



June 2015

# EIT Health Education Newsletter #5

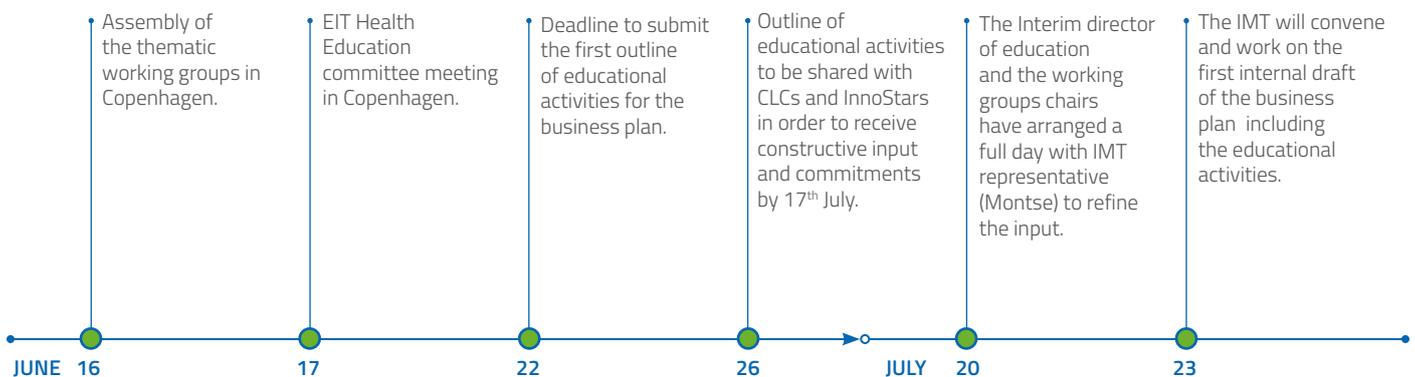
## Progress report

During April the EIT Health Educational Committee invited all interested partners to four thematic workshops (Academic, Flagship programs, Executive Education, MOOCs/digital learning). The purpose was to analyze more than 200 expressions of interest (Eoi) and to discuss the opportunities and needs for the 2016 startup activities. The output was four comprehensive reports (Find them at Impulse under the CAMPUS section).

Early May we formed four thematic workgroups with leadership teams and terms of references (Also at Impulse). These groups are working intensively to develop strategies and concrete plans for the Business Plan. We currently work under the assumption that our educational activities can subvert a budget of around 6.38 m. Euros in 2016. Please, find enclosed the joint framework for preparing this input (annex 1) and the template for KAVA/KCA which we will adhere to (annex 2).

**Visit our website:**  
[www.eit-health.eu](http://www.eit-health.eu)

## Key dates ahead:



June 2015

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### **EIT Health CAMPUS as a marketplace that offers NUGGETS to accommodate 'boutique' students**

Taking into account the Eols and the discussions in the Education Committee, one of the overarching ideas at this moment is to arrange the education elements as a marketplace of learning modules from which students, professionals, teachers and citizens can pick and choose. Following the terminology of the existing KICs these learning modules can be referred to as 'NUGGETS' each containing a specific domain of knowledge and expertise which may well be closely integrated with ongoing EIT Health business ideas and/or innovations. A NUGGET can be a short 1-2 ECTS workshop or short course, up to a longer 15 ECTS Entrepreneurship Lab or full summer School. A NUGGET can also be purely online in the form of a MOOC or a blended digital learning option, or a large 90 ECTS point institutional Master of Innovation.

The concept of CAMPUS as a 'mall' of learning modules will cater to the behavior of the rising number of 'boutique' students who clearly want more control over their own educational trajectory. It will also allow EIT Health to constantly maintain a portfolio that is relevant to a wide array of students of all kinds, and to allow flexibility by adding or removing NUGGETS according to demand, progress and innovation of the field. Moreover, it allows blending several NUGGETS into larger institutional programmes or personalized credited trajectories.

### **Integrating CAMPUS with the ACCELERATOR**

We remain in close contact with Interim Director of Business Creation Andy Browning to assure that the two instruments evolve in tandem. We have planned a separate meeting to concretely integrate approaches as well as coordinate and leverage joint activities such as the Summer School this July. We aim for most of the educational activities to have a strong focus on innovation and entrepreneurship so we will a modus operandi in which the accelerator can easily and systematically pick up and/or funnel business ideas and solutions. We still need a clear picture as to how this can be operationalized and we will soon ask CLCs and InnoStars to discuss how they think such interactions can be enriched locally.

