EJD-WHO Academy 2024. Summary.

Day 1

Session 1. The state of the workforce in Europe 2024. Country Implementation of the Framework for action HCWF 2023-2030.

Tomas Zapata shared the idea of the health workforce crisis as a *ticking time bomb* regarding the health and care workforce crisis. Despite having more doctors and nurses than ever in Europe, an increase in demand, the ageing of HCW, migration and more part time workers as well as increasing resignations due to mental health issues makes it challenging to maintain the increasing need for healthcare services. He emphasised that initiatives like the Bucharest Declaration and the Framework for Action 2023-2030 have created a momentum to address HCW issues that cannot be missed. He outlined the need to rethink the competencies and tasks of the health and care workforce, decrease the workload and redesign their fair remuneration, and to rethink the bureaucracy of medical services to save time and put the patient in the centre of care (optimization of services). The report Time to Act can be found here.

He shared an example of a not sustainable health care system, where international medical students represent 50% of all students and 85% of them leave after their studies, which does not align with the country's needs.

Tomas also presented several country examples of what WHO-Europe is doing to enhance healthcare including health labour market analyses, mapping of human resources for health, building health workforce strategies together with governments, leadership courses on HRH and many others.

A presentation on engagement with Non-state actors and on the implementation of the Framework for Action on the health and care workforce in the WHO European Region presented by Sulakshana Nandi, PhD. EJD has a NSA accreditation in WHO.

Group discussions. Discussions summarised in the table below.

Country level initiatives following WHO's Framework for Action				
Pillar I: Retain & Recruit	**Pillar II: Build Supply**	**Pillar III: Optimising Performance**	**Pillar IV: Plan**	**Pillar V: Invest**
Recruiting				
Increase in salaries (Croatia)	New medical faculty in 2026 (Slovenia)	New law for quality in healthcare (Slovenia)	Established “mapping committee” for workforce planning (Netherlands, Greece)	National SOS line for medical workforce mental health support (Greece, Slovenia)

Increase in numbers of medical students (France, Slovenia, Portugal)	Free digital training for public hospital doctors (Greece)	Tele-consultations in primary care (Greece, France, Croatia)	Medical Atlas statistics on doctors and migration (Croatia)	Lower tax for doctors under 35 (Portugal)
Increased salaries in medical deserts (Greece, Lithuania)	Residency logbooks (Greece)	E-Portal for health (Croatia, France, Estonia)	Planning dedicated number of HCW in medical deserts (Latvia)	Investment in mental health (Spain)
Hiring additional workforce (Finland)	Partially funded change of specialty (Netherlands)	Cutting admin-time (Netherlands, Finland)		Amendment to Criminal Code to mark medical workers as officials to tackle violence against HCW (Croatia, Greece)
Preferred medschool recruitment for students from rural areas (Germany)		New care pathways catalyst program (Estonia)		Shifting funding from private to public sector (Estonia)
Preferred residency recruitment in primary care (Croatia)		Rebuilding existing digital solutions to make patient data flow more efficient (Estonia)		
Allocation initiatives		Establishing emergency care nursing as a specialty (Croatia)		
Requirement to work in public sector for 5 years after PGT (Slovenia)		Mental health nursing as a specialty (Estonia)		
Requirement to do part of training outside the university hospital (Lithuania)				
Extra pay for people working in just public health (Portugal)				
Medical deserts				
Big one-time starting allowance for doctors and nurses in medical deserts (Estonia)				
Free housing when working in medical deserts (Greece)				
Other				
Mental health care team for HCW of people you don't know, regulated by board (Spain)				
Established national plan on retaining and recruitment (Finland) - Education: content & numbers				

- Cutting tasks / bureaucracy - Skill mix - Retention & recruiting: wellbeing, leadership - International recruiting (e.g from Asia) - Knowledge base, forecasting				

We also discussed ongoing **advocacy efforts**:

- Not so many medical school spots.
- No mandatory work for trainees in Latvia, Slovenia as well.
- English speaking courses to increase the medical student interest from abroad.
- Obligatory rural area year, but not always it is well led, supported or organised.

Session 2. Mental health of the health workforce

Overview of WHO Europe + EC Survey
Cassie Redlich from WHO introduced the European Programme of Work, "United Action for Better Health in Europe" which has made mental health a cornerstone of WHO's strategy in the region. She highlighted the European Framework for Action on Mental Health 2021-2025, which addresses service transformation, mental health integration into public health emergency preparedness, and lifelong mental health promotion. Cassie also discussed the pan-European Mental Health Coalition, an implementation mechanism designed to drive this framework forward. WHO's approach includes six strategic work packages and 20 initiatives (funded by the EU), all rooted in the principles of **access, quality, and integration**—aiming to place mental health on par with physical health in healthcare policy and practice.

