



# D1.4 Project Final Report and Evaluation

Gynaecological Endoscopic Surgical Education and Assessment for Europe  
Project Number: 101101180

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<b>Title of project</b>	<b>GESEA4EU</b>
<b>Full title of project</b>	Gynaecological Endoscopic Surgical Education and Assessment for Europe Project Number: 101101180
<b>Title of this document</b>	Project Final Report and Evaluation
<b>Number of this document</b>	D1.4
<b>Dissemination level</b>	PU - Public
<b>Due date</b>	31 January 2025
<b>Actual delivery</b>	Version 1 Circulated to partners on 12 February 2025 Version 2 Submitted to EC on 18 February 2025 Version 3 re-submission to EC on 28 February 2025 Version 4 re-submission to EC on 15 March 2025
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<b>Executive Summary</b>	This report provides a high-level overview of the project and its status at project end. It includes a project overview (project stakeholders, milestones and deliverables, project plan, budget and costs) and further project details (scope changes, major risks/issues and actions taken, achievements).

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## Executive Summary

In its second year of operation, GESEA4EU has made significant progress and is in a very good position to claim that it has achieved its overall mission and purpose.

The formal objectives identified in the project proposal have all been met starting by the development of 27 standardised training modules in Year 1 which were then all piloted, validated and assessed in Year 2. The delivery of these modules which were a mix of purely onsite modules, modules delivered in a hybrid manner and modules delivered fully online involved participants in all 8 partner countries as well as participants in 9 new countries targeted in a further 8 countries.

An extensive evaluation process was undertaken which focused on assessing the effectiveness, relevance, and outcomes of the training activities. Data collected from participants revealed significant improvements in technical skills, theoretical knowledge, and confidence in performing endoscopic procedures resulting from their participation. Furthermore, high levels of satisfaction were recorded regarding the structure and content of the training, with positive feedback highlighting the hands-on approach, modular design, and tailored content for different trainee categories.

The impact of the project continued to be evident as demonstrated by the significant level of interest amongst the targeted stakeholders and the widespread take up of places in the different modules which generally met their target in terms of participant numbers. This included a significant expansion in terms of reach to non-specialist professionals, namely nurses, general practitioners and non-clinical staff.

Furthermore, the successful delivery of training modules aimed at trainers who can train both specialist professionals as well as nurses has led to a significant increase in the cadre of trained trainers within the GESEA Programme. This achievement of itself will ensure the continued growth and development of the GESEA Educational Programme.

Finally, participation in the project has significantly helped to grow the GESEA community. The forthcoming signing of an MoU between EBCOG and ESGE regarding the further expansion of the GESEA Educational programme is further testament to the overall success of the GESEA4EU project.

## Year 2 Report on Progress

### Introduction

The aim of GESEA4EU has been to develop standardised learning modules which are applicable and recognised across Europe as part of the GESEA Educational Programme. This project ran for 2 years and directly involved 16 partners in 8 different Member States. Most of the work involved delivering standardised training modules applicable to a range of trainees and expanding the reach of this training to 9 new centres in European Member States. The purpose of this report is to provide a project overview describing the status of the project at the end of Year 2, the final year of the project. It highlights the main achievements of the project and points to how the results will be exploited in the future.

### Progress towards objectives

The six objectives originally included in the project proposal have guided the work of the project throughout Year 2. A key value indicator for each was identified at the start and is repeated here as a way to monitor project progress.

