SUSA

Sustainable Healthcare with
Digital Health Data Competence

D4.2 SUSA Digital ecosystem framework and employer e-Hub

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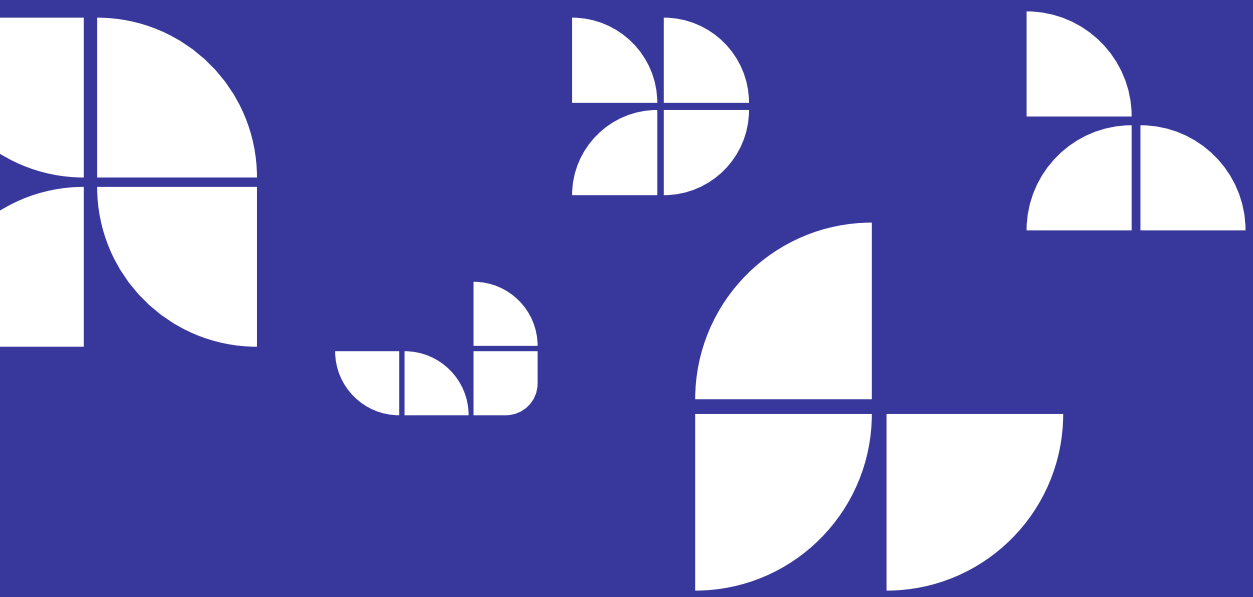

SUSA Digital ecosystem framework and employer e-Hub

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Abstract	This deliverable provides a description of how the framework for the SUSA digital ecosystem and employer e-Hub has been developed and reports on ongoing platform developments at the various partner academic institutions. The document describes the market intelligence gathered from employer and practice professional interviews, persona shaping and framework design that has been carried out to maximise the impact of SUSA activities within the virtual campus paradigm. The document describes local activity at each institution and describes future plans to ensure the relevance and sustainability of SUSA outputs.
Keywords	SUSA project, Data Science, Health Data, Digital tools, Audience shaping, Persona mapping
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Executive Summary

This deliverable (D4.2) reports on the co-design process that has shaped the SUSA digital ecosystem and employer e-Hub during the first eighteen months of the project. It covers the series of consortium co-design activity between January 2025 and June 2026 and documents the audience analysis, persona development, employer engagement, and digital infrastructure co-design activities that together constitute the evidence base for the SUSA digital ecosystem.

Co-design sequence. The co-design process was structured around consortium meetings, each with a distinct focus that built progressively on the work of its predecessors. The Helsinki launch meeting (January 2025) established the foundational principles for SUSA activity — interdisciplinary collaboration, applied and real-world learning, flexible standalone participation, bespoke upskilling within domain-specific communities of practice, and the responsible use of AI as a force for good in health. The Rovaniemi meeting (March 2025) translated these principles into a structured persona co-design workshop that identified SUSA learner archetypes, spanning undergraduate students, postgraduate engineers and biomedical scientists, practising healthcare professionals, academic staff, and health management leaders. The Thessaloniki meeting (June 2025) shifted focus from audience definition to ecosystem design, workshopping the SUSA standalone module portfolio, establishing the Enterprise Advisory Panel (EAP) model for structured employer engagement, and considered a career pathways offer aligned to SLE3. The Zagreb meeting (September 2025) finalised the SUSA academic champion roles and responsibilities framework, conducted the first hands-on trial of the SUSA Virtual Campus, and identified priority gaps in the current SUSA offer. The Dublin meeting (March 2026) brought employer representatives into a live EAP roundtable that produced employer-defined graduate profiles, programme takeaway statements, and masterclass candidate nominations, while simultaneously running a FAIR-by-Design infrastructure session in which seven SLE groups completed the full upload workflow on the beta platform and evaluated it through the lens of six Rovaniemi personas.

Audience analysis. A dedicated audience analysis (Chapter 3) characterises seven distinct SUSA target segments: the general public (18+); young people including high school students (16–29); high school students specifically (16–19); SUSA project students – graduates new and existing (18–29); SUSA standalone students – healthcare professionals new and existing (28–65); health ecosystem stakeholders including policy makers (35–60); and other universities and industry. The analysis draws on Eurobarometer data, OECD risk surveys, European youth research, and healthcare workforce policy sources to characterise each segment's demographics, digital behaviour, motivations, and communication preferences. This evidence base directly informs the communication strategy for each SUSA target cohort and underpins the persona and employer engagement work described in the co-design chapters.

Sector-specific community of practice building. Chapter 5 reports on the stakeholder interview and video production programme conducted across the consortium to gather market intelligence and build communities of practice in the health data sector. Structured interviews were conducted with health professionals, industry leaders, researchers, and policy practitioners across the SUSA partner countries, covering themes including digital transformation, skills requirements, career pathways, and workforce challenges. The

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resulting video content will be integrated into the SUSA toolbox platform on an ongoing basis as a dynamic resource for learners and educators. A preliminary health professional survey (Section 5.9) gathered responses from 131 clinicians across ten countries, confirming that EHR proficiency and data governance competences are baseline expectations in the sector, that Generative AI tools are already in regular use by one-third of practitioners, and that poor system usability is the single most commonly cited barrier to digital technology adoption. Preferred learning formats are short-format, embedded, and workflow-compatible — directly validating the SUSA standalone module and microcredential model framework.

Persona ideation. Chapter 6 presents the full SUSA persona framework, combining the fifteen archetypes developed at Rovaniemi with local persona ideation contributions from all twelve SUSA partner institutions. The personas span a wide range of profiles — from Maria, a medical undergraduate with no prior data science experience, to Björn, an industry biomedical engineer seeking to automate clinical trial workflows with AI — and are linked explicitly to SUSA Learning Objectives and to the standalone module and SLE portfolio. The persona framework serves simultaneously as a curriculum design tool, a communication targeting instrument, and — through the SUSA Virtual Campus peer review exercise conducted in Dublin — a quality assurance mechanism for platform metadata and content discoverability. Digital ecosystem – agreed local functionality. Section 2.2 documents the digital tools, SLE contributions, and target audiences in place at each of the twelve SUSA partner institutions.

Key findings and forward direction. The co-design process documented in this deliverable has produced five key future focussed outputs. First, a consortium-wide persona portfolio of fifteen learner archetypes now embedded in platform design, curriculum targeting, and employer engagement activity across all partner institutions. Second, an Enterprise Advisory Panel (EAP) framework that provides the structural mechanism for ongoing employer co-design of SUSA standalone modules and professional diplomas. Third, a SUSA Virtual Campus (https://virtual.susacampus.eu) operating on FAIR-by-Design principles fortified by SLE groups who will complete the full content upload and peer review workflow by the end of 2026. Fourth, a champion framework defining Academic, Student, and Placement champion roles at three tiers of commitment, ready for deployment across all partner institutions. Fifth, a systematic survey-based diagnosis of five ecosystem gaps — open shared access, persona-navigable content pathways, audience-calibrated foundational materials, stronger inter-partner visibility, and a coherent employer-facing identity — that will drive the next phase of platform development. Taken together, these outputs represent a SUSA ecosystem that has moved from a set of institutional commitments to a functional, student-centred, employer-connected digital infrastructure, positioned to deliver on SUSA's ambition to upskill 6,558 graduates and 660 professionals in advanced digital health competencies across Europe.

1. Introduction

1.1 Project Summary

SUSA represents a transformative educational initiative in the European healthcare sector, uniting 21 field-leading partners. This project will train 6558 graduates and empower 660 professionals in advanced digital skills during the four-year DEP project and will continue educating future health professionals through enhanced degree programs and state-of-the-art self standing modules. SUSA addresses current and future digital skills gaps, promotes collaborative learning, empowering healthcare with data-driven insights and supports the EU commitment to a healthier society.

There are four overarching SUSA objectives:

1. Co-design and co-deliver a bespoke advanced digital skills education program integrated into 20 bachelor, 26 masters degree and 16 related self-standing modules.
2. Implement an innovative initiative to attract qualified teaching staff and students for SUSA education offering.
3. Upgrade digital infrastructures to support interoperability across HEIs for delivery of SUSA education programme.
4. Ensure sustainability of the SUSA education programme through sustainable partnership and integration with existing or emerging initiatives.

The achievement of these objectives will be measured based on specific, measurable, achievable, realistic, time-bound Key-Performance-Indicators (smart KPIs).

1.2 Purpose of this document

This document provides a description of the creation of the SUSA digital ecosystem that has taken place in the first 18 months of the project.

Figure 1.1: The SUSA consortium. Picture taken at Dublin co-design meeting, March 2026.

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In the SUSA context, the digital ecosystem that is described by this document includes

The audience of learners, teachers and employers who will interact dynamically across the SUSA virtual campus.

The Learning Management Systems (e.g. Brightspace, Moodle, Canvas) in use across the partner universities.

Health data platforms and repositories that SUSA students will access (e.g. European Genome Archive, EHR systems) during their learning experience.

Communication and collaboration tools being used to facilitate interaction across the SUSA consortium.

Assessment tools, virtual labs and simulation platforms utilised by SUSA teachers.

Matchmaking and mobility platforms connecting students with employers

APIs and integrations that have been chosen to allow these systems to talk to each other in a bumpless fashion.

