Brussels, 15/07/2025

THE DIGITAL TRANSFORMATION JOURNEY: CREATING A DIGITALLY-CONFIDENT HEALTH AND CARE WORKFORCE

Report based on 20 April 2025 webinar organised by EHTEL with the support of the BeWell project

All websites mentioned were last accessed on 15 July 2025

EXECUTIVE SUMMARY

This 24 April 2025 webinar, co-organised by EHTEL and the BeWell project, concentrated on change management in the digital transformation journey in health and care with a special focus on building **digitally-competent workforces**. The webinar was one of **a series of webinars** being organised by EHTEL in 2025 under the umbrella of its Imagining 2029 work programme in 2025. Over 60 people attended the event.

Among the core topics contributed to the webinar content were: A set of contemporary **key challenges**; the potential for **overcoming the challenges** and finding solutions to them; **regional examples of good practice; and the importance of digital leadership**, whether regional or organisational. Details are outlined in the key messages below.

Four key messages from the 24 April 2025 webinar included:

- **Key challenges:** Today's key challenges include the healthcare crisis; the pace of change; the slew of legislative changes on the agenda; the range of views across cultures, activities, and locations; the lack of 24/7 technical support; and clinicians facing liability in clinical practice.
- **Overcoming challenges/finding solutions:** A number of potential solutions are feasible. They include overall planning to be conducted by e.g., the World Health Organization (WHO); technology as a solution; starting from healthcare workforce specific interests; finding a set of skills that are universally applicable; using models like the KASA framework[1]; implementing digital health/training in daily practice; working both top-down and bottom-up; building curricula year-on-year; and training trainers.
- **National and regional good practices:** In the international and European contexts, support is available for nations and regions to advance and work on good practices on their digital transformation journeys.
- **Regional and organisational digital leadership:** Change management; collaboration; co-creation: good practices working together; focusing on the work of platforms and partnerships; focusing on visionary leadership and leadership at all levels; following digital champions; engaging with people; problem-solving as teams and groups; and focusing on soft skills as well as technological/technical skills.

BeWell is conducting an **ongoing open (skills strategy) consultation** into late 2025. Variants of questions to be posed in the skill strategy consultation were asked of the webinar attendees. Around 30 responses were collected. The main topic covered in attendees' own (recent) digital skills training had been **artificial intelligence (AI)**. The type of training which would make attendees feel most confident in their digital skills was **data**

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[1] The KASA framework originates from work done on teacher training in the late 1980s, and beyond, by Professor Donald Freeman of the University of Michigan (USA). See the presentation made by Sebastian Kuhn of CPME.

analysis. The most effective solutions cited as providing good training were – in sequential order – **training plans** at the organisational, regional and European levels. Further effective means of training was said to be achieved when **training occurs during personnel's working time**.

With regard to the BeWell project, there are ongoing **opportunities for stakeholders and people** to:

- Give their opinions on what's needed in upskilling and reskilling in terms of digital skills through **an open consultation**[2].
- Access information on **80+ digital skills courses**[3] identified by BeWell.
- Test or trial **more than 12 digital skills courses/programmes**[4] developed by BeWell.

Both EHTEL and BeWell will be organising **further webinars and workshops** on change management, digital competence and the digital skills needed over the next 12 months until May 2026.

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[2] BeWell's open public consultation: https://bewell-project.eu/public-consultation/
[3] BeWell's repository of digital skills courses: https://bewell-project.eu/trainings/
[4] BeWell's digital skills courses and programmes: https://bewell-project.eu/bewell-courses/

INTRODUCTION TO THE WEBINAR

On 24 April 2025, EHTEL ran **a webinar** that focused on building digitally-confident members of health and care workforces. The webinar showcased **good practice examples** from two regions that are building digitally-competent workforces. It also identified **potential future actions** needed to upskill and reskill digitally-competent health and care workforces.