No.	Objective	Progress against indicator
1	To make an inventory and classification of the simulation training tools and training programmes as used in the scope of the GESEA Educational Programme	The categorisation and mapping of all simulation training tools and programmes involving 12 GESEA centres took place already in Year 1 and is reported upon in D2.1.
2	To standardise European training modules as part of the GESEA Educational Programme for gynaecological surgeons	The indicator for this objective has been achieved in that the 11 standardised learning modules for specialist professionals have been finalised and made available already in Year 1 and reported on in D2.1.
3	To extend the GESEA Educational Programme by developing standardised training modules for nurses and non-medical staff and to develop a Train-the-Trainer Programme	The indicator for this objective has been achieved in that the 2 standardised learning modules applicable to general medicine, the 6 learning modules applicable to nurses, the 6 learning modules applicable to non-clinical staff and the 9 learning modules applicable to trainers were finalised already in Year 1 and made available in D2.1.
4	To implement and validate the developed learning modules and to provide credentialing recognised on a European level	<p>The work to implement and validate the modules has been at the core of the work in Year 2 and is reported on in D3.2. The indicator related to this objective was for the organisation of 116 on-site courses. In reality, the project team managed to organise 102. The target number of participants in modules from different categories has mostly been met, and in some cases surpassed with the following reported on in D3.2:</p> <ul style="list-style-type: none"><li>• General Practitioners: target: 50, achieved: 460</li><li>• Specialist Professional target: 350, achieved: 391</li><li>• Non-Clinical staff: target: 40, achieved: 42</li><li>• Nurses: target: 65, Achieved: 63</li><li>• Trainers: target: 90, Achieved: 90</li></ul> <p>GESEA's credentialing mechanisms which are recognised on a European level have been applied throughout and are described in D4.1.</p>

5	To receive broad European recognition of the GESEA training methodology through EBCOG and to solidify GESEA as the standard for training and certification in its field	The question as to whether GESEA4EU has achieved the ambition of receiving broad recognition of GESEA as the standard for training and certification in its field is somewhat complex. In practical terms, the most direct way to prove this is by pointing to the MoU that is about to be signed between EBCOG and ESGE, full details in D5.5. However, it is only when GESEA certification and training is accepted and assimilated into the nationally regulated and recognised training schemes for specialists in all Member States that this can be shown to be the case. However, the GESEA4EU project team can say with confidence that the effort put into creating the conditions for the signing of the planned MoU clearly indicate that this ambition has been reached under the terms of the project. Furthermore, they provide the most promising route towards eventual recognition of GESEA in national settings.
6	To disseminate and exploit GESEA, extending the current network of training centres across Europe by providing a training programme in native languages.	The 9 target centres identified have participated fully in the project by organising local iterations of the L1/H1 Basic modules in their own hospitals with the mentorship and leadership of a specified mentor from one of the GESEA Diploma Centres. The programme and other resources have been translated locally as required and practically all of these centres have sent qualified specialists on one of the Train the Trainer modules in Rome.

In order to ensure that the project team continued to meet the GESEA4EU objectives, a sound approach to project management continued to be implemented in Year 2 and was already reported upon in D1.2. This effort was complemented by the work carried out by the GESEA4EU dissemination team led by ATiT and ESGE. Regular partner updates were circulated to complement the meetings of all partners which took place every 3 months online when a face-to-face meeting was not taking place. Monthly meetings of the Project Steering Committee (PSC) ensured the project stayed on track and was the main forum where disputes were resolved.

A project website was maintained as a sub-site to the main GESEA site as well as several dedicated social media channels. A full report on the dissemination work carried out in Year 2 is available in D5.4.

### Outreach and engagement with stakeholders

In the original proposal stakeholders were identified. In general terms they included those training and diploma centres already engaged in relevant training as well as those with a potential interest, networks and associations of both medical and specialist practitioners, as well as the broader public.

Looking back over Year 2, it is clear that the planned outreach has continued to be very successful. ESGE and ATiT have maintained a continuous flow of information about the project to stakeholders through the different channels available to them as well as events such as the annual ESGE Congress. At the same time, partners have been very active in

their outreach as evidenced by many in their annual technical report and regular updates on their dissemination work. For example:

- Project leaders from AUTH gave an input about the GESEA Educational and Assessment programme to the 16th European Congress of Paediatric and Adolescent Gynaecology in June 2024 in Thessaloniki, Greece.
- SERGS distributed leaflets at ESGO 2024 at the SERGS booth and during the SERGS 2024 conference in Madrid.
- EAGS provided an input to the ENTOG Scientific Meeting in Zurich in September about GESEA and GESEA4EU training.
- FPG provided an input to the SIGO (Italian Society of Gynaecology and Obstetrics) Congress 2024, in Florence, Italy on 3-6 November 2024 about GESEA and the training modules to an audience of around 1300 experts in the field of gynaecology and obstetrics.