The group had a long discussion about the mental health survey of the situation of the workforce where dissemination strategies and bottlenecks in the process were addressed alongside the importance and explored effective methods for distributing it to reach healthcare workers as well as what to do with it after its completion.

Research Presentation
Dr. Laura Valaine shared her PhD research on the mental health impacts of the COVID-19 pandemic on healthcare workers in Latvia, highlighting depression and anxiety as significant risk factors with prolonged effects on health.

Open Discussion on Mental Health Policies and Initiatives
Participants shared various national approaches to supporting healthcare workers' mental health:

- **Netherlands**: A 2019 initiative introduced "startup kits" to promote autonomy and personal development for healthcare workers, especially in smaller hospitals, fostering an approach that values healthcare workers as individuals beyond their roles.
- **Switzerland**: ReMed provides 24-hour support for doctors facing mental health or crisis situations, with specialists following up within 72 hours to offer assistance.
- **Lithuania**: Supported by the Ministry of Health, an "Elephant in the Room" campaign actively addresses mental health and reduces stigma through social media materials and professional advice. Since 2021, Lithuania has implemented a mental health plan focused on combating bullying, although funding challenges remain.
- **France**: In 2025, a new mental health support system will launch, providing 24-hour support to senior postgraduate trainees to assist them in managing work-related risks.
- **Croatia**: In response to rising suicides among junior doctors, the junior doctor association has launched online webinars addressing mental health, anxiety, and other issues to enhance awareness and provide practical support.
- **Slovenia**: The medical chamber organises regular mental health and self-care workshops for healthcare workers.
- It was commented that there is a Lancet 2023 article which presents an umbrella review about working conditions and the impact on mental health.

- Greece commented that cultural aspects of what types of support is needed by HCWs have to be considered, usually these mental health services have to be country-specific.

Participants also noted that cultural factors influence what types of mental health support healthcare workers need, stressing the importance of country-specific approaches. Cassie confirmed that the EJD would be involved in consultations to shape recommendations once survey data has been gathered.

Discussion Highlights
The discussion covered a range of critical topics around mental health in healthcare:

- **Supporting younger generations**: With mental health challenges on the rise among junior healthcare workers, participants emphasised the need to integrate mental health education into medical training and address specific challenges faced by adolescents and young adults entering the workforce.
- **Mental health literacy**: Broadening mental health literacy across the sector, especially through Continuing Medical Education (CME) and Continuous Professional Development (CPD), was recommended. This literacy should extend to educators, mentors, and senior healthcare workers, equipping them with the skills to support junior colleagues.
- **Cultural change in healthcare**: A bottom-up approach to healthcare culture, with initiatives led by junior doctors or smaller teams, was discussed as a potential driver of larger policy changes. However, attendees cautioned that these initiatives should be part of a larger, sustainable framework rather than relying solely on local efforts.
- **Preventive measures for mental health**: Shifting from reactive to preventive mental health strategies was highlighted, with participants advocating for primary prevention tactics, such as managing workplace stressors and expanding access to low-intensity mental health support.
- **Overworking and personal limits**: Many junior doctors feel pressured to take on excessive tasks due to professional expectations and personal goals. There was a consensus on promoting a culture that discourages overworking and helps doctors set healthy boundaries.
- **Role of mid-level managers**: Middle-level managers play a pivotal role in fostering a supportive work environment. Training managers to prioritise mental health, maintain clear boundaries, and discourage overworking was emphasised as a key strategy.
- **Redefining the doctor's role**: To counter the toxic culture of overachievement, participants discussed the need to redefine the role of a modern doctor, balancing clinical competence with personal well-being and promoting a sustainable career model in healthcare.

This session provided a comprehensive look at the mental health landscape for healthcare workers across Europe, with a focus on proactive, culture-shifting strategies to support junior doctors' mental health and overall well-being.

Session 3. History of the World Health Organization

In this session, a WHO Communication Officer presented a fascinating overview of the history and evolution of the World Health Organization (WHO), tracing its roots back to early international efforts to address health issues across borders.

