinary HF care model that integrated care and reduced the risk of readmission and death. Adding a telemedicine component further reduced hospital readmission, length of hospital stay at readmission, and cost per patient. This care model is being implemented and improved in South Metropolitan Barcelona with coordination from the Bellvitge University Hospital.

Lessons learned

- Boosting HF specialists while supporting generalists;
- Facilitating formal accreditation for different speciality;
- Removing legal barriers to clinical delegation of tasks (e.g., nurses can prescribe, GP can ask for diagnosis procedures, etc.);
- Considering the value of recognising the specialist disciplines other than medicines;
- Formalising person-centred skillsets.

Case Study no. 2 : A programme to increase adaptability with flexible learning routes

Actor / author: Dutch Association of Hospitals

In the Netherlands, the healthcare system can count on the training program 'CZO flexlevel', which aims to increase the adaptability of health care professionals by innovating the post-initial nursing education. The programme focuses on adaptability by introducing flexible post-initial educational pathways for nurses and that enables individual customisation.

Lessons learned

- Flexible learning routes give care providers more career opportunities: they are trained more efficiently, they can enter and move on more easily, and they are ready for tomorrow's health care demand;
- Those trainings help professionals acquire the right skill mix to provide continuity and coordination of care, especially to chronic disease patients.

Case Study no. 3 : Diabetes patients and ten rules for continuity and coordination of care

Actor / author: International Diabetes Federation Europe

Ten rules of performance in a modern health care system:

1 Care is based on continuous healing relationships. Health professionals should provide care whenever patients need it, in different forms if needed, and not be limited to face-to-face visits. Health professionals should be responsive at all times (24 hours a day, every day) and provide care over the internet, by telephone, and by other means in addition to face-to-face visits;

2 Care is customised based on patient needs and values. Health professionals have the capability to respond to individual patient choices and preferences;

3 The patient is the source of control. Health professionals should be able to accommodate differences in patient preferences and encourage shared decision making;

4 Knowledge is shared, and information flows freely. Health professionals should support patients' unfettered access to their medical information and clinical knowledge and communicate effectively and share information with patients;

5 Decision making is evidence-based. Health professionals should provide care based on the best available scientific, standardised knowledge;

6 Safety is a system property. Health professionals should ensure safety by paying greater attention to systems that help prevent and mitigate errors;

7 Transparency is necessary. Health professionals should make information available to patients and their families that allows them to make informed decisions about all aspects of care;

8 Needs are anticipated. Heath professionals should be able to anticipate patient needs through planning;

9 Waste is continuously decreased. Health professionals should make efforts not to waste resources or patients' time;

10 Cooperation amongst clinicians is a priority. Health professionals should actively collaborate and communicate to ensure the appropriate exchange of information and coordination of care.

Lessons learned

- Care is based on a continuous healing relationship and patients need to be in control of the process;
- Knowledge is shared and information flows freely;
- Decision-making is evidence-based;
- Safety is a system property;
- Waste is continuously reduced (resources and time of patients and professionals);
- Cooperation amongst clinicians is a priority (importance of multidisciplinarity).

Innovation readiness, digital skills and literacy

- -

Thematic segment N.2

Introduction: Digital solutions have a great role to play in ensuring continuity of care provided that healthcare professionals are trained to use them and are involved in identifying the most effective digital tools. Investing in digital skills and in healthcare workers' education in digital tools (from electronic health records to AI solutions) ultimately results in providing the best quality of care for patients while speeding administrative processes and diagnoses and making the delivery of care more efficient and effective.

Case Study no. 4 : Digital readiness to embrace digital solution for care

Actor / author: NHS Digital Academy and Imperial College London

Digital readiness for healthcare workers is essential to quickly adapt to new technologies and support healthcare systems as they embrace digital solutions. Digital readiness cannot be unilateral. It needs to be fostered by a wide range of stakeholders from clinicians to health managers to patients. Access to innovation and digital technologies should be granted without excluding minorities, by providing equal access to digital technologies in order to make the digital environment easy and safe to navigate.

Mr David Farrell presented the case study of the NHS Digital Academy, conducted through Imperial College London, a learning programme in digital health leadership for mid to senior-level workers aiming at enhancing digital skills significantly.

This programme brings innovative solutions for stakeholders to adopt digital leadership skills to be applied in healthcare systems and beyond by addressing the following:

- How to take offset in real clinical needs?
- How to lead the change?
- How to change the workflows?
- How to be involved in the process?
- What do they expect from the training sessions?
- How to follow up after the training sessions?
- Providing a framework for digital development and awareness for board-level leaders to help them to understand new technologies better
- Ensuring the understanding of the needs of the current digital workforce and foreseeing the needs for the future digital workforce
- Supporting digital skills with an assessment framework (staff development, change of mentality for health mangers)

The project is funded by Health Education England and aims at embracing "Digital Readiness", building a digital-ready workforce and embracing new technologies to boost digital leadership and empower patients.

<u>Lessons learned</u>

Embrace a digital change in healthcare management by:

- Promoting a culture of open discussion amongst patients and health care professionals and open research;
- Embracing digital literacy to empower the health workforce as well as patients;
- Promoting cross-border non-hierarchical health systems;
- Boosting fast, integrated and light organisational processes;
- Comparing and assessing the risks of digitalisation against the benefits;
- Fostering scalable, interoperable, fixable, resilient and fit-for-purpose technology;
- Fostering multidisciplinary collaboration, innovative attitudes and team learning.

<u>Case Study no. 5</u> : The DISH project

<u>Actor / author: Digital & Innovation Skills Helix in Health (DISH) project, Denmark</u>

This project is funded by Erasmus+ programme and it addresses the digital skills gap of the healthcare workforce by establishing a triple helix partnership consisting of healthcare providers, educational institutions and private enterprise, representing six countries (Spain, the UK, Germany, Denmark, Poland and Norway). The project aims at identifying new approaches to support citizens (patients and healthcare professionals) in the use of new technology and at preparing health care professionals to the ongoing digitalisation of care. The DISH project focuses on three areas: innovation readiness, digital leadership and literacy. The project's training sessions are horizontal and involve both management and staff.

All the DISH concepts will be tested in the 6 participating countries, and once completed, a general assessment would be carried including good practices learned from each country. These recommendations could also be transferred to other countries' health care systems.

Policy Recommendations

- Promote a secure use of digital technology;
- Encourage training and brainstorming technological participation;
- Promote an ethical use of technology, valuing patients' insights in the implementation of digital solutions.

Case Study no. 6 : Gastroenterology and robotics

Actor / author: Gastroenterology (UEG), Member of the BioMed Alliance

It is not surprising, but no less impressive, that half a million robot-assisted surgeries are performed throughout the world every year. Robotics platforms are human-operated and controlled tool kits to perform laparoscopic and endoscopic procedures. Three-dimensional views, access in crowded organ spaces and a fine range of movements on robotic arms enable healthcare professionals to perform complex procedures with more precision, flexibility and control.

Robotic tool kits are used to remove gastrointestinal (GI) cancers, perform bariatric surgery, fix tissues to their regular positions and provide diagnostic access to the GI tract. Robotic assisted minimally invasive procedures are associated with less pain, early hospital discharge and better outcomes. Development of slender, versatile and affordable robotic platforms is enabling healthcare professionals to perform less invasive diagnostic and therapeutic procedures with the potential to reduce variation in outcomes. However, a lack of a standardised training pathway, certification of GI healthcare professionals using robotic toolkits and a European database for safety and clinical outcomes is still lacking. Access to robotic platforms is also disparate in Europe and is a burden to training professionals.

The use of robotic platforms to detect and treat diseases, in gastrointestinal diseases, is growing at a fast pace. Robotics offers many potential technical advantages and are an opportunity for the diagnostic and treatment of numerous digestive diseases, as robotics are being used for Bariatric surgery, rectal cancer surgery, endoscopic therapeutic procedures, etc. Robotics benefit the general public, reducing variation in outcomes, improving clinical outcomes and results, and allowing short term advantages of minimally invasive procedures, with for example less operative blood loss, less postoperative pain and consequently, reduced requirement of narcotics, as well as a shorter length of stay. However, the clinical application of robotic platforms is currently challenging.

To cope with the fast development of robotic surgery, the use of these robotic platforms needs to be increasingly taught in trainings, and certificates should be delivered for the use of gastrointestinal robotics. At the EU level, there are substantial inequalities in the uptake of gastrointestinal robotics and different quality standards for their use. It is therefore becoming increasingly important to develop aligned standards for Robotic Surgery training in Europe.

Policy Recommendations

To cope with the fast developments of AI, reduce the vast inequalities in the uptake of gastrointestinal AI & robotics, guarantee safe and accurate AI-enabled healthcare delivery, it is essential to address several challenges:

- Despite the many opportunities AI holds, the increasing levels of autonomy for surgical robots are also raising ethical issues which need to be addressed. In this respect, we emphasise the importance of having well-defined standards for human control and liability;
- Specific attention must be given to strengthening trust with patients, reviewing which information is sufficiently rich and understandable for autonomous patient reflection and decision making. The ownership of the data should also be discussed;

- The significant barriers are encountered in the quality of input data sets lacking appropriate annotations, and in a robust golden standard against which to train models;
- At EU level, we experience substantial inequalities in the uptake of AI devices in gastroenterology and different quality standards for their use. Hence, healthcare professionals need skills to adequately train the AI, understand the main principle underlying the given AI system, interpret the data correctly, and maintain control over the system;
- With increasing numbers of AI-based assistance systems developed for cancer screening and early detection, there is an urgent need for a standardised approach to classifications. We recommend that all AI-based systems for detection of polyps should be classified under the MDR as IIa-products and the AI-based systems used for differentiation of polyps as IIb-products.

Case Study no. 7 : Evidence-based health literacy educational programs to improve medical and nursing students' education

Actor / author: Regional Health Agency Marche Region; Project IMPACCT

The IMPACCT project (IMproving PAtient-centered Communication Competencies: To build professional capacity concerning health literacy in medical and nursing education) aims to improve the relevance and quality of education of medical and nursing students in Europe through the development, implementation, evaluation and dissemination of an evidence-based Health Literacy Educational Program (HL-EP).

The educational program consists of a set of 17 Learning Units (LUs), covering a wide range of health literacy competencies and reflecting a comprehensive person-centred care approach to tackle health literacy problems. LUs have been tested in higher education settings in 5 European countries (Germany, Ireland, Italy, Slovakia, The Netherlands).

HL-EP is further integrated by a Massive Open Online Course (MOOC) and quality standards and guidance manual for educators. The project is funded by the ERASMUS+ Programme, Strategic Partnership for higher education, and lasts 36 months, from 01/09/2017 till 31/12/2020.

<u>Lessons learned</u>

The IMPACCT consortium is currently finalising a policy brief, aimed at raising awareness of the importance of Health Literacy (HL) education and promoting its integration in university curricula. Stakeholders at all levels (local, national and EU levels), such as those organising, providing, and receiving care, can move in parallel and in coordination to achieve the common goal of better health outcomes. This can be achieved by:

1. Emphasising the importance of health literacy and strengthening internal collaboration inside institutions, which will improve the general awareness of the topic as well as the procedures to enable change processes (governance).

2. Key stakeholders (Higher Education decision-makers, Policymakers, Healthcare professionals), within the same framework, can implement specific actions, from increasing awareness and engaging stakeholders, then piloting and evaluating proposed solutions, to scaling up good practices.

3. Higher Education institutions could explore required competencies needed to implement new care models, integrating them in the curricula. Policymakers could organise health campaigns on HL, promote equity and quality in healthcare, and invest in HL education and interventions. Healthcare professionals could increase demand for HL training, facilitate studies on the efficacy of HL interventions, and promote the organisation of training activities on HL.

Case Study no. 8 : The European School of Radiology (ESOR) case and the need for EU quality indicators in the future of health literacy

Actor / author: European Society of Radiology

The European Society of Radiology offers a wide range of learning and training opportunities to promote diagnostic and interventional radiology and associated disciplines through pre- and postgraduate education and research. The European School of Radiology (ESOR) assists in harmonising radiological education in Europe. With its wide range of activities, ESOR aims to raise standards in the field of scientific radiology, extend and coordinate teaching resources worldwide and help young radiologists achieve the knowledge and skills to fulfil the requirements of the future. Similarly, the European Diploma in Radiology (EDiR) is an international diploma issued and certified by the European Board of Radiology (EBR) and endorsed by the European Union of Medical Specialists (UEMS). The document certifies that a radiologist has the knowledge and competence in line with the European Society of Radiology's European Training Curriculum for Radiology.

