

# WP5 – Italian & Portuguese teams.

## WP5 Lisbon workshop minutes



Joint Action Health Workforce  
Planning and Forecasting

3<sup>rd</sup> July 2014

Draft 01	22/06/14	WP5 Anna Maria
Draft 02	24/06/14	WP5 integrations & corrections
Draft 03	25/06/14	WP5 corrections
Draft 04	26/06/14	WP5 final list of attendees
Draft 05	30/06/14	WP5 to participants for review
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## 0. From the Grant Agreement

**ACTION 3.2** Exchange of good practices

→ **DELIVERABLE D.052** = Report of good practices in planning methodologies => September 2014

**ACTION 3.3** Defining and experimenting guide lines on HWF planning (Handbook)

→ **MILESTONES 5.3** = Validation of the handbook => March 2015

→ **MILESTONES 5.4** = Start-up of the Pilot studies => June 2015

→ **MILESTONES 5.5** = Finalization of the handbook => September 2015

→ **DELIVERABLE D054** = Report on WP5 pilot study experiences => March 2016

All the mentioned files in this document are available on the JA website on the page dedicated to the event, [here](#).

## 1. Welcome and objectives

**Michel Van Hoegaerden**

Opening of the meeting welcoming everybody.

Highlighting the goal of this next workshop on both the handbook and the pilot projects which are:

- for the handbook to finalize the inventory of expectations toward the final deliverable;
- for the pilot project, benefit from the important experience of the participants to advise both IT and PT on the ambitious but still reachable targets for the pilot projects, and on the definition of benefits, scope & method.

**João Carvalho das Neves**

The President of ACSS, IP opened the meeting and welcomed the participants. He reported on the relevance of this project from which all Europe may take advantage of particularly good practice, methodological guidelines and experience in planning and forecasting of human resources for health.

## 2. Portuguese Health Care System

**Rui Santos Ivo & - WP5 Portugal**

→ See the file [140618 WP5 Rui Santos Ivo presentation of Portuguese HCS](#)

Presentation focused on:

- ✓ The Portuguese Health System
- ✓ Ministry of Health and ACSS
- ✓ HR Management
  - Planning Process
  - Planning Tools available

- ✓ Tools and planning models under development
  - Strategic Plans
  - Prospective Tool for Scenarios analysis
- ✓ Central Information System and Health Professional Portal
- ✓ SIGPS - Integrated System of Planning

### 3. The Handbook on Planning Methodologies

#### Ragnar Gullstrand – WP5 Italy

→ See the file presentation [140618 WP5 Ragnar Gullstrand Handbook presentation](#)

Presentation focused on:

- ✓ Discuss further some aspects of the Handbook.
- ✓ Communicate the planned structure of the Handbook for the Pilot Study.
- ✓ Users demands on the Handbook, choice of priority. See the results:
  - [Flip chart choices #1](#)
  - [Flip chart choices #2](#)
- ✓ Concepts (keywords) and request to involve volunteers.

### 4. Observatory: ensure the JAHWF results longevity

#### Irene A. Glinos - European Observatory on Health Systems and Policies

→ See the file [140618 WP5 Irene Glinos presentation on JA HWF longevity](#)

Presentation focused on:

- ✓ How to ensure JA HWF longevity and reach policy-makers
- ✓ support and promote evidence-based health policy-making
- ✓ How to communicate evidence to policy-makers: printed tools

The list of user demands on the Handbook is the result of a WP7 workshop the day before on how to disseminate the results of the project.

Some of the proposals from the participants highlighted the need of some specific characteristics of the Handbook itself. As the work on the Handbook is already rather advanced after the Florence workshop we cannot change the requirements now, but it could be possible, with the help of the participants, to include some.

During the presentation Ragnar Gullstrand presented the most important characteristics from the WP7 workshop (see the two flip charts) asking the participants to vote for the most significant items. With three votes each to assign to three different characteristics, it was possible to assign an overall vote to each item.

The three most voted (signed in red) were:

- ✓ Link between HWF planning and “cost effectiveness planning”
- ✓ Software tools to make projections
- ✓ Test / self-evaluation to estimate the present situation for a country

The second group of three most voted (signed in green as “Nice to have”) were:

- ✓ Help to create different scenarios and context for the project
- ✓ Present a content that is “Evidence based”
- ✓ To create a clarity of the structure of the Handbook, a Meta-structure.