The webinar formed part of one of the three pillars in **EHTEL's Imagining 2029 work programme** for 2025, its **Change Management** track[5]. With its focus on digital skills, the webinar was organised in collaboration with the BeWell project[6]. Webinar organisers were **Diane Whitehouse** and **Marc Lange** (EHTEL) and involved the whole EHTEL team.

Over 60 people attended the session, including the speakers and organisers. Attendees came from **12 European Member States** as well as from Norway, Serbia, and the United Kingdom; Iraq and South Africa. The attendees included personnel from a wide range of **organisational types** such as health/care, education, industry, innovation, policy, and research.

WHAT WAS THE WEBINAR ABOUT

The webinar provided an interesting counterbalance between **two experiences of digital skills development** in the context of health and care: one in Flanders (Belgium) and one in Campania (Italy). The first example was related to integrated care, and the second to anti-microbial resistance. These **regionally-based experiences** revealed key insights into what can be done in regions by different types of organisations. They should be considered as possible activities that can be undertaken at the **national or international levels**. Speakers reflected on their chief **lessons learned**. Panellists then offered further insights into **problems, challenges, and change management**. Many of the observations made emphasised the importance of **social skills and soft skills** that are important for digital health (rather than specific technological skills). Overall, the workshop delivered a useful lead-in to the **next steps needed** when aiming to build confident health and care workforces and their digital skills. For this reason, it could also be helpful to review the webinar materials in the context of the publication of a European Observatory on Health Systems and Policies 2025 policy brief on closing **digital skills gaps**[7].

WHAT DID THE SPEAKERS HAVE TO SAY

The two speakers focused spoke about how **learning and training** has progressed in their regions in relation to different domains of health and care. Much of the speakers' focus was on what to do with members of the **health and care workforces**.

   ▶   **"The case of Flanders: An update on ALIVIA", Prof. dr. Dominique Van De Velde, University of Ghent, Belgium**

Dominique Van De Velde offered an overview of the implementation of **ALIVIA**[8], a digital tool developed by the government in Flanders and supported by the work of his whole team. He set the scene on goal-oriented care in Flanders when "*the patient is always in control*." Overall, it was crucial for the experience

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[5] EHTEL Change Management track : https://www.ehtel.eu/in-2025.html

[6] BeWell project: https://bewell-project.eu

[7] European Observatory on Health Systems and Policies – policy brief. The brief was first published on the occasion of a 5 May 2025 European Observatory-organised webinar: https://eurohealthobservatory.who.int/publications/i/closing-the-digital-skills-gap-in-health-care-identifying-core-digital-skills-and-competencies-and-education-and-training-opportunities-for-health-professionals-in-the-european-union

[8] ALIVIA digital tool: https://www.departementzorg.be/nl/alivia-uw-digitaal-zorg-en-ondersteuningsplan

