Supporting Internationalisation of Traineeships in the Healthcare Sector (HEALINT) Briefing Paper

Development and Implementation of the HEALINT Protocol Transferability Strategy

HEALINT

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1. Introduction

1.1 Initial aims and objectives

At the application phase, what was envisioned for Intellectual Output 5 was a monograph on transferability that would analyse whether the approach proposed in the project could be applied to other sectors. This monograph would consider:

> (a) whether and how the specific protocols and tools proposed by the project could be applied to other sectors of healthcare-traineeships
>
> (b) whether, more broadly, the system of institutional and programme pre-audits, followed by ex-post evaluation could be applied to other sectors outside healthcare to improve quality and quantity of placements.
>
> (c) potential approaches to increase the uptake (in terms of participating countries and institutions) of the protocols within the sector (nursing) for which they were designed.
>
> (d) approaches to have the protocols incorporated as a standard in participating countries.

However, this intellectual output was not attributed any funding under the ERASMUS+ grant awarded by the HEAINT project. The justification given by the project evaluators at the time of application was:

> "*The Intellectual Output budget was reduced by €33,244 due to the fact that is was not sufficiently clear that IO5 Monograph on Transferability Assessors meets the eligibilty requirements for an Intellectual output in its own right (Programme Guide 2017 v2, p 131). From the description provided it appears to be more of an evaluation document and the potential for wider use and impact were not sufficiently demonstrated. The developement of this document could be co-financed using the Project Management and Implementation budget*." (Erasmus+ UK National Agency, 2017)

1.2 Adaptations made

Given the above, the Maltese partner, responsible for IO5 – Monograph on transferability to other countries – suggested that instead, the consortium would explore the possibilities for publication of the HEALINT Protocol as a formal[1] standardization document, as this would put the content of the protocol in the national standardization archives of one – or more – countries, thus assuring not only the transferability of the HEALINT Protocol to other countries (the aim of IO5 was to facilitate such transfer), but also sustained dissemination

[1] *"Formal" standardization documents are those published by Bodies who are signatories of the World Trade Organization Technical Barriers to Trade Agreement (WTO-TBT Agreement) (IWA, n/d), containing the Code of Good Practices for the Preparation, Adoption and Application of Standards (WTO-TBT Code of Good Practices). Three examples of such Bodies, with different geographic scopes (national, regional and international) are the British Standard Institute (BSI); the European Standardization Committee (CEN); and the International Organizational for Standardization (ISO), respectively.*

and exploitation post-project funding lifetime, by handing it over to the formal standardization bodies.

There are several types of formal standardization documents – standards, technical specifications, technical reports, international workshop agreements, etc - but given the project timeline, and to assure publication during the project lifetime, KIC suggested the Consortium should aim for an International Workshop Agreement (IWA), which is less bureaucratic and the only type of standardization deliverable that could be achieved in less than 12 months (ISO, 2020a). More details on the characteristics of IWA are given in the next section.

The remaining partners approved the idea, and its implementation required a totally different approach to the initially envisioned IO5. Formal standardization follows strict rules and procedures (ISO, 2020a) which reflect the principles of the WTO-TBT Code of Good Practices (WTO, n/d), as described in the next section.

2. Method

As previously mentioned, “Formal” standardization documents are those published by Bodies who are signatories of the World Trade Organization Technical Barriers to Trade Agreement (WTO-TBT Agreement) (IWA, n/d), containing the Code of Good Practices for the Preparation, Adoption and Application of Standards (WTO-TBT Code of Good Practices). Three examples of such Bodies, with different geographic scopes (national, regional and international) are the British Standard Institute (BSI); the European Standardization Committee (CEN); and the International Organizational for Standardization (ISO), respectively.