The Early Days

The need for public health coordination, treaties and entities dates back to 1851, when the Great Exhibition was held in London. That same year, an international health conference was organised in Paris, bringing together representatives from 18 countries to address infectious diseases—an acknowledgment that diseases do not respect national boundaries. This conference, lasting six months, marked the first known global collaboration in public health.

Post-War Foundations

Following World War II, international health cooperation gained further momentum. In 1945, delegates met in San Francisco to discuss the formation of a global health organisation as part of the United Nations' broader peace and development efforts. The WHO was formally established on April 7, 1948—a date now celebrated annually as World Health Day. This foundational moment marked the beginning of WHO's coordinated approach to addressing health issues worldwide.

WHO Today

The WHO, one of the 15 specialised UN agencies, has grown into a global health leader with 194 member states. It operates with the support of over 800 collaborating centres and a network of 7,000 public health experts around the world, working across diverse health areas.

WHO's Inspiring Definition of Health

The session highlighted the enduring impact of WHO's Constitution, which contains a visionary definition of health as a "state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." This inclusive definition has inspired many to pursue careers in public health and reflects WHO's commitment to a broader approach to health that values mental and social well-being alongside physical health.

This historical perspective underscored WHO's enduring commitment to international health collaboration and provided participants with a deeper understanding of the organisation's mission and its influential role in shaping global health policy.

Day 2

Session 4: Healthier Teams, Safer Care – Bridging Quality of Care and Patient Safety with Workforce Challenges

Quality of Care: setting the stage

Valter Fonseca opened the session by asking attendees to define "Quality of Care" in one word. Common themes emerged, such as equity, excellence, safety, patient-centeredness, value, joy, and accessibility. These words emphasised the multifaceted nature of quality in healthcare and set the foundation for a deep discussion on aligning quality care and patient safety with the well-being of healthcare workers.

Fonseca highlighted that healthcare quality is shaped by both patient and provider expectations - a gap that often poses challenges. Improving quality requires addressing this gap through provider training and patient education, aiming for a shared understanding of care goals.

Donabedian's framework for quality assessment

The session explored Avedis Donabedian's model for assessing healthcare quality, which includes:

- **Structure**: Characteristics of the care setting, such as facilities and staff qualifications.
- **Process**: The methods used to deliver care, like diagnosis and patient education.
- **Outcome**: The effects of healthcare on patient health, including recovery and satisfaction.

While quality improvements at the micro level (e.g., in individual facilities) are essential, system-level changes at the national level are required to produce lasting impact. Quality of care is dynamic and context-specific, reflecting societal and systemic value The presentation introduced the "5 Lens Framework" and evidence-based interventions to improve healthcare quality at both service and systemic levels. Inequities in healthcare access and quality exacerbate disparities in outcomes, with system-wide approaches being essential for sustainability.
The Framework for Resilient and Sustainable Health Systems for the WHO European Region (2025-2030) was presented and it underscores that increasing health investment is crucial. It highlights the connection between quality of care, patient safety, and improved health outcomes. The presentation emphasised that UHC cannot be achieved without ensuring quality, as poor-quality care is a significant driver of healthcare inefficiencies and inequalities. Fonseca presented WHO's use of **quality indicators** to support the implementation of the Romanian Health Quality Fund, which helps hospitals measure and share data to assess their effectiveness
Role of the WHO and Athens Office: supports member states with technical guidance, policy development, and capacity-building for quality improvement. Focuses on advancing patient-centred care models, digital health governance, and equitable access to care.

WHO quality of care indicators report

Lenio Capsaskis discussed WHO Europe's upcoming **Quality of Care and Patient Safety Report**, the first in-depth look at healthcare quality across Europe, set to launch in December. This report will provide data for 53 member states, focusing on people-centeredness, equity, and workforce metrics like general practitioner and nursing ratios. The report also provided **workforce statistics**, revealing an average of **36.2 doctors per 10,000 people** (ranging from 18.8 to 88.8) and **65 nurses per 10,000 people** (ranging from 27.4 to 202.7). Additionally, **people-centeredness indicators** from the EU indicated that 86.6% of patients reported having adequate time with their doctors, and 84.8% felt involved in decisions about their care. These indicators demonstrate the importance of patient-provider communication in delivering quality care.

Lastly, the session emphasised that while data are valuable for advocacy, numbers alone do not capture the full healthcare landscape. **Improving data collection and usage** is necessary to better reflect real healthcare conditions and support targeted improvement efforts.