### **Integrating Education and Innovation Projects**

It is to be expected that all future project proposals will include some form of educational activities. We foresee that projects can make use of, interact with existing or new educational NUGGETS, and importantly suggest new activities thus making the educational portfolio needs-driven. The vision is to include such novel activities in the budget of the innovation projects and develop them in collaboration with CAMPUS. This cooperation between the various instruments will enrich collaborative efforts and promote a strong ecosystem for developing future talents. An example of know-how can be found on the B2match website ([www.b2match.eu/eithealth2015](http://www.b2match.eu/eithealth2015)). The deadline to submit innovation by Ideas and Innovation by Design project is June 22th, at 16:00 CET (<https://eit-health.pnk.cc>). All information can be found on the Innovation packages and FAQs-V13.

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### Basic Premises and Challenges

We follow closely the current EIT discussions about the new EIT Education Handbook and Labelling scheme as these are both essential. The CAMPUS is based on the STELLAR approach and we have developed, next to the generic quality labeling of EIT, a draft of so called "EIT HEALTH CRITERIA" to keep in mind the specific content of our KIC in Healthy Living and Active Ageing. The KPI's from the application are quite demanding and together with Accelerator /Andy Browning, we have made a joint memorandum to IMT which describe in detail our view on these matters (see annex 3). We expect that the KPIs and how to handle them will be discussed at the next ExCo meeting.

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### Communication

The Education coordinators from CLCs and InnoStars constitute the EIT Health Education Committee and carry the main responsibility for communication with local partners – don't hesitate to make contact. As an addition, we hope that these Newsletters provide timely and transparent status reports. The newsletters and other relevant items can be found at the Impulse platform.

We are now in close contact with the EIT Health Communication team to improve and disseminate our messages – let us already now thank them for the beautiful layout of this newsletter.

### EIT Health Summer School 2015

The EIT Health Education Committee is proud to be able to kick-off the first real activity in less than one month!

EIT Health will launch the first Summer School 2015 in Innovation and Business Creation to be held in Dublin and Barcelona <http://www.summerschool.eithealth.eu/en>

By the deadline Sunday 7<sup>th</sup> June, 55 applicants have registered for the EIT Health Summer School. All candidates deemed qualified will soon receive their confirmation of enrollment.

On behalf of the Education committee let me extend a big "thank you" to the organizers for their great efforts under time pressure. Also a round of applause to all CLCs and InnoStars as well as the IMT for instrumental and financial support. We hope the Summer School will prove to be a wonderful event which will stand as a symbol that EIT Health already delivers tangible value to Europe

### Director of Education

The position as director of Education in EIT Health has now been advertised. Deadline for applications is 1st July 2015. <http://jobs.economist.com/job/9982/director-of-education-/>

On behalf the EIT Health Education Committee  
Ulla Wewer

## Annex 1 -Draft Blueprint for EIT Health CAMPUS Tracks

### Academic/Flagships/Executives/MOOC

| Section   | Heading  | Responsible<br>(If applicable) |
|-----------|--|--------------------------------|
| <b>1.</b> | <b>Context</b>   |                                |
| 1.a       | Overall clustering of Eol's  |                                |
| 1.b       | Results of the track workshop and the further analysis done by the WG.   |                                |
| <b>2.</b> | <b>Strategy</b>  |                                |
| 2.a       | The challenge to meet with programmes in this track  |                                |
| 2.b       | Strategic approach proposed by the Education Committee   |                                |
| 2.c       | Description of the main education components   |                                |
| 2.d       | Describe the basic business model in this track  |                                |
| <b>3.</b> | <b>Activities</b>  |                                |
| 3.a       | Main education activities for 2016   |                                |
| 3.b       | Main development activities for 2105/2016  |                                |
| 3.c       | Organizational setup required to run the activities  |                                |
| <b>4.</b> | <b>Roadmap</b>   |                                |
| 4.a       | Steps to be taken before the Business plan is submitted  |                                |
| 4.b       | Planned interaction with CLC, InnoStars and partners leading up to the BP  |                                |
| 4.c       | The plan to develop and scale activities in 2017 and 2018  |                                |
| 4.d       | Marketing and communication activities related to the roadmap.   |                                |
| <b>5.</b> | <b>Synergies to be explored and established</b>  |                                |
| 5.a       | Synergies with other EIT Health education tracks   |                                |
| 5.b       | Synergies with the Accelerator   |                                |
| 5.c       | Synergies with other KICs  |                                |
| <b>6.</b> | <b>Finances and KPI<sup>1</sup></b>  |                                |
| 6.a       | List the contribution to EIT KPIs in 2016 and estimations for 2017 and 2018  |                                |
| 6.b       | Describe KAVA and KCA related to the proposed activities   |                                |
| 6.c       | Describe (if possible) the scalability of activities depending on various levels of funding (small, medium, large) |                                |
| 6.d       | Required commitments from CLC, InnoStars and partners (name most relevant partners according to Eol and interest)  |                                |
| 6.e       | Considerations on the financial sustainability of activities   |                                |
| <b>7.</b> | <b>Impact, key outcomes and results</b>  |                                |
|           | Expected delivery of entrepreneurs and ideas to the Accelerator.   |                                |
|           | Describe the job market effect   |                                |
|           | Describe the impact to the EIT Health Societal challenges and cross challenges (See InnoLife application page 7).  |                                |