The WTO-TBT Code of Good Practices is reflected at these bodies’ internal operational procedures (BSI Procedures, CEN Internal Regulations; ISO Directives). In practice this means documents published by them are developed in strict respect of principles such as

- Openness and Transparency;
- Effectiveness and Relevance;
- Coherence;
- Impartiality and Consensus;
- Sustainable Development.

which increase its credibility in the market. Documents published by other entities are considered “proprietary” standardization documents and do not have a way to assure users of their method of development. This can negatively affect its exploitation.

In this framework, the HEALINT Protocol is considered a proprietary standardization document and, in order to evolve into a formal standardization document such as an IWA, it had to go through the formal standardization process, to assure its content would reflect the above principles.

An IWA is an ISO standardized document produced through a workshop meeting rather than through the full ISO technical committee process (ISO, n/d). Market players and other stakeholders directly participate in developing an IWA and do not have to go through a national delegation. The choice to go for an IWA is often taken when the timeframe is critical, as it removes part of the bureaucracy and speeds up the process, while still keeping the elements of the ISO process known to add value to a standardization process, such as:

- Involving main players from the target sector (public or private) and allow a sector to develop clear rules on an issue;
- Giving visibility to the professional practices or reference documents due to the strength of the ISO brand (ISO is a highly recognized international body);
- Helping shape the future direction of the subject and influence any future ISO standard;
- Allowing to develop relationships within a profession or sector;
- Creating understanding and co-ordination amongst various stakeholders;
- Sharing best practice in a sector;
- Improving quality and interoperability;
- Leading to worldwide visibility due to ISO members' distribution networks.

The IWA model is, therefore, a quick way to obtain a recognized ISO document. It is designed to be a flexible model so the format and content of the IWA, and the process to obtain it, are largely decided by the proposing organization. The process to develop an IWA has five steps (or phases), as shown in Table 1 below, each bound to formal documentation, consultations and pre-defined timeframes (ISO, n.d.-a; ISO, 2020a).

Table 1 (ISO, n/d)

Step 1	Step 2	Step 3	Step 4	Step 5
Make the proposal	**Get ISO/TMB approval**	**ISO/CS circulates the details of the workshop**	**Hold the workshop and agree the document**	**Publish the IWA**
Approach ISO Central Secretariat or any ISO member with your proposal. Your proposal should include: ✓ Purpose and justification ✓ Relevant documents ✓ Lists of organizations that may be interested ✓ Indications of any ISO member body willing to act as Secretariat ✓ An estimate of the number of meetings if more than one is envisaged ✓ Details of any proposed special arrangements for distribution of the IWA **Note:** a form is available to facilitate submitting your proposal for TMB approval.	• ISO/CS then circulates your proposal to the ISO/TMB for approval (checking any proposed distribution arrangements with the ISO/Sec-Gen). • The TMB will also formally assign / confirm the ISO member body who will be your secretariat for the project. • The ISO member body works with the proposer to decide full details of the Workshop: ✓ Price (if any fee) ✓ Time/Date/Venue ✓ Format ✓ Background ✓ Doc supply ✓ Process ✓ Chair	• A notification – with the full details agreed at Step 2 – is circulated to all ISO members (by ISO/CS) • ISO member bodies can then circulate the proposal as widely as possible in order to **publicize** it to potentially interested parties. **Note:** Any organization or company or individual is allowed to attend.	• At the meeting the Chair (nominated in advance) will be confirmed. • During the whole IWA process, the Chair must be impartial and seek to ensure the **maximum amount of consensus possible** has been achieved. • Document is drafted and circulated to the workshop participants. • This can be repeated until the Chair believes that the best possible consensus has been obtained. **Note:** One possible mechanism is that the workshop participants work online on a dedicated Web site. **Note:** Multiple meetings can take place if necessary.	• The final draft of the IWA is sent by the secretariat to ISO/CS. • ISO/CS formats the document – giving it the relevant ISO cover page / logo. • ISO/CS then supplies the document to all its member bodies who can supply it as they see fit. • Any special arrangements for the distribution of the IWA should be put in place here.
Start - ISO/CS will normally take less than one month to process your proposal	**Maximum of three months**	**Three months (90 days) advance notice is required before holding the workshop.**	**This stage depends on the scope of the IWA. However, aim to finish in three months or less**	**One month**

Should not take longer than 12 months – aim for less.