This report represents a key part of WHO's broader initiative to strengthen healthcare quality as a core component of universal health coverage and resilient systems across Europe, with the report serving as a benchmark for national policy discussions and advocacy initiatives.

Feedback from EJD underscored the importance of long-term workforce planning for sustainable healthcare systems.The session identified several essential components for enhancing healthcare quality:

- **Workforce capacity and well-being**: Adequate training, equitable distribution, and support for worker well-being and teamwork culture.
- **Data use**: Reliable data is crucial for advocacy and decision-making, but limited reporting from member states highlights the need for consistent data collection and careful interpretation of quality indicators to avoid misleading conclusions.
- **Geographic variability in quality**: A study in London, which linked life expectancy to socioeconomic factors along a subway line, illustrated disparities in healthcare quality that must be addressed through disaggregated data analysis.
- **Patient safety**: The **Global Patient Safety Action Plan's 7x5 Matrix** stresses that a lack of safety training for national-level staff contributes to underreporting errors, driven by a punitive culture and mistrust in reporting systems. Building a supportive, non-punitive environment is essential for improving reporting and reducing errors.

SMART indicators and quality of care exercises

Fonseca presented the SMART (Specific, Measurable, Achievable, Relevant, Time-bound) criteria as essential for designing effective quality indicators. These indicators should include both clinician-reported outcomes (CROMS) and patient-reported experiences (PREMS) to provide a holistic measure of healthcare quality.

The group then worked on advocacy exercises, developing objectives focused on improving workforce well-being and patient safety, such as:

1. **Reducing fatigue**: Inspired by the aviation industry, groups suggested implementing European Working Time Directive (EWTD) standards and measuring compliance through fatigue indexes.
2. **Shortening 24-hour shifts**: Advocating for discontinuation of 24-hour shifts, especially in emergency departments, to improve patient safety and support well-rested staff. Proposed indicators included measuring high-risk hours in the ED and reducing safety incidents.
3. **Improving mental health**: Setting goals to reduce anxiety and depression in the workforce, with indicators like decreased sick leave and improved mental health scores.
4. **Creating a standardised patient safety reporting system**: A national system for reporting and improving patient safety was proposed, focusing on “reporting to save lives” by making data accessible for analysis.

International Perspective: Mexico’s healthcare safety residency program

Luis Torres Torija from Mexico presented a case study on Monterrey’s Healthcare and Safety Resident Program, a model for hands-on healthcare leadership training that has expanded nationally. This multidisciplinary program has produced future healthcare leaders, strengthened patient safety protocols, and improved healthcare systems across Mexico. The program’s focus on leadership development and quality care serves as an inspiring example of successful healthcare education and improvement.

Key Takeaways

Session 4 underscored the interconnectedness of quality of care, workforce well-being, and patient safety. Sustainable improvements in healthcare require:

- Systemic investment in the workforce.
- Enhanced data quality and critical interpretation of indicators.
- Consistent and supportive training environments for quality improvement.

The session highlighted that, ultimately, the well-being of healthcare workers is central to achieving safer care and higher quality services across healthcare systems.

Session 5. Optimising for the Good of Healthcare

Introduction to Workforce Optimization

Patrick Pihelgas and Cathal Morgan led the session, highlighting the urgent need to address the challenges posed by an ageing health workforce, described as a “ticking time bomb.” Workforce optimization, they explained, goes beyond the direct patient interactions of doctors and nurses and involves **planned, collaborative interventions** that enhance care capabilities, accountability, and resource management. It is NOT doing MORE for LESS with LESS, which is the typical way optimization is presented. Optimization should support both **working conditions**, **workforce engagement** within healthcare and actual **patient outcomes**. At the core, optimization in healthcare can be done through three methods: **transforming teams** (multi-disciplinary approaches, task-shifting), **transforming services** (redesigning care pathways and workflows) and **introducing digital solutions**.

It is vital that healthcare **optimization be led by clinician leaders** to ensure optimising comes from within.

Importance and Approach
Optimization initiatives usually focus on reaching higher standards of **access**, **quality** and / or **value**. The essential elements of every such initiative are the following:

- **Eliminating Variability**: Reducing inconsistencies in care pathways across the health system.
- **Leveraging Digital Tools**: Embracing digital opportunities and data analytics safely and effectively.
- **Measuring Impact**: Continuously assessing the impact of these interventions.

One example shared was the **60-30-10 Challenge** in healthcare: 60% of practices align with evidence, 30% is wasteful or low-value, and 10% may be harmful. The goal is to focus efforts on addressing the last two percentages, using digital tools and data to refine practices.