Lessons learned

The European Society of Radiology (ESR) believes that EU member states should jointly agree on quality indicators for continued medical education and on changes to university syllabi to include Artificial Intelligence, digital and communication skills. Regarding the recognition of professional qualifications, the ESR considers that medical training for radiologists, and other medical disciplines, should be further harmonised to uphold patient safety and training standards across Europe. The European Commission should therefore review the regulatory framework and consider adopting a delegated act to increase the minimum years of training for radiologists from four to five years in full compliance with the European Training Curriculum for Radiology that was developed to harmonise radiology education throughout Europe further.

Growing training needs and the introduction of digital solutions in medical imaging require equally high standards of training that can only be met by implementing a full-fledged five-year radiology training. In addition, the ESR calls on the Member States and the European Commission to change the name of the discipline from "Diagnostic Radiology" to "Radiology", reflecting the profession's current practice comprising both diagnostic and interventional procedures. As Member States hold the competence to enter the name of a profession into Annex V unilaterally, individual Member States are strongly encouraged to unilaterally enter "Radiology" as the name of the discipline as a first step towards harmonisation. Nevertheless, the ESR believes that an EU-wide solution is needed and therefore urges the Member States and the European Commission to start dialogue in this direction in the interest of the free movement of radiologists and of high-quality patient care in Europe.

Case Study no. 9 : The SILCC exchange programme for pharmacists and hospitals: Improving healthcare professionals' exchanges to improve their competence and experience

Actor / author: European Association of Hospital Pharmacists (EAHP)

EAHP has set up a Statement Implementation Learning Collaborative Centres (SILCC) programme to enable the sharing of best practices linked to the European Statements of Hospital Pharmacy among EAHP's member countries. The programme provides individual hospital pharmacists with the opportunity to visit hospitals in other European countries in order to be trained on specific pharmacy procedures that can then be implemented in their home country. Also, an internship programme for pharmacy students and young graduates was set up together with the European Pharmacy Students Association (EPSA) in 2014.

This collaboration project helps with sparking interest among young professionals in the hospital pharmacy profession. The SILCC programme will allow hospital pharmacists (SILCC Fellows) to visit hospitals (SILCC hosts) from other EAHP member countries to learn about pharmacy procedures linked to the European Statements of Hospital Pharmacy.

The EAHP Implementation team has developed this programme with the help of the EAHP Board, its national associations and the national implementation ambassadors.

Lessons learned

The main recommendation is to foster exchange between healthcare systems and healthcare professionals; consequently, to ensure that different countries and settings can learn from each other more efficiently. This comes with several challenges. In the case of mutual exchange of innovation, for instance, the challenges are related to adapting the good practices from one health system or hospital to another to ensure that little is lost in translation. The different working culture of healthcare professionals involved in exchanges, and the different context in which they work (different countries, different national regulations) calls for the need of common guidelines that can facilitate such exchanges, in respect of differences and giving healthcare professionals the tools to get the most benefits out of the exchange.

Harmonised curricula and international exchanges

Thematic segment N.3

Introduction: Healthcare students and professionals move within the EU internal market, not only for work, but also for learning opportunities. Educational standards and harmonised curricula would be essential tools to promote professionals' and students' mobility and aspirations as well as contribute to harmonised core competencies in the context of the healthcare workforce's education and training.

Case Study no. 10 : Harmonised medical curricula in Germany: Medicine in the Digital Age

Author: Sebastian Kuhn, Professor for Digital Medicine, Bielefeld University

"Medicine in the Digital Age" was the first curriculum that addresses digital transformation, and the changing qualification needs for future doctors at a German medical school. It has been implemented since 2017. The curriculum explicitly pursues the approach of mapping the digital transformation of medicine in an interdisciplinary and interactive way. In addition to imparting knowledge, the focus is on practical skills in dealing with digital applications and a reflection of personal attitudes. Knowledge – skills – attitude: Only the integration of these three aspects leads to competence.

Lessons learned

The development of a digitalisation strategy and its didactic mediation is a relevant component of future planning for the curricular development of medical studies for all locations, but also for the further education and training of the medical profession. In the future, this will require a comprehensive implementation in the curriculum.

In this context, it must be critically reflected whether and how the range of courses presented here is scalable. We are convinced that the practical and reflective parts, even when scaled to the number of semesters, should be represented in the form of internships for a maximum of 15–20 students in order to foster exchange. When developing these curricula, the high speed of the change process should also be taken into account and curricular adaptation in the sense of "agility by design" should be made possible right from the conception stage.

Case Study no. 11 : Common training framework for hospital pharmacists

Author: European Association of Hospital Pharmacists (EAHP)

The European Association of Hospital Pharmacists (EAHP), and its 35 member country platforms are creating a common training framework for hospital pharmacy education in Europe. The framework will support the raising of standards in hospital pharmacy practice and thereby enhance the quality, the safety and equity of access to, patient care in every European country. It will provide a key tool for all countries in delivering the vision of the 44 European Statements of Hospital Pharmacy.

Lessons learned

A first important step for creating harmony between training frameworks in the EU is to foster international exchanges between healthcare systems to ensure that different countries can learn from each other.

Case Study no. 12 : A common curriculum for specialty training in orthopaedics

Author: The European Federation of National Associations of Orthopaedics (EFORT)

The European Federation of National Associations of Orthopaedics (EFORT) and Trauma agreed on a curriculum for specialty training and is now working with subspecialty groups to agree on common standards for subspecialty training. EFORT is conscious that even in the larger countries there can be considerable variation in training systems and assessments. Furthermore, the scope of the specialty is variable, with some countries separating orthopaedics and traumatology, and variable levels of training in non-operative and operative management.

For this reason, we believe it would be to the benefit of all the national associations if we developed a document setting out what we consider to be the minimum requirements for training in orthopaedics and trauma across Europe. Based on this premise we think that one of the roles of EFORT is to build up a European Orthopaedic and Traumatology platform that recognises the primacy of the national associations and regulatory authorities.

Lessons learned

Harmonising standards and curricula for specialty training facilitates confidence in a workforce that can be mobile, adaptable, and future-proof.

Case Study no. 13 : Harmonised competences and training of specialist nurses in rheumatology and the Royal College of Nurses Competency Framework

Author: UWE Bristol in the United Kingdom and EULAR, European League Against Rheumatism, member of the BioMed Alliance)

There is a need to develop harmonised competences and training of specialist nurses in rheumatology. There is also a lack of sufficient training and planning concerning the rheumatology nursing community. The development of competency-based training takes into account the key skills (both generic and specialised) that nurses need to possess. In this context, the Royal College of Nurses Competency Framework was developed by leading emergency nursing experts in order to support the personal and continuous professional development of nurses as well as succession planning. It also represents a benchmarking tool for rheumatology nurses and a tool for establishing nation-wide standards of training.

<u>Lessons learned</u>

In order to build harmonised competences and training of specialist nurses, policymakers and healthcare decision-makers shall:

- Develop robust, competence-based training as a means of facilitating a clear pathway to career development for nurses;
- Address the current mismatch between the training offered across different European countries;
- Strengthen specialist training for nursing staff.

<u>Case Study no. 14</u> : Better family and community nursing via a European Curriculum

<u>Actor / author: Nadia Kamel from EUROCARERS</u>

The main scope of Erasmus+ Sector Alliance ENhANCE Project (European Curriculum for Family and Community Nurses) is to target a specific existing mismatch between the skills currently offered by nurses working in Primary Health Care (PHC) and those demanded by both public health care institutions and private service providers when applying innovative healthcare models centred on PHC.

The ageing of the EU population is a long-term trend that began several decades ago, creating many challenges at EU and national level. EU recommendations point out the importance of family and community in the ageing process, emphasising Primary Health Care (PHC), frailty prevention, early detection and diagnosis. Many World Health Organization (WHO) reports identifying the Family and Community Nurse (FCN) as a key actor in the new PHC model. Currently, no standardised Professional Profile (PP) for FCN has been defined at EU level in line with the WHO and EU recommendations.

Starting from existing research evidence and results of ongoing EU Projects, a PP for FCN will be defined as the EU benchmark. The competence-based PP will be the baseline for the definition of a European, innovative, learning outcome-oriented modular VET Curriculum for FCN. It will target both formal and non-formal and informal learning. Thanks to its flexibility and modularity, the general EU Curriculum will be transposed into national Curricula considering local and contextual constraints; specific guidelines will support this process.

<u>Lessons learned</u>

Healthcare systems need to be re-organised towards a stronger focus on primary care and recognition of the professional profile of "Family and Community Nurse". More significant investments are needed in informal carers' training to strengthen their skills and improve the quality of care they provide, as well as to maximise their chances to maintain an active professional life. Carers' organisations have expertise in this topic and the potential of ICT-based solutions should be further explored. Moreover, the possibility and added value of a certification process to apply to the competences developed by informal carers (in the frame of their caregiving activities) should be explored to valorise and/or recognise their skills and facilitate their re-entry into the labour market.

Workforce planning & interprofessional programmes

Thematic segment N.4

Introduction: The rapid changes in healthcare demands requires a re-thinking of workforce planning and programmes to ultimately support students and professionals in acquiring new skills and adapt to new settings. The following case studies have a special focus on nurses, amongst the largest group of healthcare professionals and considered the backbone of healthcare systems.

Case Study no. 15 : Additional professional demands caused by the COVID-19 pandemic

Actor / author: Health Care Trade Union of Romania (FSSDR)

Departing from the experience of the Romanian health system, Dr. Viorel Rotila, Professor of Social Sciences and President of Health Care Trade Union of Romania (FSSDR), discussed the challenges faced by nursing staff when adapting to new professional and technological requirements, which have been exacerbated by the COVID-19 pandemic:

- Rapid change in working and protection procedures;
- The necessity of acquiring new professional skills in a concise time;
- The effects of depersonalisation of patient relationships generated by the use of personal protective equipment;
- Increasing professional and personal risk.

Policy Recommendations

- Promote digital literacy among nursing staff in order to ensure effective utilisation of digital technologies.

Case Study no. 16 : Upscaling nursing education with a common educational framework

Actor / author: Dr. Eszter Kovacs, a representative from the Health Services Management Training Center at Semmelweis University and a Coordinator of SEPEN Tender (European Support for the Health Workforce Planning and Forecasting Expert Network)

Acknowledging the need for revamping of existing training practices in the nursing profession, Dr Kovacs discussed the issue of healthcare planning and its role in strengthening the position of nurses and midwives in the healthcare sector.

Dr Kovacs also highlighted the widespread shortages of nursing staff but stressed the importance of prioritising quality of staff over quantity. In this context, she discussed the need for developing a common educational framework in Europe in order to remedy the mismatch in training that currently exists. She noted the positive impact that the current COVID-19 pandemic has had in exposing the need for robust data on the health workforce across jurisdictions. Dr Kovacs also highlighted the acceleration of the digital transformation of healthcare systems which has been necessitated by the pandemic. In order to ensure that the workforce adapts effectively to this transition, she stressed the need for an EU-level dialogue on nursing education and upscaling.

Policy Recommendations

- Modernise training practices to make them fit for the digital age;
- Develop a common educational framework for nurses in Europe.

Case Study no. 17 : Recognising the need for better training for nurses starting from Directive 2005/36/EC

Actor / author: Jean-Marc Delahaye from the NATIONAL COUNCIL OF THE FRENCH CHAMBER OF MIDWIVES

The National Council of the French Chamber of Midwives has worked to be able to identify the main difficulties involved in implementing the directive 2005/36/EC on the recognition of professional qualifications including the midwifery profession. While the directive has established a common European training framework enabling professional qualifications to be recognised within the EU, in particular for midwives, there are significant training disparities between the Member States concerning this profession. The training followed in certain Member States may prove to be insufficient and unsuitable in view of the skills required in other Member States. In addition, some of the midwives may not have sufficient language skills to practice the profession. Practising any health profession requires being able to read, understand, write and express yourself clearly enough and precisely with patients and other health professionals to ensure the quality and safety of care for patients.

Lessons learned

The midwifery profession intends to work in close cooperation with the European institutions in order to update Annex V.5. of the directive, a key element in improving the mobility of midwives in the European Union.

The work of the National Council of the French Chamber of Midwives has led to the need to engage in new dialogue and cooperation with the EU to discuss in detail the elements within Directive 2005/36/EC that can be strengthened starting from the needs of nurses recognised by the profession itself. The Directive is a useful tool that ought to be further developed in light of the new challenges that health systems and nurse's profession have faced to improve and increase the impact of the mobility of midwives in the European Union, their professional growth, their competences and their capacity to implement good practices borrowed from their colleagues working in other health systems with different challenges throughout Europe.

