aN Eu Curriculum
for chef gasTro-engineering
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SCALING UP AND SUSTAINABILITY STRATEGY

Deliverable Number:	**D7.4.1**
WP related to the Deliverable:	**WP7: Dissemination, Exploitation, Scaling Up, and Sustainability of Project Results**
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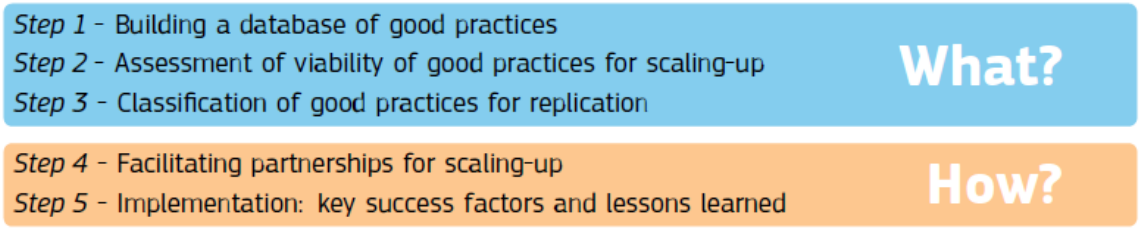
1 EXECUTIVE SUMMARY:

The objective of the NECTAR project is to address a mismatch which has been identified between the skills currently offered by cooks and chefs working in hospitals, residential care and homecare, and those actually demanded by healthcare institutions, private service providers and final end users, in order to play a pivotal role in Primary Food Care.

Based on a "culinary/clinical integrated approach", NECTAR will deliver an EU Occupational Profile for Chef Gastro Engineering (CGE) and an EU Curriculum for the certification of this profile. The CGE will be an innovative and pivotal figure in Primary Food Care, skilled in food management and kitchen coordination, addressing end-users needs such as taste deteriorations/alterations, swallowing and chewing problems, personalising recipes and cooking processes. In addition, the CGE will acquire technical skills to exploit digital resources to get knowledge of end users' needs and desire, for personalisation of care, but also to offer high quality services, in terms of food quality and kitchen management.

As NECTAR will address an identified gap, it will be important to ensure the project outcomes can continue to be delivered after it ends so that greater numbers of older adults across Europe can benefit from receiving high quality food tailored to their health and well-being. To this end we have set out in this document the NECTAR Scaling Up and Sustainability Strategy. The Strategy adopts the WHO definition of Scaling Up and is based on the 5 Steps for Scaling Up detailed in the European Scaling Up Strategy in Active and Healthy Ageing:



The Strategy links to the work undertaken in Work Package 2, Task 2.1 – the identification of best practice in CGE occupational profiles and curriculum. This is Step 1 of the Scaling Up Strategy. The analysis of the survey of good practice examples submitted reviewed against DG Sante criteria and ESCO qualifications highlighted the lack of information on the examples provided and therefore some of the criteria could not be assessed accurately. In addition, there was no indication the best practice examples could be fully considered in terms of qualifications, competences and implementation.

NECTAR will still benefit from this first step of Scaling Up, as the template developed and the benchmark with ESCO qualifications will ensure the missing aspects be considered in the development of:

1. a "Chef Gastro Engineering" Occupational Profile; and
2. a NECTAR CGE training curriculum that will be evaluated in each of the 5 pilots undertaken in Belgium, Portugal, Austria and Italy. This evaluation will provide the evidence base to support the scaling up of the CGE curriculum nationally and international, supported by a Twinning programme.

The output from this step will enable NECTAR to develop a best practice CGE and Curriculum that will be used to Scale Up within the pilot site regions, countries and across Europe. The

Strategy sets out the proposed steps and actions for doing this and secure the long-term sustainability of NECTAR beyond the project duration.

2 KEYWORDS:

Scaling Up, Sustainability, Good Practice, Best Practice, Curriculum, CGE,

3 REVIEWERS

REVIEWER NAME	EXTERNAL REVIEWER	ORGANIZATION	DATE OF APPROVAL
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4 VERSION HISTORY AND AUTHORS

Version	Name / Organization	Status*	Date	Provided Content/Comment/ Summary of Changes
1	John Farrell	A	06.05.2021	Draft Version 1
1	Marjolein Winters	IF	10.05.2021	Feedback on Draft Version 1
2	John Farrell	A	11.05.2021	Draft Version 2
3	Maria Luisa Chiusano	IF	30.09.2021	Peer Review including comments
4	John Farrell	A	07.10.2021	Final Version

*Status indicates if:
• A - Author (including author of revised deliverable)
• C - Contributor
• IF – Internal Feedback (within the partner organization)

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6 INTRODUCTION

Scaling up is often considered as a continuous process of change and adaptation that can take different forms. It requires the selection of good practices, assessment of their viability for scaling up, adjustment of good practices for local replication followed by the lengthy implementation process.[1] There are examples of work on scaling up carried out by various organisations such as the ExpandNet and WHO[2] and the Centre for Telemedicine and Telehealthcare in the Region of Central Denmark.[3]

In considering scaling up we should not be restricted to simply addressing the quality of the impact, scale and sustainability.[4] Four types of scaling up have been identified from literature in terms of structures, programs, strategies or resource bases: Quantitative, Functional, Political or Organisational.[5] Despite their differences, all these dimensions of scaling up are interrelated and often go together, as scaling up rarely occurs in one single dimension. For example, Quantitative or Functional scaling up requires Organisational adjustments and further expansion is triggered by Political developments.

For the NECTAR Project we have adopted the World Health Organisation definition of Scaling Up, considering their Practical Guidance for scaling up health service innovation (2009)[6]:

"….deliberate efforts to increase the impact of health service innovations successfully tested in pilot or experimental projects so as to benefit more people and to foster policy and programme developments on a lasting basis."

The distinctive features of this definition are:

- "Innovations" means health service components or practices that are new or perceived as new in a particular programme context. Furthermore, health service innovations will be a set of interventions, including the processes necessary to build sustainable implementation capacity.
- "Successfully tested" refers to interventions being evidence-based through pilot demonstration or experimental projects.
- "Deliberate efforts" denotes the scaling up as a guided process rather than an instinctive or unplanned deployment of innovation.
- "Policy and programme development on a lasting basis" highlights the importance of institutional capacity building and sustainability in scaling up through securing political support, appropriate managerial structures along with human and budgetary resources and the service components necessary for successful large-scale programmes and policies.