"*not* [to be] *a tickbox exercise.*" The experiences recounted came from "*two pilot projects* [run] *in a real-life situation*" – even when the eventual application, ALIVIA – "*… is not yet implemented in normal daily practice.*" In the ALIVIA pilots, the first action was to train **patients** in the use of the digital tool. With patients, it was important to "*make them feel safe.*" In terms of health care **professionals**, Dominique and his colleague, **Ine Huybroecks**, concentrated their attention on the importance of **Intervision**[9], a peer-to-peer led process of interaction, discussion, and management. To provide a framework/structure, Dominique focused on the lessons learned in terms of **objectives, process, challenges**, and **outcomes** that were functional, normative, and integrative. Overall, "*people recognised the value of the digital tool*" despite the variety of challenges which they faced. His six reflections pointed to the importance of wider **platforms** for personnel who work with vulnerable people – the example platform that he mentioned was **interRAI**[10] (others have called these platforms **"connectors"**). Ultimately, Dominique said, "*We hope to have ALIVIA implemented within a year.*" To compare ALIVIA's status today with the situation in December 2023, see '**Deploying digital health in Flanders: the path to health and care integration**'[11].
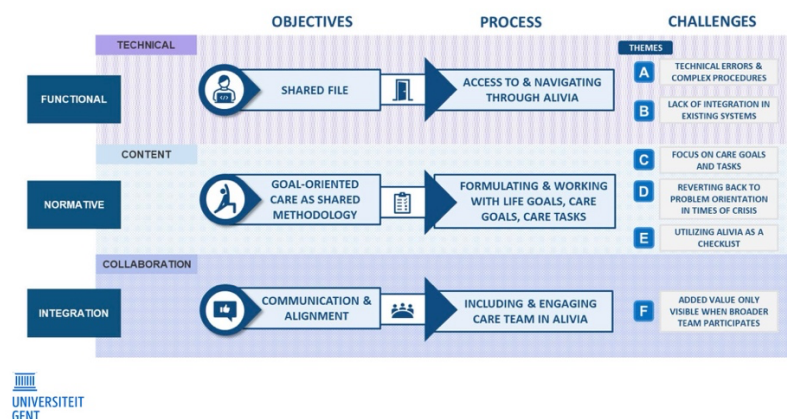
AND WHAT DID WE LEARN?

Figure 1: "And what did we learn" – ALIVIA first stage of pilot in Flanders, Belgium

Follow-up offered by EHTEL colleague, **Luc Nicholas**, after the webinar, placed the experience of Flanders in the context of wider **Belgian expertise** with **digital skills** in the three regions of Belgium: Flanders, Wallonia, and the Brussels Region. A 2021 report by the Belgian Health Care Knowledge Centre outlined the barriers and facilitators to the **adoption of eHealth** by general practitioners[12]; it highlighted the need for accredited training (pp98-99). In Flanders, **Een Lijn** was an initiative that developed Bachelor and other training courses on digital topics for e.g., nurses[13]; in **Wallonia**, similar work is now ongoing[14]. Last but not least, the **Belgian Health Data Agency**, which is Belgium's national contact point for the secondary use of health data, has created an **academy**[15] focused on digital literacy. At a European level,

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[9] Intervision – a description: https://academic.oup.com/bjsw/article-abstract/49/5/1254/5184534

[10] Interrai: https://interrai.org

[11] ALIVIA, as presented to the EHTEL 2023 Symposium in December 2023: https://www.ehtel.eu/18-articles/249-session-4-deploying-digital-health-in-the-community-2.html

[12] eHealth adoption in Belgium by general practitioners : https://kce.fgov.be/sites/default/files/2021-11/KCE_337_eHealth_adoption_in_Belgium_Report_V2.pdf

[13] Flanders, Belgium – Flemish Institute for Primary Care – training available based on the 2019-2022 "Een Lijn" project: https://www.vivel.be/en/opleidingen/

[14] Wallonia, Belgium – training opportunities from *Plateforme de Première Ligne Wallonie* (PPLW): https://formation.pplw.be

[15] Belgium's Health Data Agency and its academy: https://www.hda.belgium.be/en/academy

on education about **interoperability** in the context of healthcare, the 2025-launched **XiA project**[16], with its focus on training on interoperability**,** aims to certify 10,000 people with advanced interoperability skills by 2028.

▶ **"The training challenges for the transformation of health and care services: The case of Campania", Professor Maddalena Illario, University Federico II & Campania Region, Italy.**

Maddalena Illario drew on University Federico II's experiences with fighting the challenge of **anti-microbial resistance**, its drivers and hotspots. Regions in three different European countries – France, Italy, and Spain – are addressing this problem through the work of the **RADAR**[17] project. They are innovating with rapid and accurate detection and the smart management of results, including with patients. In an example use case, "[digital] *interventions in the journey of this patient can be the difference between life and death*." Throughout her talk, Maddalena highlighted how introducing this organisational approach "*impacts education and training*" and needs to "*be supported by adequate education and training*."