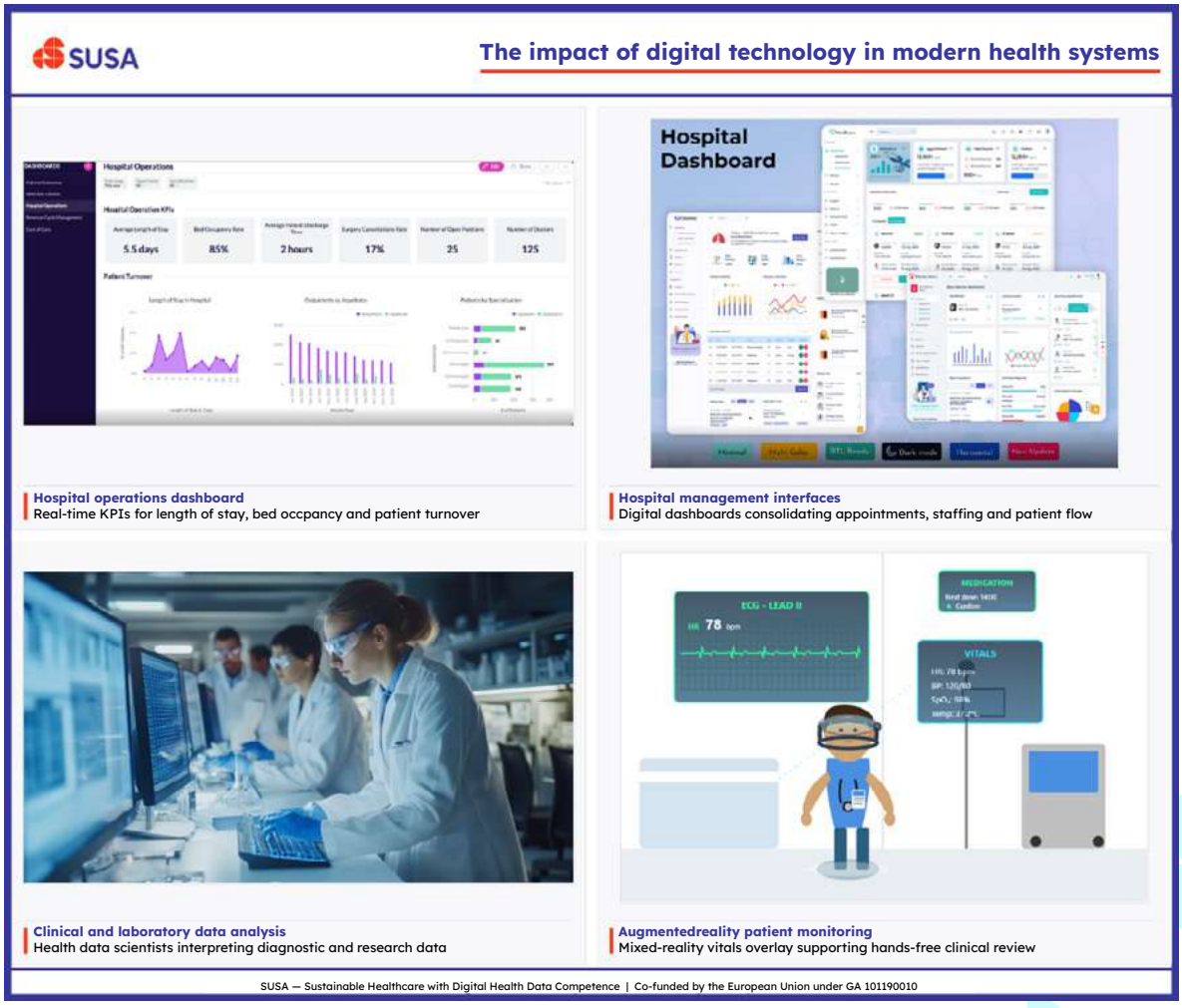

Figure 1.2. Mapping the scope of the digital technology ecosystem

The co-design process that has underpinned the architecture and scaffolding for the SUSA digital ecosystem has included:

- Framing discussions leading to the development of the so-called SUSA virtual campus.
- Market shaping, practice educator and employer interviews that been carried out to determine the industry requirements for SUSA activities. This work has resulted in the development of a portfolio of SUSA personas who can expect to benefit from SUSA actions, (the so-called SUSA '***pull***').
- Framework design for the development of SUSA offers that can match the needs of the employer network (the so-called SUSA '***push***').

Figure 1.3. Mapping the scope of the digital technology community health ecosystem.

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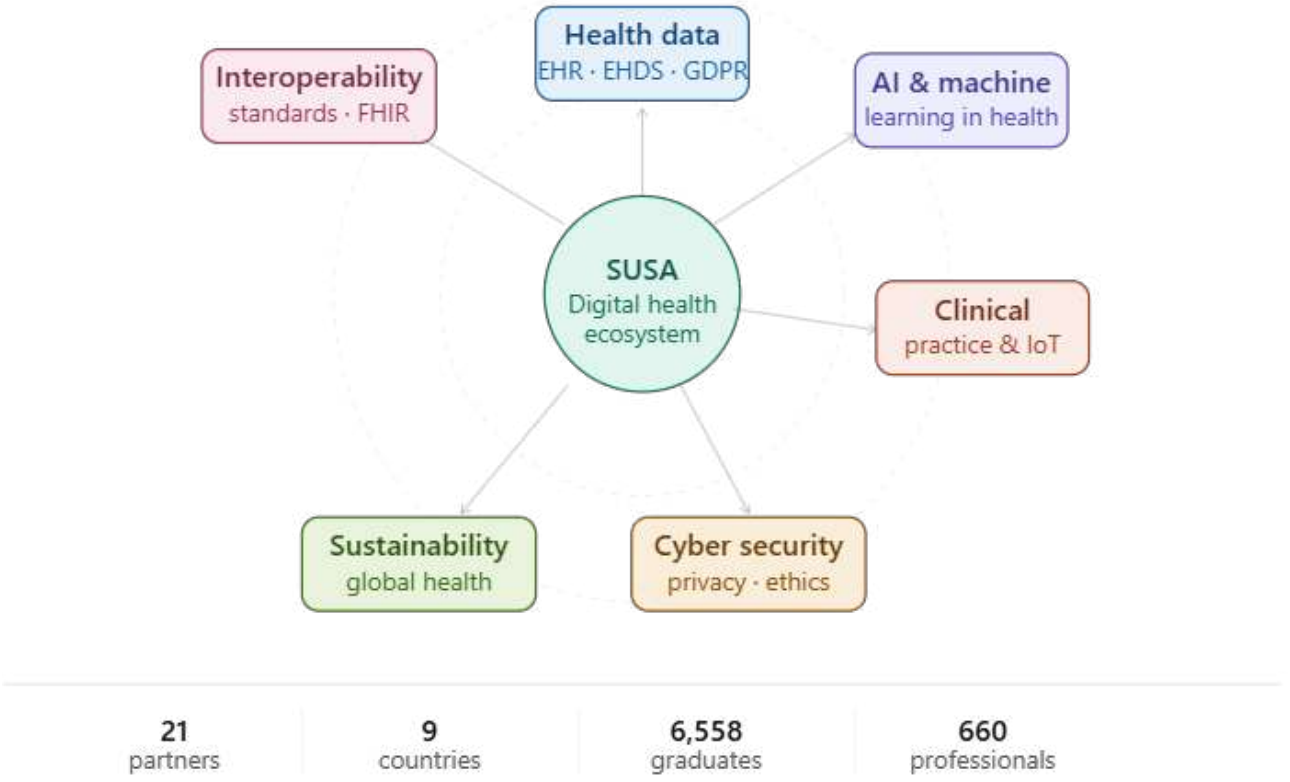

Figure 1.4: Illustration of the 'reach' of the SUSA Digital Ecosystem

1.3 WP4 Activities – Structural Overview

Work Package 4 (WP4) is a critical component in the successful achievement of the four overarching SUSA objectives through the delivery of a structured process to "Co-design (an) impact framework for SUSA activities that is attractive for trainers, clinicians and students".

This document is the second of the WP4 deliverables defined in the project proposal. It provides the verification evidence necessary to demonstrate the current state in relation to achievement of the work package objectives as well as a description of other activities deemed necessary to support the overall project impact objectives.

The specific objectives for WP4 as described by the project proposal are:

Objective 4.1: Ensure relevancy of SUSA education content, education delivery and collaboration model from industry, society and sustainability viewpoints.

Objective 4.2: Create an empowering and growth supporting environment for SUSA teaching staff which supports participation and collaboration of academic and non-academic experts.

Objective 4.3: Create new learning courseware for SUSA students – that is simultaneously cognisant of gender or background context while also exciting and inspiring new career pathways or pivots for SUSA graduates.

WP4 objectives are being achieved using the following task list.

T4.1: Develop SUSA digital ecosystem supported by industry/academic enterprise advisory panels to maximise impactful upskilling of healthcare professionals, minimise attrition and attract talented individuals to the sector. Task Lead: i-HD

T4.2: Appoint digital transformation curriculum SUSA champions within academic partners and develop the train-the-trainer programmes to enable SUSA champions to maximise the impact of consortium activity. Task Lead: Oulu

T4.3: Investigate the optimal use of advanced digital technologies in education delivery, e.g. XR/AR and digital twin technology for maximising sustainability within the SUSA digital ecosystem. Task lead: UL

T4.4: Create materials for student attraction that illustrate the myriad opportunities and variety of career pathways in the health sector and to implement relevant career development programme(s) for SUSA students. Task Lead: TCD

T4.5: Design a SUSA employer e-Hub. Task Lead: UL

T4.6: Set diversity, equality and inclusiveness (DEI) goals and action plan. Task Lead: Oulu

Integration with other work packages

General project oversight for WP4 is provided by regular reporting and attendance at PMT meetings by the WP4 lead. Impact is a cross-cutting performance objective for the project. WP4 task leaders achieve this objective through active participation in:

WP3: co-design sessions to advise on how the impact of co-design activities can be maximised with the target audience.

WP5: the co-ordination of SUSA feedback and evaluation activities during delivery to ensure that the impact performance objectives are being satisfied.

WP7: Ensuring that SUSA project activities have sustainability 'designed in' by virtue of impactful learning outcomes being verifiably achieved. This will naturally increase the popularity of SUSA offerings.

WP8: By focussing on the student-centred nature of the SUSA activities during dissemination and communication WP4 task leaders will increase the impact and reach of the overall SUSA programme.

1.4 The evolution of the SUSA Learning Objectives (LOs)

The 20 core SUSA learning objectives (LOs) are at the heart of the project. They represent the 'North stars' that drive the evolution of the ecosystem. The SUSA LOs have been carefully defined by the interdisciplinary SUSA consortium in tandem with strong healthcare ecosystem involvement to distil the essential advanced digital skills that all health professionals working with health data should be cognisant of regardless of their disciplinary background.

The LOs have been benchmarked with relevant global initiatives, such as the WHO Digital Health Competence Framework. Moreover, the robust SUSA co-design process, as is to be expected in a rapidly evolving education landscape, subjects these LOs to periodic review so that they are fit for the purpose of producing talent that is matched to the needs of the modern digital health system. As an illustration of is process, the updated (2026) list of agreed SUSA learning outcomes as agreed by the SUSA general assembly is now included for reference side by side with the original set of LOs determined at the outset of the project.

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Area	Topic	**Learning objectives** After the course, the student will be able to... (January 2025, Project Outset)	**Learning objectives** After the course, the student will be able to... (June 2026, Delivery Cycle 1)
Data	Data sharing	LO1. Explain the principles of European Health Data Spaces LO2. Recognize data flows in healthcare system LO3. Comply with data regulation and European values, such as GDPR, FAIR	LO1: Critically evaluate the potential of emerging digital technologies to improve health outcomes and healthcare systems by considering their effectiveness, ethical implications, feasibility, and impact across diverse populations and contexts. LO2: SAME LO3: Comply with data regulation and European values, such as EHDS, GDPR, FAIR
	Data analytics	LO4. Examine the role of data and data quality in trustworthiness of AI and analytics LO5. Perform descriptive statistics, create and select visualisations	LO6: SAME LO7: SAME
AI	Ethics of AI	LO6. Discuss ethical aspects in adoption of AI in decision making LO7. Indicate regulation related to adoption and use of AI in health	LO6: SAME LO7: SAME
	Basics of AI	LO8. Explain what AI is and what it is not LO9. Categorize different branches of AI, e.g. computer vision, logical reasoning, natural language processing, machine learning, deep learning LO10. Explain basic machine learning: supervised learning, unsupervised learning, federated learning and reinforcement learning	LO8: SAME LO9: Differentiate and critically relate major paradigms and approaches within artificial intelligence by understanding their underlying principles, capabilities, and application contexts. LO10: SAME

Area	Topic	Learning objectives After the course, the student will be able to... (January 2025, Project Outset)	Learning objectives After the course, the student will be able to... (June 2026, Delivery Cycle 1)
Health ICT	Medical IoT	LO11. Investigate the potential of medical IoT (e.g. sensors, wearables, cloud storage, wireless networking) in care	LO11. Investigate the potential of medical IoT (e.g. sensors, wearables, cloud storage, wireless networking) in care
	Infrastructures	LO12. Examine the elements of modern digital enterprise architectures in healthcare (e.g. EHR) LO13. Describe interoperability issues of health infrastructures, the role of standards	LO12: SAME LO13: Examine challenges and enablers of syntactic and semantic interoperability within health data ecosystems and the role of standards and ontologies
Sustainability		LO14. Examine sustainability, eco-responsibility and scalability elements of data sharing and infostructures	LO14: SAME
Cybersecurity		LO15. Distinguish security and privacy challenges in health context LO16. Discuss privacy and security design approaches	LO15: SAME LO16: Discuss privacy and security challenges and approaches
Regulation		LO17. Identify relevant regulative frameworks in Europe and globally	LO17: SAME
Global health		LO18. Apply accessibility guidelines in health applications LO19. Discuss the role of digital health data in global health, such as pandemic response, supporting mobility and achieving equity. LO20. Analyse impact of digital health, for example, on sustainability	LO18: SAME LO19: SAME LO20: Analyse impact of digital health, including benefits, limitations, impact to safety and ethical issues

Table 1.1. the SUSA Learning objectives

1.5 WP4 management roles

WP4 is led by University of Limerick (UL) which oversees an executive subcommittee of task leaders who interact regularly to ensure that the WP objectives are achieved in a timely manner. A responsible person has been nominated by each consortium partner who is tasked with attending periodic WP4 meetings, providing input on specific actions or tasks and responding to requests for information as matters arise. The WP4 responsible person may or may not also have a role as a champion for the SUSA project within a partner institution.