More details about such activities are provided in D5.4.

## Progress in Work Packages

### *Project Management and Coordination (WP1)*

This work is led by ESGE and continued throughout Year 2 of the project. It was made up of three main tasks, T1.1 Overall project planning, coordination, administrative and financial management; T1.2 Risk Management and quality assurance and T1.3 Data and privacy management. Work in all three tasks proceeded largely as planned with Sally Reynolds from ATiT in the role of Project Coordinator working closely with staff in the ESGE office.

### *Preparatory Activities (WP2)*

This work was completed in Year 1 and is reported on in the relevant deliverables submitted and already approved in Year 1.

### *Training Activities (WP3)*

This report summarises the training activities led by FPG conducted under Work Package 3 between months 10 and 24, focusing on general practitioners, specialist professionals, nurses, non-clinical staff, and expanding the GESEA network through new trainers. Participation in the Basic and Intermediate Laparoscopy and Hysteroscopy Modules exceeded expectations, with 197 participants in L1 and H1, 92 in L2/H2, 196 in G1, and 466 in G3. The training followed the standard curriculum and was offered in multiple languages. The MIGS Clinical Attachment Modules (L3, H3) is planned to accommodate eight trainees across four Fellowship Centres for a structured 12 to 24 month programme. Despite insurance-related challenges, enrolment is ongoing, ensuring sustainability beyond the project's timeline.

The Advanced Laparoscopy (L4) and Digital Hysteroscopy Centre (H4) Modules successfully met their targets, training 50 and 10 participants respectively. The Robotics Module (R1) adjusted its target from 45 to 27 due to simulator constraints but still trained 29 participants. The Nurses' Laparoscopy and Hysteroscopy Modules (L5, H5) exceeded expectations, with 66 participants in total, including an adapted course for 25 nurses from

Cyprus. The Digital Hysteroscopy Centre for Nurses (H6) exceeded its goal with 12 participants.

The Robotics for Nurses (R2), Equipment Operators (L6, H7, G4), and Training Specialists (L7, H8, G5) Modules met or surpassed targets. The Training Nurses Module (L8, H9) exceeded expectations with 19 participants, while Robotics for Training Specialists (R3) reached its goal of 10. The Endoscopic Surgery and Patient Wellbeing Module (G2) far surpassed its target of 50, training 460 participants. High participation across modules highlighted strong demand. Multilingual curricula enhanced accessibility, while flexible training formats accommodated various centres. Expanding the GESEA network through new trainers strengthened program outreach and sustainability. In WP3, the focus has been on developing trainers, expanding digital learning, and targeting new regions for training. The success of Work Package 3 lays a solid foundation for the continued global expansion of minimally invasive gynaecologic surgery training.

The D3.2 report presents the training as delivered, noting any deviations in approach or participant numbers with explanations. Modules are organised by target audience, and joint online modules are integrated where applicable. Assessment and certification details are provided in this deliverable, though in-depth evaluation is covered in Deliverable 4.1. A dedicated section in D3.2 highlights the GESEA4EU e-learning platform and extensive video library, ensuring centralised resources for continuous education and skill development.

#### *Training Activities assessment and validation (WP4)*

This work package was led by CICE and was closely connected to WP3. All the Tasks in WP4 have been successfully conducted with the support of all Consortium Partners.