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[1] A Hartmann and J Linn. Scaling up: A framework and lessons for development effectiveness from literature and practice. Wolfensohn Center for Development Working Paper, (5), 2008
[2] World Health Organization and ExpandNet. Nine steps for developing a scaling up strategy. WHO, Geneva, 2010. http://www.expandnet.net/tools.htm,
[3] Centre for Telemedicine and Telehealthcare. Check! Telehealthcare at Scale. Central Denmark Region, 2013, http://www.rm.dk/sundhed/faginfo/center+for+telemedicin/in+english/tools
[4] [I]A Hartmann and J Linn. Scaling up: A framework and lessons for development effectiveness from literature and practice. Wolfensohn Center for Development Working Paper, (5), 2008
[5] P Uvin. Fighting hunger at the grassroots: paths to scaling up. World Development, 23 (6):927–939, 1995
[6] http://whqlibdoc.who.int/publications/2009/9789241598521_eng.pdf

Implicit within this is the need to have behavioural or cultural change within organisations which will create an environment that promotes and supports the design, development, and adoption of new innovations and technologies at scale. This will extend to the development of new policies and delivery models within an organisation.

Having agreed on the definition of Scaling Up, our approach in developing the NECTAR Scaling Up and Sustainability Strategy will be based on EIP on AHA Scaling Up Strategy[7] and will focus on two key elements:

- WHAT to scale up, i.e., identifying good practice projects, delivery models, policies, innovations,

  and

- HOW to scale up, i.e., what methods and approaches will be used.

7 IDENTIFYING GOOD PRACTICES

The health and well-being challenges in support an ageing population are not unique to a single region and are being addressed in different ways by different regions and organisations. It is possible, therefore, that in addressing a particular health and care challenge another region in Europe may have already implemented a suitable solution. As part of a Scaling Up Strategy, it is a useful investment of time, in the first instance, to search for another organisation or region that could have addressed a similar challenge, and consider its implemented solution, which could be inherited and adapted to solve specific local needs. The key questions to be addressed in considering external opportunities include:

- What was the need being addressed by the other organisation or region and was this similar to the need we wish to address?
- What was the target population group and is this the same group we are interested in?
- Was this part of a large-scale transformation project e.g. transferring services etc from a hospital setting to a primary care setting; or was it smaller and directly related to the way a service was delivered, e.g. the use of technology to support patient self-management of near patient monitoring for a chronic condition?
- What methodologies were used in developing the solution? Educational, Technical, Clinical, Organisational, etc.
- What evaluation criteria were used to demonstrate the impact the innovative solution or technology had on patients and service users? In considering this question it is important to understand Who and What Disciplines were involved in the evaluation, since a healthcare professional may have a different view of the change (it improved patient outcomes, it led to quicker decisions being taken on a patient's needs) than for example the organisation's accountant (did it reduce costs?) or the HR Department (what are the training or HR implications?). The input of each of these stakeholders, along with others including the patient and their carer, is important to the evaluation process and to gain a full understanding of the impact it has had on the patient/service user, the organisation, and the staff.

[7] European Scaling-up Strategy in Active and Healthy Ageing (europa.eu)

- What period was the evaluation carried out over? If it was a large-scale change then it is unlikely the results of an evaluation carried out over several months will provide a true reflection on impact. New systems and solutions, need time to bed in; staff need time to become familiar with the new systems and solutions and to receive training if it is required; patients need time to become familiar with the change; the organisation needs time to understand the impact of the change on budgets and staff. The evaluation period should therefore be proportionate to the extent of change introduced, but it should not be such that it maintains a new solution or service in an indefinite project phase. There should be a clear and agreed plan for mainstreaming the new solution or service.
- How was the change "scaled up" by the other organisation or region and can we learn from this?
- What has been the impact on the other organisation or region's patients and service users?
- Would we wish to pilot the solution in our own organisation or region before adapting and adopting it? In considering this account should be taken of: significant difference in the number of patients the new solution or service would apply to, for example assurances may be required on certification and standards; compatibility of delivery models; etc. It is important therefore to demonstrate a solution designed and implemented by another region or organisation could be transferred and deliver similar results. The solution or service should therefore contain "Generic" elements which will allow the adaptation to varied local circumstances and conditions. A short evaluation is helpful in this respect as it will give the assurances the solution or service can be scaled up. Organisations and regions may find it helpful to work with the other organisations or regions in developing any refinements or adjustments given the detailed knowledge they will have. However, any evaluation by the adopting organisation or region will not need to be as long or as extensive as the original evaluation undertaken. The key objective is to validate the results that were identified originally in the new context. Once this is done the new solution or service can be introduced within an agreed timescale.

Once the external view is completed it will be possible to compile a list of reference Good Practices. These should then be classified according to "Feasibility" and "Contextual Factors" as well as "Characteristics" of the system in which they are implemented. Table 1 identifies the factors to be addressed when considering "Feasibility" and "Context" for adopting a Good Practice from another organisation or region:

Table 1: Feasibility and Contextual factors in determining adoption of Good Practice.

Feasibility	Contextual
• Gap between knowledge and practice – what are the skills gaps and how quickly can they be addressed. • Time to implement and time to assess impact of the adopted/adapted good practice. • Leadership to drive the process forward and bring others with them. • Political support and commitment • Costs and affordability – how much will it cost to implement the change, what savings will it generate, and what funding is available. • Acceptability to health and care professionals and patients/service users • Monitoring capability – do systems need developed to monitor impact	• Demography • Social and economic conditions • Cultural factors • Non-healthcare determinants of health e.g., living and working conditions, education, etc

Whilst the focus up to now has been on the adoption of Good Practices from another organisation or region to address a health and care challenge much of what has been written also applies if the new solution or service is being implemented by the organisation or region facing the challenge.