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2. The evolution of the SUSA Digital ecosystem.

A brief summary of the co-design discussions that has guided the evolution of the SUSA digital ecosystem is now provided.

2.1 SUSA digital ecosystem - co-design sessions

2.1.1 Launch meeting

Location: Helsinki, Finland
Dates: 15–17 January 2025.
Format: Hybrid (in-person and online participation)

The Helsinki launch meeting focused on defining the SUSA 'way of work' and put some shape on what success might look like at the conclusion of the project. This was achieved by workshopping some key visualisation concepts relating to project outcomes.

Attendees were tasked with assuming that it is the year 2030 and that the SUSA project has been a resounding success. Key outcomes were considered using the following questions:

- Q1. How is the SUSA Digital Ecosystem helping Teachers and Learners?
- Q2. How are SUSA ambassadors championing the project?
- Q3. How are employers or placement managers using the SUSA eHub?

Figure 2.1. Roadmap for the SUSA co-design journey.

Word clouds that encapsulate workshop responses to these questions are illustrated in Figures 2.2 -2.4.

Figure 2.2. Features offered to Teachers and Learners by the SUSA Digital Ecosystem in 2030.

Figure 2.3. How are ambassadors championing the project in 2030 using the SUSA ecosystem?

Figure 2.4. How are employers or placement managers using the SUSA eHub in 2030?

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The in-person SUSA launch provided an ideal opportunity to facilitate a wide-ranging discussion of employer talent and skills needs within the context of what a SUSA professional education offer should look like. Some key conclusions were that the SUSA partners should:

- **Facilitate greater professional collaboration** and alignment on short, medium, and longer term skill set development in digital transformation of healthcare
- Enable more **frequent clinical engagement**, feedback, co-design sessions, storytelling within discipline focussed communities of practice.
- Embed principles of applied learning in courses that boost accessibility and enhance the adaptability of graduates and their **capacity to address 'real-world'** problems.
- **Support increased flexibility** in relation to module registration and/or delivery, more work integrated learning with a specific, improved focus on **Strategic Leadership** in AI enabled health systems.
- **Develop collaborative projects/placement opportunities** – Research and/or sandbox type problems for teaching purposes across the consortium.
- Afford SUSA students increased flexibility to **pursue standalone components** that can be stacked toward their own professional development.
- Constantly promote adherence to sound clinical discipline standards while leveraging **AI/ML (and GenAI more specifically)** thereby positively influencing productivity and creativity so that the raw power of AI is harnessed as a force for good in Health.
- Provide **bespoke upskilling programmes within identified domains** (e.g., OT/Speech/Language Therapies) so that communities of practice can thrive by leveraging synergistic gains in the deployment of Digital technology.

Building on these principles as a foundation for SUSA activity has framed the ensuing co-design sessions described below.

2.1.2 Rovaniemi meeting

Location: LUAS Campus and Arktikum Science Centre, Rovaniemi, Finland
Dates: 18–20 March 2025
Format: Hybrid (in-person and online participation)

The Rovaniemi meeting continued the process of defining what digital upskilling activities the consortium would engage in. Building directly on the foundations established at the Helsinki launch meeting — in particular the shared commitment to applied, collaborative and clinically grounded learning — the Rovaniemi session moved from framing principles toward practical audience definition. Two primary outputs of the meeting were: the constitution of the terms of reference for the Shared Learning Experience (SLE) working subgroups; and a structured co-design workshop to develop the initial portfolio of SUSA learner personas. SLE working group outputs were leveraged to generate the substantive building blocks that SUSA champions used to build the profile of the typical classes of learners that might be expected to benefit from the project. The persona workshop developed the audience intelligence needed to ensure the SLE building blocks are targeted at the right people.

2.1.2.1 Persona Co-Design Workshop

The persona co-design workshop, conducted in small groups with participants from across the consortium, translated the Helsinki principles into concrete learner archetypes. The workshop framing question asked participants to consider: who their target audience was; what SUSA Learning Objectives (LOs) that person would need; and what learning journey they would embark on. This approach is deliberately consistent with the Helsinki-agreed emphasis

on applied learning, real-world problem-solving, and audience specificity. So far, fifteen distinct personas have been identified, spanning the full spectrum of SUSA target cohorts from undergraduate students to practising health professionals and academic staff. It is anticipated that this list will expand as the full complement of self standing modules and changes to degree programmes takes effect in the second half of the project. The personas are summarised below. It should be noted that the personas could be based in any of the partner nations represented across the consortium.

Persona 1 – Eleni, Professional Academic (PhD)

Eleni is an experienced academic with a doctoral qualification who needs to navigate the evolving landscape of health data governance and digital sustainability in her research and teaching. Her learning needs span the European Health Data Space (LO1), recognition of data flows (LO2), data regulation (LO3), sustainability and eco-responsibility (LO14), accessibility (LO18), and digital health in global health contexts (LO19, LO20). Her journey reflects the Helsinki principle of equipping educators to lead on clinical discipline standards while harnessing AI responsibly.

Persona 2 – Mateo, Year 1 Biomedical Engineering MSc Student

Mateo is at the start of his postgraduate journey, bringing foundational engineering knowledge but limited exposure to health data systems or AI in clinical contexts. He requires grounding in the EHDS (LO1), data flows and regulation (LO2, LO3), an introduction to AI concepts (LO8, LO9, LO10), and Medical IoT (LO11). His profile reflects the Helsinki commitment to building collaborative projects that attract new talent into digital health.

Persona 3 – Aisling, Allied Health Professional Academic (PhD)

Aisling bridges academic research and clinical practice in an allied health discipline. As a PhD-qualified academic, she is comfortable in research contexts but requires targeted upskilling in AI fundamentals (LO8–LO11) alongside the regulatory and data governance literacy covered in LO1–LO3. Her persona supports the Helsinki emphasis on bespoke upskilling within domain-specific communities of practice such as occupational therapy or speech and language therapy.

Persona 4 – Anna, Professional Data Quality Manager (PhD)

Anna works professionally in data quality management and holds a doctoral qualification. Her learning journey centres on deepening AI literacy (LO8–LO11) to complement her existing expertise in data governance and regulation (LO1–LO3). She represents the SUSA standalone learner cohort: a practitioner seeking focused professional development rather than a full degree programme, directly reflecting the Helsinki aspiration to support flexible standalone module participation.

Persona 5 – Elias, MSc Biomedical Science Graduate Seeking Professional Education

Elias holds an MSc and is actively seeking professional development opportunities that can stack toward career advancement. His needs mirror those of Mateo and Anna but from the perspective of a recent graduate transitioning into the professional sphere, requiring LO1–LO3 and LO8–LO11. He exemplifies the Helsinki objective of developing career pathway clarity and supporting individuals who wish to pursue standalone stackable components.

Persona 6 – Lena, Year 1 Biomedical Engineering MSc Student

Lena shares Mateo's entry-level profile and LO requirements (LO1–LO3, LO8–LO11), but her inclusion as a separate persona acknowledges the importance of gender diversity in audience design — itself a key DEI principle reinforced at the Helsinki launch. The pairing of Mateo and Lena as complementary personas also signals the consortium's intention to design learning experiences that are simultaneously inclusive and technically rigorous.

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Personas 7 & 8 – Sinead (Computer Engineering BE) and Cillian (Speech and Language Therapy BSc), with digital twin patient 'Rory'

This paired persona scenario encapsulates the Helsinki principle of interdisciplinary collaboration and real-world problem-solving. Sinead (a senior computer engineering student) and Cillian (senior speech and language therapy student) are tasked with collaborating on a data-driven treatment plan for 'Rory', a digital twin representing an 11-year-old patient with speech and language difficulties, within a sandbox clinical environment. The scenario is structured around three challenges: developing a common language for assessment (LO2, LO4, LO5); agreeing shared metrics for data analysis (LO5, LO6, LO7); and building a trustworthy, human-centred patient model to generate a treatment plan (LO6, LO18, LO19, LO20). This scenario directly realises the Helsinki ambition to develop collaborative sandbox projects that bridge engineering and clinical disciplines.

Persona 9 – Dimitris, Software Engineering MSc Student

Dimitris is a technically capable but introverted software engineering student who underestimates the complexity of other disciplines and tends to view all problems as purely technical. His SUSA journey is designed to challenge these assumptions: through interdisciplinary learning environments he discovers the complexity of real-world health data problems (LO1, LO2, LO3, LO18, LO20) and develops communication and collaboration competencies that the workshop group identified as a new LO for the consortium. This persona is particularly important for addressing the Helsinki-identified need to promote greater professional collaboration and ensure that SUSA graduates have the adaptability to address real-world problems.

Personas 10 & 11 – Doris (Software Engineering Graduate) and Björn (Biomedical Engineer in Industry)

Doris is on the cusp of her (taught) postgraduate career and weighing an industry role against further doctoral study; she needs transversal biomedical skills (LO1, LO2, LO3, LO7, LO11–LO13, LO15, LO17–LO19) to bridge the technological chasm between software engineering and clinical practice. Björn is already working in industry and wishes to apply AI to automate aspects of clinical trial management, requiring the same LO set but from the vantage point of an experienced practitioner seeking productivity gains and burnout reduction. Together they represent the Helsinki 'SUSA pull' — individuals drawn to the project by clear professional benefit — and the importance of frequent clinical engagement and storytelling within communities of practice.

Personas 12 & 13 – Lisa (Nurse / MSc Student) and Robert (3rd Year Medical Student)

Lisa (a nurse with greater than five years nursing home experience currently undertaking an MSc) has low trust in AI due to limited understanding of how clinical AI systems work. Robert (a third-year medical student) is enthusiastic about AI but lacks direction in how to apply his interest to real clinical problems. Their paired narrative — in which they meet at the hospital, recognise each other's complementary gaps, and envision a tool to support patient triage decisions — is a compelling illustration of the Helsinki goal to enable greater professional collaboration and embed AI as a force for good in health. Their story also resonates with the SUSA strategic objective of increasing clinical engagement and ensuring graduates can address real-world problems.

Persona 14 – Anne, Health Management MSc Student (Former Assistant Head Nurse)

Anne is a second-year Health Management MSc student with a background as an assistant head nurse. She is familiar with digital health care pathways but lacks confidence with AI

fundamentals, data handling, and cybersecurity. Her practical training is set in a cancer ward where she is assisting in leading a digital transformation involving an interdisciplinary team of geneticists, surgeons, oncologists, nurses, physiotherapists, bioinformaticians, and AI specialists. Her LO profile is one of the broadest in the portfolio (LO1–LO4, LO6–LO7, LO13, LO15–LO20), reflecting the Helsinki emphasis on Strategic Leadership in AI-enabled health systems and the need to support individuals tasked with championing digital transformation across complex clinical environments.

Persona 15 – Maria, Medical Undergraduate

Maria is a medical student mid-way through her undergraduate programme. She has theoretical knowledge of confidentiality and privacy but no practical experience with clinical databases, data extraction, or analysis. She is interested in research but does not yet know how to begin. Her LO set (LO1, LO3–LO5) focuses on data governance, descriptive statistics, and visualisation — foundational skills that will enable her to engage meaningfully with health data in a clinical research context. Maria represents the SUSA commitment to attracting new talent and opening inspiring career pathways for students who are not yet certain of their direction.

