



Joint Action Health Workforce  
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# SUMMARIES OF SPEAKERS PRESENTATIONS

Thursday, 18 February

The challenge of mobility for health professionals

Parallel topic no 1. Mobility Data session: Could we move easily and swiftly towards a European monitoring of health workforce mobility information?

**Title: Health workforce mobility data serving policy objectives**

Zoltan Aszalos, Semmelweis University, Hungary

Zoltan Cserhati, National Institute for Health Development, Hungary

Bullet points:

1. Key challenges of health workforce mobility management in the EU
2. Current practices and objectives of mobility data collection in the EU
- 3 The WHY, WHAT and HOW of mobility data collection
4. Measuring the impact of health workforce outflow and dependence on foreign health workforce

Additional information / background on this topic:

The presentation is based on the mobility research activity of Work Package 4 of Joint Action. The title of the report that serves as a basis of this presentation: *WP4 Report on Mobility data: Health workforce mobility data serving policy objectives.*

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**Title: Mobility of health professionals in Belgium**

Veerle Vivet, Federal Public Service for Public Health, Belgium

Bullet points:

1. Federal structure
2. Planning tools in Belgium (cadastre, model, scenarios, quota)
3. Student mobility
4. Professional mobility

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**Title: Monitoring health workforce migration through international data collection: Progress with the OECD/Eurostat/WHO-Europe Joint Questionnaire**

Gaetan Lafortune, The Organisation for Economic Co-operation and Development

Bullet points:



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1. Describe the approach used in the new module on health workforce migration that was introduced in the OECD/Eurostat/WHO-Europe Joint Questionnaire in 2015 to regularly monitor trends in the international migration of doctors and nurses.
2. Present some of the main results on the stock and flows of foreign-trained doctors and nurses working in different OECD countries in Europe and outside Europe.
3. Highlight that the collection of immigration data from destination countries can also be used to describe emigration patterns from countries of origin; this requires that immigration data are provided by the maximum number of countries (or at least the main countries of destination). Use the examples of Bulgaria and Romania to illustrate what the currently available data show in terms of emigration patterns.
4. Point out that all countries are both source countries (with some of their doctors and nurses migrating to other countries) and destination countries (receiving doctors and nurses trained in other countries).
5. Summarise the progress and priorities to further improve this annual international data collection.

Additional information / background on this topic:

Chapter on health workforce in Health at a Glance 2015: OECD Indicators [http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance\\_19991312](http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance_19991312)

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### **Title: Migration of the highly skilled: the case of Romanian medical doctors**

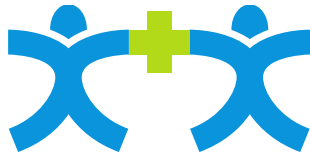
Irina Boncea, Presidential Administration, Romania

Bullet points:

1. How many medical doctors are leaving?
2. Where do they move? The main destination countries
3. Who leaves? The profile of the Romanian medical doctor who emigrates
4. Why do they leave? Main determinants of physicians' migration (push and pull factors)
5. Romanian medical system: between brain drain and circular migration

Additional information / background on this topic:

Romania has been facing the brain drain phenomenon in the medical sector since the fall of the communism. The migration of medical doctors in the '90s had the ethnical factor as the defining one (family reunification). The phenomenon has grown in the last few years, with Romania's accession to the European Union, and in particular, in the context of austerity measures imposed by the financial crisis. Romania has become not only the "largest exporter of medical doctors in Europe" (Astărăstoae et al., 2014), but also the largest exporter of young labour force. Effects of concern include: shortage of medical personnel, the closure of hospital wards or even hospitals. The idea of a vicious circle takes shape: medical doctors leave because of low wages, lack of a performant infrastructure, poor working conditions, lack of opportunities for specialization and career development, lack of respect for the medical profession. Their departure creates gaps in the system. The pressure on medical doctors to fill the gaps left is very high, which leads



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to further dissatisfaction. Dissatisfaction completes the desolate picture described above, the result being the decision to emigrate.