Core competences for the future of care

In order to build a resilient workforce and meet the challenges of Health 2.0, a paradigm shift in health care systems is required. This shift should start from the workforce core competences, moving towards a more holistic approach and goal-oriented care and tackle chronic problems and multimorbidity while putting patients' needs and goals at the centre of care.

The case studies and the best practices presented at our webinar and reported back in this report, together with the replies to the Thematic Network's survey, identified the core competences required for the health care workforce of the future. Those competences, listed below, include the essential knowledge, skills and attitudes necessary for the practice of public health, transcending the boundaries of specific disciplines:

- Adaptability to different settings and models of care
- Person-centric communication skills and empathy toward the patients
- Digital skills
- Basic health data analysis skills
- Management skills
- Interdisciplinary teamwork skills
- Administrative skills
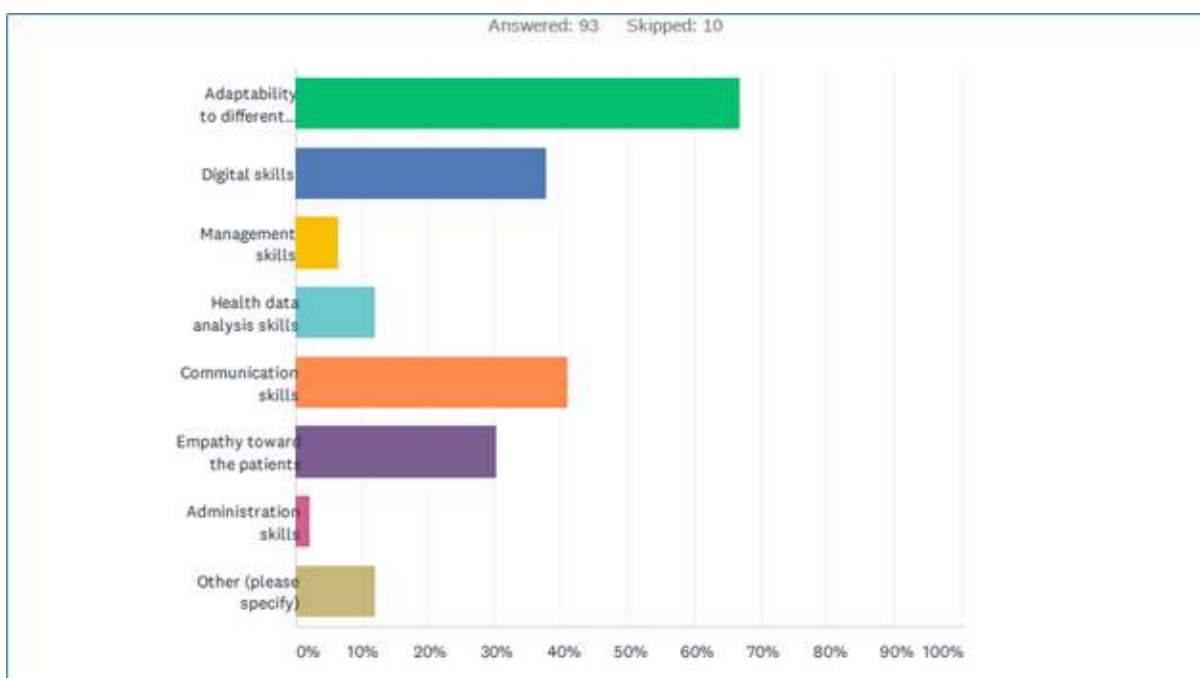
Conclusion and policy recommendations

The survey and the case studies presented in this document and in the Thematic Network's webinars resulted in a series of recommendations to policymakers to shape the workforce of the future and re-think the education programmes. The following calls to action are addressed to both national and EU policymakers. The ultimate policy goals are to develop a European strategy for effective and sustainable healthcare workforce planning, identify and foster the healthcare workforce's core competences and encourage EU member states' collaboration to develop a common vision for the future of care delivery. How?

1. Create EU curricula for healthcare professionals and common definitions of professions and specialisations across Europe

2. Foster a focus on adaptability in healthcare professionals' education programmes, also by introducing flexible post-initial educational and enabling individual customisation

3. Provide innovative schemes and programmes for sharing good practices on effective recruitment and retention strategies for health professionals

4. Maximise the use of European funding instruments to support actions to tackle health workforce shortages and create EU training programmes and a solidarity scheme

5. Generate more opportunities abroad for students as well as professionals, specifically focusing on digital solutions and AI technologies

6. Include digital literacy and skills along with patient-centred care and multidisciplinary skills as core competences in undergraduate training programmes including cross-disciplinary experiences as part of the European profile of the workers of the future

7. Recognise the value and role of emerging professions – concerning higher demands of complex care – from biomedical engineering to specialised nurses, new digital health professionals and health care assistants

8. Re-think how professional education is delivered with the inclusion of new tools (including through virtual trainings) and introduce interprofessional learning programmes that should be included in all curricula for healthcare professionals

9. Widen access to healthcare occupations for people without degree-level education, using on-the-job training and development

10. Invest in cross-border eLearning opportunities and multinational research programs, also to allow professionals to develop new skills not offered in their national programmes

11. Introduce into education programmes short term visits to different health care facilities in order to accelerate the sharing of best practices

12. Develop new programs to easily integrate new healthcare workers considering the evolving needs of healthcare professions and the evolution of these professions into more holistic care and more robust interpersonal competence

Q11 The EU supports Member States in their efforts to provide the best education and training for their professionals. Which EU actions could better support Member States in training the healthcare workforce of the future? (Max 2 choices)

Answered: 86   Skipped: 17
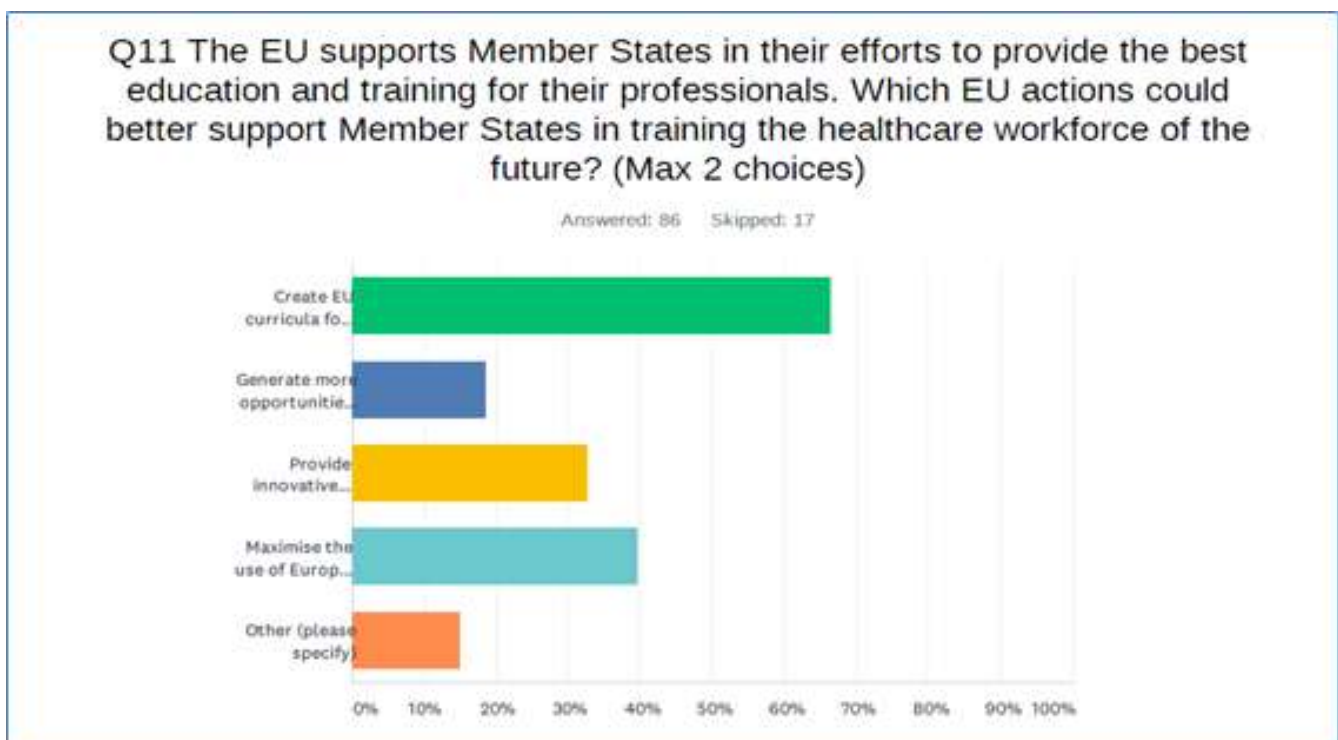
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ENhANCE Supporting Partner Survey – Final version (June 2020)

Survey targeting stakeholders involved in family and community care

Welcome to the ENhANCE [https://www.enhance-fcn.eu/] Survey targeting stakeholders involved in family and community care.
This Survey is aimed to briefly present the main project outcomes to potential interested parties, ask for their feedback and possibly lay the basis for possible future collaborations.
If you have received the link to this Survey, you have been identified as a potential interested party. Filling the Survey in will require about 30 mins.
If you have any doubt or concern, you can contact the ENhANCE partner that approached you, or the Project Coordinator (Francesca Pozzi – pozzi@itd.cnr.it).

Thanks for your time and interest in the project!

*Required

Please accept the following data policy to start the survey: I accept that data provided by means of this questionnaire will be stored exclusively for institutional purposes and will be managed in accordance with Article 13 of the EU General Data Protection Regulation 2016/679 (see Data Privacy Notice: https://www.itd.cnr.it/page.php?ID=Privacy). All the data will be processed anonymously, for the sole purpose of permitting statistical analyses for educational and research purposes. To this aim, Data Controller is ITD-CNR and the Data Processor are Francesca Pozzi [email: pozzi@itd.cnr.it], ITD-CNR [https://www.itd.cnr.it/page.php?ID=Privacy] and Google LLC. *

◯ Yes

◯ No

⊘ This is a required question

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Your profile

Name *

Your answer

Surname *

Your answer

Country of residence *

Your answer

Profession *

Your answer

Organisation *

Your answer

(!) This is a required question

Stakeholder category *

○ Provider of Vocational Education and Training (VET)

○ Nursing regulatory body

○ Association /network of nurses or non-profit organization representing nurses or dealing with community and family health

○ Policy-makers in the health and training sector

○ Other:

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To facilitate answering the survey questions, we recommend that you download the ENhANCE Family and Community Nurse Professional Profile (see link below) and watch the video animation.
For further information, we have provided additional links to other informative materials.

Please download the ENhANCE Family and Community Nurse Professional Profile (highly recommended)
28 competencies of the Family and Community Nurse [PDF file]
https://www.enhance-fcn.eu/download/3885/

Watch the following video (highly recommended)

Download additional documents (optional)
The first ENhANCE Project's newsletter
https://www.enhance-fcn.eu/2019/03/05/newsletter-1-spring-2019/

Skills Panorama (by Cedefop)
https://skillspanorama.cedefop.europa.eu/en/analytical_highlights/health-professionals-skills-opportunities-and-challenges-2019-update

Do you think the ENhANCE project is targeting a real skills need in Primary Health Care (PHC)? *

○ Yes

○ No

Provide a rationale for your rating above

Your answer

To what extent do you think the Professional Profile of the "Family and Community Nurse" is coherent to current and future population health and social needs in Europe? *

	1	2	3	4	5	
Utterly incoherent	○	○	○	○	○	Extremely coherent

Provide a rationale for your rating above

Your answer

To what extent do you think the Professional Profile of the "Family and Community Nurse" is coherent with the current and future health labour market needs in Europe? *

	1	2	3	4	5	
Utterly incoherent	○	○	○	○	○	Extremely coherent

Provide a rationale for your rating above

Your answer

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To facilitate answering the survey questions, we recommend that you download the European Curriculum for Family and Community Nurse (FCN) (see link below) and watch the video animation.
For further information, we have provided additional links to other informative materials.