Before addressing the question of "How can we scale up", we first need to understand the different types of scaling up and their interrelationship with each other. There are broadly 4 types of "scaling up":

a. Quantitative - Making the innovative solution available to more citizens and communities

b. Functional - Extension of services offered by an organisation

c. Political - Working with other stakeholders to expand the service or innovative solution

d. Organisational - Improving an organisation's strength in implementing interventions so as to improve efficiency, effectiveness and sustainability of its activities

In considering "scaling up" we need to understand the relationship between these different types. For example, to make the innovative solution or service available to more citizens, or for the organisation to extend the services offered, will require the organisation to make adjustments, and possibly introduce new policies and/or changes to how services are funded, which could be triggered by either political or organisational developments. For example, a lack of funding (or possibly a lack of willingness to change the funding model so that organisations do not continue to invest in the old ways of doing things); lack of real leadership to drive innovation in the organisation; outdated policies and procurement processes which inhibit the introduction and adoption of new solutions and technologies; or indeed in some cases a lack of awareness by organisations on the new technologies and solutions available. The more of these that are present and not addressed could make the adoption and deployment at scale of innovation extremely difficult.

8 FRAMEWORK FOR SCALING UP

Regardless of whether the new solution has been developed by an organisation or region, or it will be adopted and adapted from something developed elsewhere, it will still need to be scaled-up so that the maximum number of people can benefit from the change and policies – making a deliberate impact of health and care innovations on patients and the organisation, which the WHO refer to. To do this requires complex and diverse range of activities which are designed to ensure innovation and change will happen:

a. The Need for change and the type of change required is defined and understood not just by policy makers and service providers, but also by patients and service users. Unless a common understanding of Need and what should happen to improve health and wellbeing outcomes and quality of life is identified and agreed in the early stages of the process, then the approach taken and investment of resources to bring about change may not be directed appropriately. Defining Need and ensuring this is understood and agreed by all stakeholders is critical from the outset.

b. There is an enabling and supportive “Innovation Culture” throughout the whole organisation that is supported through policies, behaviours, funding, etc. Organisations that have an “Innovation Culture”, supported by positive behaviours and policies are more likely to successfully scale-up innovation and change. This goes beyond an organisation stating it is committed to innovation; it needs to demonstrate this through its leadership of the organisation so as to ensure an “Innovation Culture” is embedded, and supported, throughout every part of the organisation. This may require the organisation to introduce new policies which support innovation e.g. new procurement processes, protected time for staff to allow them to develop the new solutions or services; granting access to researchers and industry to work alongside the organisation in the co-design and co-creation of innovative solutions and services; establishing an Innovation Fund in order to accelerate innovation in the organisation so that funding is not competing against service delivery funding priorities; training and developing “intrapreneurs” in the organisation to identify where change is required and to oversee its implementation.

c. Identifying and working with the right stakeholders (internal and external) to understand what is required; what needs to change to make the innovation work; identifying and securing the right pilot and test environment; how the impact from the innovative solution or service can be evaluated; who will be responsible for the different stages of the project; the barriers that need to be addressed in order to have the innovation adopted at scale, Such barriers could include existing policies, the timeline for shutting down the old service delivery model to replace it with the new one so that patients and service users are not adversely impacted; reviewing and realigning budgets to ensure the funding follows the new service or solution; etc.

d. Supporting staff, patients and carers in implementing innovation. It is insufficient to develop a new service or solution and then expect everyone to use it from the first day. Staff will need to understand how the new service or solution fits into the care pathway for the patient, and what difference it makes to their own work. The Patient and their Carer will also need to know how the innovative solution or service works; for example if it requires the patient self-monitoring do they know how often to do this, if technology is required, are they digitally literate, what changes may be required to their living environment; do they know who to contact if there is a problem etc.

e. For innovation to be successfully applied at scale it needs to demonstrate during its project or pilot phase that it can lead to: improved healthcare and wellbeing outcomes for the patient or service user, more informed and timely decisions by those delivering services, improved knowledge and competence for those delivering the services, improved efficiency within service delivery organisations. Therefore, it is important from the outset when "Need" has been identified that consideration is given to the "Assessment Indicators" to be used for evaluating the pilot or project and therefore provide the evidence or justification to support the scaling up of the new solution or service. This should be developed through a multi-stakeholder group to ensure that clinical, patient and organisational requirements from the evaluation are identified, understood and then measured during the project phase. However, such Assessment Indicators should not be rigid, and flexibility will be required to build in new indicators or revise existing indicators as the project progresses in order to take account of any variants in design etc which may not have been foreseen at the outset.

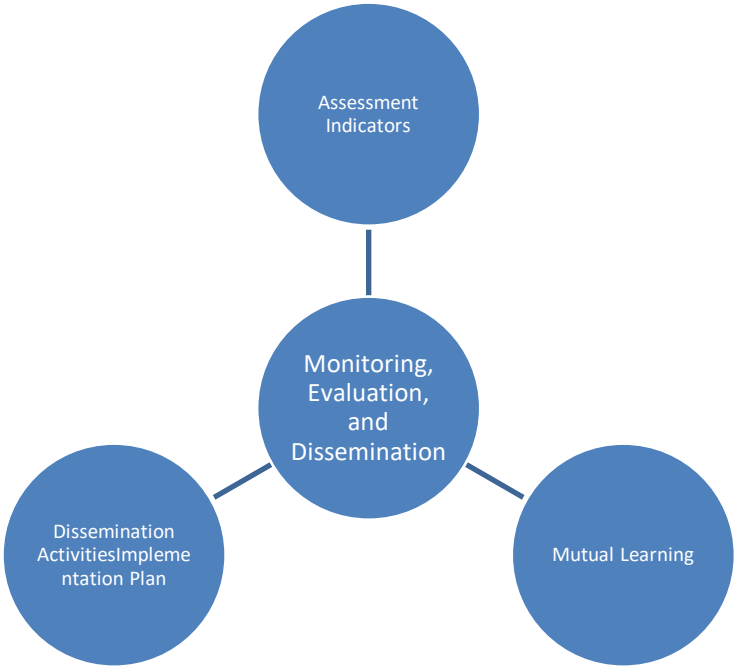
The foregoing is represented in the following "Framework for Scaling up" (Fig 1) which identifies what needs to be considered at each of the 3 key stages.

Fig 1. Framework for Scaling up

1. Planning the innovative service and setting up a system for change

2. Organisational processes and design choice

3. Monitoring, evaluation, and dissemination



9 NECTAR SCALING UP STRATEGY

Based on the main elements of the "EU Scaling up Strategy in AHA" NECTAR will maximize the project's impact though the following 5 main steps addressing "WHAT" to scale up, and the "HOW" to scale up:

Step 1 - Building a database of good practices
Step 2 - Assessment of viability of good practices for scaling-up
Step 3 - Classification of good practices for replication
What?