The next section provides details of the activities taken under each of these five phases to develop what would become IWA 35, based on the HEALINT Protocol, as a transferability strategy.

3. The ‘making-of’ IWA 35 in 5 steps

3.2 Step 1: Making the proposal

Two preliminary contacts with ISO member bodies – Instituto Português da Qualidade (IPQ), the Portuguese national standardization body and the British Standards Institute (BSI), the United Kingdom national standardization body - were taken, to improve the odds of finding an associate partner interested in collaborating with the HEALINT Project.

Taking advantage that the main researcher for this project at partner KIC Chairs the Portuguese Standardization Technical Committee on “Formal, Non-formal and informal Education” (IPQ/CT187) - a review of the protocol was conducted by this committee. As a result, the intention to publish the protocol as a Portuguese national standard was included as one of the committee projects in their 2019 Activity Plan (IPQ, 2019). IPQ/CT187 planned, at this stage, on subsequently translate the HEALINT protocol to Portuguese and invite a list of interested parties - including higher education institutions and healthcare institutions - to read, discuss and validate the document, leading to publication as it was or with changes, depending on the recommendations made, and consensus reached, by the Technical Committee.

However, as KIC is also directly involved with international standardization, an informal approach was performed to the International Organization for Standardization (ISO), as a potential publication of the HEALINT Protocol by ISO would assure its scrutiny by healthcare and educational professionals of over 160 countries, which would be the best possible transferability strategy to other countries that the consortium could wish for. The informal contact was fruitful, and ISO showed openness to publish the HEALINT Protocol, if a member would formally propose it and their members would approve it. Following this informal green light, KIC discussed this possibility with the project Coordinator and reached consensus on which ISO member to invite to submit. Although IPQ could do it, as the subject had already been discussed at IPQ/CT 187, it was decided to approach the British standardization body (BSI) first. This decision was based in the rational that: i) as the HEALINT Project Coordinator is British, it made sense to involve the UK ISO member; and ii) BSI is one of the most influential national standardization bodies in the world, and having the proposal to ISO submitted – and, if approved, also lead - by them, would benefit the project outputs in terms of dissemination and exploitation. To this end, the following steps were taken:

1. A first ZOOM meeting was held between KIC (Sandra Feliciano) and BSI (Sally Swingewood) to browse interest;
2. A second ZOOM meeting was held between Sandra Feliciano, Sally Swingewood and the HEALINT Project Coordinator (Caro Hall), to introduce the latter and fully brief Sally on the HEALINT Project and Protocol;
3. Sally Swingewood took the idea further up the hierarchy at BSI for approval;
4. BSI formally approved the idea and Sally Swingewood communicated this decision to Sandra Feliciano and Carol Hall and requested a working meeting to kick-off the project.

Following the approval, a third ZOOM meeting has held between Sandra Feliciano, Sally Swingewood and Caro Hall, to start developing the text of the new work item proposal (NWIP) to be submitted to ISO. Following ISO procedures, the proposall was developed using the adequate ISO Form template (ISO, 2019). The draft was then ciculated among HEALINT Partners for review and contributions and a fourth meeting was held, between the three same participants, to approve the final text that BSI would submit to ISO (BSI, 2019). The proposal included the rational for the for the development of the IWA, background information on the HEALINT protocol, timeframes envisioned for the work and leadership team suggested – Carol Hall and Sandra Feliciano as Co-Convenors and Sally Swingewood as Secretay.