Please download the European Curriculum for Family and Community Nurse (FCN) (highly recommended)
(Extract of) European Curriculum for Family and Community Nurse (FCN) [PDF file]
https://www.enhance-fcn.eu/wp-content/uploads/2019/11/FCN-curriculum_abstract.pdf

Watch the following video (highly recommended)

Download additional documents (optional)
The European Curriculum for Family and Community Nurse (FCN) - Complete deliverable [PDF file]
https://www.enhance-fcn.eu/download/2961/

Now we are going to proceed with Section 2 of the survey, where you will provide your opinions regarding the ENhANCE European Curriculum for Family and Community Nurse. *

○ Continue

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S.2. Your opinions regarding the ENhANCE European Curriculum for Family and Community Nurse

To what extent do you think the European Curriculum for Family and Community Nurse (FCN) is coherent with the competencies of the FCN Professional Profile? *

	1	2	3	4	5	
Utterly incoherent	O	O	O	O	O	Extremely coherent

Provide a rationale for your rating above

Your answer

To what extent do you think the European Curriculum for Family and Community Nurse is adaptable to your own national context? *

	1	2	3	4	5	
Utterly inadaptable	O	O	O	O	O	Extremely adaptable

Provide a rationale for your rating above

Your answer

What is your impression about the overall efficacy of the European Curriculum (EUC) for Family and Community Nurse in terms of expected impact? *

	1	2	3	4	5	
Utterly ineffective in terms of impact	O	O	O	O	O	Extremely effective in terms of impact

Provide a rationale for your rating above

Your answer

To facilitate answering the survey questions, we recommend that you watch the video animation.

Watch the following video (highly recommended)

E   Section 3   🕐   ↪
                                                  Watch later   Share

ENhANCE

Improving family and
community care through
highly specialited nurses

▶

Watch on ▶ YouTube
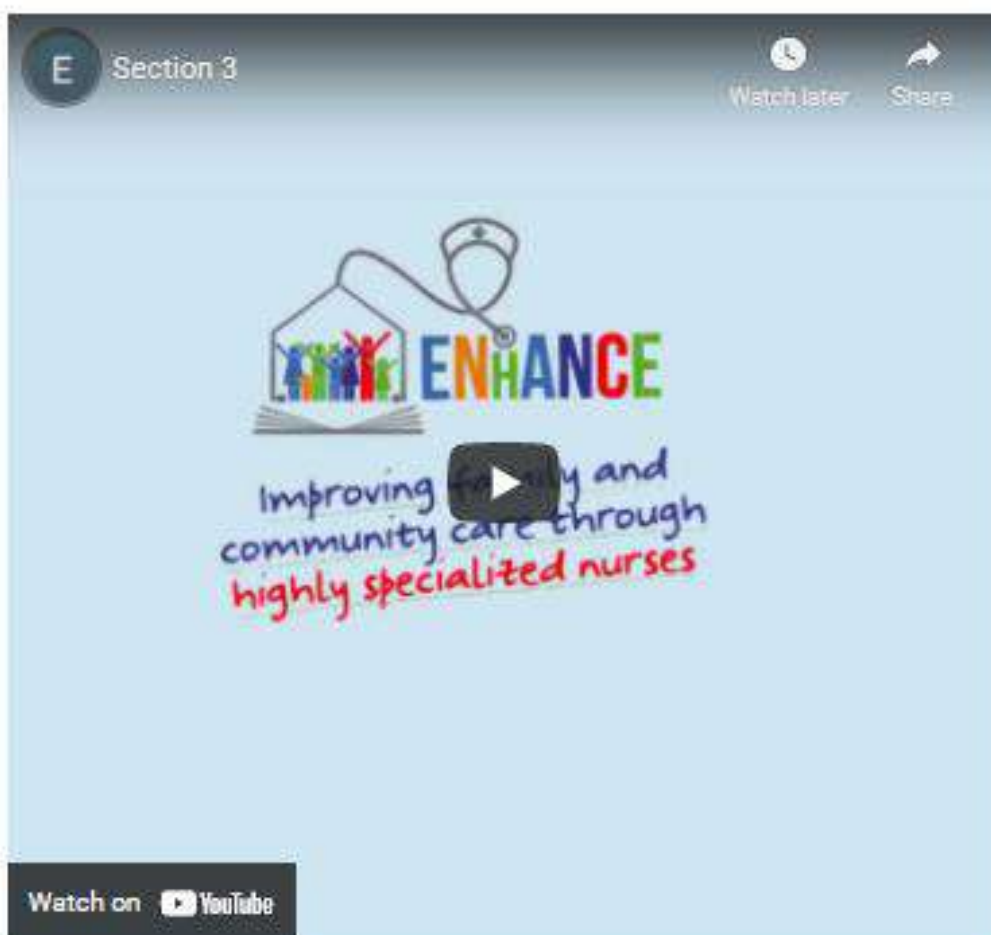
Download additional documents (optional)
Guidelines supporting the design of local curricula – first release - Complete deliverable [PDF file]
https://www.enhance-fcn.eu/download/3226/

Now we are going to proceed with Section 3 of the survey, where you will provide your opinions regarding the ENhANCE Guidelines for VET (Vocational Education and Training) providers. *

○ Continue

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How do you perceive the ENhANCE Guidelines in terms of usefulness? *

	1	2	3	4	5	
Utterly useless	○	○	○	○	○	Extremely useful

Provide a rationale for your rating above

Your answer

How do you perceive the ENhANCE Guidelines in terms of usability? *

	1	2	3	4	5	
Utterly usable	○	○	○	○	○	Extremely usable

Provide a rationale for your rating above

Your answer

What is your impression about the overall potential of the ENhANCE Guidelines in terms of expected impact? *

	1	2	3	4	5	
Utterly ineffective in terms of impact and reach	○	○	○	○	○	Extremely effective in terms of impact and reach

Provide a rationale for your rating above

Your answer

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Now that you have seen the Guidelines for VET providers, how do you perceive the ability of the European Curriculum for Family and Community Nurse to support modularity? *

	1	2	3	4	5	
Utterly unable to support modularity	○	○	○	○	○	Extremely able to support modularity

Provide a rationale for your rating above

Your answer

Now that you have seen the Guidelines for VET providers, how do you perceive the ability of the European Curriculum (EUC) for Family and Community Nurse to support practice sharing? *

	1	2	3	4	5	
Utterly unable to support practice sharing	○	○	○	○	○	Extremely able to support practice sharing

Provide a rationale for your rating above

Your answer

Now that you have seen the Guidelines for VET providers, how do you perceive the ability of the European Curriculum (EUC) for Family and Community Nurse to support assessment? *

	1	2	3	4	5	
Utterly unable to support assessment	○	○	○	○	○	Extremely able to support assessment

Provide a rationale for your rating above

Your answer

Now that you have seen the Guidelines for VET providers, how do you perceive the ability of the European Curriculum (EUC) for Family and Community Nurse to support recognition and validation of prior formal, informal and non-formal learning (RV)? *

	1	2	3	4	5	
Utterly unable to support RV	○	○	○	○	○	Extremely able to support RV

Provide a rationale for your rating above

Your answer

Now that you have seen the Guidelines for VET providers, how do you perceive the ability of the European Curriculum (EUC) for Family and Community Nurse to support work based learning? *

	1	2	3	4	5	
Utterly unable to support work based learning	○	○	○	○	○	Extremely able to support work based learning

Provide a rationale for your rating above

Your answer

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Expression of Interest

Do you think your organization (or country) is willing to test and/or adopt any of the above mentioned project outcomes (Professional Profile for FCN, European Curriculum for FCN, and /or Guidelines for VET providers)? *

○ Yes

○ No

(If your answer to the previous question was "Yes") please specify which of the project outcomes you are interested in and, if possible, explain how project outcome(s) could be implemented or taken up in your region or context.

Your answer

(If your answer to the previous question was "No") please explain why you do not see any possibility of adoption

Your answer

Please provide us with your email address so that we can contact you to discuss possible future collaborations, or if you are simply interested in being further updated about the ENhANCE project.

Your answer

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Name of Supporting Partner(Fir	Affiliation/Organisation	Email	Stakeholder category	Provided by	Country
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	Movisie - Netherlands knowledge institute for social development	https://www.movisie.nl/en	Sectoral initiatives or other projects	EUROCARERS	Netherlands
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	Agrupamento de Centros de Saúde Baixo Vouga	aces_bxvouga@srsaveiro.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Beira Interior Sul (Unidade Local de Saúde de Castelo Branco, EPI	cscbranco@srscbranco.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Pinhal Interior Sul (Unidade Local de Saúde de Castelo Branco, EF	csproenca@srscbranco.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Pinhal Litoral	secdir.pl@arscentro.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Dão Lafões	secret@srsviseu.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Grande Porto III - Maia/Valongo	acesmaia@csmaia.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Matosinhos (Unidade Local de Saúde de Matosinhos, EPE)	aces.matosinhos@ulsm.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Trás-os-Montes - Alto Tâmega e Barroso	aces.tamegabarroso@arsnorte.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Arco Ribeirinho	aces.arcoribeirinho@arslvt.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Almada-Seixal	aces.almadaseixal@arslvt.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Oeste I - Oeste Norte	aces.oestenorte@arslvt.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Cascais	aces.cascais@arslvt.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Grande Porto II - Gondomar	aces.gondomar@arsnorte.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Grande Porto V - Porto Ocidental	aces.portoocidental@arsnorte.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Cávado III - Barcelos/Esposende	aces.cavado3@arsnorte.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Douro II - Douro Sul	aces.dourosul@arsnorte.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Algarve II - Barlavento	acesbarlavento@arsalgarve.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Douro I - Marão e Douro Norte	aces.maraodouronorte@arsnorte.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Tâmega III - Vale do Sousa Norte	aces.valesousanorte@arsnorte.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde Alentejo Litoral (Unidade Local de Saúde do Litoral Alentejano, EPI	aces.alitoral@arsalentejo.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde do Baixo Mondego	aces.bm@srscoimbra.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
	Agrupamento de Centros de Saúde do Baixo Mondego	secretariado.acesbm@arscentro.min-saude.pt	Community-based health or social service providers	FUTB	Portugal
Associação Portuguesa de Enfermei	Associação Portuguesa de Enfermeiros de Cuidados de Saúde Primários	apecsp.geral@gmail.com	Nursing professional association or registration body	FUTB	Portugal
Aimilia Magkanaraki	1rst Local Health Team of Heraklion Crete (TOMY)	1tomyher@hc-crete.gr	Community-based health or social service providers	HMU	Greece
amagkanaraki@hc-crete.gr	2nd Local Health Team of Heraklion Crete (TOMY)	2tomyher@hc-crete.gr	Community-based health or social service providers	HMU	Greece
	3rd Local Health Team of Heraklion Crete (TOMY)	3tomyher@hc-crete.gr	Community-based health or social service providers	HMU	Greece
	4rth Local Health Team of Heraklion Crete (TOMY)	4tomyher@hc-crete.gr	Community-based health or social service providers	HMU	Greece
	5th Local Health Team of Heraklion Crete (TOMY)	5tomyher@hc-crete.gr	Community-based health or social service providers	HMU	Greece
	Local Health Team of Maleviziou Crete (TOMY)	tomymaleviziou@hc-crete.gr	Community-based health or social service providers	HMU	Greece
Maria Jose Castro	University of Valladolid (Nursing Faculty)	mariajose.castro@uva.es	Higher Educational Institute or VET Provider	SI4LIFE	Spain
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Ulla kekäläinen	coordinator, University of Eastern Finland, Open University (Arcada)	ulla.kekalainen@uef.fi	Higher Educational Institute or VET Provider	UEF	Finland
Minna Rytkönen	Change Agent, Child and Family Services Change Program, Pohjois-Savo Association	minna.rytkonen@pohjois-savo.fi	Sectoral initiatives or other projects	UEF	Finland
	Hellinic Nurses Association	esne@esne.gr	Nursing professional association or registration body	UTH	Greece
Theodoros Katsaras	Greek EIPonAHA Network	tkatsa@gmail.com	Other	UTH	Greece
	Department of Nursing, University of Peloponnese.	nrsgram@uop.gr	Higher Educational Institute or VET Provider	UTH	Greece
	Department of Nursing University of Athens	websitenurse@gmail.com	Higher Educational Institute or VET Provider	UTH	Greece
	Health Center of Peristeri	kyperisteriou@gmail.com	Community-based health or social service providers	UTH	Greece
	GREEK COLLEGE OF GENERAL PRACTITIONERS	info@collegegp.gr	Other	UTH	Greece
	2nd Health Region	proedros@2dype.gr	Health authorities or other decision makers in community care prov	UTH	Greece
	Galilee Palliative unit of Mitropolis of Mesogeas and Lavreotikis	galilee@galilee.gr	Community-based health or social service providers	UTH	Greece
	Athens Coordination Center for Migrant and Refugee issues, Hellenic Red Cross Department	eysath@redcross.gr	Community-based health or social service providers	UTH	Greece
	Greek Nursing Studies Association	info@nursingstudies.gr	Nursing professional association or registration body	UTH	Greece
Rodopoulou Kalliopi	IEK Akmi	info@iek-akmi.edu.gr	Higher Educational Institute or VET Provider	UTH	Greece
	epizo (Edu.Life)	info@epizo.gr	Community-based health or social service providers	UTH	Greece
	edypy	info@edypy.gr	Community-based health or social service providers	UTH	Greece
	Department of Nursing, International University of Greece	vasoro@admin.teithe.gr	Higher Educational Institute or VET Provider	UTH	Greece
	National Public Health Organization of Thessalia Region	pedy_larisas@eody.gov.gr	Health authorities or other decision makers in community care prov	UTH	Greece
	National Public Health Organization of Greece	kedy@eody.gov.gr	Health authorities or other decision makers in community care prov	UTH	Greece
	NGO Network of Thessaly	contact@mkoThessalias.gr	Other	UTH	Greece
	5th Regional Health Authority of Thessaly & Sterea Ellada	info@dypethessaly.gr	Health authorities or other decision makers in community care prov	UTH	Greece
	Local Health Team of Saint George-Region of Thessaly	tomy.larisa1@dypethessaly.gr	Community-based health or social service providers	UTH	Greece
	Local Health Team of Ampelokipi-Region of Thessaly	tomy.larisa2@dypethessaly.gr	Community-based health or social service providers	UTH	Greece
	Local Health Team of Giannouli - Region of Thessaly	tomy.yiannouli@dypethessaly.gr	Community-based health or social service providers	UTH	Greece
	Local Health Team of Filippoupoli - Region of Thessaly	tomy.larisa3@dypethessaly.gr	Community-based health or social service providers	UTH	Greece
	1st Local Health Unit (LHU) of Karditsa	tomy.karditsa1@dypethessaly.gr	Community-based health or social service providers	UTH	Greece
	2nd LHU of Karditsa	tomy.karditsas2@dypethessaly.gr	Community-based health or social service providers	UTH	Greece
	LHU of Agria	tomy.volos2@dypethessaly.gr	Community-based health or social service providers	UTH	Greece
	LHU of Agchialos	tomy.anchialos@dypethessaly.gr	Community-based health or social service providers	UTH	Greece
	LHU of Iolkos	tomy.iolkos@dypethessaly.gr	Community-based health or social service providers	UTH	Greece
	LHU of Nea Ionia	tomy.volos1@dypethessaly.gr	Community-based health or social service providers	UTH	Greece
	4obs Consulting	info@4obs.gr	Other	UTH	Greece
	Social and Solidarity Pharmacy of Larisa	koinwnikoiatreiolarisas@gmail.com	Other	UTH	Greece
	Eliza Association Against Child Abuse	info@eliza.org.gr	Other	UTH	Greece