2.1.2.2 Rovaniemi outcomes and next steps

The persona co-design session in Rovaniemi provides a cornerstone for the evolution of the SUSA digital ecosystem. It produced a rich and diverse initial portfolio of learner archetypes that collectively span the full breadth of the SUSA target audience — from undergraduate students with no prior data science experience to experienced healthcare professionals and academic staff leading institutional digital transformation. These personas, and the learning needs they embody, provided the essential audience intelligence that informed subsequent SLE working group activities and have continued to guide the design of SUSA digital ecosystem offerings.

2.1.3 Thessaloniki meeting

Location: Aristotle University Research Dissemination Center, Amphitheater III
Dates: 10–12 June 2025
Format: Hybrid

The Thessaloniki meeting marked the transition from audience definition to ecosystem design. With the Rovaniemi persona portfolio in hand, the impact co-design agenda in Thessaloniki centred on three interconnected themes: refining the standalone module offer to match identified skills gaps; developing the concept of the SUSA employer e-Hub and its supporting Enterprise Advisory Panel (EAP) structure; and presenting an SLE-linked career pathways model to clarify the value proposition for prospective learners. Together, these sessions operationalised the Helsinki commitment to greater industry collaboration, bespoke upskilling, and applied, career-relevant learning.

2.1.3.1 Session 1: Standalone Module Gaps and Opportunities

The first working session reviewed the consortium's preparatory work on standalone module provision. Partners had been asked in advance to assess whether the existing SUSA portfolio of standalone modules was fit for purpose in relation to the skills gaps they had identified in their local contexts. The Thessaloniki discussion focused on building consensus around any critical additions required, determining whether each gap warranted a wholly new module or an extension to an existing one, and assigning responsibility for delivery to the relevant SLE group leaders. A key practical challenge acknowledged during this session was the capacity constraints facing partner institutions: the group agreed that any expansion of the standalone module portfolio must be matched by a realistic assessment of who can deliver it. Preparatory feedback gathered across the consortium pointed to a consistent appetite for greater content sharing between educators and cross-partner collaboration, with participants highlighting the

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importance of curated, accessible resources and a common platform for knowledge exchange.

2.1.3.2 Session 2: Train the Trainers – Defining the SUSA Offer

The second session used an Affinity Diagram methodology — a modified Delphi approach adapted for a hybrid setting via a shared Miro whiteboard — to translate the pre-meeting survey feedback on Train-the-Trainers requirements into agreed priority actions. Participants individually contributed a critical action, beneficiary, or metric to the board, and these were then grouped thematically and headed up by the wider WP4 group. Post-meeting voting was agreed as a mechanism to identify the highest-priority actions, with each participant allocated ten votes to distribute across the emerging themes. This structured methodology ensured that the session moved beyond open discussion toward concrete, assignable tasks. The session confirmed that educators across the consortium are looking to SUSA primarily for access to carefully curated, peer-produced content, inspiration for impactful course design, and the network relationships that make cross-institutional collaboration a practical reality rather than an aspiration.

2.1.3.3 Session 3: Employer e-Hub – Defining the SUSA Offer

The employer e-Hub session was the most substantive WP4 co-design activity at Thessaloniki and the one with the most direct implications for the SUSA digital ecosystem architecture. Pre-meeting survey responses revealed that formal mechanisms for industry to advise on course content are not standardised across much of the SUSA partner network. Employer representatives have consistently called for a more structured approach to the involvement of industry/practice feedback in course design. SUSA is responding to this challenge in a variety of ways including: a board of advisors to the project, systematic templates for the integration of co-design feedback, and regular company engagement within SUSA workshops.

In response to this need, the session introduced and workshopped a proposal for an SLE-based Employer / Enterprise Standalone Module and e-Hub workshop model. The proposal consists of two complementary mechanisms.

SLE-based Co-Design Workshop Activity (SLE3)

Participants self-organised into clusters, each representing a minimum of three SLEs, and were asked to define the tangible skills a student would gain from a given standalone module — skills specific enough that an employer would recognise them as conferring a concrete professional advantage. The use of the word “tangible” was deliberate and was emphasised during the session: benefits had to be clear, definite, and real, not aspirational. Each cluster then worked on a career pathway activity (aligned to SLE3) that asked them to describe the purpose of their proposed standalone module in a single sentence, identify the target audience by current and future job title and career stage, name the employers who would recruit graduates, and consider the design of a promotional brochure and a fireside chat panel to support it. This exercise produced the raw material for a suite of SUSA course outcome designs that have subsequently led to a complementary flyer and brochure development activity presented at the Dublin co-design session.

Enterprise Advisory Panel (EAP) Structure

The second mechanism proposed at Thessaloniki is a standing Enterprise Advisory Panel to support each self-standing module emanating from an SLE activity. Each EAP is to be led by the relevant SLE activity leader, to comprise four to six enterprises (including one to two SMEs), and to meet two or three times per year. Meetings open with an update from the SLE co-design sessions so that industry members are always briefed on the most recent consortium activity before being asked for input. The EAP’s terms of engagement are structured around three questions that the session workshopped in detail: what does a typical employee profile

for this course look like (by current role, target role, and the importance of transdisciplinary collaboration); what assessment formats would be most meaningful from an employer perspective (reflective practice analyses, 'what if' scenarios using company data, dashboard creation, SWOT analyses, or real case studies); and what recommendations does the employer have regarding masterclass contributors, upskilling barriers, and programme improvements. EAP members are to be formally recorded by name, organisation, and role, creating an accountable and auditable advisory structure that will provide the evidence base for ongoing course co-design.

Career Pathways Presentation (SLE3)

Complementing the e-Hub workshop, a career pathways session was presented by Ornela Bardhi (PhD, Lead Researcher and Data Scientist, Success Clinic) as a concrete example of how SUSA can translate SLE content into compelling career development offers. The session introduced a structured SLE3-aligned Career Pathways module whose goal is to expose students to the full breadth of roles available within and adjacent to the healthcare sector — spanning clinical practice, research and academia, digital health and technology, health policy, and entrepreneurship — and to help them understand how their existing skills map onto both traditional and emerging pathways. The module design combines a theoretical component (helping students identify and articulate transferable skills using a Personal Career Development Plan template), an invited speaker series (featuring professionals who have crossed between engineering, clinical, pharma, biotech, and non-traditional roles), and short-term internship opportunities in sectors outside the student's primary field. Delivery is flexible, with students receiving a Career Development Plan at programme start that they revisit and update each semester. The target audience spans both healthcare and engineering students and professionals, and delivery can be in-person or online. This model directly supports the Helsinki principle of opening inspiring career pathways and is designed to sit naturally within the e-Hub offer as a visible and tangible demonstration of SUSA's value to potential learners and their employers.

2.1.3.4 Thessaloniki outcomes and actions

The Thessaloniki meeting produced three clear lines of action for the consortium. First, each SLE group leader was tasked with identifying whether an Enterprise Advisory Panel should be established for their activity, with the first round of EAP meetings to be scheduled before the end of 2026. Second, the course outcome designs produced during the SLE co-design workshop were to be taken forward into a suite of promotional materials, providing the tangible brochure assets needed for student attraction and employer engagement. Third, the e-Hub workshop model piloted at Thessaloniki was agreed as the template for a larger employer engagement event planned for Sevilla in M20, at which SLE groups will present their standalone module designs to a broader employer audience and report on how the gathering of structured feedback through the EAP framework. Taken together, the Thessaloniki outputs represent the point at which the SUSA ecosystem began to take a coherent outward-facing shape — one in which the needs of learners (as defined by the Rovaniemi personas) and the expectations of employers (as articulated through the EAP structure) are brought into productive alignment.

2.1.4 Zagreb meeting

Location: Zagreb, Croatia
Dates: 15-17 September 2025
Format: Hybrid

The Zagreb meeting brought two major co-design threads together: the consolidation of the SUSA academic champion roles and responsibilities framework, and the practical development of the SUSA Virtual Campus — the shared digital infrastructure on which champions and learners across the consortium will interact. Running alongside both was a systematic survey of partner institutions designed to identify gaps

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in the current SUSA digital ecosystem offer to employers and students. The outcomes of the survey, read alongside the audience analysis that had been commissioned to be carried out by Indiepics to characterise the full SUSA target population, provided the richest picture yet of where the SUSA offer needs to focus.

SUSA Academic Champion Roles and Responsibilities

The Zagreb meeting took forward the champion framework that had been initiated at earlier co-design sessions and brought it to a point of practical implementation. Participants reviewed the priority actions emerging from the Thessaloniki Affinity Diagram process, made final edits to the academic champion role description, and agreed a roles and responsibilities document that can be adopted consistently at each SUSA partner institution. The document defines three tiers of champion: Academic Champions embedded within their discipline, Student Champions recruited from within the SUSA student population, and Placement (Non-HEI) Champions drawn from employer and practice networks. For each tier the consortium agreed the minimum, nominal, and maximum commitment levels required, creating a flexible but structured framework that individual institutions can calibrate to their own context. The champion register was confirmed as a living document to be maintained on the shared SUSA Sharepoint, with each partner required to record their nominated individuals by name and role. This framework is the structural backbone through which the SUSA Virtual Campus will be animated: champions are the human conduit connecting the digital platform to learners and employers on the ground.

SUSA Virtual Campus Co-Design Session

The Virtual Campus co-design session in Zagreb was a hands-on working session built on the decisions taken at earlier meetings. The prior round of co-design had produced agreement on a mixed hosting model (combining SUSA-hosted content with linked external content), defined three user roles (Public, Students/Learners, and SUSA Admins), established role-based access and visibility structures, identified the metadata fields needed to make content findable, agreed on search mechanisms with filters, and confirmed a centralised upload process through which SUSA partners submit materials via a structured form. The Zagreb session moved from agreement to execution: partners were walked through a trial version of the platform, invited to complete the upload process themselves using their own materials, and asked to provide structured feedback through a post-session survey. The practical goal was to stress-test the upload and discovery experience before the platform moves to its publishing phase, catching any usability issues while there is still time to adjust the design. Each participant was given a sign-up link, asked to enter their material into the live platform, and directed to the feedback survey immediately afterwards. The session thus served a dual purpose: it was simultaneously a usability test and a content seeding exercise, with each partner's upload adding to the initial corpus of resources that will be available to learners when the platform goes live.

Digital Ecosystem Survey: Gaps in the SUSA Offer

Alongside the Virtual Campus session, the consortium conducted a structured digital ecosystem survey completed by sixteen respondents from twelve SUSA partner institutions. The survey gathered responses on five substantive questions: the digital tools in use at each institution; the SLEs being leveraged; the target audiences being served; industry and employer engagement activity; and — most critically for ecosystem development — what additional offer from the SUSA digital ecosystem would help partners better achieve the SUSA Learning Objectives on their programmes. The findings are summarised below and, taken together with the Indiepics audience analysis described in Section 3, constitute a strong evidence base for the priorities that should shape the next phase of SUSA digital ecosystem development.

Industry and Employer Engagement: What Partners Are Doing

Survey responses confirm that the quality and formality of industry engagement varies considerably across the consortium. The University of Limerick described a well-established advisory board model operating through UL@Work and Skillnet partnerships, providing structured professional education oversight with regular business breakfasts and co-design events. University of Lódź reported extensive stakeholder outreach: feedback gathered from healthcare-sector SMEs and software houses, the Agency of Medical Research in Poland, the National Oncology Network, Regional Digital Medicine Centres, and the Copernicus Memorial Cancer Centre in Lódź. University of Zagreb (FER) grounded the design of its new Biomedical Engineering postgraduate programme in a formal assessment of industry and medical practice needs in Croatia. Trinity College Dublin maintains frequent contact with hospitals, healthcare centres, and consulting firms including EY. The University of Oulu reported on co-design engagement with Gnomon in industrial software engineering practice, feeding into Medical Software Development course content, and noted that employer expectations centre on graduates being "ready-to-use" — capable of making a smooth transition from university to industry with minimal additional on-boarding. Lapland University of Applied Sciences reported interviewing professionals from both public and private healthcare, while Erasmus MC noted that the need for AI literacy across all hospital employees had been raised formally by the UMCNL consortium of academic hospitals. Several institutions acknowledged that industry input remained informal was not yet being systematically gathered, highlighting a clear structural gap that the EAP framework proposed at Thessaloniki is intended to address.