3.3 Step 2: Getting ISO/TMB approval

BSI submitted the new work item proposal to ISO Central Secretariat (ISO/CS) on December 17, 2019. ISO/CS handed it over to the ISO Technical Management Board (ISO/TMB) for review. The ISO/TMB is the highest technical instance at ISO and is composed by fifteen ISO Member states, which vary across time and are appointed for periods of 5 years. The proposal to develop and ISO IWA based on the HEALINT Protocol was approved on February 14, 2020, through ISO/TMB Resolution 6/2020 (ISO, 2020b). It read:

> *"TECHNICAL MANAGEMENT BOARD RESOLUTION 6/2020*
>
> *IWA on Quality of clinical learning environments for healthcare professionals – requirements*
>
> *Adopted by correspondence on 2020-02-14*
>
> *The Technical Management Board,*
>
> ***Approves*** *the proposal for an IWA on Quality of clinical learning environments for healthcare professionals - requirements, and*
>
> ***Allocates*** *the secretariat to BSI (UK)."*

This resolution was communicated by ISO/CS to BSI on February 17, 2020. The approval of the proposal came with comments from both the positive and negative votes casted at the ISO/TMB. These comments were addressed during the first meeting of the Workshop, together with those received from the Workshop Experts nominated by their national standardization bodies to participate in the work (see 3.5).

3.4 Step 3: Circulation by ISO/CS

Following the ISO/TMB approval the new work item was included in BSI's and ISO's Work Plans for 2020. ISO formally created the International Workshop and, after asking the leadership team to fix the dates of the first two meetings, circulated the HEALINT Protocol to ISO Member bodies (160+ countries) and a request to comment on it, together with an invitation to participate in the Workshop (ISO, 2020c). The call generated the nomination of 88 national Experts, representing 63 organizations from 23 countries, as listed in annex 1.

3.5 Step 4: Holding the Workshop

IWA 35 Leadership initially planned two Workshop meetings, scheduled to

Workshop #1: 22nd June 2020 – 07:00-10:30 GMT - 15:00-18:30 GMT

Workshop #2: 29th June 2020 – 07:00-10:30 GMT - 15:00-18:30 GMT

Both meetings were held in duplicate to allow for more comfortable participation of Experts in different time zones. In practice this meant that all comments received were analysed by two different groups of Experts. Although this method is indeed more comfortable for some Experts, which do not have to attend a meeting very late in the evening or very early in the morning, it significantly slowed down the pace of work and generated re-work, when one of the groups reach consensus among them but in a different direction of the other group, requiring a second analyses of the same issues. For this reason and with the agreement of both groups, the subsequent meetings were scheduled at the most comfortable time possible for all Workshop members to together at the same time. This decision proved itself to the right one, allowing for wider discussions and for the work at hand to proceed at a more reasonable pace and to eventually reach international consensus on the contents of IWA 35 at the fifth meeting. The three additional meeting were held on

Workshop #3: 20th July 2020 – 13:00-16:30 GMT

Workshop #4: 30th July 2020 – 13:00-16:30 GMT

Workshop #5: 7th August 2020 – 13:00-16:30 GMT

All meetings were held by ZOOM due to the COVID-19 Pandemic. Participation in the five meetings varied between 20+ and 40+ members simultaneously, depending on the meeting and the meeting moment, with higher participation by the middle of the meetings and lower in the beginning and endings.