Municipal Nursing Home of Larissa	girok@otenet.gr	Community-based health or social service providers	UTH	Greece
Social and Solidarity Pharmacy of Trikala	info@solidarity4all.gr	Other	UTH	Greece
Local health authority of Thessaly 1st Team of Trikala	tomy.trikala1@dypethessaly.gr	Health authorities or other decision makers in community care pro\	UTH	Greece
Local health authority of Thessaly and central Greece Team of Lamia	tomy.lamia1@dypethessaly.gr	Health authorities or other decision makers in community care pro\	UTH	Greece
7 EPAL of Larisa	mail@7epal-laris.lar.sch.gr	Health authorities or other decision makers in community care pro\	UTH	Greece
1st Regional Health Authority of Attica	dioikisi@1dype.gov.gr	Health authorities or other decision makers in community care pro\	UTH	Greece
2nd Regional Health Authority of Piraeus and Aegean	proedros@2dype.gr	Health authorities or other decision makers in community care pro\	UTH	Greece
3rd Regional Health Authority of Macedonia	3ype@3ype.gr	Health authorities or other decision makers in community care pro\	UTH	Greece
4th Regional Health Authority of Macedonia and Thrace	4ype@4ype.gr	Health authorities or other decision makers in community care pro\	UTH	Greece
5th Regional Health Authority of Thessaly & Sterea Ellada	info@dypethessaly.gr	Health authorities or other decision makers in community care pro\	UTH	Greece
6th Regional Health Authority of Peloponnese, Ionian Islands, Epirus and Western Greece	6ype@dypede.gr	Health authorities or other decision makers in community care pro\	UTH	Greece
7th Regional Health Authority of Crete	protokollo@hc-crete.gr	Health authorities or other decision makers in community care pro\	UTH	Greece
1st Local Health Team of Agios Dimitrios	1tomy-agioudimitriou@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
2nd Local Health Team of Agios Dimitrios	2tomy-agioudimitriou@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Athens	1tomy-athinas@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
2nd Local Health Team of Athens	2tomy-athinas@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
3rd Local Health Team of Athens	3tomy-athinas@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Vyrona	1tomy-vyrona@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Zografou	1tomy-zografou@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
2nd Local Health Team of Zografou	2tomy-zografou@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Neas Ionias	1tomy-neasionias@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
2nd Local Health Team of Neas Ionias	2tomy-neasionias@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Neas Filadelfeias	1tomy-neasfiladelfeias@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
2nd Local Health Team of Neas Filadelfeias	2tomy-neasfiladelfeias@1dype.gov.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Korydallou	tomykorydallou1@2dype.gr	Community-based health or social service providers	UTH	Greece
2nd Local Health Team of Korydallou	tomykorydallou2@2dype.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Elefsinas	tomyelefsinas@2dype.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Mosxatou	tomymosxatou@2dype.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Kaminia	tomykaminia@2dype.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Petroupoli	tomypetroupoli1@2dype.gr	Community-based health or social service providers	UTH	Greece

2nd Local Health Team of Petroupoli	tomypetroupoli2@2dype.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Egaleo	tomyegaleo1@2dype.gr	Community-based health or social service providers	UTH	Greece
2nd Local Health Team of Egaleo	tomyegaleo2@2dype.gr	Community-based health or social service providers	UTH	Greece
3rd Local Health Team of Egaleo	tomyegaleo3@2dype.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Nikaia	tomynikaia1@2dype.gr	Community-based health or social service providers	UTH	Greece
2nd Local Health Team of Nikaia	tomynikaia-renti2@2dype.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Keratsini-Drapetsonas	tomyevgenia@2dype.gr	Community-based health or social service providers	UTH	Greece
2nd Local Health Team of Keratsini-Drapetsonas	tomykeratsini2@2dype.gr	Community-based health or social service providers	UTH	Greece
3rd Local Health Team of Keratsini-Drapetsonas	tomydrapetsonas@2dype.gr	Community-based health or social service providers	UTH	Greece
1st Local Health Team of Peristeri	tomyperisteri1@2dype.gr	Community-based health or social service providers	UTH	Greece
2nd Local Health Team of Peristeri	tomyperisteri2@2dype.gr	Community-based health or social service providers	UTH	Greece
Médecins Sans Frontières	info@msf.gr	Community-based health or social service providers	UTH	Greece
Greek Red Cross Nursing Section	nsd@redcross.gr	Community-based health or social service providers	UTH	Greece
Doctors of the World	info@mdmgreece.gr	Community-based health or social service providers	UTH	Greece
Directorate of Secondary Education of Larissa	mail@dide.lar.sch.gr	Other	UTH	Greece
Directorate of Secondary Education of Karditsa	mail@dide.kar.sch.gr	Other	UTH	Greece
Directorate of Secondary Education of Magnesia	mail@dide.mag.sch.gr	Other	UTH	Greece
Directorate of Secondary Education of Trikala	mail@dide.tri.sch.gr	Other	UTH	Greece
Thessaly Regional Primary & Secondary Education Directorate	mail@thess.pde.sch.gr	Public healthcare organisation (e.g general hospital)	UTH	Greece
Preventive Center of Larissa Prefecture "Orpheus"	kplarisa@otenet.gr	Community-based health or social service providers	UTH	Greece
KETHEA EXODOS Larissa	info@kethea-exodos.gr	Community-based health or social service providers	UTH	Greece
KETHEA Family Support Center	family@kethea-exodos.gr	Community-based health or social service providers	UTH	Greece
Department of Public Health of Larissa	gntella@yahoo.gr	Patients, families, carers	UTH	Greece
Child's smile	thessalia@hamogelo.gr	Public healthcare organisation (e.g general hospital)	UTH	Greece
European Federation of Nurses Associations	efn@efn.be	Nursing professional association or registration body	ENE	EU-level
European Nursing Council	secretary-enc@enc-eu.org	Nursing professional association or registration body	ENE	EU-level
Hellenic Society of Nursing Research and Education	info@eenee.gr	Nursing professional association or registration body	ENE	Greece
Hellenic Society of Nursing Research and Education	eenee_info@yahoo.gr	Nursing professional association or registration body	ENE	Greece
Panhellenic Nursing Federation (Trade Union)	pasyno_9@otenet.gr	Nursing professional association or registration body	ENE	Greece
Association of Graduate Nurses in Surgery	info@sydnox.gr	Nursing professional association or registration body	ENE	Greece
Greek Biomedical Informatics and Health Informatics Association	gbhia.info@gmail.com	Sectoral initiatives or other projects	ENE	Greece
Cypriot Association of Nurses and Midwives	officer@cyna.org	Nursing professional association or registration body	ENE	EU-level
International Council of Nurses	icn@icn.ch	Nursing professional association or registration body	ENE	EU-level
Latvian Association of Nurses	birojs@masuasociacija.lv	Nursing professional association or registration body	ENE	EU-level
Czech Association of Nurses	kancelar@cnna.cz	Nursing professional association or registration body	ENE	EU-level
German Nurses Association DBfK	dbfk@dbfk.de	Nursing professional association or registration body	ENE	EU-level
Swiss Professional Association of Nurses and nursing staff SBK	info@sbk-asi.ch	Nursing professional association or registration body	ENE	EU-level
Norwegian Nursing Association	post@nsf.no	Nursing professional association or registration body	ENE	EU-level
Association of Health Professionals (Sweden)	info@vardforbundet.se	Nursing professional association or registration body	ENE	EU-level
Finnish Association of Nurses	info@suraanhoitajat.fi	Nursing professional association or registration body	ENE	EU-level

	National Federation of Nursing Professions (Italy)	federazione@cert.fnopi.it	Nursing professional association or registration body	ENE	EU-level
	Nursing and Midwifery Board of Ireland (NMBI)	education@nmbi.ie	Nursing professional association or registration body	ENE	EU-level
	NMC Nursing and Midwifery Council (UK)	media@nmc-uk.org	Nursing regulatory body	ENE	EU-level
	Croatian Chamber of Nursing	hkms@hkms.hr	Nursing professional association or registration body	ENE	EU-level
	National Council of Nurses and Midwives (Romania)	secretariat@oamr.ro	Nursing professional association or registration body	ENE	EU-level
	Società Italiana di Scienze Infermieristiche	segretario@sisiweb.net	Nursing professional association or registration body	UNIGE	Italy
Elena Squizzato - Staff ProMIS	ProMIS - programma mattone internazionale salute - Regione veneto	Elena.Squizzato@aulss4.veneto.it	Other	ALISA	

Subject: *Stakeholder Survey about the ENhANCE Family Community Nurse profile and curriculum*

Dear [insert title and name],

I am writing to you on behalf of the **ENhANCE project** (www.enhance-fcn.eu): *European Curriculum for Family and Community Nurses*. ENhANCE is funded for 36 months as a *Sector Skills Alliance* under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners[1] aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the **Family and Community Nurse** or **FCN** for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

Given your organisation's activity in the domain of [insert stakeholder activity e.g. nursing regulation, provider of nursing education/training; public health authority] , we would be eager to receive your views about the main project outcomes, and also understand potential avenues for possible uptake of key project outcomes in your field of activity.

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[1] ENhANCE brings together research centres, universities and providers of vocational education and training (VET) in nursing, regulatory bodies for nursing, representatives of public and private employers of nurses, and European umbrella organisations active in the field of long term care. More info here.

We therefore would like to invite you to complete a **20-30 minute survey by** [fill in date for response] available on the ENhANCE project website at [final project website link], concerning the key project results, i.e.:

- **FCN Professional Profile**
  Outlining the 28 core competencies of the FCN

- **FCN European Curriculum**
  Comprised of 53 Learning Outcomes, targeting EQF-level 7, 60 ECTS, that is modular and adaptable allowing design of local curricula

- **Guidelines for VET providers**
  A set of guidelines to help educational providers/universities providing specialised Nursing education to on the basis of the European FCN Curriculum build FCN study courses and modules relevant to their local/regional contexts.

Before responding to the survey, we recommend that you familiarise with the above-mentioned project deliverables, some of which we have been released in a shorter version, in English, see links above. You will be able to access these resources directly from the Survey, together with a few animations to assist in understanding.

Should you require any further clarifications please do not hesitate to contact me directly at [insert your email address].

We thank you in advance for taking the time to complete the survey and look forward to receiving your feedback and views.