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**Title: Mobility challenges for medical doctors in the European Union: A systematic review of intracommunity migration difficulties**

Marius Ungureanu, Cluj School of Public Health, Romania

Bullet points:

1. Background
2. Objective
3. Importance
4. Methods
5. Results
6. Conclusions

Additional information / background on this topic:

Medical doctors migrate within the European Union in search of higher income, better working environments, career opportunities and social recognition. The aim of our review was to identify documents that examine challenges in recognition of studies, accreditation, licensing and registration of medical doctors in the EU. We searched PubMed, ScienceDirect and Google Scholar for relevant keywords. Results older than 2007 were excluded. Data from outside the EU or focused on health professionals in general was omitted, unless medical doctors were analysed as a distinct variable. Challenges found to be faced by medical doctors during intra-Community migration include interpretable core training requirements, poor recognition of lifelong qualification and erratic enforcement of EU laws.

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**Title: Attempt to obtain reliable data on the scale of migration of Polish medical personnel - Polish Case Study**

Szymon Nowak, Poznan University of Medical Sciences, Poland

Bullet points:

1. Poland is characterized by the lowest number of medical personnel per 1000 people in the EU, according to the OECD data
  2. The number of medical staff entering the working market after graduation is well known, but the scale of migration is unclear - it can be only estimated according to the issued certificates of qualifications
  3. Polish National Chamber of Midwives and Nurses asked similar organisations in other European countries - how many Polish nursing staff work in those countries?
  4. There is a great need to create a clear system of information exchange between EU countries about medical staff mobility
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## Parallel topic no 2. Health workforce education abroad session: Is this a business, an opportunity, a need, a real brain drain... or all this together?

### **Title: What are the United Kingdom context and lessons learned about training migration between 4 countries?**

Ian Cumming, Health Education England, United Kingdom

#### Bullet points:

1. The NHS in England employs 1.4m staff in over 300 different professions across more than 1,000 different organisations who meet the needs of 1m patients every 36 hours
  2. HEE spends 5bn a year on undergraduate and postgraduate education and training - from attracting and recruiting the right people, introducing new roles and professions to support service changes, building resilience in the workforce and ensuring staff are supported in raising concerns
  3. We have a different NHS in four countries; this presents both challenges and opportunities for a mobile workforce
  4. We know that the future is clouded with uncertainty across the healthcare sector globally; demographic changes, advances in technology, informatics and financial constraints will all have an impact on our future workforce and global mobility
  5. Recruitment from outside of England has made a valuable contribution in the NHS over recent years, and HEE is also involved in offering expertise in global training and education programmes
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### **Title: The view of Medical University of Varna on training foreign doctors - Bulgarian - German case**

Todorka Kostadinova, Medical University of Varna, Bulgaria  
Helmut Nawratil, German hospitals in Middle Franconia, Germany  
Matthias Keilen, German hospitals in Middle Franconia, Germany

#### Bullet points:

1. The macro factors for shortage and mobility of health professionals
  2. National policies and instruments to balance the shortage
  3. Bilateral cases and the Bulgarian-German case of doctors' training
  4. Education as a sustainable instrument to balance the shortage
- 

### **Title: What are the favourable conditions for healthcare students to study and get a steady employment in home country?**

Diogo Fernandes da Silva, International Federation of Medical Students' Association

#### Bullet points:

1. Specialization
2. Favourable working environment



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3. Recognition from peers and society
  4. Good National Health System
  5. Proximity to their family and friends
  6. Salary
  7. Opportunities: research, internships, etc.
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**Parallel topic no 3. European mobility session: Is an action at European level possible or would bilateral cooperation first be applicable?**

**Title: Health Workforce Mobility across EU - The perspective from a neighbouring non EU country - The Moldovan experience**

Nicolae Jelamschi, Secretary of State of the Ministry of Health, Moldova

Bullet points:

1. The dimensions of mobility should be reflected in statistics
2. “Intention to Leave”: the “firmness” of Moldovan Health Workers
3. The EU Project “Better Managing the Mobility of Health Workers in Republic of Moldova”: the impact and sustainability
4. The HRH Strategy: measures to address the Health Workforce Migration for medium and long term perspective in Republic of Moldova

Additional information / background on this topic:

The presentation summarizes the experience of Republic of Moldova, as a source country, in managing the Health Workers mobility, the efficiency of measures, their impact and sustainability

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**Title: Mobility pathways of patients and health professionals from Eastern European countries**

Eszter Kovacs, Semmelweis University, Hungary

Bullet points:

1. Increasing volume of cross border movements
2. Patterns and key drivers in patient mobility
3. Mobility flows and motivational factors of medical doctors
4. Experiences of dental tourism and cross border orthopaedic care
5. Cross border care collaborations
6. Aspects to be considered at EU level (professional standards, clinical guidelines, scope of practice, patient safety and quality of care)

Additional information / background on this topic:



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The presentation summarizes main findings and experiences of different international projects, e.g., Health Prometheus, European Cross Border Care Collaborations

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### **Title: Intentions for mobility of next HWF generation**

Aline Breidung, Vania Asenikova, Elena Ignatova, Sven Eger, Dorian David Westerdorf & Petia Sarkizova, International students team from Medical University of Varna, Bulgaria

#### Bullet points:

1. The migration of young health professionals
2. Study conducted among students in Medicine, Dental medicine, Nursing care, Midwifery and Health care management at Medical University of Varna (Bulgaria)
3. Key questions:
  - What indicates the intentions of the new generation - a brain gain or a brain drain?
  - Which are the driving factors for mobility of the next generation of health professionals?
  - What are the stick factors in the country of origin?
  - Could we expect different mobility patterns for the next 10-15 years?

## **Friday, 19 February**

### Parallel sessions:

1. The effect of a changing demography on health workforce needs

#### **1.A. What are the main ageing consequences on health workforce and on the growing imbalances?**

#### **Title: The roles of the pharmacist in the context of an ageing and mobile population**

Ilko Getov, Pharmaceutical Group of the European Union, Bulgaria

#### Bullet points:

1. Self-care in Europe & Beyond
2. Medication Reviews in Europe - PGEU survey 2015
3. Pharmacy Services in Europe
  - a. Portuguese new pharmacy contract
  - b. Irish flu vaccination
  - c. Spanish conSIGUE study & Adhieréte pilot
  - d. Belgian Asthma Service
  - e. Norwegian Medisinstart service
  - f. French New Medicines Service



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#### g. England Medicines Use Reviews (MURs) and New Medicines Service (NMS)

##### Additional information / background on this topic:

The role of the pharmacist in Europe is expanding, and as such pharmacists are more and more in a position to address issues of adherence, self-care and other public health issues of an ageing and mobile population.

In fact the undersupply of doctors and nurses across Europe is occurring simultaneously with an oversupply of pharmacists. Therefore, it's now time to consider maximising the use of pharmacists' skills, knowledge, competencies and accessibility in the context of addressing unmet needs and under reducing EU health budgets.

We foresee a collaborative, multi-disciplinary approach to provide our patients with the best service possible, under a backdrop of services which do not attempt to replace existing services, but compliment them.

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#### **Title: Impact of health determinants and demographic factors on distribution of health professionals**

Nadia Veleva, Medical University - Pleven, Bulgaria

Silviya Yankulovska, Medical University - Pleven, Bulgaria

##### Bullet points:

1. The most critical issue that all health care systems around the world face is the shortage of health workforce.
2. Health workforce is unevenly distributed not only among the different countries but also among the different regions within the countries.
3. There are also organizational imbalances in health workforce distribution among the different levels of healthcare delivery system and among different health professionals.
4. Population aging has a dual influence on the health workforce - aging of the health workforce and increased number of elderly people with multiple chronic diseases that cause increased demand for health care and health personnel.
5. The impact of health determinants on the distribution of health professionals is also in direction of increased geographical imbalances and worsened qualification mix.
6. Lack of health workforce planning and urgent actions for maintaining and rising the current levels of health workforce would lead to hard imbalances and severe health workforce crisis in the long run.