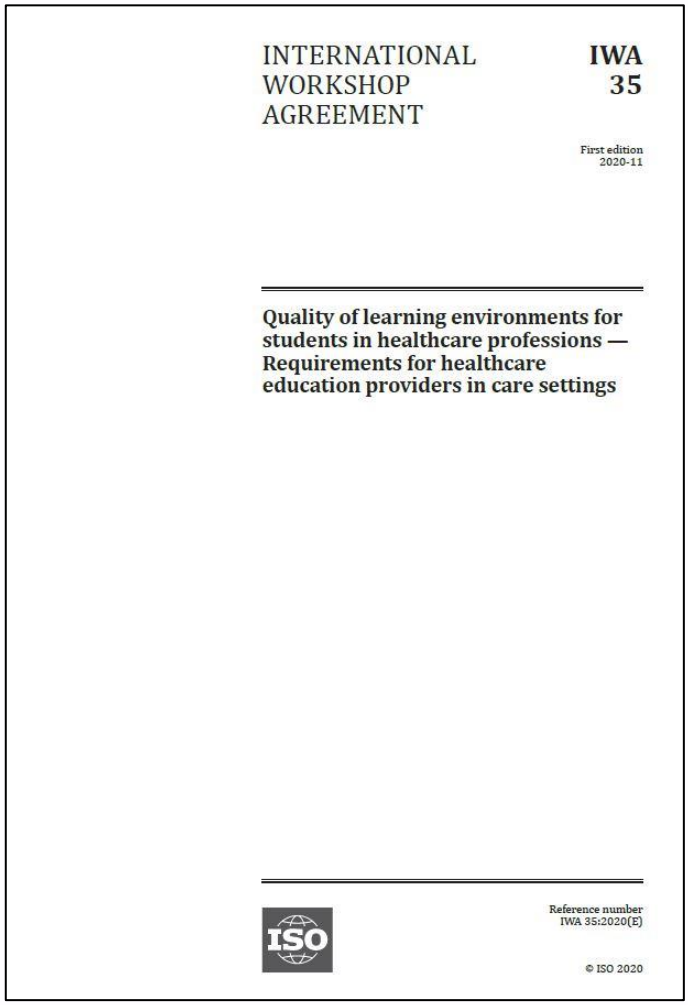
The method followed for the discussions was the usual at ISO Work Groups: Between meetings, Experts would analyse the draft and submit comments using an ISO table of comments (ISO, n.d.-b), indicating clearly the rational for the comment and the suggestion for changes to be made – e.g. deletion, addition, moving or re-formulation of a given part of the document. These comments were clustered and compiled by the leadership team and the compilation distributed to the Experts for analyses before each meeting. During the meetings, both the comments and the most updated drafts of IWA 35 were projected, the authors of the comments, when present, motivated the comments and then the floor was given to the participants for discussion and resolution by consensus. An updated draft, reflecting the resolutions made at each meeting was distributed to the Experts one to two days after.

To be noted that at ISO, consensus does not imply unanimity, but rather lack of sustained opposition. Although most resolutions take during the development of IWA 35 were approved by unanimity, some were taken by majority, in the cases where there was no sustained opposition from the members to whom the options chosen by the majority were not ideal,

although being acceptable. This is the way formal standardization documents are developed, as they need to serve all interested parties simultaneously even if, sometimes, their contents are not 100% ideal for any of them. They reflect the middle ground and possible agreement between different, sometimes even conflicting interests of many stakeholders and it is this consensus that allows a subject to move forward and evolve in such a way that protects consumers, eliminates barriers to trade and allows for global collaboration in knowledge and technology transfer. Or, as ISO puts it "*Great things happen when the world agrees*".

3.6 Step 5: Publishing IWA 35

IWA 35:2020 Quality of learning environments for students in healthcare professions – Requirements for healthcare education providers in care settings (ISO, 2020d) was published by ISO on November 17, 2020 and since that date can be found at the ISO Catalogue.


INTERNATIONAL WORKSHOP AGREEMENT

IWA 35

First edition 2020-11

Quality of learning environments for students in healthcare professions — Requirements for healthcare education providers in care settings

ISO

Reference number IWA 35:2020(E)

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The published document presented differences from the original HEALINT Protocol. Some of these differences were the result of changes made to assure the protocol could be used across the 23 countries that participated in its development, while other were the result of changes made to widen the scope of the protocol to cover not only placements for nursing students, but also placements for students in other healthcare professions, as the final tittle clearly indicates.

ISO member bodies integrated the English version of IWA 35 in their national catalogues and several of them, including IPQ the Portuguese standardization body, are in the process of translating and republishing it in their national languages.