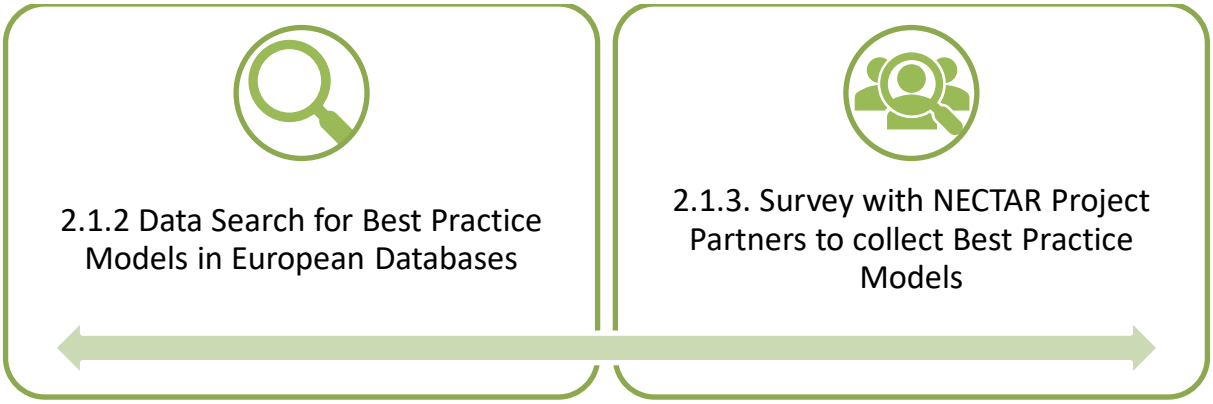
Step 4 - Facilitating partnerships for scaling-up
Step 5 - Implementation: key success factors and lessons learned
How?

9.1 Building a database of good practices

"Building a database of good practices" was taken forward as part of Task T2.1 in the first 4 months of the project and the conclusions are detailed in D2.1.1.

The approach to identifying evidence and good practice models was based upon a two-step approach: 1) search for best practice models in education and training for chefs in the Best Practice-Portal of the European Commission, Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) Health Programme Database, Community Research and Development Information Service (CORDIS) Database for EU-funded projects and Erasmus+ project database; and 2) survey with partners from the NECTAR project and the EIP on AHA Reference Site Collaborative Network (RSCN) to collect best practice models in education and training for chefs in their own countries and in countries with the same language.

Figure 2: Process of best practice model collection in training and education for chefs in healthcare



Medical University of Graz (MUG) developed Survey Instructions and an Evaluation Document in cooperation with Viennese Institute for Labour Market and Education Research (WIAB). A copy is inserted at Annex 2. The Instructions were to help NECTAR partners and RSCN Reference Site member regions to identify best practice models in their own countries. The Evaluation Document allowed the verification of the collected models, which served to verify if the previously collected models were best practice models on the basis of pre-specified criteria. In principle, the collection of best practices followed the criteria launched by the directorate general (DG) DG Sante for Health and Food Safety of the EU Commission

These criteria were grouped into:

- Inclusion criteria - assess relevance, intervention characteristics and ethical aspects and therefore assess the adequacy of a best practice model.
- Core criteria - assess effectiveness, efficiency and equity of a programme. Through this the success of the programme is evaluated.

- Qualifier criteria - assess the quality of the programme and consist of transferability, sustainability, participation and intersectoral collaboration.

All the best practice models collected were evaluated by MUG to provide examples of best practice assessment and to evaluate whether these best practices could be used as a basis for developing the NECTAR Chef Gastro Engineering occupational profile and curriculum. To ensure high quality in terms of the qualifications and competences of the practices were of a sufficiently high standard and quality they were also compared to the European Taxonomy of Skills, Competences and Occupations (ESCO) qualifications for “head chefs” and “diet cooks

The assessment of best practice examples gathered against DG Sante criteria and ESCO qualifications highlighted there was a lack of information about the practices and therefore some of the criteria could not be assessed accurately. In addition, there was no indication the best practice examples submitted through the survey and research were fully considered in terms of qualifications, competences and implementation.

NECTAR will still benefit from this first step of Scaling Up as the template developed and the benchmark with ESCO qualifications will ensure the missing aspects will be considered in the development of:

I. A “Chef Gastro Engineering” Occupational Profile; and
II. The NECTAR CGE training curriculum that will be evaluated in each of the 5 pilots undertaken in Belgium, Portugal, Austria and Italy. This evaluation will provide the evidence base to support the scaling up of the CGE curriculum nationally and international, supported by a Twinning programme.

Although the practices identified have not been assessed as good practices, we will nonetheless make them available as a web-based resource. Their publication will include which of the pre-specified criteria they met.

9.2 Assessment of viability of good practices for scaling up

NECTAR will deliver an EU Occupational Profile for Chef Gastro Engineering (CGE) and an EU Curriculum for the certification of this profile. CGE will be an innovative and pivotal figure in Primary Food Care, skilled on food management and kitchens coordination, addressing end-users needs such as taste deteriorations/alterations, swallowing and chewing problems, personalizing recipes and cooking processes. The CGE will have the technical skills to use various ICT tools for older adults’ home monitoring and personalization of care.

The CGE Curriculum developed in the project will be a European, innovative, learning outcome-oriented and modular programme. Scaling up of the curriculum will be dependent on its integration into national Curricula, taking account of local and contextual constraints.

The development of an Occupational Profile (OP) for CGE (WP 2) will be a critical element of the project as it will be defined, as the EU benchmark for Vocational and Educational Training (VET) of chefs in Primary Food Care. Existing research evidence on chefs’ skills needs will be integrated, in order to make the OP as adherent as possible to the current (and future) working and occupational contexts for CGE.

The OP will be informed by ESCO and EU Skills Panorama and will be compliant with ECVET, so that the OP will allow the ‘translation’ of skill needs into a European, innovative, learning outcome-oriented modular VET Curriculum for CGE. This will ensure a consistent definition is applied to CGE not only for the purposes of the project but also in gaining recognition for the profession across Europe after the project concludes.

The development of the NECTAR Curriculum (WP 3) will be informed by the CGE Occupational Profile and will be aimed at the recognition of the CGE qualification at EQF4 and EQF5 levels to allow contextualization to meet individual country needs. The curriculum, which will be validated in 5 pilot sites (WP 5), will be based on Learning Outcomes, grouped into Units, and compliant with the main EU standard and tools for VET providers, such as ECVET, EQAVET, ESCO, EQF, etc.