It was then asked for volunteers to help with the preparation of the content of these new elements of the Handbook. The results of this step were the following volunteers:

Element	Volunteers (? Means later validation)
Link between HWF planning and “cost effectiveness planning”	John Williams (IT_AIC), HOPE, CPME, PGEU (?), EFN (?)
Software tools to make projections	Lieve Jorens (for Belgium), The Netherlands (?), Spain (?) <sup>(1)</sup>
Test / self-evaluation to estimate the present situation for a country	Daniele Zappavigna (Liguria, Italy)
Help to create different scenarios and context for the project	EFN, HOPE, CPME, PGEU, IFMSA (contact LME@IFMSA.org)
Present a content that is “Evidence based”	Melanie Boeckmann DE_UNI-HB
To create a clarity of the Handbook structure, a Meta-structure	Melanie Boeckmann DE_UNI-HB
CED (Marco Landi) offered to send a document on Health Workforce Planning systems for Dentists in the seven countries included in the Handbook	

<sup>(1)</sup>The countries had to ascertain the legal possibility to enable other countries to use their software for free.

The presentation ended with the understanding that WP5 would develop the elements chosen and specify the kind of help needed from the volunteers and communicate with them in order to be able to integrate the contributions in the future handbook.

## 5. The Pilot projects & the Joint Action

**Michel Van Hoegaerden – JA Program Manager**

→ See the file [140617 WP1\\_PM\\_Michel Van Hoegaerden Presentation](#)

Presentation focused on:

- ✓ Expressing the Benefits.
- ✓ Building the scope, options & plan.
- ✓ Define the ambitions.
- ✓ Build first two level on identified ambitions.
- ✓ Identify critical paths.

## 6. Working group session

### Paolo Michelutti – WP5 Italian Team

→ See the file [140618 WP5 Paolo Michelutti groups activity presentation](#)

Introduction on the next activity: goals of the 3 working groups are:

1. Discussing Italian and Portuguese Pilot project scopes
2. Collecting countries and stakeholders point of view and suggestions
3. Learning from their experiences

### 6.1 Group #1: Expert and Stakeholders

#### Michel Van Hoegaerden – JA Program Manager

Which are the in-countries experts and stakeholders (from countries with whom collaborated) experiences:

1. Human resources and training for HWF planners
2. Legislative boundaries or changes
3. Involvement of stakeholders
4. Selected planning models
5. Data availability and professions in scope

Turn them into lessons for Italy and Portugal.

Participants	
BE_FPS	Michel Van Hoegaerden
DE_UNI-HB	Melanie Boeckmann
HU_SU	Eszter Kovács
IT_MoH collaborator	Francesca Loi
IT_AIC	John Williams
NO_DoH	Randi Moen Forfang
PT_ACSS	Irina Lemos
PT_ACSS	Vera Beleza
PT_DGS	Carlota Pacheco Vieira
STAK_CED	Sara Roda
STAK_CPME	Birgit Beger
STAK_EFN	Alessia Clocchiatti
STAK_HOPE	Isabella Notarangelo
STAK_PGEU	Luís Rhodes Baião

Through a preliminary vote, the sequence of discussion of the various items has been decided.

#### 6.1.1 Involvement of stakeholders

##### *The stakeholder characteristics*

Even though the willingness to participate among the stakeholders is very high, their technical knowledge of the policy field might be limited, since European umbrella organisations would have to liaise with the national organisation to identify experts, while at national level expertise can be restricted to a small number of experts who have to be recruited first. Most of the stakeholders' (national) members' representatives have this mandate on top of a professional activity. Therefore, consulting the stakeholders implies producing a clear documentation.

Stakeholder consultation takes time. The respective organisation takes charge of the further consultation of its (national/regional) members and needs time for a dissemination and feedback process. This has to be built in any project with international and national stakeholder involvement.

The difference of culture between the international stakeholders, and also between the national/regional stakeholders must not be underestimated.

##### *Organizing the dialogue*

Dialogue is very important. Even though formal meeting can be meaningful, both trust and understanding are created and sustained through face-to-face contact, round tables, and especially speaking time for everybody. Stakeholder involvement is not a one-side information activity.

It is highly recommended to create a dialogue with all 5 professions and, especially for Portugal with the dentists (private), since there is no history of such relation. Furthermore, as the longer-term ambition should be the planning of health care systems, other professions than the 5 within the Joint Action scope should be kept informed and maybe involved.