##### Additional information / background on this topic:

Today there is a global shortage of health workforce. There are severe imbalances between the developed and developing countries as well as among the regions within the countries and among the levels of healthcare delivery system. Population aging and the rising pandemic of chronic diseases increase the deficit of health personnel. As the market mechanism is unable to solve the problem governments worldwide are becoming increasingly involved in workforce planning.

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## 1.B. Can we further finance our health systems without changing their organization and the roles of health workers?

### **Title: Attracting and retaining GPs to strengthen primary care in underserved areas**

Marieke Kroezen, Catholic University Leuven, Belgium

#### Bullet points:

1. Changing demography in rural areas; many rural areas experience an outflow of young people to the cities while struggling with a shortage of health professionals. This affects the provision of health services and the working conditions of the available health workforce.
2. The Study Recruitment and Retention of the Health Workforce in Europe (2015) focused on attracting and retaining GPs to strengthen primary care in underserved areas and studied 6 cases from Europe and 1 from Australia. It studied how these interventions were developed and implemented, under what conditions, what was the role of various actors and what effects, facilitators and barriers could be identified throughout the process.
3. Interventions focusing on attracting and retaining GPs to underserved areas are often purely financial incentives - for example providing young doctors with financial benefits if they start working in an underserved area - yet these have low proven effectiveness.
4. For countries or regions that are struggling with shortages of health professionals in underserved areas, combinations of measures to attract and retain health professionals appear most promising.
5. Good practice example: Pacte Territoire Santé from France, which constitutes a comprehensive package of measures.

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### **Title: Low birth rate and increasing longevity: which consequences on health workforce today and tomorrow?**

Heinz Rothgang, University of Bremen, Germany

#### Bullet points:

##### **1. Double ageing leads to:**

**Fewer children and a decreasing labour force**

**Longevity and growing demands for health professionals**

2. The effects of longevity are more important than those of low fertility rates
3. To keep current standards of healthcare the mobility of the population working in healthcare must be increased

**For doctors this can easily be done**

**For nurses working conditions and pay have to be improved**

4. Additionally the regional disparities must be addressed
  5. Other factors than demography (e.g. technology) might be of even higher importance.
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**Title: Can a small country be self-sustainable in training the workforce needed by its health system?**

Margaret Björk Svavarsdottir, Ministry of Welfare, Iceland

Bullet points:

1. General information
  2. Health services in Iceland
  3. Healthcare professionals and education system
  4. Self-sustainability of a small and remote country
- 

**1.C. New skills in changing context - population perspective: Do we have other options than producing more health professionals?**

**Title: The key principles of nursing in today's European health workforce**

Ber Oomen, European Specialists Nurses Organisations, The Netherlands

Bullet points:

1. New nursing professionals and ongoing shifting roles
2. Increasing expectations and responsibilities demand CPD
3. Unity in the diversity of health care workforce
4. New opportunities with higher standards in community care

Additional information / background on this topic:

The complex health care needs cannot be treated by just one discipline. The collaboration of the professional groups will improve innovative solutions and inter-professional care. The innovation has to come from relevant health professional angles, able to speak and communicate on a mutual recognized academic level and translated in accessible narratives.

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**Title: Can technology reduce the need for health workers?**

Magda Rosenmoller, European Innovation Partnership on Active and Healthy Ageing

Bullet points:

1. Technology is happening, huge opportunity to considerably contribute to Triple Aim.
2. To realize the full potential of Technology, adjusting in skills set and role of workforce.
3. Technology enables a different type of work and workforce.
4. Make it happen: implementing, motivating, and participating.