2.1.4.1 Zagreb outcomes and next steps

The Zagreb meeting left the consortium with a clear picture of the next developmental priorities for the SUSA digital ecosystem. The Virtual Campus trial confirmed the viability of the agreed architecture and produced the first round of partner-uploaded content, which will be used to refine the platform before the publishing phase. The champion framework is now documented and ready for institutional adoption, providing the human infrastructure through which the ecosystem will reach its target audiences. The survey analysis, read alongside the Indiepics audience segmentation, has sharpened the list of ecosystem gaps that need to be addressed before Dublin: open and shared content access, persona-navigable entry points, foundational lay-language materials alongside advanced resources, stronger inter-partner visibility, and a coherent employer-facing identity for the SUSA offer. Addressing these gaps systematically — through the Virtual Campus, the EAP structure, and the Dublin mapping workshop — is the work of the final phase of the co-design process.

2.1.5 Dublin meeting

Location: Dublin, Ireland
Dates: 02-04 March 2026
Format: Hybrid

The Dublin meeting in March 2026 was the most integrated co-design event in the SUSA co-design sequence to date, bringing together in a single three-day programme the employer and industry engagement strand that had been under development since Thessaloniki and the digital infrastructure strand that had been piloted in Zagreb. The employer focus of the meeting was structured around two parallel objectives: a roundtable with employer and practice placement representatives to test and refine the Enterprise Advisory Panel model in a live setting; and a hands-on SUSA Virtual Campus infrastructure session in which SLE groups completed the full FAIR-compliant upload workflow and evaluated the platform from the perspective of six representative SUSA personas. A highlight of the engagement process was the enterprise event hosted by EY

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Figure2.5. EY/SUSA future of digital health keynote speakers, March 2026.

on the general theme of the future of the Digital health workforce. The roundtable event featured representatives from medicine, nursing, allied health and hospital administration who, together with EY consultants, were able to share valuable insights in relation to the future of digital health systems.

Enterprise Advisory Panel Co-Design – workshop

The Day 3 roundtable opened with the central question that has animated the employer e-Hub strand since Helsinki: how can SUSA enable enterprise and education collaboration, or digital upskilling, for practice professionals and prospective entrants to the health sector? The session framed the SUSA offer as a ladder of engagement options — from standalone modules and microcredentials at the entry level through to professional diplomas, part-time and full-time degrees, and postgraduate research — and asked employer participants to consider where on that ladder their people were most likely to engage, and what would make each rung more attractive.

The session worked through four structured exercises. The first — a design thinking exercise focused on creating a desired SUSA persona or employee profile after completing a module or programme — asked participants to describe who in their sector or network would study a given SUSA programme, what current and future job titles were relevant, what roles they anticipated recruiting for in the future, and how important transferable skills and transdisciplinary collaboration are within those roles. This exercise produced a set of employer-defined graduate profiles that can be mapped directly onto the Rovaniemi persona portfolio, linking the supply-side (SUSA programmes and learning objectives) to the demand-side (employer recruitment needs and workforce planning priorities).

The second exercise was a sample programme-based workshop in which participants were asked to describe the overall purpose of a specific SUSA standalone module or programme offer in a single sentence — by audience (current and future job titles, career stage, educational background required) — and then to draft a sample brochure for it. This was the employer-facing version of the SLE co-design exercise run at Thessaloniki, and the brochure draft produced here provides the raw material for the promotional materials development activity. The session also workshopped the 'takeaways' framing for the brochure: participants were asked to complete the sentence "At the end of this course students will be able to…" with three or four concrete skills that would increase employability and that an employer would recognise as conferring a real advantage to a graduate at interview.

The third exercise was a masterclass ideation activity. Participants were asked to recommend high-profile speakers, clinicians, researchers, or practitioners from their sector or network who could contribute an industry masterclass to a SUSA programme — individuals prominent enough to attract students through their association with the programme. They were also asked to identify the biggest upskilling challenges currently facing their sector or network, providing a forward-looking intelligence input that will inform the next cycle of EAP advisory panel consultations. The EAP model being piloted in Dublin builds on learnings from earlier Digital Europe projects — specifically Reboot Skills and Project Eagle — in which microcredential and upskilling components were led by SUSA consortium partners OULU and UL, providing a tested framework for the structured involvement of employers in short course design.

Taken together, the three exercises delivered on the ambition articulated at the Thessaloniki meeting: to move employer engagement from occasional, informal input toward a structured, repeatable co-design process in which employer voices shape programme content, graduate outcomes, and the visible face of the SUSA offer. The roundtable outputs — employer-defined graduate profiles, programme takeaway statements, masterclass candidate lists, and sector upskilling intelligence — form the first tangible outputs of the EAP framework and will be distributed to SLE group leaders as the baseline for the standing advisory panels now being established at each partner institution.

SUSA Virtual Campus Infrastructure – FAIR-by-Design Co-Design Session

Running in parallel with the employer roundtable, the infrastructure co-design session addressed the SUSA Virtual Campus (**https://virtual.susacampus.eu**) and the integration of other SUSA digital tools. The session was organised around the FAIR-by-Design methodology for learning objects that defines the quality standard SUSA materials must meet: Findable, Accessible, Interoperable, and Reusable. The adoption of FAIR principles as the guiding framework for the Virtual Campus represents a significant design decision — one that aligns the SUSA ecosystem with the broader European Open Science infrastructure and ensures that materials contributed by partners will be usable and discoverable not only within the SUSA community but by the wider research and education landscape.

The session reviewed what each FAIR principle means in practice for the Virtual Campus. Findability requires that materials are described using metadata that enables efficient discovery: partners were directed to fill in all metadata fields thoughtfully, think like a learner rather than a content producer, and use the SLE description as a starting point while going deeper into keywords, categories, themes, and target audiences. Accessibility requires that materials are retrievable through transparent access conditions, with the platform supporting three tiers: open access (anyone can access), request access (user seeks permission), and internal use only (blocked to public). Interoperability requires that content travels across systems through a standardised metadata schema, controlled vocabularies for key fields, and a modular content structure. Reusability requires

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that materials include sufficient contextual information to support adaptation, including clear licensing information, learning objectives and context, and attribution and provenance data.

Part I of the infrastructure session was a hands-on group exercise in which seven SLE-based working groups — covering SLE2 (Virtual Exchanges), SLE6 (Hands-on Machine Learning), SLE8 (Hybrid Intelligence XR/VR), SLE13 (E-learning and Health Data Quality), SLE16 (Online Shorts for High School), SLE17 (Practice on European Repositories with Medical Data), and SLE18 (Multimedia Catalogue of Lectures on Data Sharing and Digital Health) — each completed the four-step upload process on the live beta platform, with one designated uploader per group. Groups were asked to take notes on any missing metadata fields or points of confusion encountered during the upload, feeding directly into the platform refinement backlog. The session ran for fifteen to twenty minutes and produced the first substantial tranche of FAIR-compliant content on the platform.

Part II switched the lens from content producer to content consumer. Groups were reorganised around six SUSA personas — Eleni Papadopoulou (Persona 1), Mateo Rodríguez (Persona 2), Dr. Aisling O'Brien (Persona 3), Dr. Anna Bergström (Persona 4), Elias Mäki (Persona 5), and Lena Kowalski (Persona 6) — and each group was asked to navigate the platform as their assigned persona, recording what that person would be looking for and what they actually found and how. The six SLE materials available on the platform at that point — covering Virtual Exchanges, Hands-on Machine Learning, 3D Anatomy Visualisation, E-learning and Health Data Quality, Digital Health Technologies, and Practice on European Repositories — were the test corpus for this exercise. The peer review format gave each group insight into how their own uploaded material appeared to someone with a completely different background, needs, and technical vocabulary, generating the kind of perspective-shift that is difficult to achieve through solo content review.

The key takeaways from the persona-based peer review were consolidated into four platform-wide principles that will guide all future content uploads to the SUSA Virtual Campus: think like a user when adding metadata; use all available fields (keywords, categories, themes, audiences) rather than the minimum required; the more context provided, the more findable the material becomes; and users will not find or trust what is vague or mis-categorised. These principles, emerging directly from the lived experience of partners navigating each other's materials through a persona lens, carry considerably more authority than abstract guidance notes and will be incorporated into the onboarding guidance provided to new SUSA content contributors.

2.1.5.1 Dublin outcomes and next steps

The Dublin meeting completed the co-design arc that began in Helsinki fourteen months earlier. The mapping framework articulated at the start of that arc — Activities → Audience/Personas → Measures of Success → SUSA Virtual Campus Offer — was given substance in Dublin across both co-design sessions. On the employer side, the EAP roundtable produced the first directly employer-authored articulation of graduate profiles, programme takeaways, and masterclass candidates aligned to specific SUSA standalone modules — the raw material from which targeted, credible promotional content can be built and through which the Dublin meeting realised the employer engagement ambition that had been framed at Thessaloniki. On the infrastructure side, the FAIR-by-Design session produced both a significant addition to the platform's content corpus and a set of persona-tested, practitioner-derived principles for metadata quality that will govern how all future SUSA content is described and surfaced to learners. The SUSA Virtual Campus, with its seven SLE groups now having completed the upload workflow and six personas having navigated the result, is now moving from a trial platform to a functioning ecosystem asset. The consortium leaves Dublin with both the employer intelligence and the platform infrastructure needed to deliver on the SUSA digital ecosystem promise in the remaining months of the project.

3. Audience Shaping and Analysis

This characterisation of the SUSA audience requirements is intended as a digest of the Audience Analysis report commissioned for the SUSA project by Indiepics as Deliverable D8.2 of the SUSA project. This report has important implications for subesquent ecosystem development as it provides a structured analysis of seven distinct audience segments relevant to the SUSA project, examining their demographics, behaviours, and communication needs. Although the analysis is designed primarily to inform the SUSA communications strategy its relevance, through the targeting of SUSA educational offerings to the appropriate stakeholder groups, means that it is highly relevant to the framing of digital ecosystem architectural considerations more generally.

The Indiepics audience analysis identified seven distinct segments whose specific needs, preferences, and behaviours needs to be reflected in the SUSA offer. By understanding factors such as demographics, interests, and media consumption habits, more relevant, engaging, and effective content can be created that resonates with each audience group. This analysis informs how SUSA Shared Learning Experiences (SLEs) should be tailored using the most suitable communication channels, optimises messaging for maximum impact, and informs the resource allocation process for module and programme design.

3.1 Audience Segment 1: General Public (Broad Age Range, 18+)

Overview and objective: The objective in communicating with the general public is to build awareness of and trust in the SUSA project, making it accessible, relevant, and engaging. This segment spans all genders, education levels, and socio-economic backgrounds across EU Member States, Türkiye, and other Digital Europe countries. Key characteristics of this audience include declining trust in national governments (OECD 2024 Trust Survey), positive attitudes toward digital transformation in healthcare (73% of Europeans agree digitalisation improves daily life), and growing participation in online learning (33% of EU internet users in Q1 2024). Women make up 58.6% of Master's students in the EU, and 43% of 25–34 year-olds hold tertiary education, with women outpacing men.

Key themes (PESTLE): Political – declining trust in government, demand for transparency; Economic – ongoing wage inequality by gender, age, and education; Sociological – rising online learning participation; Technological – growing digital skills, AI adoption in businesses; Legal – calls for workplace digital regulations; Environmental – digital technologies seen as key for climate action.

Sample persona – Sandra O'Brien (Ireland, age 40, public sector worker, Bachelor's degree): A regular internet user active on LinkedIn daily and Facebook twice weekly, Sandra is interested in online learning for work-related skills and subscribes to newsletters on relevant topics. She trusts public services but has concerns about government management of complex policies. Her priorities include job stability, digital upskilling, and opportunities for her children.

Recommended communications strategy: Prioritise high-impact channels including LinkedIn, Facebook, and email newsletters. Use storytelling, case studies, and short explainer videos to highlight SUSA's impact on healthcare, economic stability, and digital transformation. Expert-led online and in-person events will ensure accessibility and relevance.