<sup>1</sup> Please consider using the attached word file with the official KAVA template to answer the section 6. questions. The KAVA template will eventually need to be filled for each activity or group of activities for the purpose of the business plan.

## Annex 2 – KIC Added Value Activities (KAVA) for year N (max. 4 pages per activity)

"KIC added value activities (KAVA) are KIC activities contributing to the integration of the knowledge triangle of research, innovation and higher education, including establishment, administrative and coordination activities of the KICs, and contributing to the overall objectives of the EIT. The KIC added value activities may be financed up to 100% by the EIT financial contribution. The cost of KIC added value activities must meet the criteria defined in the EIT Financial Regulation and the relevant provisions of the EU Financial Regulation and the Rules for Participation of Horizon 2020. The distribution of EIT funding between different activities, as well as co-financing rates, is the KIC's responsibility. The EIT sets the amount of its financial contribution for the proposed KIC Business Plan<sup>1</sup>"

The information should to be grouped for KIC activities as follows: X. **Area** / XY. **Segment** (if applicable) / XYZ. **KAVA**

Based on best practice and to achieve substantial results and impact, the recommended minimum budget of an activity shall be 500.000 EUR in terms of KAVA contribution and smaller activities should be grouped together.

For each KAVA the following data should be provided: (please be concise, but comprehensive)

| Title   | Description  |
|---|--|
| 1. Title of Area and/or Segment and KAVA, including alpha-numerical reference | Title of the Area/Segment of the KIC Added value Activity. Please provide unique name (or acronym) for each KAVA, identical to the Item title in the estimated budget. If the KAVA is a continuation from previous year(s), please provide the unique name and alpha-numerical reference in the previous KIC BP(s)           |
| 2. Key outcomes and results   | List and description of expected key measurable outcomes and results in year N, N+1 and N+2  |
| 3. Key Performance Indicators (KPIs)  | Description to relevant KPIs planned to be achieved following the implementation of the activity in the year N: both EIT core KPIs, and KIC specific KPIs. For multi-annual activities, please provide the key outputs over the full duration of the activity, clarifying the evolution of KPIs for the years N, N+1 and N+2 |
| 4. Deliverables   | List and description of tangible and verifiable deliverable(s) in year N   |
| 5. Work plan  | Description of the work that is planned within the KAVA for year N. Where the activity spans over several years, the specific scope of activities to be implemented for the year N shall be clear and explain which is the starting point and which are critical milestones within the year N.                               |
| 6. Role of KIC partner(s)   | List of KIC partner(s) involved in implementation of KAVA in year N and concise description of their roles in the activity   |