Yours sincerely,

[Your name, position and organisation]

On behalf of the **ENhANCE Project**

Letter of Support

I, _____, the undersigned, in my capacity as_____ at the <insert name organisation>, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

[Optional - Add here a short description of the organisation who will sign this letter, with a focus on its activities that relate to family and community nursing or other educational initiatives.]

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

< Adapt / customize according to the level of support and if applicable *choose one (or more) of the following options and remove those which do not apply>*

- □ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.
- □ Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.
- □ Other *<please specify>*.

Yours sincerely,

Date

Name
Position
Signature

Letter of Support

I, _____, the undersigned, in my capacity as_____ at <mark>the *<insert name of the VET provider/higher educational institute>*</mark>, have been informed by the ENhANCE Alliance of the release of the the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

<mark>[Optional - Add here a short description of the organisation who will sign this letter, with a focus on its activities that relate to family and community nursing or other educational initiatives.]</mark>

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the **Family and Community Nurse (FCN)** can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition; and providing VET Providers and higher educational institutes with concrete guidance to support development of FCN courses and programmes at regional and/or national level.

With this letter we would like to express:

<mark>< Adapt / customize according to the level of support and if applicable *choose one (or more) of the following options and remove those which do not apply>*</mark>

- □ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.
- □ Our interest in using the ENHANCE project outcomes such as the FCN European Curriculum to design future courses delivered by my institution for future training programmes about family and community nursing
- □ Our commitment to take those outcomes up at my University, that will constitute the backbone of the course _____ <mark>*<insert name of the course/programme>*</mark> that will be delivered by <mark>*<insert name of Faculty and University>*</mark> in the academic year _____ <mark>*<insert year>*</mark>
- □ Our interest in the possibility to acknowledge and reference the ENhANCE project in the scope of the planned course/programme entitled _____ <mark>*<insert name of programme/course>*</mark> that will take place in academic year _____ <mark>*< insert year >*</mark> and which will use the ENhANCE European Curriculum as reference point.
- □ Other *<please specify>*.

Yours sincerely,

<mark>Date</mark>

<mark>**Name**</mark>
<mark>**Position**</mark>
<mark>**Signature**</mark>

Letter of Support

I, Jean Bousquet, the undersigned, in my capacity as co-chair at the *EIP on AHA Reference Site Collaborative Network*, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

The RSCN brings together all accredited EIP on AHA Reference Site regions in Europe into a single network to facilitate the sharing of knowledge and expertise; create opportunities for collaboration to address common health and care challenges; advocate on their behalf with the European Commission on health and care, including active and healthy ageing, policies; and facilitate them in their development and with regional health and care reform programmes.

The RSCN aims to support Reference Sites in Europe, and beyond, to:

➢ promote active and healthy ageing by supporting and developing strategic collaborations across Government, Health and Care Providers, Universities and Researchers, Industry, and Citizens to implement innovative and multidimensional approaches to prevent disability, frailty and age-related diseases during the entire life-course, and to support independent living;

➢ accelerate the deployment of major innovations which will improve health and care outcomes, and increase the sustainability of health and care systems, and create economic growth and jobs.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the **Family and Community Nurse (FCN)** can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

☐ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.

☐ Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

Place and date	Signature	Stamp
Brussels, Belgium 14/01/2021		

Letter of Support

I, Sabri Ben Rommane, the undersigned, in my capacity as Project Manager at the European Health Management Association have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

The European Health Management Association is a non-profit membership organisation that focusses on enhancing the capacity and capability of health management to deliver high quality healthcare.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.

Yours sincerely,

Sabri Ben Rommane

Project Manager

10/02/2021

Signature

European Health Management Association
+32 (0)2 502 6525
Rue Belliard 15-17
1040 Bruxelles, Belgium

MANIFESTO OF THE ENHANCE PROJECT FOR ASSOCIATIONS/STAKEHOLDERS – DECLARATION OF INTEREST

Premises

The ENhANCE project (EuropeaN curriculum for fAmily aNd Community nurse) is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

Declaration

We, the undersigned Jean Bousquet & John Farrell, in our capacity of Co-Chair & Director of Policy and Operations of the *EIP on AHA Reference Site Collaborative Network (RSCN)*, after having examined the main outcomes of the ENhANCE project and in particular the Family and Community Nurse Professional Profile and the European Curriculum,

DECLARE

☐   the support and the interest on the part of the RSCN towards the project.
☐   the intent of the RSCN to disseminate project results among our networks.
☐   the interest on possible future collaborations between the RSCN and the project to strengthen the role of the Family and Community Nurse on the territory.

Place and date	Signature	Stamp
Brussels Belgium, 14/01/2021	Jean Bousquet	EIP ON AHA RSCN
	John Farrell	

DECLARATION

SUBJECT: recognition of Enhance Project professional profile and european curriculum for family and community nurse

Ligurian Haelth Agency (A.Li.Sa.) , Regulatory Body, partner of ENhANCE Project (EuropeaN curriculum for fAmily aNd Community nursE), officially recognize the Professional Profile and the European Curriculum for Famliy and Community Nurse produced by the project's Alliance.

Furthermore, A.Li.Sa. officially recognize the Family and Community Nurse qualification that University of Genoa provides with their master course, that derives from the Professional Profile and the European Curriculum mentioned above.

Additionally, the 44 nurses who have obtained a Master's degree in Family and Community Nursing, Italian pilot of the Enhance project, will carry out their activities in the inland areas of Liguria, and will implement the family and community nursing in the Ligurian territory according to the provisions of the Plan for strengthening and reorganization of the territorial network, pursuant to art. 1 of DL 34/2020 by Law no. 77/2020.

In order to meet the need for Family and Community Nurses, enrollment is open for the second edition of the Master in Family and Community Nursing, which will take place at the University of Genoa.

Best Regards

A.Li.Sa. Ligurian health Agency

Il Commissario Straordinario
(Dr. G. Walter Locatelli)

A.Li.Sa. – Azienda Ligure Sanitaria della Regione Liguria
C.F. / P. IVA 02421770997
Sede legale Piazza della Vittoria, n. 15, 16121 Genova (GE) – Tel. 010 548 4162
MAIL: direzione.alisa@regione.liguria.it PEC: protocollo@pec.alisa.liguria.it

Panhellenic Trade Unions Nursing Federation
of the National Health System
117 Vas. Sophias Ave.
P.C. 11521
Athens Greece
E-mail: pasyno_9@otenet.gr

Athens, 30/12/2020

Letter of Support

I, Georgios Avramidis, the undersigned, in my capacity as President of the Panhellenic Trade Unions Nursing Federation of the National Health System, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community - and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

☐ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.

☐ Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

Yours sincerely,

Georgios Avramidis

President

Panhellenic Trade Unions Nursing Federation

HELELENIC REPUBLIC
MINISTRY OF HEALTH
AND SOCIAL SOLIDARITY
HELLENIC REGULATORY BODY
OF NURSES (E.N.E)-LEGAL
ENTITY OF PUBLIC LAW
47 Vas. Sofias Ave.
10676 Athens
Tel:+302103648044
Fax:+302103648049
info@enne.gr

LETTER OF SUPPORT

I, Dimitrios Skoutelis, the undersigned, in my capacity as President at the Hellenic Regulatory Body of Nurses – HRBoN (ENE), have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

The Hellenic Regulatory Body of Nurses was constituted by the law 3252/2004 as a form of a Public Body and functions as the official professional body representing the nurses. The enrolment of all nurses is compulsory at the HRBoN (ENE) and it functions as a regulatory body and the official counsellor of the state.

In an effort to make the reasons that all nurses should be subscribed to HRBN clear, shown below are the basic goals as presented by the law 3252/2004 and these should be implemented by HRBN:

- The promotion and development of nursing as an independent and autonomous science and art.
- The research, analysis and study of nursing matters and the formulation and submission of scientifically documented studies of the various nursing problems in the country.
- The construction of proposals on nursing matters.
- The continuous training and educating of nursing staff and the materialization and utilization of training programmes.
- The participation in materializing programmes which are funded by the European Union or other international organizations.
- The editing of certificates which are necessary for obtaining a license to practice the nursing profession.
- The evaluation of the nursing care provided.
- The representation of our country at international organizations regarding the nursing department.

- The publication of a journal, an informative bulletin, text books and leaflets so as to inform its members and the public.
- The study of Medicaid matters and the organization of scientific congresses that are independent or in cooperation with other bodies.
- The creation of an ethics committee for the nursing profession.
- The definition and cost assessment of nursing activities.
- The protection and enhancement of the level of health of the Greek population.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe. We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

- ☐ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.
- ☐ Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

Yours sincerely,   **Date: 15/12/2020**

Name: Dimitrios Skoutelis

Position: President of the HRBoN (ENE)

Signature

**MUNICIPALITY OF
HERAKLION**

Letter of Support

I, **Rena Papadaki**, the undersigned, in my capacity as **vice-mayor** at the **Municipality of Heraklion**, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

The Municipality of Heraklion contributes to the conservation, documentation and enrichment of its cultural inheritance. Departments are responsible for delivering a wide range of services provided by the Municipality of Heraklion such us Housing, Cleansing, Planning and Social Services.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

☐ Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

Yours sincerely,

Date 11th December 2020

**Rena Papadaki
Vice-Mayor**

Letter of Support

I, **Evridiki Patelarou**, the undersigned, in my capacity as **Head** of the **Nursing Department of the Hellenic Mediterranean University,** have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition; and providing VET Providers and higher educational institutes with concrete guidance to support development of FCN courses and programmes at regional and/or national level.

With this letter we would like to express:

- □ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.
- □ Our interest in using the ENHANCE project outcomes such as the FCN European Curriculum to design future courses delivered by my institution for future training programmes about family and community nursing.
- □ Our interest in the possibility to acknowledge and reference the ENhANCE project in the scope of the planned course/programme entitled "Community Nursing" that will take place in academic year 2021-22 and which will use the ENhANCE European Curriculum as reference point.

Yours sincerely,

Date 10-12-2020

Name **Evridiki Patelarou**
Position **Head of the Department**

OGGETTO – DICHIARAZIONE DI INTERESSE

Premesse

Il progetto ENhANCE (EuropeaN curriculum for fAmily aNd Community nurse), finanziato per 36 mesi nell'ambito della linea Sector Skills Alliance del programma Erasmus+ dell'Unione Europea, ha lo scopo di affrontare il deficit di competenze nel mercato del lavoro progettando e realizzando un programma di istruzione e formazione professionale grazie ad un consorzio multidisciplinare di 12 partner.

I principali obiettivi di ENhANCE sono di definire un profile professionale ed un curriculum europeo per Infermieri di Famiglia e di Comunità, abbreviato in IFeC. Ad oggi, non esiste nè un profilo standardizzato nè un curriculum europeo che indichino le conoscenze, le abilità e le competenze che gli infermieri dovrebbero possedere in questo ambito. Allo stesso tempo però, l'IFeC è stato inquadrato da numerosi report e linee guida dell'OMS e dell'Unione Europea come un infermiere altamente qualificato, attore chiave per l'implementazione di nuovi modelli di cura che siano maggiormente integrati, centrati sulla persona e incentrati sull'assistenza di base e comunitaria.

Dichiarazione

Io sottoscritto Yari Longobucco, in qualità di coordinatore dell'AIFEC Emilia Romagna (Associazione Infermieri di Famiglia e Comunità), avendo preso visione dei materiali del progetto europeo ENhANCE (EuropeaN curriculum for fAmily aNd Community nurse) ed in particolare avendo esaminato il Curriculum europeo ed il profilo professionale

DICHIARO

- ☑ Il supporto e l'interesse da parte dell'associazione nei confronti del progetto.
- ☑ L'intento dell'associazione di diffondere i risultati del progetto attraverso la nostra rete di contatti.
- ☑ L'interesse per possibili future collaborazioni tra l'associazione e il progetto per potenziare il ruolo dell'IFeC sul territorio.

Luogo e data

BOLOGNA, 14/12/2020

Firma

(firma)

Letter of Support

I, **GEORGIOS BALIOZOGLOU**, the undersigned, in my capacity as **President of 2nd Regional Department of Macedonia & Thrace of HELLENIC REGULATORY BODY OF NURSES (HRBN)**, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

Hellenic Regulatory Body of Nurses (HRBN-ENE) was constituted by the law 3252/2004 as a form of a Public Body and functions as the official professional body representing the nurses. The enrolment of all nurses is compulsory as is done in corresponding chambers overseeing other professions and functions as a regulatory body and the official counselor of the State (Pan-Hellenic Medical Association, Legal Association of Athens, Technical Chamber of Greece etc.)

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

1

With this letter we would like to express:

- ■ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN
- ■ Curriculum within our network.
- □ Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.
- □ Other *<please specify>*.