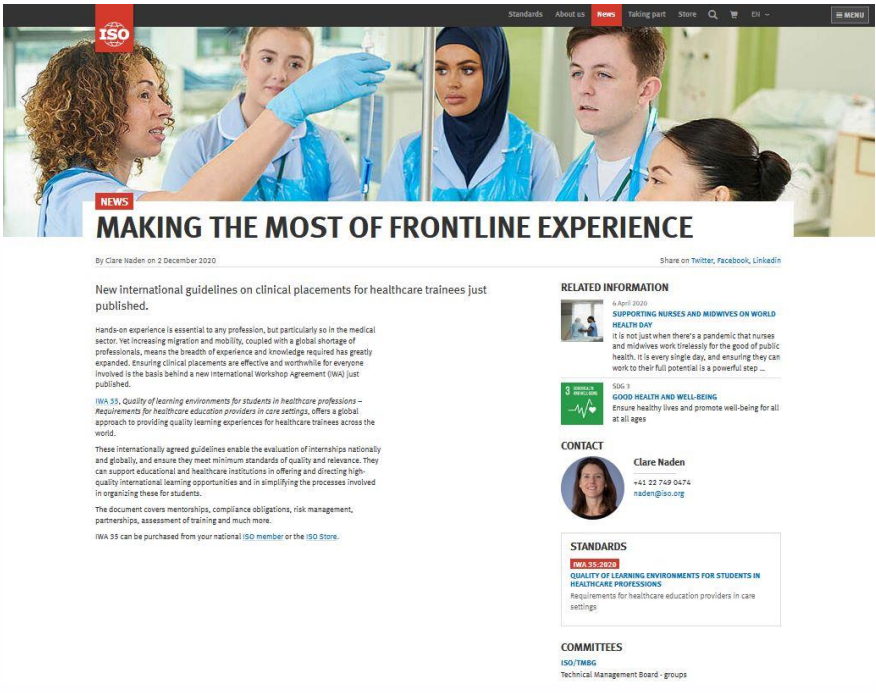
4. Dissemination and Exploitation

4.2 Dissemination

4.2.1 Dissemination by ISO and its Members

The nature of the ISO process (ISO, 2020a) assures global dissemination of its standardized documents, at specified stages of their development, from the proposal stage to publication. As described in section 2, after being approved by ISO/TMB, the proposal to develop IWA 35 based on the HEALINT Protocol was distributed to the 160+ ISO members for analyses together with a call for Experts to integrate the workshop (ISO, 2020c). Also, after the group reached consensus and finished their work, ISO again notified all their 160+ members of IWA 35 publication, through their monthly list of documents published. This top-down dissemination at the formal standardization world has a cascading effect at national level, as when these communications reach the national standardization bodies (the ISO members), these distribute them to their technical committees – which are constituted by representatives of interested parties in the subject – for analyses, decision-making and/or information, as adequate. In practice, this means that the information about the proposal, development and publication of IWA 35 based on the HEALINT Protocol, reached national representatives of both the healthcare and the education sectors across the globe.

Besides the above, ISO also disseminates their deliverables by dedicating a webpage to each of them, where a short summary of the standardized document is given. This includes a short abstract of its contents, its mapping to the United Nations Sustainable Development Goals (UN SDG) and links to related articles. In the case of IWA 35, ISO mapped it to UN SDG 3 “Good Health and Well-Being” and SDG 4 “Education” (ISO, 2020e). ISO also published two short articles during the development of IWA 35, one after the project was approved for development by the time of World Health Day, entitled “Supporting nurses and midwives on World Health Day” (ISO 2020f) and another after its publication, entitled “Making the most of frontline experience” (ISO 2020g).



4.2.2 Dissemination by the HEALINT Consortium

The HEALINT Consortium also disseminated the publication of IWA 35 and did so in different ways through different channels.

This information was passed on during the multiplier events organized in Finland, England, Poland and Spain – which had to be delivered online due to the constraints of the COVID-19 pandemic, but kept the material and presentations in their national languages.

The publication of IWA 35 was also announced through the project website at the news section and then further explained in a dedicated page at the website.