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3.2 Audience Segment 2: Young People including High School Students (age 16–29)

Overview and objective: The goal for this segment is to make the SUSA project feel relevant and to present the healthcare sector as an attractive career opportunity. The audience spans all education levels from secondary school through to PhD, and includes young adults not currently in education, across EU and Digital Europe countries. Notably, internet usage among young Europeans is nearly universal (daily usage exceeds 94% across every EU country). Social media is the top online activity, with WhatsApp (82%), Snapchat (89%), TikTok (87%), and YouTube (47%) dominating daily use. AI chatbots such as ChatGPT are widely used. Young people (18–29) express significant financial concerns: 33% of young men fear near-term job or income loss, 70% worry about affordable housing, and 41% would relocate for a better job. Of the 11.2% classified as NEET (Not in Education, Employment, or Training), young women are disproportionately represented (12.5% vs. 10.1% for men).

Key themes (PESTLE): Political – mixed views on democracy; economic crises have increased disillusionment; Economic – widespread financial stress, willingness to relocate for employment; Sociological – near-universal social media use; influencers with authentic, ethical messaging are preferred; Technological – WhatsApp, Instagram, TikTok, and YouTube dominate; Legal – young people value participatory governance and accessible civic information; Environmental – sustainability and climate action are central concerns for Generation Z (33% actively engage in climate discussions).

Sample persona – Erik Andersson (Sweden, age 25, Master's student): Erik uses WhatsApp, YouTube, TikTok, and LinkedIn. He supports European cooperation on sustainability and social welfare, is optimistic about technology and job flexibility, and is concerned about economic uncertainties. He seeks career stability, social equality, and meaningful European cooperation on climate change.

Recommended communications strategy: Use Instagram, YouTube, and LinkedIn as primary channels. Messaging should frame SUSA as opening exciting career opportunities aligned with youth values (financial stability, job flexibility, social impact). Content should feature real-life testimonials, influencer collaborations, short-form videos, gamified elements, and interactive Q&A sessions. Authenticity is paramount.

3.3 Audience Segment 3: High School Students (age 16–19)

Overview and objective: This segment aims to inform high school students about post-secondary education choices in the healthcare field and the career opportunities arising from a digital healthcare education. WhatsApp is the top messaging app (82% daily use), with Snapchat (89%), TikTok (87%), and Instagram (78%) also dominant. AI chatbots, especially ChatGPT, are widely used, particularly by older teens. In-person scientific conference participation has been shown to increase students' confidence in attending university and heightened interest in STEM programmes – highlighting the value of in-person events and ambassador visits. Research shows that lower socio-economic status (SES) students are more likely to have lower digital skills, while peer support and online learning opportunities help bridge this gap.

Key themes (PESTLE): Political – adolescent political orientation shaped by European identity type; Economic – SES significantly influences digital skill levels; Sociological – peer group culture and teacher perceptions shape gender role attitudes; social media addiction (5–20% of teens) is linked to low self-esteem; Technological – Snapchat, Instagram, TikTok, and YouTube dominate teen digital life; Legal – minimum age for platform sign-up (typically 16) without parental consent; parental permission required

for video/image features; Environmental – sustainability and climate action are key concerns.

Sample persona – Carl Bauer (Germany, age 17, high school student, lower SES): Carl is active on WhatsApp, Instagram, and TikTok. He engages with social causes, follows ethical influencers, and is involved in local climate and equality activism. His concerns centre on affordable higher education and housing, limited career prospects due to financial barriers, and the disconnect between political representatives and youth.

Recommended communications strategy: Use Instagram and YouTube with short, visually compelling content emphasising scholarships, affordability, and career prospects. Provide bite-sized informational content for teachers to enable career guidance. In-person events, conferences, and school ambassador visits should be used to supplement digital outreach.

3.4 Audience Segment 4: SUSA Project Students – Graduates, New and Existing (age 18–29)

Overview and objective: The goal for this segment is to encourage existing and new students to sign up to SUSA programmes internationally and to inform them of internship and career progression opportunities. This audience is located across the SUSA partner countries: Finland, Ireland, Greece, Spain, Poland, Türkiye, Slovakia, the Netherlands, and Croatia. E-learning is widely used by medical students to supplement formal curricula; common resources include YouTube, Google Images, Wikipedia, podcasts, and Facebook groups. Medical students experience significantly higher rates of burnout, anxiety (33.8% prevalence), and depression (affecting around 30%) than the general population, with stigma often preventing help-seeking. Biomedical engineering and medical technology students are navigating rapid digital transformation, with generative AI integration into curricula reshaping educational expectations and career readiness requirements.

Key themes: Political – young Europeans broadly support EU cooperation on health and social welfare; Economic – job insecurity and housing affordability are major stressors; Sociological – high rates of anxiety and depression among medical students, with stigma preventing help-seeking; Technological – e-learning is widely adopted; WhatsApp, Instagram, TikTok, and YouTube dominate; Environmental – 76% of young people actively adjust their lifestyle to reduce environmental impact.

Sample persona – Maria Gonzalez (Spain, age 22, third-year medical student, low SES): Maria primarily uses WhatsApp, Instagram, and YouTube. She is first in her family to attend university, relies on digital platforms for flexible learning, and seeks anonymous mental health support online due to stigma in the medical field. She advocates for increased government spending on mental health resources and access to education for low-income students. Her challenges include balancing financial pressures, academic demands, and untreated anxiety.

Recommended communications strategy: Prioritise Instagram, LinkedIn, YouTube, and Facebook groups. Messaging should focus on career development, internship opportunities, and addressing concerns about burnout, financial stability, and mental health stigma. Incorporate e-learning resources, graduate testimonials, and engaging video content. Integrate sustainability and social equity themes aligned with student values.

3.5 Audience Segment 5: SUSA Standalone Students – Healthcare Professionals, New and Existing (age 28–65)

Overview and objective: The aim in targeting healthcare professionals is to inform them of the flexible standalone SUSA courses available and to contextualise how upskilling will benefit

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their career progression. This audience – nurses, doctors, medical engineers, and other healthcare service professionals – is located across EU and Digital Europe countries. Healthcare professionals face a significant workforce crisis across Europe, with shortages driven by demographic shifts, underfunding, the COVID-19 pandemic, and rising healthcare demands (UEMS, EFN). Deloitte's Tech Trends 2024 report highlights generative AI and spatial computing as transformative technologies for this audience. A persistent gender pay gap of approximately 28% (narrowing to 11% when adjusted for occupation and hours) affects the healthcare workforce, despite women's strong representation in the sector.

Key themes: Political – advocacy for increased investment in training, improved working conditions, and EU healthcare workforce mobility; Economic – persistent gender pay gap; underfunding driving workforce shortages; Sociological – growing concern about violence against nurses; advocacy for mentorship and retention; Technological – GenAI, AR/VR, and digital twins are transforming medical training; Legal – unethical nurse recruitment practices and new EU directives on workplace protections; Environmental – air pollution responsible for 7 million deaths annually; calls for cleaner air and sustainable healthcare.

Sample persona – Anna Kovač (Croatia, age 38, full-time hospital nurse, lower middle class): Anna uses WhatsApp and Facebook groups to connect with other nurses. She is interested in digital health solutions but finds adoption slow and implementation challenging in an underfunded system. She advocates for better healthcare funding, fair pay, and digital skills training. Her challenges include workforce shortages, burnout, workplace harassment, and limited access to upskilling opportunities.

Recommended communications strategy: Focus on LinkedIn and Facebook groups. Highlight the flexible nature of SUSA's standalone courses, emphasising alignment with AI, patient engagement tools, and administrative efficiency. Address concerns about workforce shortages, burnout, and career progression. Short videos, expert-led webinars, and peer case studies showcasing real-world upskilling impact will be most effective.

3.6 Audience Segment 6: Health Ecosystem Stakeholders – Policy Makers (age 35–60)

Overview and objective: The goal in reaching industry and policy makers is to gain support for the SUSA project to help expand it and secure long-term sustainability funding. This audience comprises national and EU-level health industry professionals and health policy makers, predominantly aged 35–60, upper-middle class, with at least third-level education, located across the EU and Digital Europe countries. The EU's digital health strategy centres on the European Health Data Space (EHDS), which is projected to save €11 billion over ten years. Key EU funding programmes supporting digital health include EU4Health, Digital Europe, Horizon Europe, and the Connecting Europe Facility. The European Health Union – established in response to COVID-19 – reinforces disease prevention, crisis preparedness, and cross-border health coordination. Policy makers primarily use X (Twitter) and LinkedIn to communicate with peers and broader audiences.

Key themes: Political – EU public health policy guided by TFEU Articles 168, 114, and 153 and Article 35 of the Charter of Fundamental Rights; European Health Union strengthens crisis preparedness; Economic – EU funding programmes; EHDS expected to save €11 billion; innovation council supports health biotechnology; Sociological – Beating Cancer Plan; food policy; chronic disease management; Technological – EHDS enhances cross-border data sharing; AI in healthcare supported through EU programmes; Legal – new AI Act and GDPR frameworks; EHDS regulation; Environmental – sustainable healthcare; climate change impact on disease patterns.

Sample persona – Louis Bernard (France, age 53, Member of the European Parliament): Louis regularly engages with EU policy reports and official Commission communications. He is active on LinkedIn and X, advocates for EU funding in digital health and AI-driven research, and is a strong proponent of the EHDS for data-driven healthcare decision-making. He increasingly believes in digital sovereignty independent of the US. His challenges include navigating EHDS implementation while ensuring data protection, and balancing innovation with regulation.

Recommended communications strategy: Focus on LinkedIn and X, complemented by webinars and in-person industry events. Emphasise SUSA's alignment with EU health priorities: digital health transformation, crisis preparedness, data-driven innovation, and EHDS support. Engagement with policymakers should primarily go through their staff, including Commissioner cabinet members and MEP assistants. In the European Parliament, the Committee for Public Health (SANT) provides a structured engagement channel.

3.7 Audience Segment 7: Health Ecosystem Stakeholders – Other Universities and Industry

Other Universities: Universities face increasing pressure to enhance teaching quality, embrace digital transformation, and strengthen industry partnerships to remain competitive. The SUSA programme offers a strategic opportunity to modernise curricula through new technology. Research shows that strong university–industry partnerships foster trust, integrate industry insights into curricula, and improve educational relevance through knowledge exchange and technology transfer. Sustained inter-programme international collaborations enhance student learning through exposure to diverse academic perspectives, improve education quality through cross-cultural and interdisciplinary approaches, and increase the global visibility of participating institutions.

Communications strategy for other universities: Focus on LinkedIn and specialised email newsletters, supplemented by conference appearances. Key messaging should emphasise SUSA's ability to help universities modernise curricula, enhance industry partnerships, and improve student employability. Webinars and thought-leadership articles showcasing successful university–industry collaborations will engage this audience most effectively.

Industry (Pharmaceutical companies, Medical device manufacturers, Health insurance providers, Biotech startups, Private hospitals, Large consultancies): The health industry ecosystem encompasses diverse stakeholders with distinct priorities. Pharmaceutical companies prioritise innovation, R&D, and global market expansion, increasingly integrating AI and big data analytics to improve operational efficiency and accelerate drug development. Medical device manufacturers focus on innovative product development, international market expansion, circular economy practices for sustainability, and attracting highly skilled professionals capable of working across traditional engineering and emerging digital technologies. Health insurance providers must address cost containment, financial sustainability, and equitable access while adopting digital transformation to meet evolving consumer expectations. Regulatory compliance, public–private partnerships, and responsible AI implementation are cross-cutting concerns across all industry stakeholder types.

Communications strategy for industry: Use LinkedIn for B2B engagement and targeted email newsletters focused on innovation and R&D. Key messaging should highlight how SUSA aids digital transformation (AI, big data) to enhance R&D efficiency, accelerate time-to-market, and support evolving market needs. Emphasise opportunities for strategic partnerships and international market expansion. Webinars, case studies, thought-leadership articles, and media coverage can

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foster engagement by showcasing successful innovations and collaborations.