Figure 2: The approach to interdisciplinary training: insights from a new syllabus in Campania, Italy

Training is one of the important pillars of the approach in Campania, and '[it] *plays a key role*." Indeed, a "*pretty successful*" **training exercise** was completed earlier in 2025. The training has needed to be "*focused and sharp*." The approach concentrates on what it calls **process organisation** as well as on **work teams**. The hospital and region are able to draw on the work of the **TeamCare**[18] project, including its use of community-based interprofessional teams (called CBIT). The new syllabus designed by TeamCare highlights **10 important aspects**. **Keywords** in the training range from collective leadership & interprofessional decision-making to telemedicine and remote monitoring.

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[16] XiA project: https://xia-project.iscte-iul.pt
[17] RADAR project, a European Union co-funded project on public procurement of innovation: https://radar-ppi.com
[18] TeamCare project: https://www.projectteamcare.eu/about/

To end the intervention of the two speakers, Dominique and Maddalena were asked to give further consideration to their chief **lessons learned** on training in relation to the case studies/use cases they had presented.

For Dominique, his chief lesson learned was about creating **a safe environment for learning** with people whom one trusts. On health and care professionals, he emphasised the need to **be open to working with other professionals throughout the system** as well as to **avoid certain don'ts** (which he then listed).

For Maddalena her chief lesson learned was about the need to **be realistic, open, and flexible**, and to emphasise **stakeholder engagement**. She recommended, for example, "*If you spot a stakeholder you didn't see coming, welcome them on board!*" The changes made in Campania have been "*like a technology-driven reorganisation that was pushing a process reorganisation.*"

Overall, the speakers' emphases were on the **processes** involved rather than technologically-related issues. They mentioned **multi-disciplinarity**, **interaction(s)** between people, and the need for plenty of **collaboration and cooperation**.

As session co-moderator, **Emma Scatterty of NHS Education for Scotland**, thanked the speakers for their fascinating case studies and summarised, "*It's a whole mindset shift for our workforce.*"

To see details related to Scotland's own **digital leadership skills training**, see this 2024 short **video**[19].

WHAT WERE THE PANEL HIGHLIGHTS

Moderated by Emma Scatterty of NHS Education for Scotland, the panel discussion focused on several aspects of **digital transformation**. Key throughout was the **creation of a digitally competent workforce**. On the one side, the panel dealt with **problems and challenges** and, on the other side, with the **interactions** between change management and reskilling and upskilling:

- What have been the **main problems** faced in engaging the health workforce in digital transformation?
- What are the **challenges** with reskilling and upskilling (e.g., staff availability, resource availability)?
- How to **organise reskilling and upskilling** initiatives?
- Can reskilling and upskilling have **a positive influence on diminishing resistance to change**?

Generally, the panellists' input went **wider than simply digital transformation**.

The first two panellists pitched their discussions around experiences with **different types of personnel**, including individuals and teams of clinicians and nurses. They examined what organisations and occupations can do to engage their workforces in a positive way, and cited several examples of **good practice** or **best practice** in training and curricula. The key technologies mentioned were **artificial intelligence (AI)** and the development/installation of **platforms**. The use of **digital technologies** was introduced in terms of the ways in which it can help with a range of illnesses and conditions e.g., cancer and sepsis. The last two panellists instead oriented their discussions towards insights into the **leadership**

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[19] 'Building digital skills leadership in Scotland' : https://www.ehtel.eu/18-articles/292-session-5-looking-forwards-skills-for-scale.html#a3

needed in the digital skills field in health and care in Europe. As their focus, the third and fourth panellists' set of insights had to do with **local and regional leadership** and **management**.

Overall in summing up, Emma emphasised that – among the many different take-aways from the panel discussion – of **key importance** was its focus on "*people, processes, and technologies.*"

▶ **Sascha Marschang, European Hospital and Healthcare Federation (HOPE)**

What do you see as the main challenges for our [health and care] workforce in terms of them being able to really engage in digital transformation?