Finally, the consortium also used the social media channels of the partners, both institutional and personal accounts, such as Twitter, Facebook, LinkedIn to announce the publication of IWA 35 with dedicated graphics specifically developed for this purpose and which redirected readers to online resources with more information.

4.3 Exploitation

The making of ISO IWA 35 led to global transfer and adaptation of the HEALINT Protocol and its publication assures its future exploitation. This is due to the ISO process (ISO, 2020a) which considers the maintenance of its deliverables' content. To fulfil the principles of international standardization (WTO, n/d), ISO IWA documents have a 2 years' lifespan and after this period, ISO members (160+ countries) need to re-analyse its content and decide, according to criteria such as relevance and coherence with market needs, whether the IWA should be reconfirmed as is, should be updated or withdrawn. If reconfirmed or updated, it has another 2 years' lifespan, after which another global analyses is performed by ISO Members, to decide whether to withdrawn it or to upgrade it into a stronger standardization deliverable, such as an International Standard (IS). ISO Standards' lifespan can be indefinite, subject to 5 year' cycles of global review to assure its continual improvement and development, so it always reflects the scientific state of the art, accompanies market dynamics and is capable of responding to market needs.

5. Conclusion

By handing over the HEALINT Protocol to ISO, the HEALINT Consortium bridged the world of research and the world of standardization with benefits for both: ISO received a new work item proposal (NWI) for an international Workshop Agreement (IWA) with an unusual level of maturity (as it had been developed by a consortium of European Experts), which facilitated and shortened the development and publication time of the IWA; and the HEALINT Consortium assured global dissemination, exploitation and long term sustainability of the project results after the project timeline and independently of EU funds.

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Annex 1 – IWA 35 Contributors

List of National Experts Nominated to IWA 35		
Country	**Representation**	**Name**
Belgium	Department Health Care, Knowledge Centre Brussels Integrated Care, Erasmus Brussels University of Applied Sciences and Arts, Brussels, Belgium	Vermeulen, Joeri
Belgium	European Association of Hospital Pharmacists (EAHP)	Lopez, Gonzalo Marzal
Canada	Midwestern University	MacNeil, Lex
Canada	Canadian Society for Medical Laboratory Science	Nielsen, Christine
Canada	Providence Healthcare	Khotar, Rupinder
China	School of Nursing Peking Union Medical College	Huan, Zhang
Czech Republic	Charles University	Hermanova, Jana
Finland	Satakunta University of Applied Sciences / HEALINT Consortium	Markkanen, Minna
France	AFNOR	Fortin, Chloe
Germany	University of Hamburg	Zervakis, Peter
Indonesia	Faculty of Nursing Universitas Padjadjaran	Mambu, Ian Ruddy
Indonesia	Faculty of Nursing Universitas Padjadjaran	Agustina, Hana Rizmadewi
Indonesia	Faculty of Nursing Universitas Padjadjaran	Pahria, Tuti
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Jordan	Jordanian Nursing Council	Dammra, Aisha Ahmmad
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Jordan	King Saud University	Al Sheikh, Hind
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Jordan	Al Albayt University	Cyadat, Manar Ali Mahmoud
Jordan	Al Albayt University	Hamdan, Amani Mohammad Mreaweh
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List of National Experts Nominated to IWA 35		
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Malaysia	Ministry of Health	Rauf, Lailatul Akmal Abdul
Malaysia	Open University, Malaysia	Bakar, Muhammad Fa-dhil Abu
Malaysia	NIOSH	Pang, Aisa Haris
Malaysia	BEMS	Azrin Bin Roselan, Mohd
Malaysia	Ministry of Health	Krishnasamy, Mariam-mah
Malaysia	Cyberjaya University College of Medical Sciences	Hashim, Haslayati
Malaysia	University Kebangsaan	Shahimin, Mizhanim Mohamad
Malaysia	Case Western Reserve University	Ismail, Haslin
Malta	Knowledge Innovation Centre / HEALINT Consortium	Feliciano, Sandra
Malta	Knowledge Innovation Centre / HEALINT Consortium	Camilleri, Anthony
Malta	University of Malta	Cassar, Maria
Malta	University of Malta	Farrugi, Calire
Norway	Western Norway University of Applied Sciences	Heiberg, Ingrid Gilje
Poland	University of Applied Sciences, Tarnow / HEALINT Consortium	Stefanowicz-Kocol, Anna
Portugal	Escola Superior de Saúde do Porto	Vieira da Silva, Manuela
Portugal	Polytechnic Institute of Viana do Castelo	Rocha, Mara Do Carmo De Jesus
Portugal	Fluxinteligente	Saramago, Katia
Singapore	Nanyang Technological University	Khim, Chua Chui
Singapore	Institute of Molecular & Cell Biology	Zhihong, Zhou
South Africa	University of Pretoria	Heyns, Tanya
Spain	European Foundation of TCM	Llopis, Carols
Spain	Hospital Universitario La Paz, Universidad Autónoma de Madrid	Sáenz de Pipaón, Miguel
Spain	Consejo General de Enfermería	Elorriaga, María Fernández
Spain	Consejo General de Enfermería	Serrano, José Luis Cobos
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Spain	HLA Vistahermosa Hospital / HEALINT Consortium	Catalá, Pilar
Spain	Universidad de Alicante / HEALINT Consortium	Lillo-Crespo, Manuel
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Sweden	Swedish Society of Nursing	Moegelin, Ing-Marie
Sweden	Swedish Society of Nursing	Wedahl, Birgitta
Sweden	Swedish Society of Nursing	Bäckström, Josefin
Sweden	Swedish Red Cross University Colleges	Lachmann, Hanna
Switzerland	Careum Foundation	Wirth, Alexandra
Switzerland	Geneva University Hospitals	Fankhauser-Rodriguez Carolina