3.8 Summary of Audience Insights and Implications for the SUSA ecosystem

The audience analysis that has been carried out identifies several cross-cutting insights that have direct implications for the design and communication of the SUSA digital ecosystem and the subsequent framing of its educational offerings. First, digital platforms are central to all audience segments, but the optimal mix varies considerably: LinkedIn and Facebook are most effective for professionals and the general public, while Instagram, TikTok, and YouTube are essential for younger audiences. X (Twitter) is the primary channel for policy makers. Second, authenticity is a shared value across all younger cohorts – from high school students to medical graduates – and communications must reflect genuine impact and peer voices rather than institutional messaging. Third, mental health, burnout, and financial insecurity are significant barriers for the student and young professional audiences; SUSA communications and programme design must acknowledge and address these realities. Fourth, the healthcare workforce crisis in Europe creates a strong demand pull for SUSA's upskilling offer, particularly among professionals who lack access to affordable, flexible continuing education. Fifth, policy maker engagement is best achieved indirectly through digital skills engagement at the EU level. DG-CNCT digital skills days and LeADS sustainability events are particular examples where SUSA has provided an active leadership presence. There are myriad other in-person events that are highlighted regularly on the SUSA comms channels and social media feeds.

4. Digital Ecosystem – report on local functionality

Based on the requirements for the SUSA digital ecosystem that were agreed during the co-design sessions and audience mapping described in chapters 2 and 3 respectively, a short summary of the contributions being made to facilitate the development of the necessary digital ecosystem at each SUSA partner institution that is capable of delivering on the agreed project objectives is now provided.

4.1 SUSA Digital ecosystem @ Aristotle University (AUTH)

AUTH supports SUSA learning outcomes through a rich suite of digital tools including e-learning platforms, Orzone, Turnitin, the Galaxy platform, RServer, the AUTH HP cluster, AI tools (Claude, Perplexity, NotebookLM, Microsoft Academic Platform, Google Academic Platform), Microsoft Clipchamp, and scientific software licences (MATLAB, SPSS, etc.). The target audiences span medical students, healthcare professionals, engineers, informaticians, life scientists (biologists, pharmacists, bioinformaticians), physicists, and mathematicians. AUTH is leveraging SLEs including SLE5 (Perspectives in climate health), SLE6 (Hands-on machine learning), SLE7 (Data quality in AI and data analytics), SLE11 (European health data spaces), SLE12 (eHealth pass toolset), SLE14 (Interoperability eHealth hackathons), SLE15 (Gender and DEI), and SLE17 (Practice with European repositories). AUTH has contributed open biomedical repositories to the SUSA ecosystem, including TCIA, TCGA, Zenodo records, and IEEE DataPort physiological datasets, alongside restricted-access resources such as the EUCAIM/INCISIVE cancer imaging repositories and CVDLINK cardiac data repository. Stakeholder engagement and student feedback have been used to ensure alignment with clinical and data quality standards.

4.2 SUSA Digital ecosystem @ Erasmus MC (EMC)

EMC uses its LMS as a central hub for educational material, alongside e-portfolios for monitoring student progress, GitHub for collaborative code sharing, Orange for machine learning working groups, and Excel for data analysis and visualisation. Target audiences include BSc Geneeskunde students, MSc Technical Medicine students, and healthcare workers within Erasmus MC. A focus on AI literacy for all hospital employees has been raised by the UMCNL consortium of academic hospitals. EMC has developed a new course on machine learning for enrolled students and has introduced new education elements into the BSc Medicine programme.

4.3 SUSA Digital ecosystem @ Lapland University of Applied Sciences (LUAS)

The LUAS SUSA digital ecosystem is built around Moodle for delivering interactive learning content and assessments, Peppi for study planning and progress tracking, and Zoom for collaborative and hybrid learning. Target audiences include Bachelor's, Master's, and continuous learning (lifelong learner) students at different stages of their education. LUAS is leveraging SLE11 (European health data spaces), SLE13 (eLearning health data quality), SLE15 (Gender and DEI), and SLE18 (Multimedia catalogue of lectures on data sharing). As a direct contribution to the ecosystem, LUAS has developed a new course "Artificial Intelligence in Expert Work", developed partially by SUSA teachers and used as an entry assessment for MSc students, and a new "Python in Data Analysis" course for Master's level students. Input from interviews with professionals from both public and private healthcare has informed programme updates.

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4.4 SUSA Digital ecosystem @ Middle East Technical University (METU)

METU enables SUSA learning outcomes through Python Programming, High Performance Python, and Statistical Learning for Bioinformatics courses, together with the METU SUSA bioinformatics internship. These provide hands-on training with Python programming environments, high-performance computing tools, and statistical learning methods applied to bioinformatics. Target audiences include BSc, MSc, and PhD students. METU is leveraging SLE6 (Hands-on machine learning), SLE7 (Data quality in AI and data analytics), SLE11 (European health data spaces), SLE17 (Practice with European repositories), and SLE1 (Internships and Erasmus). METU has contributed a new "High Performance Python" course (available to METU students) and a 4-week bioinformatics internship openly available to BSc and MSc students from any institution.

4.5 SUSA Digital ecosystem @ Slovak University of Technology (STUBA)

STUBA supports SUSA learning through process modelling and simulation software, telemedicine software for chronic disease monitoring, virtual patients and patient simulators, and ML models for MRI image analysis of brain tumours and histopathology images. Target audiences are Computer Science students. STUBA is leveraging SLE4 (Innovation in health), SLE6 (Hands-on machine learning), SLE12 (eHealth pass toolset), and SLE19 (Randomised clinical trials). Expert consultation rounds and technical panels ensure that data analytics and data quality standards match clinical needs. STUBA has arranged hands-on laboratory access with regional clinical partners including access to humanoid robots.

4.6 SUSA Digital ecosystem @ Trinity College Dublin (TCD)

TCD uses Copilot and ChatGPT to support SUSA learning outcomes. Target audiences include medical students and healthcare professionals. TCD is leveraging SLE4 (Innovation in health), SLE5 (Perspectives in climate health), and SLE10 (Global health, collaboration with the Global South). Engagement with industry has been maintained through frequent meetings with hospitals, healthcare centres, and consulting companies such as EY. TCD has established SUSA Digital Health Champions, a community of medical and nursing students interested in digital health technologies and their applications.

4.7 SUSA Digital ecosystem @ University College Dublin (UCD)

UCD uses Brightspace and YouTube to support SUSA learning. Target audiences include health and ICT professionals and healthcare students. UCD is leveraging SLE18 (Multimedia catalogue of lectures on data sharing), SLE16 (Online shorts for high schools), SLE3 (Career pathways in digital health), SLE4 (Innovation in health), SLE6 (Hands-on machine learning), SLE10 (Global health, collaboration with the Global South), SLE13 (eLearning health data quality), and SLE15 (Gender and DEI). Industry input has been gathered from Children's Health Ireland ICT, EHR, and health informatics professionals. UCD has produced SLE16 and SLE18 YouTube informational videos available to all SUSA institutions.

4.8 SUSA Digital ecosystem @ University of Limerick (UL)

UL uses Brightspace as its LMS, with digital tools including MATLAB, Python (with AI assistance), and medical datasets from Physionet and locally curated GitHub resources. Students are required to declare AI tools and prompts used in continuous assessments. Allied health practitioners are recognised by CORU upon graduation; Engineering students target MedTech companies for employment. Standalone modules include Design Thinking short courses for healthcare administrators, as well as Digital Cancer Health Data and Public

and Patient Involvement short courses for clinicians and researchers. A specific audience is the Doctoral Training College, who complete such training in their foundation year. UL is leveraging SLE1 (Internships and Erasmus), SLE2 (Virtual exchanges), SLE3 (Career pathways in digital health), SLE6 (Hands-on machine learning), SLE7 (Data quality in AI and data analytics), SLE8 (Hybrid intelligence XR/AR), SLE11 (European health data spaces), and SLE14 (Interoperability eHealth hackathons). Faculty from both the School of Allied Health (Allied Health Professional students) and the Faculty of Science and Engineering contribute to the ecosystem. A short video on foundational XR/AR knowledge for health professional students and teaching case studies are being developed for sharing across all SUSA institutions.

4.9 SUSA Digital ecosystem @ University of Łódź (ULODZ)

The University of Łódź digital ecosystem for SUSA spans data analytics, AI, bioinformatics, interoperability, digital health data management, and responsible use of health data. Students work with biomedical data repositories, bioinformatics software, statistical tools, programming environments (R/RStudio, Bash, Python), database systems and AI/ML tools from the first year onwards. Advanced tools in the second year cover relational, NoSQL and graph databases, SQL, OMOP, HL7, i2b2, machine learning, NLP, biomedical image analysis, and secure data management including blockchain concepts. ULODZ is leveraging SLE3 (Career pathways in digital health), SLE6 (Hands-on machine learning), SLE7 (Data quality in AI and data analytics), SLE11 (European health data spaces), SLE13 (eLearning health data quality), and SLE17 (Practice with European repositories). Industry input has been gathered from SMEs and software houses in healthcare, the Agency of Medical Research in Poland, the National Oncology Network, Regional Digital Medicine Centres, and the Copernicus Memorial Cancer Centre in Łódź. ULODZ is developing a shared computational environment for AI/ML and advanced biomedical data analysis, building LLMs to interactively present SUSA material and SLEs, and developing a SUSA GitHub and SUSA Omics Tools platform (with an internal Galaxy server) for use by all SUSA members.

4.10 SUSA Digital ecosystem @ University of Oulu (UOULU)

UOULU uses Moodle, Howspace, and Panopto video service to support SUSA activities. Multiple responses from UOULU contributors reflect the breadth of engagement across the institution: engineering degree students (regardless of background) are targeted with XR/AR and hands-on machine learning content, while students from health sciences BSc programmes and healthcare and social welfare professionals (registered nurses, social workers, physiotherapists, occupational therapists, dental hygienists, podiatrists etc.) are also served. UOULU is leveraging SLE1 (Internships and Erasmus), SLE2 (Virtual exchanges), SLE4 (Innovation in health), SLE5 (Perspectives in climate health), SLE6 (Hands-on machine learning), SLE7 (Data quality in AI and data analytics), SLE8 (Hybrid intelligence XR/AR), SLE10 (Global health, collaboration with the Global South), SLE11 (European health data spaces), SLE13 (eLearning health data quality), SLE15 (Gender and DEI), and SLE16 (Online shorts for high schools). UOULU uses its own AI server to provide responsible educational AI agents for students within 360-degree AR/VR learning environments. Co-design work with Gnomon on industrial software engineering practice has informed Medical Software Development course content. Teaching tools developed as part of SUSA are now being brought to other faculties and disciplines within the institution, and UOULU has also reached out to similar initiatives such as the XIa project across Europe.

4.11 SUSA Digital ecosystem @ University of Sevilla (USE)

USE employs Blackboard Ultra as its LMS, alongside Kaltura for video, Wooclap for

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interactive response, Genially for content creation, and Gemini and NotebookLM as AI tools. Target audiences include undergraduate students in Medicine and Pharmacy, and postgraduate students on the Master in Medical Research programme with a clinical research orientation. USE is leveraging SLE2 (Virtual exchanges), SLE8 (Hybrid intelligence XR/AR), SLE10 (Global health, collaboration with the Global South), SLE13 (eLearning health data quality), SLE15 (Gender and DEI), and SLE19 (Randomised clinical trials). USE is contributing to the co-creation of SLE materials on the European Health Data Space, including creating English video captions and translating them into Spanish. Microcredentials on statistical data analysis are planned for PhD students at USE.

4.12 SUSA Digital ecosystem @ University of Zagreb (UNIZG-FER)

The University of Zagreb (UNIZG-FER) uses Moodle as its primary digital platform. The target audience is students on the Biomedical Engineering postgraduate study programme, the first cohort of which enrolled in the academic year 2025/2026. The design of this new BME postgraduate programme included a thorough assessment of the needs of industry and medical practice in Croatia, with demonstrated demand for such a programme informing the curriculum. UNIZG-FER has contributed to the SUSA ecosystem through its “Biomedical Engineering: Research, Innovations, Careers” seminar series, featuring distinguished experts from academia and industry, which attracted audiences of over 100 participants per session.