The goals of WP4 were:

- (i) to develop and deliver assessment methods able to evaluate the knowledge and competencies gained by each participant in each target group, by means of specific questionnaires and/or hands-on surgical simulation (LASTT, SUTT, HYSTT) when applicable (Objective Structured Clinical Exams, OSCE or GESEA Certification) (T4.1, T4.2, T4.3),
- (ii) to collect data to summarise the impact generated by the Training Programme Completion (T4.4) in terms of learning curve; training experience; perceived quality.

The evaluation process focused on assessing the effectiveness, relevance, and outcomes of the training activities. Data collected from participants revealed significant improvements in technical skills, theoretical knowledge, and confidence in performing endoscopic procedures. High levels of satisfaction were recorded regarding the structure and content of the training, with positive feedback highlighting the hands-on approach, modular design, and tailored content for different trainee categories.

#### *Dissemination and communication (WP5)*

This work package was led by ATiT working closely with ESGE. All actions to ensure the effective dissemination and communication activities of the project as described under T5.1, T5.2, T5.3 and T5.4 continued as planned and were realised on two levels. First, at a central level these were managed by the ATiT/ESGE C&D team who ensured the project was promoted as widely as possible through targeted campaigns, promotion through the different channels available to the project such as the ESGE newsletter and the project website. The same team monitored and supported the dissemination and communication activities carried out by each partner at a local level according to the agreements contained in D5.1, the Dissemination and Communication Plan agreed amongst the partners at the start of the project. The work carried out under these tasks is reported on in full in the final Dissemination and Communication report for Year 2, D5.4.

T5.5 in WP5 describes the work carried out in the lead up to the signing of a MoU between EBCOG and ESGE to determine the framework to connect EBCOG-PACT and GESEA through the proposed concept of EBCOG-PACT-GESEA centres. This framework is intended as a way to facilitate the dissemination of the training curricula of both EBCOG-PACT and GESEA. Work to prepare the agreement underpinning the MoU has continued throughout the second year of the project with a number of meetings and contacts amongst those directly involved in ESGE and EBCOG. At the time of writing this deliverable, a draft MoU is in circulation and is expected to be signed within the coming weeks.

## Deliverables and Milestones

In year 2 the following deliverables have been prepared and submitted to the EC

No	Title	Planned	Approved
D1.4	Project Final report and Evaluation	M24	Pending
D3.2	GESEA4EU Training Courses' Provision Report	M24	Pending
D4.1	Report on the impact and assessment of the training methodology	M24	Pending
D5.3	GESEA4EU Training Methodology Booklet	M24	Pending
D5.4	Final dissemination and communication report	M24	Pending
D5.5	EBCOG-PACT-GESEA Framework and MoU	M24	
D5.8	Outcome indicators report	M24	Pending

## Status of milestones in Year 1 and Year 2

No	Title	proposed	achieved
1	Kick-off meeting	M1	M1
2	Mid-term meeting	M12	M16
3	Organisation and standardisation of GESEA training modules	M4	M4
4	Definition of the training course agenda and participants	M9	M10
5	Finalization of the training activities for the trainers (TTT)	M10	M23
6	Conclusion of the training activities for the target groups	M19	M23
7	Trainers of the consortium are assessed and certified	M20	M23
8	Launch of project online	M3	M3
9	Promotion of GESEA4EU courseware	M9	M11
10	MoU between ESGE and EBCOG signed	M24	

There have been three notable deviations to the original milestone planning as shown in this table. The first relates to the finalisation of the TTT (M5) which was originally planned for M10 and which was finally realised in M23. The reason for this is two-fold. First of all, facilities and faculty to train the targeted number of 54 trainers was simply not available in the planned timetable and it was not possible to set up a single course for such a large number of trainees. Therefore, the courses were planned in three rounds, the first took place in December 2023, the second in April 2024 and the final one in December 2024. This process also involved bringing forward the training of trainers from the new target centres so they could largely be trained before the courses took place in the target centres as reported upon in Year 1. This delay in reaching the milestone had a knock-on effect in delaying the achievement of M7.