<sup>1</sup> EIT Principles for financing monitoring and evaluating of KIC activities p.4

| 7. Key assumptions on the estimated costs of the KAVA      | <p>Description and justification of the underpinning resources needed for the implementation of the KAVA activity for Year N.</p> <p>Estimated costs of the resources shall include an explanation of the different cost categories as costs of Personnel involved from the different partners (also in terms of FTEs), other Personnel related cost (incl. travel, subsistence), equipment, consumables, subcontracting (setting out the estimated cost for each subcontract<sup>2</sup> and the Partner contracting), in-kind contributions and any other main costs relevant for the implementation of the activity. Indirect costs shall be calculated on a flat-rate basis in line with the relevant provisions laid down in the GA.</p> <p>For estimation of EIT contribution of salaries at the KIC management (e.g. LE and Co-locations), the remuneration levels according to the EU Staff regulation shall be considered as benchmark.</p> <p>A possible tabular format can be used for the description of costs, as in the following example:</p> <table border="1" data-bbox="539 629 1382 725"> <thead> <tr> <th>Cost Category</th> <th>KAVA costs</th> <th>Explanation</th> </tr> </thead> <tbody> <tr> <td>e.g. Personnel</td> <td></td> <td></td> </tr> <tr> <td>e.g. Equipment</td> <td></td> <td></td> </tr> </tbody> </table> <p>The use of actual/simplified cost methodologies (i.e. unit costs /lump sums) shall be explained. -</p> | Cost Category                             | KAVA costs    | Explanation   | e.g. Personnel |   |  | e.g. Equipment |  |  |  |  |  |  |  |  |
|--|--|---|---------------|---|----------------|---|--|----------------|--|--|--|--|--|--|--|--|
| Cost Category  | KAVA costs   | Explanation                               |               |   |                |   |  |                |  |  |  |  |  |  |  |  |
| e.g. Personnel   |  |   |               |   |                |   |  |                |  |  |  |  |  |  |  |  |
| e.g. Equipment   |  |   |               |   |                |   |  |                |  |  |  |  |  |  |  |  |
| 8. Financial support to third parties/prizes (if relevant) | <p>Description for:</p> <p><u>Financial support to third parties:</u> the maximum amount of financial support for each third party; the criteria for calculating the exact amount of the financial support; the persons or categories of persons that may receive financial support and the criteria for giving financial support.</p> <p><u>Prizes:</u> the conditions for participation; the award criteria; the amount of the prize, and the payment arrangements.</p>  |   |               |   |                |   |  |                |  |  |  |  |  |  |  |  |
| 9. KIC Complementary activities (KCA) linked to KAVA       | <p>Reference and description of the KCA(s) linked to this KAVA. The description shall be concise but shall allow understanding the scope of the activities and the relevance of the link with the KAVA activity for 2016 at the level of results and outcomes. This section must demonstrate that the complementary activities are important and increase the impact of KAVA activities.</p> <table border="1" data-bbox="523 1245 1398 1395"> <thead> <tr> <th>Title and reference of the KCA</th> <th>Partners</th> <th>Reference to other KAVA with the same KCA</th> <th>Period of KCA</th> <th>Estimated costs of KCA linked with the 2016 BP<sup>3</sup></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   | Title and reference of the KCA            | Partners      | Reference to other KAVA with the same KCA                   | Period of KCA  | Estimated costs of KCA linked with the 2016 BP <sup>3</sup> |  |                |  |  |  |  |  |  |  |  |
| Title and reference of the KCA                             | Partners   | Reference to other KAVA with the same KCA | Period of KCA | Estimated costs of KCA linked with the 2016 BP <sup>3</sup> |                |   |  |                |  |  |  |  |  |  |  |  |
|  |  |   |               |   |                |   |  |                |  |  |  |  |  |  |  |  |
|  |  |   |               |   |                |   |  |                |  |  |  |  |  |  |  |  |

<sup>2</sup> The EIT may however approve subcontracts not set out in Annex I without amendment; if: - they are specifically justified in the KIC Report and - they do not entail changes to the Agreement which would call into question the decision awarding the grant or breach the principle of equal treatment

<sup>3</sup> The cost of KIC complementary activities must:

- be incurred by a KIC LE/partner (simplified methods of reporting may be established);
- be proportionate to the cost of KAVA and/or to the expected impact in furthering the mission of a KIC (i.e. the relative weight of KCA within KIC Activities must be suitable and reasonable to achieve the objectives of the activity);
- identifiable and verifiable and
- be incurred after the designation date of a KIC."

The provisions for the eligibility of the KCAs and their costs, including the period(s) for their declarations are defined in the FPA

## Annex 3 - Review of EIT Health KPIs

### 1. Background

EIT Health’s KPIs were developed during the latter stages of the build-up to the submission of the InnoLife bid. In addition to KPIs demanded by EIT (such as number of new companies started), the bid included a number of other KPIs by which the consortium proposed to be measured. However, during the rush to submit the proposal, little time was taken to critically analyse the proposed KPIs in the context of the activities that were being planned, and as a result, there was a clear disconnect between the two.