Additional information / background on this topic:



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The potential of technologies and related services in health care are harnessed in ways that support people's health and well-being. To realize its full potential, and to support excellent and integrated care approaches, it will be crucial to ensure workforce development (in terms of knowledge, skills and competences) and also to support patients in promoting self-management and lifestyle improvement.

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**Title: What is the new demand in dental care?**

Tsvetan Tonchev, Medical University of Varna, Bulgaria

Metodi Abadjiev, Medical University of Varna, Bulgaria

Stefan Peev, Medical University of Varna, Bulgaria

Bullet points:

1. Demand and health expenditure increase as a whole with advancing age.
  2. Population's demands:
    - Functional, pain-free mouth
    - Increased demand for aesthetics (orthodontics, veneers, bleaching, the Hollywood smile)
    - Increased demand for implant restoration of missing teeth
    - Increased demand for more cost-effective treatment
    - Increased demand for decreased duration of the treatments
    - Increased demand for more reliable solutions
  3. The increased demand for value in dental care spending practices will need to become more efficient.
  4. Emphasis on those specialties which have proven positive impact on the long-term success and survival rate of routine dental treatment.
- 

**Title: Population ageing: Challenges for the health services**

Albena Kerekovska, Medical University of Varna, Bulgaria

Klara Dokova, Medical University of Varna, Bulgaria

Bullet points:

1. Ageing of the population in the European region
  2. Health status and health care needs of the elderly population
  3. Effect of ageing population on health workforce needs
  4. Effects of ageing populations on the education of health professionals
- 

**Title: How can countries learn from each other in Health Workforce Planning? Towards a context-sensitive and goal-based health workforce planning in Europe**

Ronald Batenburg, Netherlands institute for health services research

Bullet points:



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- All European countries act on health workforce (HWF) planning, but the data from the Matrix study shows that:
  - o countries particularly differ in the data infrastructures in place and, probably related to this, also differ in the extended planning models they have place
  - o countries differ somewhat in the planning institutions in place, but this appears a less distinctive HWF key indicator
- Cluster similar countries in terms of their healthcare system, and within the cluster:
  - o let them discuss their different positions on the HWF key indicators, understand the differences
  - o let them address common challenges as the learning objectives
  - o let them define the feasibility to achieve learning objectives taking countries' resources into account
- Cluster countries that have similar health care systems and primary care strength
- Cluster countries with a different health care system but a similar primary care strength
- Compare the results between the three rounds and between the countries (sub)clusters to:
  - o define different (focused) agendas for different country learning clusters
  - o define an overarching (focused) agenda at the European level

## 2. The education of health professionals for the future

### 2.A. What are the lessons learned from the shortage on skills mixes?

#### **Title: The new requirements of hospitals as employers to health workforce skills and competences**

Pascal Garel, European Hospital and Healthcare Federation  
Valentin Ignatov, Association of University hospitals, Bulgaria

#### Bullet points:

1. Initial and continuing education of health professionals.
2. New requirements of hospitals to health workforce skills related to integrated care, e.g. multi-professional teams, health and social together and IT skills.
3. Patient safety - communication skills and patient as a partner.

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#### **Title: Nursing Education developments in Italy in light of the increased EU mobility of health care professionals: emerging challenges and issues**

Alvisa Palese, University of Udine, Italy

#### Bullet points:

1. Trends in nursing and health care mobility across Europe



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2. Trends in nursing students mobility across Europe
  3. Strategies to improve internationalization at home and abroad
  4. Efforts implemented at different levels (national, regional and institutional level)
  5. Some data on effectiveness
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**Title: Preparing the midwives for the future of the job - the Belgian French-speaking experience**

Ana Hernandez, Parnasse - ISEI, Belgium

Bullet points:

1. Midwifery program: legal context
  2. Midwifery program evolution - French speaking Belgium
  3. Skills for midwifery practice
  4. Midwifery Skills: what do the Midwifery Lecturer's working group say?
  5. Perspectives: Future Midwifery program
- 