Developing the curriculum based on the OP and recognised EU standards and tools for VET providers will help ensure it meets best practice guidelines. An evaluation of the curriculum delivered in each of the pilot sites will be undertaken using MAFEIP as a reference to validate the learning for Chefs and Cooks, outcomes and impact in addressing the OP requirements, and certification/recognition at regional and national levels. This evaluation will verify the curriculum meets best practice guidelines and is ready for scaling up both at national level for pilot site regions and across other countries and regions external to the project.

9.3 Classification of good practices for replication

The focus of the NECTAR project will be to scale up the curriculum developed to address the needs of Chefs and Cooks based on the CGE Occupational Profile. The recognition that there are already EQF gaps between countries and regions in Europe is driving the project to develop curricula at both EQF4 and EQF5 levels, to provide acceptable and agreed levels of qualification that VET providers can deliver so as to increase the knowledge and competence of all chefs and cooks. This classification of curricula at EQF4 level and EQF5 level will offer flexibility to VET providers and facilitate both the scaling up within pilot site countries and across Europe.

9.4 Facilitating partnerships for scaling up

Usually there are at least two different organisational roles in scaling up:

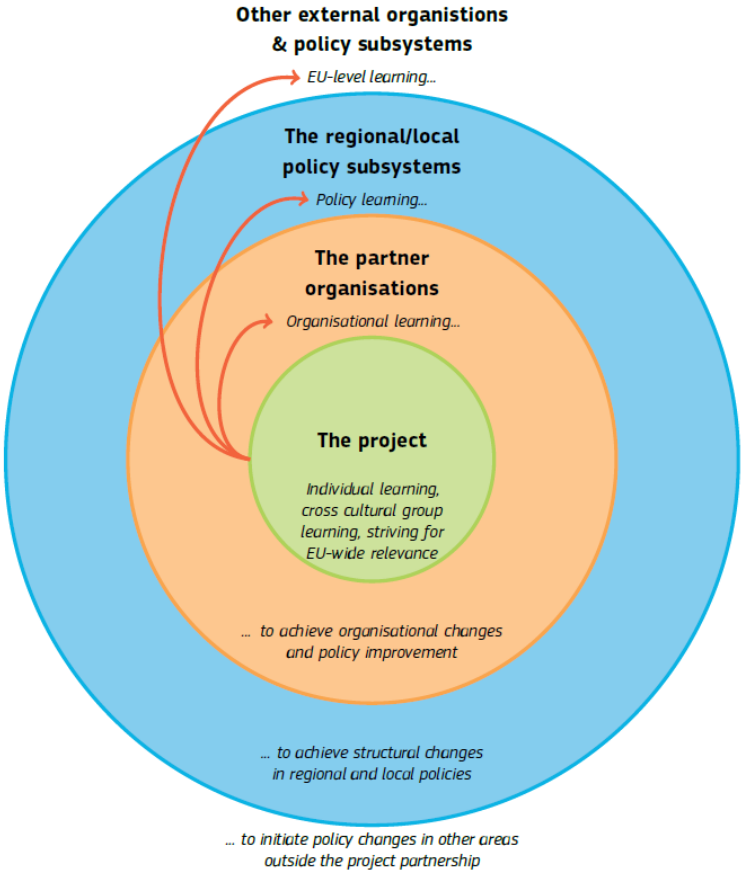
a) the originating organisation that develops and pilots the model; and
b) the adopting organisation that takes up the model.

A Twinning programme will be developed within the project, after the validation of the EQF4 and EQF5 level curricula, to support scaling up within pilot site regions and countries, and across regions outside the project. The facilitation of partnerships for scaling up will take account of the Feasibility and Contextual factors in determining adoption of Good Practice (set out at Section 7) in helping to identify suitable adopter regions and the EQF level curriculum appropriate to their needs and context.

Pilot sites will be supported by the RSCN in developing their regional and national Twinning Schemes. In addition, the RSCN will develop the Twinning Scheme for regions outside the partnership.

Scaling up through Twinning will be based on the INTERREG IVC reference model for the exchange of good practices at inter-regional level (Figure 1)

Figure 1 - INTERREG IVC reference model for the exchange of good practices at inter-regional level



9.5 Implementation: key success factors and lessons learnt

The NECTAR Scaling up will be managed:

- WITHIN ORGANIZATIONS, i.e. increasing the capacity of the organization for self-sustaining the piloted initiatives; and
- ACROSS ORGANIZATIONS., i.e. increasing the capacity of project results to be adopted and financed in other contexts.

In addition to the CGE curriculum the approach to scaling up will also take account of any real or perceived barriers to scaling up within partner regions, e.g. policy, financial, organizational, etc and how these have been addressed. This will be undertaken through a survey of the pilot sites and learning from this will shared as part of a Twinning Scheme with adopter countries and regions to help them in developing their own scaling up strategies as part of the transfer and adoption of the project.

NECTAR Scaling up will be implemented at 3 levels:

a. regional level (at least one per region involved in the project)
b. country level (at least one per country involved in the project)
c. across EU countries (at least three, that are not project partners).

During the final project conference in 2023 the RSCN will support the identification and agreement of at least 5 Twining partners who will adopt the Curriculum and contextualize it in new regions using their internal resources or other resources external to the NECTAR project grant.

To support project partners in developing and implementing scaling up within the project the RSCN will develop guidelines and organise a workshop. This will be made available during the validation stage of the NECTAR curriculum in the pilot sites.

In this framework the sustainability of NECTAR will be achieved through:

- Adoption of the EU Curriculum and Guidelines in other regions or countries;
- Replication of the pilot EQF Level 4 and Level 5 courses curricula in the same region, and in other regions of the pilot site country; and
- Making the NECTAR Educational toolkit platform and Teaching Toolkit and Multilingual Open Contents available for free after project end.

10 OBJECTIVES

The NECTAR scaling up objectives are set out in Table 2. An analysis of stakeholder organisations has been carried out as part of the project and this will be used in identifying the organisations within each of the Target Groups.