During the build-up to full operation it has become clear that EIT Health will not deliver on its KPIs for 2016, and probably not for 2017 either. However, any discussion on delivery of KPIs must be framed in the context of *what* is going to be measured (i.e. what counts as a delivered KPI), and *how*. Furthermore, in discussions with the EIT (and other KICs) it is clear that the EIT wants to measure the *effect* of EIT financing. Thus trying to fulfil KPIs by including the results of activities that took place without the contribution of EIT funds will not be accepted.

### 2. Business & Innovation KPIs

The KPIs for Innovation (i.e. projects) and business creation outlined in the InnoLife proposal are as follows:

| KPI |   | 2016        | 2017       | 2018       |
|-----|---|-------------|------------|------------|
| 1   | Number of business ideas incubated                              | 80          | 110        | 140        |
| 2   | Number of (new) start-ups or spin-offs                          | 40          | 55         | 79         |
| 3   | Number of new or improved services/products /processes launched | 20          | 50         | 90         |
| 4   | Knowledge transfers / adoptions (of which cross-CLCs/InnoStars) | 30<br>(20)  | 50<br>(40) | 70<br>(60) |
| 5   | Change in number of employees in KIC supported SMEs             | 100         | 250        | 300        |
| 6   | Capital attracted to InnoLife SMEs                              | 12,000, 000 | 15,000,000 | 30,000,000 |

Whilst these numbers appear to be extremely challenging, it should be remembered that the EIT reviewers commented that they were ‘modest’.

#### 2.1 Definitions

In order to be able to measure KPIs effectively, it is critical to know *what* to measure. In discussions with the interim directors, we have developed the following proposals:

1. Number of business ideas incubated.
  - a. To count as an EIT Health business idea, the idea can come from three major sources: from our projects, our education programs and from Accelerator business ideation events.
  - b. Business ideas ‘incubated’ from education programs could be in the form of business plans developed by students as parts of master courses, ideas evaluated and developed as part of fellowship programs or they could also come from Launchlab and other Accelerator-based initiatives
  - c. An ‘incubated’ business idea means that some development work has been done on the idea, but the result could be that the idea was dropped. This is still OK to be counted as ‘incubated’.

2. Number of (new) start-ups / spin-offs

To be counted as an EIT Health spin-off / start-up the company must fulfill one or more of the following:

- a. The new company is a direct result of EIT Health financed project
- b. The new company is the result of a business plan etc developed in EIT Health education activities (Campus or Accelerator)
- c. The new company was initiated as part of business ideation / creation activities
- d. The new company has been started through one of the partners (e.g. university TTO), but has received significant support from EIT Health.

3. Number of new or improved services/products /processes launched

In order to be counted, the service / product / process must fulfill one of the following:

- a. Service / product / process was developed as part of a EIT Health financed project
- b. Service / product / process was supported with EIT Health services in some way (e.g. market coach / advisor)
- c. An existing service / product / process launched on a new market with EIT Health service support

4. Knowledge transfers / adoptions

In order to be counted, the transfer / adoption must fulfill one of the following:

- a. Knowledge transfer in the form of a formal license to IP etc.
- b. Knowledge generated as part of an EIT Health project integrated into healthcare system (i.e. adoption of new practices & techniques, new organisations etc.).
- c. Knowledge transferred between e.g. living labs and partners as part of a project.

5. Change in number of SME employees & 6. Capital attracted to EIT Health SMEs

Both (5) and (6) require us to define an EIT Health SME, which has been determined to be a SME that fulfills one or more of the following:

- a. A start-up or spin-off according to the criteria set out in (2)
- b. Existing SMEs that are / were partners in EIT Health projects (Head-Start, Innovation by Ideas, Innovation by Design)
- c. Existing SMEs that have received EIT Health support (e.g. market coach / advisor)

## 2.2 'Bottom-up' review of KPIs

Based on the definitions outlined above, a bottom-up analysis has been performed – i.e. an analysis of KPI delivery based on the activities (projects etc.) planned and the budget distributions between the three major EIT Health pillars:

1. Number of new business ideas incubated: 60

Given the relatively broad scope of the definition, and the fact that a number of business ideas can be 'incubated' through entrepreneurship education programs, we believe it is reasonable to expect that we will be able to incubate a relatively large number of business ideas in 2016.