It is very important to engage in a feedback process. Every query and every involvement should lead to feedback in order to keep the involvement dynamic. Often, the reluctance to disseminate transparent feedback information and the launch of surveys / questions without feedback creates frustration among the stakeholders.

The project management must be aware of these constraints and the framework needed for enabling the stakeholders to deliver.

In large projects with many stakeholders implied, the risk of duplication is high. The feedback process should be regular but also scheduled as an important risk mitigation method. The current dynamic and management of the Joint Action is seen very positively to that extent. A stakeholder communication officer position may have to be considered within the project.

By means of the structure needed for the stakeholders to meet, exchange and be involved, it has been highlighted by several participants that the Belgian model of Planning Commission with formal Plenary and open Sub-groups looks very appropriate.

##### *Identifying the stakeholders*

The Stakeholder analysis and a list of contacts from previous project are important tool to identify all the relevant stakeholders. It is preferable to contact too many stakeholders than too few.

The pilot projects imply important benefits for the education system. It is therefore “mandatory” that the competent authorities for Education (Ministry / Universities / Schools of nursing / ...) would be invited and would participate in the projects.

Any other related Ministry should also be kept informed and asked to co-operate (Labour, ...).

The importance of local authorities and local management is stressed as the knowledge of the operational situation is greatest among the people who are very close to patients.

Especially for IT, the regional level must be continuously mirrored in the various parts of the project. It is recommended that there is communication with the local stakeholders.

Even though it could be easier to start by addressing only the public sector, it would be a mistake not to involve the private and the social sector within the projects, as the benefits are both at health system and health economy level.

### 6.1.2 Human resources and training for HWF planners

#### *Composition of the team*

The importance of the continuous relation with the many stakeholders might imply the need for a communication and knowledge officer.

The project team also requires IT, secretary skills and management.

The most important requirement is that within the team responsibilities are assigned and taken.

There is a fear that the administrative / civil servant team may initially lack sufficient knowledge of the sector to be able to run this project. The Stakeholders offer their contribution as training agents.

#### *The opportunity of outsourcing a part of the process/project has been discussed.*

Indeed, there are examples of successful deployment of such solution (CfWI (UK) – Norwegian subcontracting of data collection – NIVEL (NL), ...)

#### *Positive views*

- ✓ Good experience in Norway.
- ✓ There are day-to-day tasks that do not need in-depth subject.
- ✓ Influence from other businesses can be positive.
- ✓ There is already a shortage of resources in the public sector.

#### *Negative views*

- ✓ No in-depth knowledge.
- ✓ No feeling of the culture.
- ✓ No public service sense.
- ✓ Weak responsibility.
- ✓ Language.
- ✓ Influence from other businesses can be negative.
- ✓ In house training can occur.

PT team certainly do not see it positively, because of the constraints in the law of subcontracting in the public Administration.



### 6.1.3 Data availability and professions in scope

#### *Data*

EFN & CPME have a process to collect the number of professionals through their members in order to establish the contributions. CED also receives information from its members on the number of dentists practicing or registered as practicing dentists at national level. The compilation is built on trust, as the responses are verified, but will at the end not be contested.

There is a belief that there already is a lot of available data with which to start. Still they may be of low quality. The appropriate balance must be pursued between the feasibility of collecting data and the achievable quality of those data.

Also, it is strongly discouraged to ask for a lot of data and not to use them. Such behaviour frequently undermines both credibility and willingness to cooperate.

It is strongly recommended to adopt an open data policy. Having data available is a good added value for the stakeholders and allows cross validation of the data to the benefit of all. The data must be discussed after being obtained and not taken as a static value. There are professional realities behind them.

#### *Professions in scope*

The attendees insist on the ambition to keep all 5 professions in the scope. This is a unique opportunity to look at data of all professions together, this already going in the direction of a future planning system for health care. It would be a loss to take the easy solution of starting with doctors only.

Also, the on-going activity in identifying new skills patterns must be seen on a cross-professional approach.

In the same context, it is recommended to address the issue of collecting information on private practices and professionals and not to restrict the scope to public services.

### 6.1.4 Selected planning models

The quantitative and qualitative approach should not be dissociated.

The group believes that a quantitative-only approach may lead to incomplete results and encourage the pilot to immediately integrate WP6 approach.

Italy and Portugal should not forget the production of health services as essential background goal in the implementation of the pilot study. Both hospital produced services (where all the professional categories work together) and “non-hospital” services.