Redesigning Care Pathways and Workflow
The session explored clinical pathways as a foundation for delivering efficient, multidisciplinary care. By improving pathways, systems can provide patients with reassurance and security, enhancing overall outcomes.

Health workforce optimization exercise

In this interactive session, participants were divided into four groups, each tasked with exploring optimization strategies in different healthcare scenarios. Two groups focused on the **emergency department (ED)**, one group on **primary care**, and one group on **implementing high-cost, high-value, high-risk technology**. Here are the insights and proposed strategies from each group.

<u>Groups 1 & 2: Emergency department (ED) optimization</u>

Objective: Reduce patient congestion in the ED by streamlining triage, enhancing care pathways, and integrating digital tools to support efficient workflows.

Strategies proposed:

1. **Enhanced triage and pre-hospital pathways**
    - **Telemedicine pre-triage**: Use telemedicine for initial patient assessments, allowing nurses or primary care providers to triage and redirect non-urgent cases to primary care.
    - **Primary care connections**: Strengthen ED links with primary care, ensuring that patients with non-emergency needs are directed to more appropriate care settings.
    - **Patient education**: Educate patients on when to seek emergency care versus primary care to reduce unnecessary ED visits.
2. **Streamlined in-hospital processes**

- **Unified patient information system**: Implement an AI-driven system to streamline patient history collection, reducing intake times and minimising redundant data entry.
- **Real-time patient communication**: Develop a patient app to provide estimated wait times, keeping patients informed and improving satisfaction.
- **Discharge coordination**: Collaborate with primary care providers for better discharge planning, ensuring patients are safely transitioned and reducing repeat ED visits.
- **Data-driven outcome tracking**: Use surveys to measure patient satisfaction, wait times, and healthcare costs to monitor the effectiveness of new pathways.

3. **Pre-hospital triage and pathways**
    - **Nurse-led telephone triage**: Establish a telephone consultation system where nurses assess symptoms and direct patients to primary care or the ED as appropriate.
    - **Emergency pathways**: Each hospital should have digitised pathways for emergencies, using AI to streamline care from intake to discharge.

Case examples: Portugal has optimised patient registration with a digital system that retrieves medical records in under 15 minutes. The Netherlands developed ED pathways that automate lab results for certain conditions, like deep vein thrombosis, saving time and resources. Similar automation for addiction cases or mental health could further shift care to primary providers, dramatically reducing costs.

Group 3: Primary care optimization

Objective: Strengthen primary care capabilities to reduce hospitalizations, especially among elderly patients, and create a more sustainable support system.

Strategies proposed:

1. **Geriatric integration in primary care**
    - **Expanded role for geriatricians**: Incorporate geriatric specialists in primary care settings to manage older patients more effectively and reduce unnecessary hospitalizations.
    - **Paramedical support**: Include paramedical staff, like occupational therapists and physiotherapists, in regular primary care rounds to address patient needs early, minimising hospital admissions.
2. **Pharmaceutical safety**
    - **Digitised medication flagging**: Implement a digital flagging system in pharmacies to identify potential drug interactions, allowing pharmacists to intervene before issues arise.
3. **Task shifting**
    - **Reallocating roles in primary care**: Empower nurses and paramedical staff to take on specific responsibilities, ensuring patients receive comprehensive care while allowing physicians to focus on more complex cases.

Group 4: Implementation of high-cost, high-risk technology

Objective: Introduce a high-cost, high-risk, high-value technology to optimise healthcare processes, improve care quality, and ensure effective resource utilisation.

Strategies proposed:

1. **Automated data collection and analysis**
    - **Digital tracking and reporting**: Use automated data systems to track patient outcomes, resource use, and care quality, providing insights that inform policy and clinical decisions.
2. **Task shifting supported by technology**
    - **Efficient role allocation**: Assign administrative and data entry tasks to non-medical staff, supported by digital templates, so healthcare professionals can focus on patient care.
3. **Integrating care across levels**
    - **Primary care-hospital integration**: Link primary care, hospitals, and insurers in a coordinated system to monitor metrics like hospital stays and ED wait times, fostering a streamlined continuum of care.
4. **Value demonstration**
    - **Data-driven impact assessment**: Evaluate the new technology's impact on patient outcomes, resource efficiency, and staff satisfaction to build a strong case for its adoption and continued use.