Sascha Marschang provided **background** context to this topic. He reflected on the fact that **digital transformation** is part of a much wider societal and healthcare transformation – there is "*a convergence of transformative processes.*" Sascha emphasised challenges such as the **pace of change** and "*we are operating in a healthcare crisis, and time is money.*" He noted today's almost overwhelming slew of European Union (EU) **legislation** ready for implementation in the health and care sector: from the European Health Data Space to the EU AI Act, and the action plan for cybersecurity – an approach which is especially important for hospitals[20]. The span of opinions on digital transformation in personnel in hospitals is "*really diverse and, of course, extremely fragmented*". For example, attitudes towards **lifelong learning** differ substantially across and in different cultures and locations. In terms of gaining **digital skills**, some matters can be specifically challenging for health and care staff. Examples of challenges include: not being able to obtain 24/7 technical support; and potentially facing **liability** for clinical practice if/when "*particularly sensitive*" health data is leaked, lost, or stolen. Sascha spoke with enthusiasm of two examples of positive experiences emerging from ongoing initiatives which are focused on **co-creation**. One was **HosmartAI**[21]**,** an AI-based platform of pilots. Another was **KeepCaring**[22]**,** a four-year project-based endeavour to help healthcare personnel overcome burnout, which uses both digital and non-digital means. He referred to the importance of **co-creation**, working together on **projects and pilots**, and the importance of **collaboration** among different professional and occupationally-related associations[23]. "*Ultimately, what we want,*" Sascha concluded, "*are happy healthcare workers and happy patients, and that takes a lot of trust.*"

Emma, the moderator, commented on the opportunities mentioned in this panellist's input as **solutions**, since "*technology is going to have a role in actually solving some of these challenges.*"

EHTEL digital health facilitator, Luc Nicolas, wondered how the webinar speakers and panellists would react to challenging statements of this kind: "*The clinical environment is not a sandbox. It's a pressure cooker.* [Digital] *tools that assume time, energy, or attention will not survive,*" and "*Success in HealthTech is not innovation. It's invisible impact.*"

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[20] Bolstering the cybersecurity of the health and care sector: https://www.ehtel.eu/media-room/latest-news/303-bolstering-the-cybersecurity-of-the-healthcare-sector.html
[21] The HosmartAI project: https://www.hosmartai.eu
[22] The KeepCaring project: https://keepcaring.eu/the-project/
[23] Example associations mentioned included CPME https://www.cpme.eu , EFMI https://efmi.org , EFN https://efn.eu , and PGEU https://www.pgeu.eu .

▶ **Sebastian Kuhn, Comité Permanent des Médecins Européens/Standing Committee of European Doctors (CPME)**

How can we overcome some of these challenges in terms of the workforce developing their skills to manage change and this transformation of our services?

Sebastian Kuhn examined how change is occurring particularly in the work of clinicians. His focus was not just on digital transformation but on transformation related to **AI**. Among his insights were **the myth of generational change**. "*It's a fairytale*," he said, "*about the digital competence of digital natives*" (a myth he and colleagues spotted when working on a curriculum on medicine in the digital age 4.0)[24]. Indeed, "*Using Instagram or TikTok for 8 or 10 hours a day does not make you a digitally- and AI-competent doctor … or a good clinician*." Cited more generally were important observations made by e.g., the World Health Organization (WHO) and by the **Topol Review**[25] on the future of healthcare. In terms of **positive recommendations**, Sebastian suggested the need to address clinicians/people in terms of their specific interests, start from the issues of primary concern to clinicians, adapt curricula to different categories of personnel, and bring together the common traits[26]. **Two main directions** were mentioned as background. The first was to focus on four approaches – knowledge, awareness, skills, and attitudes (KASA)[27], and the second was to introduce or implement training in the daily practice of members of the workforce. Sebastian cited several concrete **examples of applied learning** related to a variety of conditions/diseases. One was working with nurses on skin tumours which could be either malignant or benign. Another was the use of AI when examining X-Ray images. Yet a further illustration offered was the diagnosis of patients with sepsis, when healthcare personnel really need to see the condition 'hands-on'. **Key messages** on training involved: working both top-down and bottom-up; building a curriculum iteratively year-on-year; and training trainers.