### 6.1.5 Legislative boundaries or changes

*This topic has not been addressed during this session.*

### 6.2 Group #2: Italy

#### Paolo Michelutti – WP5 Italian Team

Italy has the ambition to build for the pilot project a policy and plan in the next 18 months

1. Is it possible to reach “ambition #3” without having a complete and detailed awareness of ambition #1 and #2?
2. Which is the priority scheme?
3. How much time needs to be spent in each different step?

Turn them into suggestions.

Participants	
IT_Liguria	Daniele Zappavigna
IT_Agenas	Anna Maria Pacini
IT_Agenas	Valentina Tondelli
PT_ACSS	Ana Paula Gouveia
PT_ACSS	Sofia Galvão de Melo
STAK_CED	Marco Landi

*Paolo Michelutti* shows the objectives, underlining that presently in Italy there is not a detailed knowledge of the situation, giving the assumption that factually there is a situation of imbalances.

The first problem is the definition of data collectible at a regional and national level but not joinable at all and, at the moment, defined by different bodies not directly in relationship with MoH.

Data are not unique and often they are not collected with a planning aim, so they have to be compared in order to achieve an useful and “clean” data system.

There is evidence on disequilibria but, at a national level, on the subject there is not a correct calculation often depending on motivation with a character of convenience and economic lack, which doesn’t includes professional lacks.

*Marco Landi and Daniele Zappavigna* underline how data has to be verified through different checks because there is not a sole process in order to define their collection, so they are often not easily utilised.

*Marco Landi disagrees* with planning HWF without the possibility of influencing the supply process, i.e. basic education and training in Universities both at national and European level . Therefore it is crucial for the planning feasibility to “take on board” the Ministry of Education, MIUR, and the Universities, finding the best balance between the independence and the actual and verifiable training capacity of academic institutions, the population health needs, and an accurate demographic analysis with a mid-long term perspective.

Territorial dissemination of faculties increases difficulties in HWF planning (in Italy dental faculties are doubled compared with France and Germany), while a more “centralized” education should ease the necessary flexibility.

*Paolo Michelutti* agrees with the declaration of Marco Landi and underlines the necessity to involve as soon as possible the Universities, at a regional level, and the Ministry, at a national level.

*Anna Paula Gouveia*, explains that opposite than in Italy, in Portugal the Ministry of Health defines numbers and has the responsibility of economic planning during the doctors internship (funds for students and specialisations), so it is able to take decision and planning the needs. It also disposes of clear data furnished at a national level which enable to define the lacks.

*Paolo Michelutti* agrees with Marco Landi and underlines the necessity to involve in the Pilot Study the Universities and the Ministry of Education, in order to define a planning method. The problem has always an economical character: who is in charge of economic management doesn't leave it easily.

All participants agrees on the last assumption, but they also underline that presently in Italy there is the huge problem of staff excess regarding some professions and lack of employees regarding some other. Nevertheless economic crisis and spending review don't give to Regions the opportunity to employ new medical professional, so lack remains unsolved.

*Anna Maria Pacini* underlines that there is not time enough to reach a structural change and, in order to join a result, it is necessary to start with the data on hand and define a first step for the planning, in order to arrive to a first definition of numbers. Only after the obtainment of results (even if not perfectly correct) it will be possible a meeting among all the necessary partners (MoH, MIUR, MEF) showing how planning is not a simple "exercise of style", but a necessity and a valid instrument of economical saving. To be able to dialogue at a political level and obtain interest and results it is necessary to present ourselves with concrete material in order to show the lacks of the system.

Pilot Study represents a way to "start" which has to be adjusted during the following months, but if partners pretend to start with a well-structured and organised planning, the time is absolutely insufficient, risking to remain on the present situation.

She underlines that the JA is favouring a dialog among technical responsible of regional HWF, which are defining common objective. That being a first result. There is a long way to reach a planning, but it urges to proceed by small objectives in order to achieve the final result: a complex system may be changed only by small steps.

*Daniele Zappavigna* agrees that it would be a way to try to obtain a dialogue with institutional and political partners.

The debate continues on the comparison of data and possible partners in order to define their better collection and everyone agree that at the moment there is not a clear identification of the bodies involved in the collection and there is the necessity to compare the data in order to try to have "clean" numbers to be used as MDS for the planning.