2. Number of (new) start-ups & spin-offs created: 10-15

This figure is *still very ambitious*, but is based on the following break-down:

a. From projects (2016): 0-3

We do not anticipate that Innovation by Ideas and Innovation by Design projects will be able to deliver results that can lead to a new company being started in 2016. Potentially, the joint Head Start / PoC fund could deliver new companies in the same calendar year, but this would necessitate funding being applied on suitable PoC projects very early in 2016, successful results being obtained and an unusually rapid PoC to company formation.

- b. *From Launchlab and Campus programs: ca. 10-15 (NB very aggressive)*  
The successful delivery of new companies from EIT Health education programs will be dependent on these programs being initiated very early in 2016. In addition the innovations that are developed into new companies would most probably be relatively 'low-tech', such that the company does not need large amounts of capital in order to make progress.
    - c. *From business plan competitions: 0-5*  
This assumes that we will run EIT Health business plan competitions in 2016. However, it is imperative to make sure that these dock into - and work together with - existing national programs / competitions (where appropriate). Thus EIT Health should provide a European dimension (for example, by running a competition at EU level selecting from the best of the 'national' business plans).
3. Number of new or improved services/products /processes launched: 0-5  
It is highly unlikely that the effect of EIT Health activities – initiated in 2016 – will result in any new innovations being *launched* in the same year. However, EIT Health support – for example in the form of market coaches – could help some SMEs launch existing products on new markets.
4. Knowledge transfers / adoptions: 0-5  
This is somewhat dependent on how ideation events with living labs can be used and incorporated, since the other two criteria will not deliver transfers or adoptions in 2016.
5. Change in number of SME employees: 20-30  
The effect of EIT Health on SMEs in 2016 is be very hard to predict, since it will take time to initiate projects and provide business creation support which will have an impact on SMEs' business.
6. Capital attracted to EIT Health SMEs: 1-3 M Euro  
Since most of the capital attracted to EIT Health SMEs in 2016 will be through new start-up companies, and given that the majority of these companies will be relatively 'low-tech', the figure proposed in the InnoLife application is clearly too ambitious.

### 3. Possible actions

It is clear from the points made above that EIT Health will fail to meet the vast majority of its business creation and innovation KPIs in 2016. Indeed, it is highly likely that we will continue to fail to meet the targets for 2017, and maybe even 2018 and beyond. In order to address the challenges presented, EIT Health needs to take a strategic approach using one (or more) of the following:

- A. Discuss KPI delivery with EIT  
With the InnoLife application fresh in the memory of EIT, it is unlikely that large changes in KPIs will be accepted. However, given the budget cuts that are expected – and the uncertainty these have created – some room for discussion should be possible. One possible approach would be to reduce some KPIs to '0' for 2016 whilst keeping others at 'pre-budget cut' levels (and matching activities to ensure delivery of these).
- B. Change EIT Health activities to match KPI targets  
This is a painful process that a number of the existing KICs have already been forced to go through. However, it would require a deep and strategic overview of planned EIT Health activities and budget allocations, and the results would probably not be attractive to a number of the original core partners.
- C. Change definitions of KPI measurement  
Changing the definitions of what 'should' be measured to be included as an EIT Health KPI by being much broader could potentially increase 'delivery' significantly. However, it is unclear why partners would be willing to count – for example – new companies started as an EIT Health KPI if EIT Health had not made any contribution to the company. Furthermore, the

approach could be seen as somewhat dishonest, and EIT would most likely not accept such wide definitions, since they want to see the effect of the EIT financing to EIT Health.

Finally, these is an alternative option, and that is to do nothing and proceed as normal. This would result in a very difficult discussion with the EIT when the results of 2016 are delivered and would almost certainly precipitate a very hard discussion on activities for 2017 and 2018.