Secondly, the project was several months delayed in reaching M6, the conclusion of the training activities. This occurred simply because the teams involved needed to prioritise the delivery of modules in the diploma and target centres before they could deliver the other modules due to internal constraints in terms of staffing and facilities.

Finally, the timing of the third all partner face-to-face meeting (M2) was adjusted from M12 to M16. This decision was taken for several reasons. First of all, the second all partner meeting took place in M10 and so it was agreed that a longer gap between these meetings was needed. Secondly, by moving this meeting to M16 it meant that quite a number of the Basic and Intermediate courses had already taken place in the Diploma and Target centres. So having the meeting in M16, provided a very useful opportunity to discuss the results of these courses and to plan ahead more effectively for the remainder of the project lifetime.

## Achievements

Project partners are generally very satisfied with the achievements of GESEA4EU and particularly of what has taken place Year 2. All objectives have been met according to the KPIs agreed at the start with the exception of the finalisation of the MoU between EBCOG and ESGE which is expected to take place with the coming weeks. Practically all the target numbers in terms of the planned modules have been met or exceeded and the process of standardising the GESEA4EU training modules is now complete, with translations available of all training materials in 8 languages.

Not only have the targeted numbers been achieved in GESEA4EU, but the findings reported on in WP4 as to the validity, quality and effectiveness of the training delivered is really encouraging. Key findings include over 80% of participants reported measurable knowledge gains and improved procedural competency. Furthermore, almost 100% expressed that the training methodology effectively met their professional development needs. Moreover, interest in continuing on their GESEA journey is particularly high with the majority of participants expressing a strong desire to proceed to the next level of training, with an impressive 98% indicating they would be interested in further modules. This last finding is a particularly good sign in terms of the ongoing growth of the GESEA programme and the sustainability of the outputs achieved in the GESEA4EU project.

Finally, the expansion of the GESEA community of diploma centres to eventually include 9 new centres in 8 countries is also worth highlighting. These centres have had the opportunity through the project to become directly embedded in the GESEA programme and the experience of applying a mentorship approach within GESEA has very much paid off with important professional relationships established between staff in different centres.

## Challenges

Although the project team is proud of what has been achieved to date, this type of innovative collaborative work has not been without its challenges. These challenges can be grouped according to several broad categories.

As reported in Year 1 **access to suitable equipment** continued to be an issue particularly with regard to the Robotics modules. This was due to the fact that access to the necessary equipment to run certain modules is expensive and difficult to move and very often depends on the generosity of specific medical equipment suppliers. The team managed to find a solution to train a significant number of specialist professionals and nurses in Robotics as well as Specialist Trainers and Nurse Trainers however this was a challenge. Several participants in such courses also remarked that they would have preferred more time to practice to build up their competence in the use of this equipment which was simply not available due to access limitations.

A second challenge noted by the team lay in **attracting enough nurses** from different countries to take part in the modules directed at nurses. While the modules aimed at nurses are being made available in all partner languages and the intention going forward is to offer these modules in GESEA's different diploma and training centres in their own language, the GESEA4EU project was structured in such a way that these modules were all planned to be delivered from a central location, in FPG in Rome Italy. This meant that nurses taking part in the specific delivery of these modules needed to be able to speak English and to have sufficient budget to be able to travel to Rome. We were able to organise one further module aimed at nurses in Cyprus which was delivered successfully in Greece. The result of this was that while the original number of nurses targeted to take part in GESEA4EU was reached, we did not manage to reach the geographical spread of nurse participation as originally hoped for. The project team remains committed to the continued expansion of the GESEA Programme to nursing staff going forward. The availability of standardised modules aimed at nurses in partner languages as a result of GESEA4EU means that this will now be possible in the future and the team is confident that such modules aimed at nurses in different centres can be very successful as a result.