*Marco Landi* explains to participants that in Italy has been possible to obtain data about practising dentists (in a matter of fact much less numerous than “registered” dentists) just comparing the data from FNOMCeO (National Federation of Medical and Dental Chambers) with data about “dental activities tax revenues” supplied by the MEF. He insists on the necessity of a dialogue with Universities which at the moment are the only interlocutors with decisional power, in order to avoid the risk of an inapplicable planning.

Further information and data about the actual and future HWF situation can be collected with the help of professional either citizens associations and trade unions, namely Federanziani (who publish yearly “SIC-Sanità in Cifre”) , rather than private and public compulsory pension schemes (INPS, ADEPP , Associazione degli Enti Previdenziali Privati), or ,last but not least, ISTAT.

Cross-checking these data is crucial.

*Paolo Michelutti* shows Italian Team aim to consider all the profession object of the JA and that the aim of the Pilot Study is to define a sole process to be used by all regions in order to reach an uniformity of definition of data to be implemented at a national level.

*Ana Paula Gouveia* declares that the data required for planning is the first thing to do and the problem it’s to be able to have real and quality data.

In another words, if you want to implement a planning model, you must collected data, you must build a model, next you put the data into the model and then you run it.

*Paolo Michelutti* underlines that Emilia Romagna has elaborated a planning software that may be used from other Italian regions as a tool.

### 6.2.1 Results

The Group agrees on the following final suggestions.

→ See the file [flip chart results group #2](#)

1. It is not possible to fully join objective #3, but it is possible to start a planning and then correct data and modalities.
2. In order to planning it is necessary:
  - Define a minimum set of correct data
  - know the real need/lack of personnel
  - Involve at a regional level the Universities and at a national level the Ministry of Education (MIUR)
  - Unify the needs with training ability
3. Activities must start immediately and go on together.
4. It is necessary to create as soon as possible a contact with training organisations.

### 6.3 Group #3: Portugal

#### Filomena Parra Da Silva – WP5 Portuguese Team

Portugal has the ambition to:

- #1 Know about the current HWF situation
- #2 Identify current and future imbalances
- #3 Build a policy and plan
  1. How much time they need to reach the ambition #1?
  2. How much time for the ambition #2, #3 and #4?
  3. Which is the priority scheme?
  4. How much time needs to be spent in each different step?

Turn them into suggestions.

Participants	
BE_FPS	Lieve Jorens
HU_SU	Zoltan Cserhádi
IT_Agenas	Ragnar Gullstrand
IT_MoH collaborator	Francesca Marano
NL_NIVEL	Lud van der Velden
PT_ACSS	Filomena Parra da Silva
PT_ACSS	Gustavo Ferreira
PT_ACSS	Dina Costa Santos
PT_ACSS	Maria Helena Simões
PT_Expert	Helena Peixoto
STAK_IFMSA	Miguel Cabral Piñho

Portugal is investing to improve the planning system with an ambitious program (as presented in the morning session). The ambition of the Portuguese activities may go beyond ambition 3, however, it will be important to distinguish the ambitions regarding the implementation of the planning system in the country and what can be achieved during the period provided for the pilot-project. Portugal has 18 months to start and complete the pilot-project.

The step by step approach could be applied in various dimensions, for instance:

- a. Professional groups;
- b. Data about the public and private sectors;
- c. Current situation and forecasting;

This approach can, naturally, lead to different ambitions for each of the dimensions.

In Portugal midwives are not a separate group, they are part of the nurses group. Therefore, the implementation of the pilot-project in Portugal will be based on 4 professions: Doctors, Nurses, Pharmacists and Dentists.

To support the discussion and the working session participants made a matrix with different dimensions of analysis and different ambitions. The different dimensions of analysis are represented in the first 3 columns (grey columns) and ambitions in the last 4 (blue columns).

The results of the work are presented in the following matrix:

Professionals Groups	Data Source	Stock or Forecast	Supply	Demand	Stakeholders involvement	Link with Education
Doctors	Public	Stock	OK	OK	OK	2015
		Forecast	2015	2015		
	Private	Stock	2015	2015		
		Forecast	2015	2015		
Nurses	Public	Stock	OK	OK	OK	2015
		Forecast	2015	2015		
	Private	Stock	2015	2015		
		Forecast	2015	2015		
Pharmacists	Public	Stock	OK	OK	2015	2018
		Forecast	2017	2018		
	Private	Stock	2015	2018		
		Forecast	2017	2018		
Dentists	Public	Stock			2015	2018
		Forecast				
	Private	Stock	2015	2018		
		Forecast	2017	2018		