Emma, the moderator, remarked on **two areas of importance** in relation to training and skilling: "*making* [it] *feel really, really relevant for people in their different roles, while having a set of skills that will be universally applicable*." She also observed that user-based research in Scotland has unearthed similar themes to those raised by Sebastian.

▶ **Marco Di Donato, European Regional and Local Health Authorities (EUREGHA)**

On leadership, please give us a regional perspective.

Marco Di Donato described a range of examples of experiences developed by **regional and local healthcare authorities** in Europe. A regional orientation can be especially influential since health and care are often organised at this level. Three inputs were especially valuable. First, Marco drew attention particularly to the work of several **example regions**[28], among them Catalunya in Spain. More detail on this experience, and others, is available in EUREGHA's 'Booklet of good practices on Health Data'[29].

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[24] "Digital skills for medical students – qualitative evaluation of the curriculum 4.0 "Medicine in the digital age": https://pmc.ncbi.nlm.nih.gov/articles/PMC7672383/

[25] The Topol Review: https://topol.hee.nhs.uk

[26] Example concerns raised included the avoidance of neglect of vulnerable patients or the risk of introducing biases into AI applications.

[27] This framework originates from work done on teacher training in the late 1980s, and beyond, by Professor Donald Freeman of the University of Michigan (USA).

[28] COMPDIG Salut (Catalunya, Spain) https://www.ehtel.eu/media-room/latest-news/242-compdig-salut-enhancing-digital-competences-of-health-professionals-in-catalonia.html

[29] EUREGHA's "Booklet of good practices on Health Data": https://ec.europa.eu/regional_policy/policy/communities-and-networks/harnessing-talent-platform/working-groups/health-working-group_en

Second, at the European level, the European Commission's DG REGIO is supporting a **Harnessing Talent Platform**[30] which includes a health working group. Third, having published its own manifesto, the BeWell project's **Large-Scale Partnership for the Health Ecosystem**[31] continues to meet up and promote ecosystem needs for upskilling and reskilling. This partnership liaises with yet other partnerships related to health and care on e.g., industry as well as long-term care. Overall, Marco – like Sebastian – emphasised the importance of being **forward-looking**, and of concentrating on **how to practice healthcare tomorrow**.

"*How crucial* [change management] *is in all of this*," said Emma the moderator. Drawing on the audience discussion, she also remarked that "*Collaboration is key*."

▶ **Federica Margheri, European Health Management Association (EHMA)**

Please offer us a perspective on leadership around workforce skills.

Given EHMA's role as the project coordinator of the BeWell project, **Federica Margheri** focused on aspects of **managerial support and managerial decision-making** on digital skills in health and care and what **leaders** can do. Federica advocated needs for the following characteristics and activities: visionary leadership; leadership at various levels; engagement with people; and digital champions who can encourage their peers and on whom one can model behaviour. **Collaboration** and **co-creation** were considered to be especially important, whether across levels or sectors: indeed, "*just a top-down approach will not work*." In terms of learning from appropriate projects and initiatives, Federica cited the work – until 2022 – of **Digital and Innovation Skills Helix** (DISH)[32], an Erasmus+ project, which piloted and developed **a variety of digital training tools**. Based around a "*triple helix*" approach, it included collaboration among health and care providers, education providers, and technology developers.