Table 2 – Scaling Up Short Term Results and Long-Term Indicators

Scaling up	Objective	Target Group and Potential Beneficiaries	Actions
Within the region	At least one per region involved in the project	**Target groups:** a) Decision Makers; b) Service Providers; c) Vocational Educational and Training-Providers **Potential beneficiaries:** a) Chefs and Cooks; b) Service Users; c) Other health and social care actors	1) bilateral (virtual or attended) meetings; 2) identify practices to be scaled up; 3) set the basis for scaling up
Within the countries	At least one per country involved in the project	**Target groups:** a) Decision Makers; b) Service Providers; c) Vocational Educational and Training-Providers **Potential beneficiaries:** a) Chefs and Cooks; b) Service Users; c) Other health and social care actors	1) bilateral (virtual or attended) meetings; 2) identify practices to be scaled up; 3) set the basis for scaling up
Across countries	At least three Scaling up actions across countries. Identify at least 5 Twinning Partners across regions outside the project willing to implement the	**Target groups:** a) Decision Makers; b) Service Providers; c) Vocational Educational and Training-Providers **Potential beneficiaries:**	1) identify practices suitable for replicating in other countries; 2) identify Twinning partners

	Curriculum after the project ends.	a) Chefs and Cooks; b) Service Users; c) Other health and social care actors	

In addition, there are also 3 supporting objectives:

- Provide quarterly progress reports on scaling up actions, including those enabling actions undertaken in WP 2, WP 3, and WP 5 that contribute to defining the NECTAR curriculum best practice.
- Develop Scaling Up Guidance and deliver a workshop for NECTAR partners in Year 2 of the project.
- Publish reports on the main scaling up and sustainability strategy actions in M24 and M36.

11 REVIEWING THE STRATEGY

The Strategy will be formally reviewed at Months 18 and 30. To facilitate this the RSCN will monitor every 3 months the progress against the development of the CGE Occupational Profile, development of a CGE Curriculum, and validation of the Curriculum in pilot sites in addition to the "Scaling Up Actions" set out at Table 2. The reason for monitoring progress with the OP, Curriculum, and validation is to ensure any issues emerging during these stages of the project are considered and addressed in the context of the proposed scaling up objectives and scaling up actions.

Where necessary follow up action will be taken with pilot sites to identify and resolve potential issues or impediments to scaling up within their regions/countries.

Quarterly Progress Reports will be submitted to the Project Steering Group, highlighting any unresolved issues that may impact on scaling up the NECTAR curriculum.

Reports on the main scaling-up and sustainability strategy actions implemented in NECTAR project will be provided at M24 and M36.

ANNEX 1 – QUALITY CONTROL CHECKLIST

Quality Control Check	
Generic Minimum Quality Standards	
Document Summary provided (with adequate synopsis of contents)	xx
Compliant with NECTAR format standards (including all relevant Logos and EU-disclaimer)	xx
Language, grammar and spelling acceptable	xx
Objectives of the application form covered	xx
Work deliverable relates to adequately covered	xx
Quality of text is acceptable (organisation and structure, diagrams, readability)	xx
Comprehensiveness is acceptable (no missing sections, missing references, unexplained arguments)	xx
Usability is acceptable (deliverable provides clear information in a form that is useful to the reader)	xx
Deliverable specific quality criteria	
Deliverable meets the 'acceptance Criteria' set out in the Quality Register:	xx
Checklist completed and deliverable approved by Name: Date:	

ANNEX 2 – BEST PRACTICE SURVEY INSTRUCTIONS AND EVALUATION DOCUMENTS

Erasmus+

Medical University of Graz

NECTAR Survey of project partners:

questionnaire about good practices in education and training of chefs

The NECTAR project aims at delivering a professional profile for chefs involved in the care of older citizens and in the health care of patients and to enabling chefs to become part of an interprofessional team working around the target group European citizens.

As one of the first steps during the project, partners try to collect best practice models in education and training for chefs across Europe dealing with skills which equip chefs to become member of a person-centred care team. Partners of the NECTAR project kindly ask for your support and participation in this effort.

The following document has been developed by members from Medical University of Graz (MUG), Austria, based on standards released for evaluation of best practice models by the European Commission (EC) and based on previous experiences in the Joint Action on Frailty Prevention (ADVANTAGE). It aims to support partners in collecting best practice models for education and training of chefs in the context of social and health care. Information provided will be processed by partners working in the NECTAR project and will be disseminated through the project website. We therefore kindly ask you to share information on best practice models from your country with as much content as possible using the following document.

We also would like you to attach original flyers and links to homepages from projects/courses/programmes which you would like to recommend to present on the homepage of NECTAR. This document helps you to give us the information we need to post a best practice model on the homepage and to collect an overview of best practice models across Europe.

In case of open questions, we would ask for your permission to contact you. Please share the preferred contact details below:

***Name**:*

***E-Mail**:*

***Telephone number**:*

Thank you for your cooperation and support!

Valentina Wagner MSc, BSc for the team of MUG

How do I read the questionnaire?

What is a "Best practice model"?

A best practice model is a process, a procedure or a method that has been successfully tested in a specific context, has demonstrably achieved its goals and is therefore recommended to be used as model. This model should have been assessed in terms of

adequacy (ethics and evidence) and equity as well as effectiveness and efficiency related to process and outcomes. Other criteria are important for a successful transferability of the practice such as a clear definition of the context, sustainability, intersectorality and participation of stakeholders. A best practice model should in this case function as an example of a well-established training programme of chefs in the context of social and health care, which has been successful in regard of e.g. the outcome (vocational qualification), participation, usability for the labour market and satisfaction of relevant stakeholders.

Where and how to find and collect "Best practice models" in my country?