EJD Advocacy on HCW Optimization

We tasked the participants to work in groups to create a skeleton for a policy for EJD on optimization in healthcare. Junior doctors need to be at the forefront of these efforts to make sure that optimization is led by clinicians. The participants were handed the following guiding questions:

- *What are the top 3 areas which Junior Doctors see as priorities for optimization of the HCWF?*
- *What do you see as*
    - a) *The key inhibitors*
    - b) *The solutions to make optimization a success in member states?*
- *Develop and agree on one key statement which you think should form the basis of EJD's advocacy approach to workforce optimization.*

Key Priorities:

- **Mental Health and Work-Life Balance**: Emphasis on supporting mental health and promoting a work-life balance for healthcare workers (HCWs) to improve motivation and job satisfaction.
- **Digitization and Digital Education**: Advocate for unified digital solutions, including digital logbooks for trainee management, digital transformation to streamline workflows, resource allocation, and patient care.
- **Leadership and Management Skills**: Promote clinical leadership development to encourage evidence-based, patient-centered care. Support management and leadership training for healthcare professionals to enhance healthcare delivery.

- **Task Shifting**: Implement task-shifting strategies that respect skill-mix, assigning tasks within professionals' core competencies and optimizing efficiency.
- **Cultural Transformation**: Encourage a shift in healthcare culture to promote unity, support collaboration, and foster a supportive work environment.
- **Healthcare Workforce Planning**: Use data-driven forecasting for workforce needs, focusing on flexible assignments and rotations.

Key Inhibitors:

- **Poor Leadership and Lack of Motivation**: Insufficient leadership and low motivation among HCWs hinder optimization efforts.
- **Infrastructure and Financing**: Limited financing, inadequate digital platforms, and infrastructure gaps create barriers to digital and cultural transformation.
- **Fragmented Systems and Governmental Constraints**: Disunity in healthcare workforce frameworks and limited government support inhibit cohesive optimization.

Solutions:

- **Evidence-Based Decision-Making**: Adopt data-informed approaches for resource allocation and planning to enhance healthcare delivery.
- **Task Shifting and Strategic Resource Use**: Use task-shifting practices and draw on EU/WHO resources to optimise efficiency and support roles within their competencies.
- **Promote Personal Satisfaction**: Address HCWs' personal and professional satisfaction to increase retention and motivation.

Key Advocacy Statements:

- "Clinical leadership promotion as a driver of change in healthcare worker optimization."
- "Promoting mental health, digital unity, and cultural transformation to overcome barriers and optimise care delivery."

Final Discussion and Take-Home Messages

As the event neared its conclusion, attendees were encouraged to reflect on the Academy's sessions and the key themes discussed. Each group identified three core takeaways from the event.

One key theme that emerged was the importance of advocating for the implementation of frameworks and monitoring reforms to ensure meaningful progress. Participants emphasised the need to share best practices and align efforts to support healthcare systems. Systemic change was a recurring focus, yet attendees also recognized the power of small groups of champions - dedicated individuals whose enthusiasm can drive significant progress. This balance between large-scale efforts and the influence of passionate individuals was seen as critical for fostering change.

Discussions also addressed the challenges of sustainability. The system is not sustainable in its current state, and reforms are urgently needed. Participants stressed the importance of

ensuring the basics. This focus on the fundamentals serves as a necessary precursor to broader systemic improvements.

The role of collaboration and resourcefulness was another central takeaway. Attendees highlighted the importance of engaging non-state actors, leveraging existing resources - particularly those provided by WHO - and fostering partnerships. Networking was deemed especially vital for organisations like EJD, as it strengthens advocacy efforts and facilitates shared learning.

Quality of care was viewed as inherently tied to everyday practices. Participants noted that QoC is about daily behaviours, emphasising that small, consistent actions by healthcare professionals can have a cumulative impact on patient outcomes. A spirit of unity underpinned many discussions, with the sentiment that **"we are in this together"** resonating strongly among participants. This message was reinforced by the observation that even informal moments, such as random meetings over lunch, can inspire new ideas and collaborations.

Finally, advocacy for systemic mental health initiatives to reach all healthcare workers was another key focus. Participants called for actionable steps to address mental health at scale while continuing to engage in conversations about workforce wellbeing.

These take-home messages capture the heart of the Academy's discussions and align the priorities identified by attendees. It's a roadmap for continued collaboration and action, equipping participants to bring these insights into their professional lives and drive meaningful change in their respective healthcare systems.