WHAT WERE THE AUDIENCE'S OPINIONS

The last part of the meeting was used to undertake **a short series of polls** with webinar attendees. The poll was based on two elements: first, capturing a set of insights into **what kinds of training are taking place** in the fields of health and social care and, second, an adaptation of questions in the **open public consultation**[33] which is being coordinated by the BeWell project.

Figure 3: Training needed to help webinar attendees feel most confident with their digital skills

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[30] European Commission DG REGIO – Harness Talent Platform: https://ec.europa.eu/regional_policy/policy/communities-and-networks/harnessing-talent-platform/working-groups/health-working-group_en
[31] Large-Scale Partnership for the Health Ecosystem: https://bewell-project.eu/partnership/
[32] The DISH project: https://www.dishproject.eu
[33] BeWell's open public consultation: https://bewell-project.eu/public-consultation/

For the 30 or so attendees who responded to the various questions posed, the main topic covered in their own digital skills training had been **AI**. The type of training they felt would make them feel most confident in their digital skills was **data analysis**. In sequential order, the most effective solutions in terms of training were **training plans in organisations**, followed by training plans at regional, and then European, levels. The fourth most effective means of training was when it occurred during working time.

CONCLUSIONS TO THE WEBINAR

The session came to a close with two insights.

First was provided by a rapid overview of **BeWell's own initiatives**. Second was an outline of what **EHTEL** itself is doing on **change management** and on **workforce training and development on the digital skills** needed in health and care. In addition to the general importance of digital skills, priorities cited by speakers, panellists, and the audience included the need to get involved with **problem-solving as teams and groups** and to **focus on soft skills**.

In terms of EHTEL's **Imagining 2029** work programme, in 2025 it has three strands: change management, transforming care delivery, and implementation strategies[34]. The association will be holding up to eight webinars in 2025, and will focus – among other needs of **stakeholders** – on the needs of health and care professionals, carers/caregivers, and people/patients.

With regard to the BeWell project, there are opportunities for stakeholders and people to:

- Give their opinions on what's needed in upskilling and reskilling in terms of digital skills through **an open consultation**[35] available to the public in nine languages.
- Access information on **80+ digital skills courses**[36] identified by BeWell. (At the same location, it is possible to add those good practices on training that viewers are either involved in or know about.)
- Test or trial **more than 12 digital skills courses/programmes**[37] developed by BeWell. (Coming soon, BeWell will also offer access to some next generation digital skills courses geared to new emerging professions and occupations in health and care.)

EHTEL and BeWell look forward to following through with interested attendees on **future webinars and activities**, as the project refines its findings throughout its last 12 months of activities. Join up with either EHTEL and/or BeWell to attend their next webinars!

WHAT'S THE BEWELL PROJECT

BeWell is a four-year project on upskilling and reskilling in digital skills for members of the health and care workforces. It offers supports the European Pact for Skills, which is now known as the **Union of Skills**[38], an initiative which invests in people for a competitive European Union (EU). The project is supported by the European Union's **Erasmus+ programme**[39] and therefore by the **Employment, Social Affairs, and Inclusion Directorate-General** (DG EMPL)[40] of the European Commission. The project also has a focus

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[34] EHTEL's Imagining 2029 work programme in 2025 : https://www.ehtel.eu/in-2025.html
[35] BeWell's open public consultation: https://bewell-project.eu/public-consultation/
[36] BeWell's repository of digital skills courses: https://bewell-project.eu/trainings/
[37] BeWell's digital skills courses and programmes: https://bewell-project.eu/bewell-courses/
[38] European Union's Union of Skills : https://commission.europa.eu/topics/eu-competitiveness/union-skills_en
[39] European Union's Erasmus+ Programme : https://erasmus-plus.ec.europa.eu
[40] European Commission DG EMPL: https://commission.europa.eu/about/departments-and-executive-agencies/employment-social-affairs-and-inclusion_en

on training health and care workforces in green skills. As of May 2025, the project began its last year of activity.