**2.B. How should health workforce and education policies be coordinated to provide the future health professionals we need?**

**Title: In a changing environment, how to upgrade the skills of 'under trained' nurses to fit with the new current and future roles of nursing? - The nursing bridging courses**

Dorota Kilanska, European Federation of Nurses Associations

Bullet points:

1. Polish Nurses after EU Accession
  2. Implementation procedure of Directive WE/36/2005 in Poland
  3. Bridging courses project development
  4. Project outcomes and nurses satisfaction
- 

**Title: Educating nurses for new roles: why and how to educate nurses in the university sector?**

Anne-Marie Ryan, Department of Health, Ireland

Bullet points:

1. Current challenges in providing care
2. Quality practice and meeting consumer expectations
3. Educational response to meet these challenges
4. Lessons learned from changing education structures to the university
5. Career development for nurses to meet service need
6. Challenges arising from new systems of education delivery



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### Additional information / background on this topic:

Ireland introduced an undergraduate programme in the Higher Education sector for nurse education in 2002. A review of the undergraduate programme was undertaken following 10 years' experience of the changes. This presentation will outline some of the processes that underpinned the decision to have graduate nurses working across the health care sector in Ireland. The current successes and challenges to be explored in the presentation.

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### **Title: How to match medical students aspirations and a planned amount of professional positions?**

Stijntje Dijk, International Federation of Medical Students' Association

#### Bullet points:

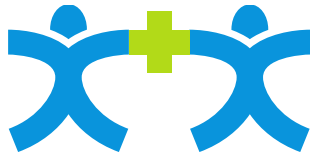
1. Medical Schools and governments have a social accountability to impact positively the communities they serve. They have a duty to ensure the quality of the health workforce, the quantity of health professionals in different areas and the distribution of health workers.
2. We need to ensure that health workers have the right set of knowledge, skills and competencies from accredited schools where quality does not suffer from increasing numbers of students aiming to prevent the global deficit of 18 million workers by 2035. In this globalized world, we need to ensure that the topics addressed during the curriculum, and the community or hospital based exposure for experiences, provide the competencies that prepare physicians of tomorrow. Competencies such as interprofessionalism, being an advocate, and knowledge on global health are now more important than ever.
3. Medical schools and governments are responsible to create the right learning as well as working environments that keep our health workers and students safe, offer them opportunities to learn, and encourage them to stay within their community. To adequately plan for tomorrow's health workforce, a firm grasp is needed the reasons why students opt to leave their communities. These include high influx of recruited professionals or scale up of entries to medical schools not being aligned with specialization, lacking materials or opportunities to learn, working hours or lacking materials that endanger patient safety that prevent them from doing their work.
4. We need collaboration between governments, civil society, health professionals, students, faculties, patients and all other students, as anyone of them brings a unique perspective to different areas of problems faced. Students directly see the consequences of their education when the numbers of entries are measured. They observe the gaps between their education and today's world's needs like no other. Their involvement and knowledge of these issues, especially on a local and national level, is crucial.

### **Title: How to match pharmacy students' aspirations and a planned amount of professional positions?**

Adela Firlova, European Pharmaceutical Students' Association

#### Bullet points:

1. System of healthcare workforce flow



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2. Matching aspiration of pharmacy students
3. Education of future pharmacists
4. Mobility in numbers

Additional information / background on this topic:

The presentation is based on research conducted by European Pharmaceutical Students' Association, focusing on topics important for Health Workforce such as mobility of students as well as recent graduates, central limitation of number of students accepted into pharmacy education, employability of recent graduates in different sectors across the Europe.