List of National Experts Nominated to IWA 35		
Country	**Representation**	**Name**
Turkey	Koc University, School of Nursing	Seven, Memnun
Turkey	Koc University, School of Nursing	Bagcivan, Gulcan
United Arab Emirates	Dubai Healthcare	Alshorman, Sameer
United Arab Emirates	Fatima College of Health Sciences	Saley, Shenaaz
United Arab Emirates	Higher Colleges of Technology	Mohamadin, Mahmoud
United Arab Emirates	Dubai Medical College	Shersad, Fouzia
United Arab Emirates	RAK Medical & Health Sciences University	Hanson, Victoria
United Arab Emirates	RAK Medical & Health Sciences University	Muthu, Priyalathaa
United Arab Emirates	RAK College of Nursing	Pire, Sneha
United Arab Emirates	RAK College of Nursing	Adam, Shukri
United Arab Emirates	RAK Medical & Health Sciences University	Rao, Padma
United Arab Emirates	Gulf Medical University	Venkatramana, Manda
United Kingdom	BSI	Packer, Nicola
United Kingdom	BSI	Swingewood, Sally
United Kingdom	Health Education England	Leyland, Adam
United Kingdom	Middlesex University / HEALINT Consortium	Cunningham, Sheila
United Kingdom	Royal College of Nursing, Wales	Powles, Diane
United Kingdom	University of Brighton	Muir, Nita
United Kingdom	School of Nursing, University of Coventry	Irving, Paul
United Kingdom	College of Biomedical and Life Sciences Cardiff University	Cowpe, Lara
United Kingdom	Nottingham University / HEALINT Consortium	Hall, Carole
United States	InGenesis	Edwards, Veronica

About the HEALINT Project and this publication

In healthcare, student learning in clinical practice is an essential part of the curriculum. However, in a context of international mobility, healthcare professionals ideally need to train within the system they intend to work in, so that they may easily integrate and deliver care. HEALINT is promoting such international training by developing management tools that support Higher Education and Health Care institutions to offer and direct high-quality cross-border apprenticeships which can serve as a basis for the development of formal international standards and guidelines.

This briefing paper summarises and presents project progress around completion of the last intellectual output (IO5).

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