#### 4. KPIs for Education

The education KPIs are based on the current volume of courses/programmes that undergo thorough accreditation and evaluation across all partner universities.

|   | KPIs   | 2016    | 2017    | 2018    |
|---|--|---------|---------|---------|
| 1 | Number of new graduates  | 650     | 1050    | 1400    |
| 2 | Number of professionals and executives trained   | 750     | 1600    | 3600    |
| 3 | Number of applications for education / training programmes                                       | 4700    | 5800    | 8100    |
| 4 | Number of exchanges (of at least 8 weeks) realized between industry / public sector and academia | 200     | 500     | 750     |
| 5 | Number of (geographic) exchanges students or academy-industry                                    | 225     | 550     | 800     |
| 6 | Number of enrolments and completions open courses (MOOCs)  | 10,000  | 20,000  | 25000   |
| 7 | Number of active users on E-Health Platform  | 150,000 | 350,000 | 600,000 |

##### 4. 1 Number of new graduates

Graduates are students currently on the rolls (register) at an academic institution. The sum 650 includes students who shall be attending the new KIC courses (30 courses for 2016), MSc and PhD, as well as students taking part in Innovation fellowships and Entrepreneurship Labs. KIC courses can be offered through Summer School, Innovation Events or Thematic workshops with significant *Learning by doing* components directly or indirectly involved with Innovation and Entrepreneurship. At this instance, double accounting is not permitted.

Challenges: If we do not wish to pursue any or very few MSc and PhD programmes for 2016 a bigger emphasis should be put on shorter courses, workshops etc.

##### 4. 2.Number of professionals and executives trained

This KPI addresses the sum total of all professionals from health and medical care, mid management staff and executives across private and public sectors. Approximately 100 of these numbers are expected to participate in KIC courses as a knowledge refreshing exercises where a greater emphasis will be on content oriented innovation and entrepreneurship. There will be 600 in leadership and outreach events, as well as 50 innovation fellows and potential e-lab students allocated for professionals from Health and Social care.

Challenges: The number is highly ambitious and could be considered lowered in light of the budget cuts.

#### 4.3 Number of applications for education / training programmes

The number of applications is a key determinant of attractiveness of a programme. In line with existing average across most European Universities, the current chance of success for students applying for programme is 18% while for Professionals is 75%. Professionals are more focused and well-resourced to attend courses as part of their professional development.

#### 4.4 Number of exchanges (of at least 8 weeks) realized between industry / public sector and academia

All MSc, PhD, Innovation and Entrepreneurship Lab students work within the setting of compulsory exchange between industry/business and academic.

#### 4.5 Number of (geographic) exchanges students or academy-industry

All MSc, PhD, Entrepreneurship Lab student, as well as one third of students attending KIC courses have a compulsory geographic mobility as part of their programme. Double accounting is permitted.

#### 4.6 Number of enrolments and completions open courses (MOOCs)

A tentative estimate of 30 MOOCs will be promoted by the KIC for wider public participation. The completion rate will be independent of promotion and enrolment of citizens. Metrics from individual MOOCs will be used for evaluating impact and outreach. All KIC Courses can be part of MOOCs and participants (students and Professionals) will be part of the completion target.

Challenges: Clearly 30 new MOOCs cannot be constructed for 2016 meaning that we rely on linking up with existing partner MOOCs and other sources of digital learning. These should be included in the EIT Health universe and supplemented with original and new Health I&E digital resources.

#### 4.7 Number of active users on E-Health Platform

Numbers are the estimate of active users in the digital Health Information Platform.

### **5. Assumptions underpinning the projected KPIs**

5.1 During the proposal phase there were approximately 30 universities in the consortia. With an assumption that at least a unique course to be offered by the participating University and with each course (equivalent to 5 -7.5 ECTS) being offered to 25 individuals, the proposed number of graduates was pencilled to 650.

5.2, LAVA which offers master classes and refresher courses to executives and various tiers of managerial staff in health and care proposed the plausibility of training 750 professionals. Given the scale of the workforce in Health and Care sector and the geographic spread of the KIC, these were deemed reasonable estimates. Furthermore, KIC provides an Innovation and Entrepreneurship dimension as well the perspectives of healthy living and active ageing to the Professional Development courses that are in vogue at respective partner institutions.

5.3 There are significant development costs associated with the KPIs (€ 850,000 for KIC courses, € 675,000 for Executive Education; € 600,000 each for MSc and PhD programmes) during the establishment phase in 2015 and 2016. The projected KPIs can only be achieved if the proposed educational elements can be reshaped, redesigned and approved as part of the academic life cycle or any accreditation that qualifies for recognised certification.

5.4 It was assumed to leverage MOOCs associated with ageing, diet and lifestyles as a mass communication tool to engage citizens, professionals and students. For 2015, an initial development cost of up to € 850,000 was quoted. Without this development cost, it would be nearly impossible to harmonise 30 MOOCs for 2016 or thereafter.