Finally, while all the partners are now more skilled in **meeting the administrative requirements** of a European Commission support project such as GESEA4EU, this aspect of the work of the project continued to be a challenge in Year 2. Many of the partners simply do not have an experienced administrative unit available in-house who could assist them in administering the project funding and the whole team have had to work really hard to try to ensure that the necessary administrative tasks were carried out as required. This challenge was further exacerbated by a continuing frustration on the part of many partners

with regard to how travel and subsistence costs are calculated as reported on at the end of Year 1.

## Major risks and mitigation actions

In the original proposal the consortium identified 8 risks, they are repeated here along with the planned mitigation measures and an update as to their current status.

No	Title and related WP	Planned mitigation measure	Status at end of M24
1	WP1: Delays in project implementation Impact (I): medium Probability (P): medium	Planning and scheduling of activities have been carefully designed, taking into consideration a reasonable timeline to contain unexpected delays. PMQP will be designed to face unexpected events which could lead to unexpected delays.	While there were several delays to the work in specific WPs, none of these have had an impact on the overall progress of the project.
2	WP1: Staff turnover I: low P: medium	Planning and scheduling of activities have been studied to alternate intense and less intense activity periods, well distributed over reasonable timescales. Scientific partners, in addition to belonging to a consolidated working group, will have knowledge of all modules and will have relevant presentations and work descriptions available, so as they can be substituted when necessary.	This risk has not occurred although there were some changes in medical personnel. All key personnel remained involved in the project to the end.
3	WP1: Defaulting partner I: medium/high P: very low	Consortium Agreement will identify partners' duties and possible consequences if commitments are not met. Steering Committee will decide how contract obligations will be re-assigned and fulfilled by the consortium.	This risk did not occur and so there was no need to apply the planned mitigation measures.
4	WP3: Training Modules may not respond to TG training needs I: high P: low	Target Group (TG) will be actively involved through the administration of questionnaires in order to investigate their needs and training gaps and designing the training accordingly.	This risk did not occur as evidenced by the reported findings in WP4 and in fact the feedback from the target groups was overwhelmingly positive.
5	WP3: The training could be too notional and not concrete I: medium P: low	As detailed in the Concept and Methodology section, the training methodology of GESEA4EU will follow a structured learning approach that combines e-learning, distance learning, simulation training, instructor-led training, mentoring and roleplaying, so as to ensure a comprehensive learning experience. This concept has been tested successfully.	This risk did not occur as evidenced by the reported findings in WP4 and in fact the feedback from the target groups was very positive in respect to the practical application of the training provided even though many participants would have liked more opportunities to practice.



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6	WP3: Trainer and trainees' difficulties faced in the use of the E-learning Platform I: medium P: low	The platform will be user friendly and extremely practical. The Consortium will conduct e-learning activities on ESGE Academy, a platform already tested successfully with all types of users to ensure smooth learning.	This risk has not materialised and the feedback on accessing and using the platform has been positive.
7	WP5: Dissemination of project results may not be sufficient to create impact I: medium P: low	A whole WP and a Strategic Plan will be dedicated to C&D activities, which will be implemented in a cross-cutting manner through a multi-layered strategy, to reach the target audiences as effectively as possible. All Project appearances and products will receive an immediately recognisable visual and stylistic identity. All key messages will be direct and concise, according to current standards of communication.	The level of interest in GESEA4EU activities in Year 2 continued to be high, particularly with respect to interest in the modules which were delivered. All partners carried out their own dissemination activities using a common brand and approach.
8	All WPs: COVID-19 pandemic effects persisting even in 2023/2024 and/or the occurrence of global events that prevent GESEA4EU physical events/meetings/activities. P: low I: low	COVID-19 pandemic, after a strong impact on working methods, has taught how to overcome the impossibility of developing events and activities in person using technology. The partnership is made up of organisations that have continued to develop their activities both during the lockdowns and during the subsequent phases subjected to restrictions and severe limitations. For this reason, the partnership can develop online training activities, events and meetings. In case it will be necessary to organise training sessions in a specific location, adequate procedures will be put in place to guarantee the safety of everyone involved.	This risk did not occur although online collaboration practices, many of which were developed during the pandemic continued to be utilised in Year2.