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**Title: Student's orientation, selection and support to the development of professional identity: experience and ongoing research in Italy**

Fabrizio Consorti, University Sapienza of Rome, Italy

Bullet points:

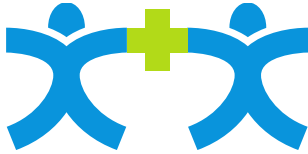
1. every possible coordination between needs and education starts with the selection of medical students
  2. orientation of high school students is a key to a further successful selection of medical students
  3. the selection of candidates to medical schools is a multi-dimensional task, addressed to the expected final competencies
  4. the development of professional identity in medical students is a complex process, which needs to be monitored
  5. the Italian permanent conference of the presidents of medical curricula is leading monitoring and research upon these topics
- 

**Title: The coordination between policies and education - The Bulgarian experience**

Anelia Klisarova, Medical University of Varna, Bulgaria  
Emanuela Mutafova, Medical University of Varna, Bulgaria  
Maria Rohova, Medical University of Varna, Bulgaria

Bullet points:

1. Lack of an actual analysis of the needs in the healthcare system
  2. Planning of the medical staff training
  3. Measures taken by the state to create conditions for the professional realization and development of the young medical specialists
  4. Trends in unemployment and vacancies in Bulgaria, as well as in admission in medical specialties.
  5. National, regional and institutional policies for the development of relation "business - education"
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**Title: The post-bologna medical education policy - Could a European Core Curriculum advance the efforts on medical workforce planning?**

Aphrodite Adamidou, European Medical Students' Association

Bullet points:

1. Aim of Bologna-Process
2. Post-Bologna Situation
3. How should a European Core Curriculum look like
4. Advantages and disadvantages of a European Core Curriculum

Additional information / background on this topic:

Mr Jan Hilgers, Paul De Roos, Emily Rigby, Mr Jan Hilgers, Paul De Roos & Emily Rigby (2007) European Core Curriculum-the Students' Perspective, Bristol, UK, 10 July 2006, Medical Teacher, 29:2-3, 270-275

A Statement by the Association for Medical Education in Europe (AMEE), the European Medical Students' Association (EMSA) and the International Federation of Medical Students' Associations (IFMSA) (2010) The Bologna Process and its implications for medical education, Medical Teacher, 32:4, 302-304

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**2.C. Can health workforce be converted to new skills during their career?**

**Title: Anatomy of modern medical teaching**

Anton Tonchev, Medical University of Varna, Bulgaria

Bullet points:

1. The number of candidates for studying medicine is increasing in the EU and around the globe as the demand for more medical specialists is increasing
2. Medical education requires highly focused student-oriented approach that reflects the most recent achievements in the field
3. Anatomical teaching involves macroscopic and microscopic view of the human body
4. Digital resources can assist teachers in providing pre-class background to the students, which would give more freedom and time to focus on specific topic during the in vivo class
5. 3-Dimensional visualization of body parts provides introductory knowledge on human anatomy prior to cadaver dissections as well as integration of clinical imaging
6. Virtual microscopy allows students permanent access to histological material and translates knowledge to clinical pathology

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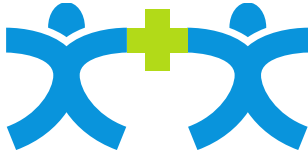
**Title: The dimensions of e-learning in the health care education**

Ivan Merdzhanov, Medical University of Varna, Bulgaria

Silviya Nikolova, Medical University of Varna, Bulgaria

Bullet points:

1. Advantages of e-learning



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2. Possible forms and areas of application
  3. Points of conflict in the implementation of e-learning
  4. Electronic exams
  5. Prospects for development
- 

**Title: Education of medical specialists in scientific, project and mobility skills**

Mariana Murdjeva, Medical University - Plovdiv, Bulgaria

Victoria Sarafian, Medical University - Plovdiv, Bulgaria

**Bullet points:**

1. enrolment of medical specialists in PhD programs
2. lecture courses in the doctoral school
3. work specificity and unification of requirements and procedures for PhD-education
4. support of scientific conferences and publications
5. training in project preparation and presentation
6. participation in different mobility schemes abroad