Yours sincerely,

10/12/2020

Georgios Baliozoglou

President of 2nd Regional Department of Macedonia & Thrace of HRBN

ΓΕΩΡΓΙΟΣ ΜΠΑΛΙΟΖΟΓΛΟΥ
ΠΡΟΕΔΡΟΣ
2^{ου} Π.Τ. Ε.Ν.Ε.

ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ
ΕΝΩΣΗ ΝΟΣΗΛΕΥΤΩΝ ΕΛΛΑΔΟΣ
2° ΠΤ ΜΑΚΕΔΟΝΙΑΣ - ΘΡΑΚΗΣ
26ης ΟΚΤΩΒΡΙΟΥ 64 - 546 27 ΘΕΣ/ΝΙΚΗ
ΤΗΛ. 2310 522229 - FAX: 2310 522219

2

HELLENIC REGULATORY BODY OF NURSES
3rd Reg. Dpt. Of Epirus, Aitoloakarnania,
Ionian Islands & Peloponnese
13, Aigiou & Ypatis Str.
P.C. 26447 Patras
e-mail: enne6@otenet.gr

To Whom It May Concern,

I, Georgios Arvanitis, the undersigned, in my capacity as President at the 3rd Reg. Dpt. Of Epirus, Aitoloakarnania, Ionian Islands & Peloponnese of the Hellenic Regulatory Body of Nurses (HRBON), have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

- □ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.
- □ Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

Yours sincerely,

15 -12-2020

Georgios Arvanitis
President at the 3rd Reg. Dpt. Of Epirus,
Aitoloakarnania, Ionian Islands
& Peloponnese of HRBON

Αρβανίτης Γεώργιος
Πρόεδρος 3^{ου} Π.Τ.

ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ
ΕΝΩΣΗ ΝΟΣΗΛΕΥΤΩΝ-ΤΡΙΩΝ
ΕΛΛΑΔΟΣ (Ε.Ν.Ε.)- Ν.Π.Δ.Δ.
4ο Π.Τ. ΘΕΣΣΑΛΙΑΣ & ΣΤΕΡΕΑΣ
ΕΛΛΑΔΟΣ
Ταχ. Δ/ση:Μ.ΑΛΕΞΑΝΔΡΟΥ 16
ΛΑΡΙΣΑ, 41222
Τηλ : 2410284866
Φαξ : 2410284871
mail : ene5@otenet.gr

LETTER OF SUPPORT

I, Apostolos Kotsis, the undersigned, in my capacity as President at the 4th Regional Department of Thessaly and Central Greece of the Hellenic Regulatory Body of Nurses – HRBoN (ENE), have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

The Hellenic Regulatory Body of Nurses was constituted by the law 3252/2004 as a form of a Public Body and functions as the official professional body representing the nurses. The enrolment of all nurses is compulsory at the HRBoN (ENE) and it functions as a regulatory body and the official counsellor of the state.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe. We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

a. Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.

b. Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

15/12/2020

Yours sincerely,

Apostolos Kotsis
President
4th Regional Department of Thessaly and Central Greece

ΚΩΤΣΗΣ ΑΠΟΣΤΟΛΟΣ
ΠΡΟΕΔΡΟΣ
4ου Π.Τ. ENE

Letter of Support

I, Areti Petridou, the undersigned, in my capacity as Head Nurse at the <Amynteo Health Center >, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

- ☐ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.
- ☐ Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.
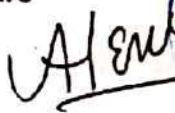- ☐ Other <please specify>.

Yours sincerely,

Date 12/12/2020

Name Areti Petridou
Position Head Nurse
Signature

Letter of Support

I, John Minadakis, the undersigned, in my capacity as Chief Executive Officer at the IST College, Athens-Greece, have been informed by the ENhANCE Alliance of the release of the the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition; and providing VET Providers and higher educational institutes with concrete guidance to support development of FCN courses and programmes at regional and/or national level.

With this letter we would like to express:

√ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.
√ Our interest in using the ENHANCE project outcomes such as the FCN European Curriculum to design future courses delivered by my institution for future training programmes about family and community nursing.

Yours sincerely,

Date: 15 January 2021

Name : John Minadakis
Position: CEO

Signature:

Letter of Support

I, Dr. Maria Rekleiti, the undersigned, in my capacity as Programme Leader BSc (Hons) in Nursing at the Metropolitan College, have been informed by the ENhANCE Alliance of the release of the the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

The BSc (Hons) Nursing (Metropolitan College and Queen Margaret University), prepares students to provide safe and effective care with confidence and respect for the patient, using a mixed approach of learning, teaching and assessment. Lectures, seminars, simulation and clinical practice are methods which contribute to the learning of Nursing Science. Nursing is an evolving profession whose continuous development demands up to date scientific knowledge and clinical competences. New approaches to health care and new advances in technology lead to the increasing need of high quality nursing studies. The BSc (Hons) Nursing aim to present current developments in theory and clinical practice, promote an interdisciplinary approach to health care, and support a critical approach to learning and practicing.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition; and providing VET Providers and higher educational institutes with concrete guidance to support development of FCN courses and programmes at regional and/or national level.

With this letter we would like to express:

☐ Our interest in the possibility to acknowledge and reference the ENhANCE project in the scope of the planned course/programme entitled BSc (Hons) Nursing Programme that will be delivered by Metropolitan College and Queen Margaret University that will take place in academic year 2020-2021 and which will use the ENhANCE European Curriculum as reference point.

Yours sincerely,

Date 14/01/2021

Name	**Dr. Maria Rekleiti**
Position	**Programme Leader BSc (Hons) in Nursing, Metropolitan College**

Signature

74, Sorou str., 151 25, Maroussi T: +30 210 619 9891
42, Akadimias str., 106 72, Athens, T: +30 210 8256708
110, Kolokotroni str., Terpsitheas Sq., 185 35, Piraeus, T: +30 210 4121200
14, El. Venizelou str., & Tsimiski str., 546 24 Thessaloniki, T: +30 2310 241010
1, Vyronos str., 851 3,2 Rhodes, T: +30 2241 240400
15, Thalita str., 712 02, Heraclion Crete, T: 0030 210 6199891
6th klm National Road Larissa-Nikaia, 410 05, Larissa, T: +30 2414 407000

info@mitropolitiko.edu.gr
mitropolitiko.edu.gr

ΕΛΛΗΝΙΚΗ   ΔΗΜΟΚΡΑΤΙΑ
2ᵗ Υ.ΠΕ ΠΕΙΡΑΙΩΣ & ΑΙΓΑΙΟΥ
ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΣΑΛΑΜΙΝΑΣ

ΝΟΣΗΛΕΥΤΙΚΗ ΥΠΗΡΕΣΙΑ
Πληρ.: Κουλούρη Αγορίτσα
Τηλ: 213 2008503 & 519
Fax:213 2008535

Letter of Support

I, Agoritsa Koulouri, the undersigned, in my capacity as Head nurse at Health Centre of Salamis, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

Yours sincerely,

Date 12/12/2020

Agoritsa Koulouri
Head Nurse at Health Centre of Salamis

Hellenic Mediterranean University
School of Health Sciences

Laboratory of Epidemiology, Prevention & Management of Diseases

Director	George Kritsotakis RN, MA, PhD
	Assistant Professor in
	Public Health Nursing – Social Epidemiology
Tel.:	2810 379519, 2810-379552
Email:	gkrits@hmu.gr

Heraklion - Crete, 15 – 12 – 2020

Letter of Support

I, Dr George Kritsotakis, the undersigned, in my capacity as Director of the 'Laboratory of Epidemiology, Prevention & Management of Diseases', at the Hellenic Mediterranean University, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum. The Laboratory of Epidemiology, prevention & Management of Diseases is actively involved in the education of nurses in the community and public health sectors.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

√ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.

√ Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

Yours sincerely,
Dr George Kritsotakis

Panhellenic Union of Nurses in Primary Health Care
of the National Health System
104 Kypselis str.
P.C. 11363
Athens, Greece
E-mail: pasyno_9@otenet.gr

Athens, 19/01/2021

Letter of Support

I, Agoritsa Koulouri, the undersigned, in my capacity as President of the Panhellenic Union of Nurses in Primary Health Care of the National Health System, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community - and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

a. Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.
b. Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

Yours sincerely,

Agoritsa Koulouri

President

Panhellenic Union of Nurses in Primary Health Care

Union of Nurses of Mental Health Hospitals in Attica
of the National Health System
104 Kypselis str.
P.C. 11363
Athens, Greece
E-mail: synopsyno@gmail.com

Athens, 28/12/2020

Letter of Support

I, Athanasios Tziatzios, the undersigned, in my capacity as Vice President of the Union of Nurses of Mental Health Hospitals in Attica of the National Health System, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community - and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

a. Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.
b. Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

Yours sincerely,

Athanasios Tziatzios

Vice President

Union of Nurses of Mental Health Hospitals in Attica

Letter of Support

I, _Keramida Loukia_____, the undersigned, in my capacity as_ **head nurse**_ at the <**Health center of Zagliveri** >, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

Monitoring and providing care to people affected by chronic illnesses in the community with multidisciplinary team, health education and mobilizing the community to participate in health issues, educating patients and their caregivers, participation in the training of health personnel, monitoring student to promote the health.

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the *Family and Community Nurse (FCN)* can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

< Adapt / customize according to the level of support and if applicable *choose one (or more) of the following options and remove those which do not apply*>

- ☑ Our support for the achievements reached by the ENhANCE project and our commitment to promote the project outcomes such as the European FCN Curriculum within our network.
- ☑ Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.
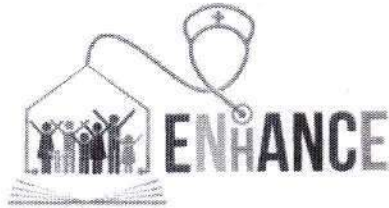- ☐ Other *<please specify>*.

Yours sincerely,

Date 11/12/2020

KERAMIDA LOUKIA
HEALTH CENTER OF ZAGLIBERI

4� Υ.ΠΕ. ΜΑΚΕΔΟΝΙΑΣ & ΘΡΑΚΗΣ
Π.Ε.Δ.Υ.
ΚΕΝΤΡΟ ΥΓΕΙΑΣ ΖΑΓΚΛΙΒΕΡΙΟΥ
Τ.Κ. 570 12 ΖΑΓΚΛΙΒΕΡΙ

MANIFESTO OF THE ENHANCE PROJECT FOR ASSOCIATIONS/STAKEHOLDERS – DECLARATION OF INTEREST

Premises

The ENhANCE project (EuropeaN curriculum for fAmilyaNd Community nurse)is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

Declaration

I, the undersigned LALOU POLYXENI, in my capacity of PATHOLOSIT/DIRECTOR of the <TOMY AG.GEORGIOS LARISA>, after having examined the main outcomes of the ENhANCE project and in particular the Family and Community Nurse Professional Profile and the European Curriculum,

DECLARE

<choose one (or more) of the following options and remove those which do not apply>

- ☒ the support and the interest on the part of my institution towards the project.
- ☒ the intent of the association to disseminate project results among our networks.
- ☒ the interest on possible future collaborations between the association and the project to strengthen the role of the Family and Community Nurse on the territory.
- ☐ Other *<please specify>*.

Place and date

8|12|2020

Larisa

Signature

5η Δ.Υ.ΠΕ. ΚΕΝΤΡΟ Υ...
ΤΟΜΥ ΑΓΙΟΥ ΓΕΩΡΓ...
ΛΑΛΟΥ ΠΟΛΥΞΕ...
Επ. Α' Παθολογί...
ΑΜΚΑ: 06...102701

Stamp

Improving family and
community care through
highly specialized nurses

MANIFESTO OF THE ENHANCE PROJECT FOR VET PROVIDERS – DECLARATION OF INTEREST

Premises

The ENhANCE project (EuropeaN curriculum for fAmily aNd Community nurse) is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

Declaration

I, the undersigned **Dimitrios Papagiannis**, in my capacity as **Director** of the **Public Health and Adults Vaccination Laboratory of the School of Health Sciences, University of Thessaly**, after having examined the main outcomes of the ENhANCE project and in particular the Family and Community Nurse Professional Profile and the European Curriculum.

<div align="center">DECLARE</div>

I am interested to take those outcomes up at my University, that will constitute the backbone of future courses delivered by **my Laboratory** for future training programmes about family and community nursing.

- ☒ I am interested to take those outcomes up at my University, that will constitute the backbone of the course delivered by my Laboratory for future training programmes about family and community nursing, that will be delivered by my Laboratory in the academic year 2021-22.