## Summary Table

In the following table we have summarised the number of people trained per staff category and per country along with the situation regarding certification for the different modules.

		L1	L2	L4	H1	H2	L3/H3	H4	R1	L5	H5	H6	R2	G4	L6	H7	G5	L7	L8	H8	H9	R3	R4	G1	G2	G3
Belgium	Specialists professionals	19	21		19	21											7	7		7		5		19		19
	Nurses																			2		2				
	Non-Clinical staff													1	1	1									20	
France	Specialists professionals	12	10	10	12	10			5								3	3		3				12		12
	Nurses																									
	Non-Clinical staff													1	1	1									10	
Italy	Specialists professionals	40	29	17	40	29		10	9								12	12		12		5		40		40
	Nurses									26	15	12	10							11		11		7		
	Non-Clinical staff													1	1	1									370	
Germany	Specialists professionals																3	3		3						
	Nurses																			1		1				
	Non-Clinical staff													1	1	1									30	
Cyprus	Specialists professionals																2	2		2						
	Nurses								25	25																
	Non-Clinical staff													1	1	1									10	
Portugal	Specialists professionals	22	22	20	22	22		5									6	6		6				22		22
	Nurses																			2		2				
	Non-Clinical staff													1	1	1									10	
Slovenia	Specialists professionals	9	10		9	10											4	4		4				9		9
	Nurses																			2		2				
	Non-Clinical staff													1	1	1									10	
Estonia	Specialists professionals	10			10												2	2		2				10		10
	Nurses																									
	Non-Clinical staff													1	1	1										
Ireland	Specialists professionals	10			10												3	3		3				10		10
	Nurses																									
	Non-Clinical staff													1	1	1										
Poland	Specialists professionals	10			10												3	3		3				10		10
	Nurses																									
	Non-Clinical staff													1	1	1										
Croatia	Specialists professionals	10			10												2	2		2				10		10
	Nurses																			1		1				
	Non-Clinical staff													1	1	1										
Spain	Specialists professionals	20			20																			20		20
	Nurses																									
	Non-Clinical staff													1	1	1										
Hungary	Specialists professionals	10			10				3								2	2		2				10		10
	Nurses																									
	Non-Clinical staff													1	1	1										
Bulgaria	Specialists professionals	15		3	15												3	3		3				15		15
	Nurses																									
	Non-Clinical staff													1	1	1										
Greece	Specialists professionals	10			10		1		6								2	2		2				10		10
	Nurses																									
	Non-Clinical staff													1	1	1										
Greece	General practitioners																									
total		197	92	50	197	92	1	10	28	51	40	12	10	15	15	15	54	54	19	54	19	10	7	197	460	197
accreditation																										
Over 90% Level 1 certification																										
Over 90% Level 2 certification																										
Certificate of completion following online module, trainee needs to download upon completion, downloads vary between 5 and 100% depending on the module																										
OCSE completed by chief mentor in Diploma/Training Centre																										



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## Budget and costs

Financial management of the project in Year 2 has proceeded far more smoothly than in Year 1, with practically all partners reporting on time to the management team and finding ways to justify and claim the costs spent on the project.

However, we continue to encounter some challenges in this respect, particularly due to the fact that so many of the partners are newcomers to collaborative projects funded under the EU4HEALTH programme. As reported in Year 1, GESEA4EU involves partners who all operate under strict financial management within their own organisations. However, the differences in the way in which costs are claimed and then reported under the EU4HEALTH programme means that a significant effort needs to go into working with partners, often on an individual basis, to help them ensure they claim and report according to EU4HEALTH regulations.

At the time of writing the project, the project management team is working with each of the partners to prepare and submit their individual financial reports, so it is still too early to report on individual cost differences between the planned budget and eventual claim of all partners. These will be reported upon in full in the final financial and technical reports for the project to be submitted by end March 2025.