Where: Websites of

- *Vocational Information Systems of Public Services (e.g. Public Employment Services)*
- *Chambers, e.g. Chamber of Labour or Chamber Commerce*
- *Vocational Schools*
- *Universities of Applied Sciences*
- *Universities*
- *Associations in the field of cooking, nutrition, food engineering, dietology etc., for example*
  - *professional associations such as associations of cooks (in Austria "Austrian Associations of Cooks")*
  - *professional representations at local, regional and federal level, e.g. for the nutrition sector, e.g. association of dietology (in Austria "Austrian Association of Dietitians")*
  - *companies and suppliers of cooking equipment and products guilds*
  - *sector specific online platforms*
- *VET-Providers (public, sector specific)*
- *Europass Databases for Diploma and Certificate Supplements*
- *ESCO*

How:

- *Desktop research*
- *Contacting via Mail or Phone to ask for more (written) material, e.g. evaluations, feedbacks*
- *Expert Interviews*

Exemplary approach for finding education offers for relevant professional/specialization profiles of chefs:

1. *Search for keywords and relevant qualifications and professional specializations in the field of cooking, nutrition, food engineering, dietology, etc. (use different search terms) at vocational information platforms (e.g. the Vocational Information System (https://www.ams.at/bis/bis/) of the Austrian Labour Market Service and the Vocational Information Platform of the Chamber of Commerce (https://www.bic.at) provide information on "diet cook"); Search for education offers for these qualifications and professional specializations and available curriculums/trainings and other information;*
2. *Search for keywords in the mentioned fields in databases and at internet platforms providing information on national school offers or on studies at University level (e.g. searching for "food" at the online platform www.fachhochschulen.ac.at delivers the*

bachelor study "food technology & nutrition" as a result); Search for available curriculums/trainings and other information;

3. *Search for further education offers for chefs provided by professional associations (e.g. for cooks), professional representations at local, regional and federal level, companies and suppliers of cooking equipment and products, sector specific online platforms, VET-Providers etc. in the mentioned fields (e.g. the Austrian VET provider WIFI (https://www.wifi.at) offers further education for cooks in the field of geriatric cooking; the platform www.veguca tion.at refers to a further education offer for chefs in the field of vegan and vegetarian cooking); Search for available curriculums/trainings and other information;*
4. *Check if the found examples fulfil best practice criteria (e.g. is the provider accredited, well-established, trustworthy; does the programme fulfil the SMART criteria (see below); is the qualification relevant in practice and for the labour market; is it well-established …); If the offer possibly covers a potential best practice model collect more detailed information via desktop research, mail exchange, telephone calls and interviews, etc. based on this questionnaire.*

Level of educational programme: *The European Qualification Framework (EQF) is an 8-level, learning outcomes-based framework for all types of qualifications that serves as a translation tool between different national qualifications frameworks. This framework helps improve transparency, comparability and portability of people's qualifications and makes it possible to compare qualifications from different countries and institutions.*

The National Qualification Framework (NQF) creates a framework for learning achievements. It facilitates access to, and mobility and progression within education, training and career paths. It enhances therefore the quality of education and training.

Quality of educational programme: *Quality standards for educational programmes are related to specific indicators for progress in profiles following attendance of a course or programme. They are summarized as "**SMART-Criteria"** including information on **S**pecificity of the programme, **M**easurable outcomes, **A**chievable goals in the programme, **R**ealistic to achieve the major objectives of the programme, **T**ime-bound programme outline.*

Specificity targets a specific area for improvement, Measurable outcomes quantify or at least suggest an indicator of progress, Achievable goals describe how to accomplish the goals during a programme, Realistic – state what results can realistically be achieved, given available resources. Time-bound – specify when the result(s) can be achieved.

Learning objectives *should be outlined based upon competence levels. Learning Objectives should describe the primary teaching intention, i.e. it indicates one of the specific areas that the teacher intends to cover in a block of learning.*

Questionnaire about good practices in education and training of chefs

1. ***Please describe the name of the model/curriculum/practice (in the original language and in English) and in which country it is offered. If possible, please copy a link to a website, to a paper or send a picture of a flyer or similar for better understanding:***

2. ***Is this model/curriculum/practice a regular offer? If yes, please tell us how often it is offered (e.g. once a year):***

3. ***The current model/curriculum/practice is a qualification recognized ... (please further explain)***

a) ...by regional authority:

b) ...by national registries of occupation:

c) ...internationally:

d) others, please specify:

4. ***For which qualifications does the current model/curriculum/practice award a certification (e.g. chef specialized in heathy nutrition)?***

5. ***What is the scope of the model/curriculum/practice (e.g. hours of training/education, ECTS, etc.)?***

6. ***Please describe the target group (e.g. cooks/chefs) of the model/curriculum/practice. Which requirements (e.g. degree, certification, training, further education, educational background) have to be fulfilled in order to participate in the model/curriculum/practice?***

7. ***Which EQF/NQF level is accomplished with the model/curriculum/practice? If possible, please describe how the achievement of the training level was measured at the end of the model/curriculum/practice (e.g. learning objectives, specific skills, certificate, criteria to measure performance, …):***

8. ***Is the model/curriculum/practice linked to any standards, guidelines and/or SMART criteria (if so, please, provide relevant links and short descriptions)?***

9. ***a) Are the learning outcomes clearly described in the model/curriculum/practice? If there are already English translations available, please put in a link to the description/copy the description. If there is no translation available please describe them shortly here (summary or 5-10 keywords):***

10. ***b) We assume that the model/curriculum/practice has been implemented. Please share the current version of the curriculum (link or PDF) and how it is run at the sites of your country:***

11. ***Was the model/curriculum/practice monitored throughout the whole implementation? Please describe shortly how it was monitored:***

12. ***Has this model/curriculum/practice already been successfully repeated or transferred in another context? Please tell us the examples:***

13. ***Does the model/curriculum/practice consider quality assurance principles? Please describe which are considered and how:***

The model/curriculum/practice…

... addresses the process of certification:

… consists of feedback mechanisms and procedures for continuous improvement:

… involves relevant stakeholders at all stages of the process:

... has a self- assessment & external review:

... is supported by appropriate resources (e.g. financing, staff, …):

… includes the electronic accessibility of evaluation results:

14. ***Which stakeholder groups (e.g. professional associations, public institutions from education, employment …) support a multidisciplinary approach in the model/curriculum/practice? Please describe in more detail:***

15. ***We kindly ask you to share national rules about Vocational Education Training (VET) from your country. Please enclose information to this document (PDF, link, etc.).***

NECTAR Survey of project partners:

evaluation of good practices in education and training of chefs

The following document has been developed by partners from Medical University of Graz (MUG), Austria. It serves as an aid for the evaluation of the collected best practice models in education and training of chefs across Europe. In the NECTAR project best practices should be identified in order to assess their viability for future scaling up.

This document aims to support partners in evaluating the collected best practice models for education and training of chefs in the context of social and health care and contains criteria to assess best practices. These criteria are based on standards released for evaluation of best practice models by the European Commission (EC) and based on previous experiences in the Joint Action on Frailty Prevention (ADVANTAGE). After evaluation the models will be disseminated through the NECTAR project website.