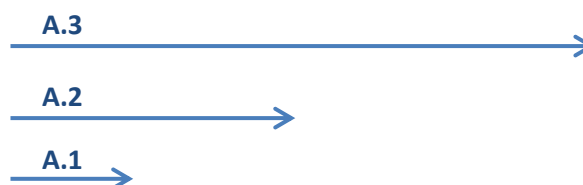
- The column "Supply" corresponds to Ambition 1 - Know about the current HWF situation;
- The column "Demand" corresponds to Ambition 2 - Identify current and future imbalances (Supply Vs Demand);
- The column "Link with Education" is the beginning of the implementation of Ambition 3 - Build a policy – when are met the conditions for reporting detected imbalances to the Ministry of Education (Supply Vs Demand, for the present and for the future).

The conclusions achieved were as follows:

- There are no dentists in the public system (empty row);
- Portugal has a centralized system of wage payment – So, the information about the public sector is available;
- As regards information on the private sector, Portugal is currently preparing a legislative change to enable a closer work with stakeholders and also gather information on this sector - Therefore, the private sector information (supply side) cannot be considered before 2015.

The above table represents the ambitions related to the implementation of the planning process in Portugal. The main criteria followed to set up the ambitions that could be included in the Portuguese pilot-project was the definition of a deadline of 2015 for all ambitions.

The ambitions for the pilot-project are marked with a blue circle.



Professionals Groups	Data Source	Stock or Forecast	Supply	Demand	Stakeholders involvement	Link with Education
Doctors	Public	Stock	OK	OK	OK	2015
		Forecast	2015	2015		
	Private	Stock	2015	2015		
		Forecast	2015	2015		
Nurses	Public	Stock	OK	OK	OK	2015
		Forecast	2015	2015		
	Private	Stock	2015	2015		
		Forecast	2015	2015		
Pharmacists	Public	Stock	OK	OK	2015	2018
		Forecast	2017	2018		
	Private	Stock	2015	2018		
		Forecast	2017	2018		
Dentists	Public	Stock			-	
		Forecast				
	Private	Stock	2015	2018		
		Forecast	2017	2018		

### 6.3.1 Results

→ See the file [flip chart results group #3](#)

In conclusion, the following resulted in what regards the pilot-project:

#### **Doctors (with stakeholders involvement) – Ambition 3:**

- Know about the current HWF situation (public and private sector);
- Identify current and future imbalances;
- Start to Build a policy.

#### **Nurses (with stakeholders involvement) – Ambition 3:**

- Know about the current HWF situation (public and private sector);
- Identify current and future imbalances;
- Start to Build a policy.

***Pharmacists (with stakeholders involvement) – Ambition 1 and part of Ambition 2:***

- Know about the current HWF situation (public and private sector);
- Identify current imbalances (not future).

***Dentists (with stakeholders involvement) – Ambition 1 and part of Ambition 2:***

- Know about the current HWF situation (public and private sector);
- Identify current imbalances (not future).

It was also mentioned that the results achieved in the working group are preliminary and have to be validated by the project Steering Committee.

## 7. Recap & Closure

### ***Michel Van Hoegaerden***

The Programme Manager emphasizes the very valuable interaction between the participants of the Joint Action and stresses his willingness to keep such collaboration, which is an excellent predecessor for the future network of experts. He cheers the valuable participation of the stakeholder and underlines that today's strategy to build a project together in maximum transparency is fruitful.

As next steps, the Programme Manager insists on the future workshop on mobility (WP4) foreseen in October in Budapest, and on the Joint Action conference under the Italian Presidency early December.

### ***Filomena Parra da Silva***

The organiser thanks participants for their valuable contributions and discussions throughout the three days of workshops, particularly taking into account the next steps of the Joint Action's work.

### ***Ragnar Gullstrand***

Ragnar Gullstrand thanks, on behalf of the WP5 leader, Giovanni Leonardi, for the excellent contributions delivered during the day. In particular the willingness to enhance further value to the Handbook by adding some arguments presented by the WP7 workshop the day before and by helping the Italian and Portuguese Pilot projects to better focus on the scope, the priority and the timing. The Italian team will soon come back to the volunteers for their involvement in the Handbook. The Portuguese and the Italian teams will now have a better base for developing the planning of their projects.

## 8. Annexes 1 – Participants list

Participants List WP5 Lisbon workshop 18th June 2014 – PDF file.