- ☐ I'd like to receive the ENhANCE project's patronage to the Family and Community Nurse programme named _____ <insert name of programme/course> that will take place in academic year _____ < insert year >. The programme will use the ENhANCE European Curriculum as reference point.
- ☐ Other <please specify>.

Place and date
Larissa
10/12/2020

Signature

Stamp

Improving family and community care through highly specialized nurses

MANIFESTO OF THE ENHANCE PROJECT FOR ASSOCIATIONS/STAKEHOLDERS – DECLARATION OF INTEREST

Premises

The ENhANCE project (EuropeaN curriculum for fAmilyaNd Community nurse)is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

Declaration

I, the undersigned GR. VLAHAKIS, in my capacity of GENERAL HOSPITAL LARISA of the <insert name of the association/institution/body>, after having examined the main outcomesof the ENhANCEproject and in particular the Family and Community Nurse Professional Profile and the European Curriculum,

DECLARE

<choose one (or more) of the following options and remove those which do not apply>

- ☑ the support and the interest on the part of my institution towards the project.
- ☐ the intent of the association to disseminate project results among our networks.
- ☐ the interest on possible future collaborations between the association and the project to strengthen the role of the Family and Community Nurse on the territory.
- ☐ Other <please specify>.

Place and date

10-12-2020
LARISA

Signature

Stamp

Improving family and
community care through
highly specialized nurses

MANIFESTO OF THE ENHANCE PROJECT FOR ASSOCIATIONS/STAKEHOLDERS – DECLARATION OF INTEREST

Premises

The ENhANCE project (EuropeaN curriculum for fAmily aNd Community nurse) is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

Declaration

I, the undersigned Eirini Roupa, in my capacity of legal representative of the <4obs Consulting>, after having examined the main outcomes of the ENhANCE project and in particular the Family and Community Nurse Professional Profile and the European Curriculum,

<div align="center">DECLARE</div>

- ☐   the support and the interest on the part of my institution towards the project.
- ☐   the intent of the association to disseminate project results among our networks.

Place and date   Signature

Łαρισκ 16.12.20

MANIFESTO OF THE ENHANCE PROJECT FOR ASSOCIATIONS/STAKEHOLDERS – DECLARATION OF INTEREST

Premises

The ENhANCE project (EuropeaN curriculum for fAmily aNd Community nurse) is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

Declaration

I, the undersigned **ILIAS TANOS**, in my capacity of **Chief Executive Officer (C.E.O.)** of the **Scientific Association DIGITAL IDEA**, after having examined the main outcomes of the ENhANCE project and in particular the Family and Community Nurse Professional Profile and the European Curriculum,

DECLARE

✓ the support and the interest on the part of my institution towards the project.
✓ the intent of the association to disseminate project results among our networks.

Place and date	Signature	Stamp
LARISSA 16/12/2020		

ILIAS TANOS
C.E.O. of DIGITAL IDEA

ENHANCE

MANIFESTO OF THE ENHANCE PROJECT FOR VET PROVIDERS – DECLARATION OF INTEREST

Premises

The ENhANCE project (EuropeaN curriculum for fAmily aNd Community nurse) is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

Declaration

I, the undersigned Foteini Malli, in my capacity as the Director of the Respiratory Disorders Lab of the School of health Sciences, Faculty of Nursing, of the University of Thessaly, after having examined the main outcomes of the ENhANCE project and in particular the Family and Community Nurse Professional Profile and the European Curriculum,

   X I am interested to take those outcomes up at my University, that will constitute the backbone of future courses delivered by my institution for future training programmes about family and community nursing

Place and date	Signature	Stamp
Larissa, 14/12/2020		Δρ. ΦΩΤΕΙΝΗ ΜΑΛΛΗ ΠΝΕΥΜΟΝΟΛΟΓΟΣ ΑΝΑΠΛΗΡΩΤΡΙΑ ΚΑΘΗΓΗΤΡΙΑ Π.Θ. ΕΠΙΣΤ. ΥΠΕΥΘΥΝΗ ΙΑΤΡΕΙΟΥ Π. ΕΜΒΟΛΗΣ Π.Γ.Ν.Λ.

MANIFESTO OF THE ENHANCE PROJECT FOR VET PROVIDERS – DECLARATION OF INTEREST

<u>Premises</u>

The ENhANCE project (EuropeaN curriculum for fAmily aNd Community nurse) is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

<u>Declaration</u>

I, the undersigned   Kelesi Martha, in my capacity of Professor in Fundamental Nursing and Management of Health Issues at Primary Level of the <UNIVERSITY WEST ATTICA>, after having examined the main outcomes of the ENhANCE project and in particular the Family and Community Nurse Professional Profile and the European Curriculum,

DECLARE
I am interested to take those outcomes up at my University, that will constitute the backbone of the course"Treatment and Care of Wounds and Ulcers" postgraduate program of the Department of Nursing , University of West Attica, that will be delivered by my institution in the academic year < 2021>

Place and date   Signature   Stamp

Athens 17/12/2020   _____

MANIFESTO OF THE ENHANCE PROJECT FOR VET PROVIDERS – DECLARATION OF INTEREST

<u>Premises</u>

The ENhANCE project (EuropeaN curriculum for fAmily aNd Community nurse) is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

<u>Declaration</u>

I, the undersigned Fasoi Georgia, in my capacity of Associate Professor in Community Nursing of the <*University of West Attica*>, after having examined the main outcomes of the ENhANCE project and in particular the Family and Community Nurse Professional Profile and the European Curriculum,

<div align="center">

DECLARE

<choose one (or more) of the following options and remove those which do not apply>

</div>

- □ I am interested to take those outcomes up at my University, that will constitute the backbone of future courses delivered by my institution for future training programmes about family and community nursing
- □ I am interested to take those outcomes up at my University, that will constitute the backbone of the course Community Nursing and nursing of Public Health Nursing , that will be delivered by my institution in the academic year 2021-23

Place and date	Signature	Stamp

18-12-2020   _____

Improving family and
community care through
highly specialized nurses

ENHANCE

MANIFESTO OF THE ENHANCE PROJECT FOR ASSOCIATIONS/STAKEHOLDERS – DECLARATION OF INTEREST

Premises

The ENhANCE project (EuropeaN curriculum for fAmily aNd Community nurse) is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a Professional Profile and a European Curriculum targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

Declaration

I, the undersigned **KALLIOPI VOULGAROPOULOU**, in my capacity of **COORDINATOR OF THE 3RD LOCAL HEALTH UNIT (TOMY) OF NEA IONIA VOLOS**, after having examined the main outcomes of the ENhANCE project and in particular the Family and Community Nurse Professional Profile and the European Curriculum,

DECLARE

<choose one (or more) of the following options and remove those which do not apply>

- ☑ the support and the interest on the part of my institution towards the project.
- ☑ the intent of the association to disseminate project results among our networks.
- ☑ the interest on possible future collaborations between the association and the project to strengthen the role of the Family and Community Nurse on the territory.
- ☐ Other *<please specify>*.

Place and date

Volos 23/12/2020

Signature

Stamp

Improving family and community care through highly specialized nurses

MANIFESTO OF THE ENHANCE PROJECT FOR ASSOCIATIONS/STAKEHOLDERS – DECLARATION OF INTEREST

<u>Premises</u>

The <u>ENhANCE project</u> (EuropeaN curriculum for fAmily aNd Community nurse) is funded for 36 months as a Sector Skills Alliance under the European Union's ERASMUS+ programme and brings together a multi-disciplinary alliance of 12 partners aimed at tackling a skills gap in the labour market by designing and delivering of a Vocational and Educational Training (VET) programme.

The main aim of ENhANCE was to define a <u>Professional Profile</u> and a <u>European Curriculum</u> targeting the Family and Community Nurse or FCN for short. To date, no standardised profile or European curriculum exists that details the knowledge, skills and competencies for graduate nurses in this field. At the same time, the FCN has been identified in various recommendations and reports of the World Health Organization and the European Union as a highly specialised nurse who is a key actor in implementing new care models that are more integrated, person-centred, and centred on primary and community-based care.

<u>Declaration</u>

I, the undersigned ___Dimitrios Lavagannis___, in my capacity of ___President___ of the <insert name of the ___THE MEDICAL PROJECT___ association/institution/body>, after having examined the main outcomes of the ENhANCE project and in particular the Family and Community Nurse Professional Profile and the European Curriculum,

DECLARE

<choose one (or more) of the following options and remove those which do not apply>

- ☐ the support and the interest on the part of my institution towards the project.
- ☐ the intent of the association to disseminate project results among our networks.
- ☐ the interest on possible future collaborations between the association and the project to strengthen the role of the Family and Community Nurse on the territory.
- ☐ Other *<please specify>*.

Place and date

29 / 12 / 2020

Signature

Stamp

HR THE MEDICAL PROJECT IKE
ΥΠΗΡΕΣΙΕΣ ΥΓΕΙΑΣ
ΛΕΩΦ. ΚΑΡΑΜΑΝΛΗ & ΣΑΜΟΥΗΛΙΔΟΥ 5
Τ.Κ. 41335 - ΛΑΡΙΣΑ
Α.Φ.Μ. 800852794 - Β' ΔΟΥ ΛΑΡΙΣΑΣ

General Hospital Vezizeleio

Letter of Support

I, **Spinthouri Maria**, the undersigned, in my capacity as Nurse Director at the **General Hospital Vezizeleio**, have been informed by the ENhANCE Alliance of the release of the ENhANCE Family and Community Nurse (FCN) Professional Profile and European FCN Curriculum.

The General Hospital Venizelio-Pananeio (GNBP), is part of the National Health System (NSS), while it belongs to the 7th Health District (Crete) and provides primary, secondary and tertiary care, equal to every citizen, regardless of society, regardless of society his professional status. The General Hospital Venizelio-Pananeio operates as an independent Legal Entity under Public Law (NPPD) of the NSS after March 9, 2019, when the separation took place (Government Gazette 43 / tA / 9.3.19).

Our organisation is aware of the current skills shortages in community-based health care; the need to respond to the growing shift of more integrated and person-centred primary care, and the important role that the **Family and Community Nurse (FCN)** can play as a key healthcare professional, delivering safe community- and home-based care, and who would benefit from a stronger recognition across Europe.

We are confident that the ENhANCE European Curriculum and associated tools and guidance can play an important role in further raising the profile of the Family and Community Nurse; driving initiatives towards greater recognition.

With this letter we would like to express:

☐   Our interest in exploring possible future collaborations between the ENhANCE Alliance and the project to further strengthen the role of the Family and Community Nurse.

Yours sincerely,

15th December 2020

Spinthouri Maria,
Nurse Director at Genetal Hospital Venizeleio

Request for Input to all Project Partner to update the Exploitation and Sustainability Plan - D7.3.5 (period M25-M41)

Deadline for input: Tuesday, 20 April 2021

ACTIVITIES
Please describe the activities in which your organisation has engaged over the reported period (M25-41) to ensure the use and sustainability of the ENHANCE results beyond the project's shelf life.
(200 words)

OPPORTUNITIES
Please describe the main positive developments emerging from your interactions with (external) key stakeholders (see Exploitation guide attached) over the reported period and how it has developed since M24 (December 2019).
(200 words)

CHALLENGES
What do you see as the main barriers that remain to be addressed or overcome at your national/regional level to ensure a long-lasting impact and successful uptake of the project results? Please provide details about any concrete actions taken in the period M25-M41 on the basis of the information provided in your previous individual exploitation plan submitted in M24 and any progress made since then.
(200 words)

NEXT STEPS
On the basis of your answers hereabove, please describe those project outputs and outcomes that may have a lead to a lasting change and/or that you intend to further build on also in the future (e.g. in your region/country) relevant to your area of expertise and main activity.
(200-300 words)

<u>Further guidance</u>

1. The main identified stakeholder groups:

ENhANCE **target stakeholder groups**
(for exploitation and sustainability)

- (Community-based) social service providers
- Higher educational institutes and VET providers
- Nursing regulatory/ registration bodies, and nursing professional associations
- Nursing teachers and trainers
- Graduate nursing students
- Local authorities and decision makers in the field of health and community care provision
- Sectoral initiatives and innovative projects

2. **Quick check - who are your key stakeholders?**
As a reminder, see the ENhANCE Dissemination Guide which lists the stakeholders identified by all partners and categorised according to their Impact and Influence, which resulted in 4 categories: actively engage (most important); keep satisfied (important); keep informed; and monitor. Of course, you are not limited to engaging with stakeholders listed here.

3. **What are the ENhANCE exploitable results (ER)?**
See a comprehensive list with the 11 Exploitable Results available here, including respective end beneficiaries, target stakeholders and indicators:
https://drive.google.com/open?id=163cA3IirdxP3yKqG_5ieG0t-TeXncksZ