Thank you for your support!

Valentina Wagner MSc, BSc for the team of MUG

1. General information about good practices

Name of the model: _____

Download or name of the paper: _____

Name of country where the course if offered: (drop down possibility – EU countries)

The model is a regular offer officially accredited by your government or a university:

- ☐ Yes
- ☐ No
- ☐ Do not know

How often has this course been offered over the past 6 years: (Drop down menu - also do not know)

Level of training/education

- ☐ EQF Level 1 (e.g. Preparation for vocational training; work or study under direct supervision in a structured context)
- ☐ EQF Level 2 (e.g. secondary school certificate; work or study under supervision with some autonomy)
- ☐ EQF Level 3 (e.g. two-year vocational training, intermediate school-leaving qualification; take responsibility for completion of tasks in work or study; adapt own behaviour to circumstances in solving problems)
- ☐ EQF Level 4 (e.g. three-year vocational training, higher education entrance qualification, advanced technical college entrance qualification; exercise self-management within the

guidelines of work or study contexts that are usually predictable, but are subject to change; supervise the routine work of others, taking some responsibility for the evaluation and improvement of work or study activities)

- ☐ EQF Level 5 (e.g. short study cycle; exercise management and supervision in contexts of work or study activities where there is unpredictable change; review and develop performance of self and others)
- ☐ EQF Level 6 (e.g. bachelor degree; manage complex technical or professional activities or projects, taking responsibility for decision-making in unpredictable work or study contexts; take responsibility for managing professional development of individuals and groups)
- ☐ EQF Level 7 (e.g. master degree; manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches; take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams)
- ☐ EQF Level 8 (e.g. Ph.D.; demonstrate substantial authority, innovation, autonomy, scholarly and professional integrity and sustained commitment to the development of new ideas or processes at the forefront of work or study contexts including research)
- ☐ Others, please specify: _____

Target group

- ☐ Cooks in training
- ☐ Cooks from universities of applied sciences
- ☐ Others, please specify: _____

Pre-existing specializations among participants

- ☐ Chefs/cooks with specialized training in Gastro Engineering
- ☐ Cooks who acquired a secondary school diploma
- ☐ Chefs who successfully completed apprenticeship
- ☐ Chefs who graduated from vocational secondary school (and some job experience)
- ☐ Cooks with a diploma by a vocational hospitality institute
- ☐ Cooks with a diploma from a State Professional Institute for Foodservice and Hospitality Industry
- ☐ Diploma of "Eno-gastronomy and Hotel Hospitality" (EQF 4) obtained from a Professional Institute Eno gastronomy and Hotel Hospitality;
- ☐ A Professional qualification "Foodservice Technician - Chef"
- ☐ Others, please specify: _____

2. Inclusion criteria

Relevance

Needs of the programme clearly explained and considered…

- ☐ Yes
- ☐ No
- ☐ Not detectable

Level of programme

- ☐ Micro- level
- ☐ Local/regional level
- ☐ National level
- ☐ International level

Practice supports tackling of the topic professional skills gap of chefs regarding interprofessional teamwork in health and social care

- ☐ Yes
- ☐ No
- ☐ Not detectable
- ☐ Another comparable topic, please specify: _____

Programme characteristics

	Yes	No	Not detectable
Target population to be trained is clearly described.			
The target beneficiaries are clearly described.			
A detailed description of the programme is provided.			
SMART objectives, standards and guidelines are defined and actions to take to reach them are clearly specified and easily measurable.			
The indicators to measure the planned objectives are clearly described.			
The programme includes an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks.			
An evaluation process was designed and developed, and the programme will be developed according to feedback.			
The programme includes interrelations between different key education elements.			
The scope of the programme (e.g. duration, ECTS) is defined.			

Evidence of programme

	Yes	No	Not detectable
The intervention is built on a well-founded programme theory and is evidence-based.			
The effective elements (or techniques or principles) in the approach are stated and justified.			
Best practices in the topic were searched in different databases and served as a basis for this programme.			
During the programme a literature research was conducted and the results were included in the programme.			

Ethical aspects

The aim of practice is to train as many people to implement equitably.

- ☐ Yes
- ☐ No
- ☐ Not detectable

The learning objective is clearly outlined in the programme.

- ☐ Yes
- ☐ No
- ☐ Not detectable

3. Core criteria

	Yes	No	Not detectable
Effectiveness and efficiency of intervention			
The potential impact on the target population is assessed as positive.			
All improvements in comparison to the starting point (e.g. the baseline concerning structure, process and outcomes in different areas) are documented and presented.			
The practice has been evaluated from an economic point of view.			
The evaluation outcomes demonstrated beneficial impact.			
The programme was monitored throughout the whole implementation in order to achieve better results of the programme.			
Equity			
Relevant dimensions of equity were considered throughout the process of implementing the practice.			

4. Qualifier criteria

	Yes	No	Not detectable
Transferability			
The programme uses training formats (e.g. face to face training, e-learning etc.) that allow for repetition/transfer.			
The description of the programme includes all organizational elements, financial or skill-related application process outlined.			
The description includes all contextual elements of the beneficiaries (e.g. patients, general population) and the actions that were taken to overcome personal and environmental barriers.			
The practice has already been successfully transferred / repeated.			
The programme considered quality assurance principles for qualifications that are referenced to the EQF.			
The programme considered quality assurance principles of EQAVET.			
Sustainability			
The practice has institutional support, an organizational and technological structure and stable human resources.			
The practice presents a justifying economic report, which also discloses the sources of financing.			
The continuation of the practice has been ensured through institutional anchoring and/or ownership by the relevant stakeholders or communities in the medium and long term in the planning of the practice.			
A sustainability strategy has been developed that considers a range of contextual factors (e.g. health and social policies, innovation, cultural trends and general economy, epidemiological trends).			
There are clear descriptions of how to reach the EQF principles and levels in the programme.			
Intersectoral collaboration			
The practice has been carried out jointly by several sectors referring to the European Framework on Education or Bologna Process.			
A multidisciplinary approach is supported by the appropriate stakeholders (e.g. professional associations, public institutions from education, employment, ICT, etc.).			
Participation			
Elements are included into the programme to promote empowerment of the target population (e.g. strengthen their health literacy, ensuring the right skills, knowledge and behaviour including for stress management and self-care).			