4.13 Gaps in the SUSA ecosystem offer: Partner perspectives on the co-design process.

The process of gathering information from the consortium HEIs in relation to the state of their current ecosystem offer led naturally to a consideration of what more needs to be done to effectively deliver on the SLE promise across the consortium. Responses to the question on additional ecosystem needs that were gathered in Q2, 2026 revealed a clear and consistent set of priorities. Five themes emerged that will impact on ecosystem design going forward:

(i) Open, shared access to all SUSA resources. METU stated most directly that all SUSA SLEs and resources developed across the project should be made openly available to all partners and students, arguing that shared access would allow every institution to utilise these resources, communicate and exchange materials more effectively, and ensure consistency in how the SUSA LOs are delivered across programmes. STUBA proposed a shared multi-language open-source EHR platform sandbox integrated into the SUSA cloud, alongside regularly scheduled, ecosystem-wide collaborative data hacking events hosted virtually on the platform. University of Lódź is already developing a shared computational environment for AI/ML and advanced biomedical data analysis, building LLMs to interactively present SUSA material, and developing a SUSA GitHub and SUSA Omics Tools platform. These contributions point toward a common aspiration: the SUSA Virtual Campus should be a genuinely shared resource, not a collection of institution-specific silos.

(ii) Case study examples and foundational content calibrated to the appropriate audience (segment) level. Aristotle University (AUTH) called for the creation of relevant examples mapped to each SUSA Learning Objective, giving learners concrete illustrations of how abstract concepts apply in practice. The University of Limerick (UL) proposed a carousel of SUSA offers related to all personas, and raised the possibility of developing AI semantic similarity tools to match general learner queries to SUSA personas — an ambitious but practical idea for making the ecosystem more

navigable for new arrivals who may not know which programme fits their profile. UCD highlighted the need to ensure that both technical and overview materials are available for the varying audiences who study different courses requiring different levels of technical detail. A respondent from UL specifically requested short foundational videos on topic areas covered by the LOs, using lay language, accessible within and beyond the SUSA community. These responses collectively identify a content stratification gap: the ecosystem needs materials that are simultaneously rigorous enough for advanced learners and accessible enough for those at the start of their digital health journey.

(iii) Greater inter-partner communication and visibility. The University of Oulu noted that more sharing and communication among SUSA partners would allow better observation and follow-up of individual partner activities. TCD called for better collaboration between partners and more cross-pollination of ideas and materials. One UOULU respondent noted some uncertainty about what the SUSA digital ecosystem encompasses in practice — a finding that underlines the importance of the Virtual Campus as a legible, navigable front-end for the project. The indiepics audience analysis reinforces this point: the general public, policy-maker, and university stakeholder segments all require subtly different messaging that requires the ecosystem to project a coherent homogeneous identity rather than a loose federation of institutional activities.

(iv) Audience-differentiated content and persona-driven navigation. The survey responses on target audiences and persona alignment confirm the breadth of the SUSA target population. Across the sixteen respondents, the most frequently cited personas were Mateo (Yr1 Biomedical Engineering Postgrad), Sinead (Yr3 Computer Engineering Undergrad), Lena (Yr1 Biomedical Engineering Postgrad), Doris (Yr3 Software Engineering Postgrad), Maria (Yr2 Medical Student), and Elias (Yr2 Biomedical Science Postgrad). Several institutions noted that their target audiences extended beyond the current persona list, with new personas proposed for clinical-facing practitioners and learners in health management roles. The indiepics audience analysis provides the broader demographic and psychographic context for these personas: the healthcare professional segment (nurses, doctors, engineers aged 28–65) is characterised by time pressure, concerns about burnout, and a preference for flexible standalone content; the student segment is highly digitally active, values authentic peer voices and influencer-style communication, and is motivated by career clarity and social impact; and the policy-maker segment responds to evidence of economic benefit and alignment with EU health data strategy priorities such as the EHDS. The ecosystem must be capable of presenting differentiated entry points and content pathways for each of these groups, rather than a one-size-fits-all portal.

(v) Industry-readiness as an explicit outcome. The University of Oulu's response that SUSA students need to be "ready-to-use for companies" — meaning that there should be a smooth transition from university to industry — captures an expectation that is widespread among employer stakeholders but not yet consistently built into SUSA programme design. The UL advisory board model, described in the survey response, offers one tested approach: structured employer panels that review professional education offers against current practice needs. The indiepics analysis of the health industry stakeholder segment reinforces the importance of this: pharmaceutical companies, medical device manufacturers,

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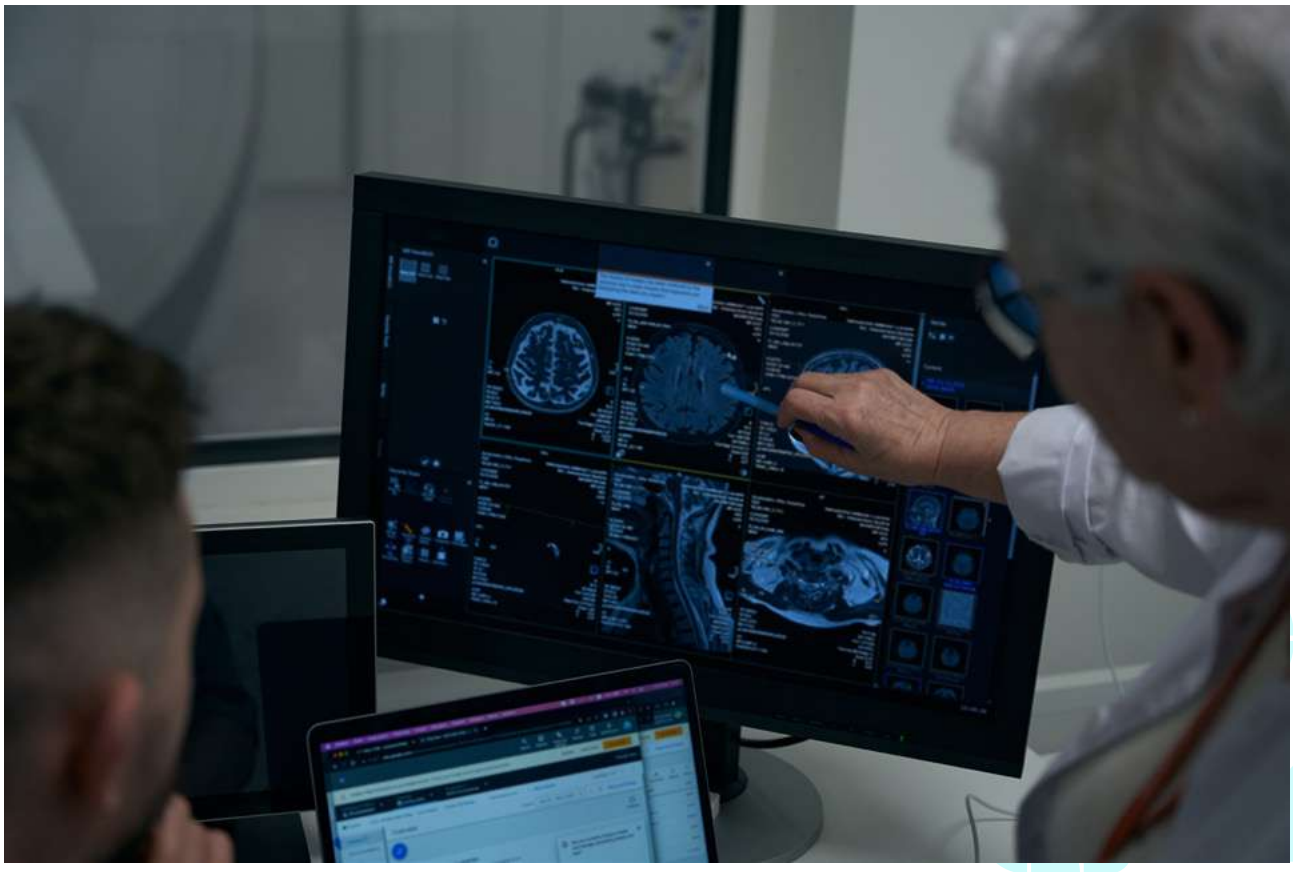
health insurers, and biotech firms all cite the need for graduates adept in both traditional domain knowledge and emerging digital technologies. The ecosystem gap here is not simply one of content but of signalling: the SUSA offer needs to communicate graduate readiness in terms that employers recognise, which is precisely the task that the EAP framework and the employer e-Hub are designed to address.



5. Practice/Employer eHub requirements: Health professional survey

As part of the SUSA commitment to community of practice building and sector intelligence development activities, a dedicated survey of health professionals was conducted to examine the use of digital technologies in clinical practice, confidence levels, challenges encountered, and the digital skills and training needs considered most important for current practitioners and new graduates. The survey was administered anonymously via Qualtrics and distributed across multiple countries through professional networks and institutional channels. At the time of this preliminary report, 173 responses had been recorded, of which 131 included substantive responses to the core survey questions. Data collection remains ongoing; the findings presented here should be treated as preliminary, with a full analysis including inferential statistics and thematic coding of open-ended responses to follow once data collection is closed.

5.1 Sample and respondent profile

The sample of 131 respondents was predominantly composed of medical doctors (64.1%), with nursing and physiotherapy each accounting for approximately 10%.

Table 5.1. Demographic Characteristics of Respondents

Profession

Profession	n	%
Medicine (Any Speciality)	84	64.1%
Nursing	13	9.9%
Physiotherapy	13	9.9%
Pharmacy	9	6.9%
Occupational Therapy	2	1.5%
Health Administration	2	1.5%
Psychology	1	0.8%
Midwifery	1	0.8%
Speech and Language Therapy	1	0.8%
Dentistry	1	0.8%
Radiography/Imaging	1	0.8%
Other	3	2.3%
Total	**131**	**100%**

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Years in Practice

Years in Practice	n	%
Less than 1 year	1	0.8%
1–5 years	5	3.8%
6–10 years	11	8.5%
11–20 years	33	25.4%
More than 20 years	80	61.5%
Total	**130**	**100%**

Primary Practice Setting

Practice Setting	n	%
Acute care hospital	35	26.9%
Private Practice	26	20.0%
Community or primary care	25	19.2%
Public Health	12	9.2%
Tertiary Education	5	3.8%
Rehabilitation	5	3.8%
Sub-Acute Care	4	3.1%
Long-term or residential care	2	1.5%
Mental health services	2	1.5%
Other	14	10.8%
Total	**130**	**100%**

Country

Country	n	%
Finland	51	42.1%
Sweden	28	23.1%
Ireland	16	13.2%
Norway	11	9.1%
Denmark	9	7.4%
Greece	2	1.7%
Germany	1	0.8%
Belgium	1	0.8%
Switzerland	1	0.8%
Italy	1	0.8%
Total	**121**	**100%**

Other professions represented included pharmacy (6.9%), occupational therapy, health administration, psychology, midwifery, speech and language therapy, dentistry, and radiography/imaging. The sample is therefore broadly multi-professional, though the findings are weighted toward the medical perspective. The majority of respondents had substantial clinical experience: 61.5% had more than 20 years in practice, and a further 25.4% had between 11 and 20 years, giving a combined figure of 86.9% with at least a decade of clinical experience. This profile is directly relevant to the SUSA standalone learner and professional upskilling cohorts, in particular the personas developed for experienced practitioners such as Björn (Professional Biomedical Engineer), Lisa (Professional Nurse, part-time MSc student), and Anne (Health Management MSc, former assistant head nurse). The most common practice settings were acute care hospitals (26.9%), private practice (20.0%), and community or primary care (19.2%). Geographically, responses were predominantly from Nordic countries — Finland (42.1%), Sweden (23.1%), Norway (9.1%), and Denmark (7.4%) — alongside Ireland (13.2%) and smaller contributions from Greece, Germany, Belgium, Switzerland, and Italy. This distribution reflects the institutional geography of the SUSA consortium and the professional networks activated for distribution.

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5.2 Digital technology - Use in practice

Table 5.2. Digital Technologies Used Regularly in Practice (n=118; multiple selections permitted)

Digital Technology	n	% of Respondents
Electronic health records (EHRs)	108	91.5%
Digital imaging or scanning tools	56	47.5%
Telehealth/video consultation tools	51	43.2%
Mobile health apps or wearables	40	33.9%
Clinical decision support systems	39	33.1%
Generative AI tools (e.g., ChatGPT, Claude)	38	32.2%
Data analytics or dashboards	24	20.3%
Assistive products	11	9.3%
Simulation technologies	7	5.9%
Rehabilitation technologies	7	5.9%
Immersive technologies (AR/XR)	1	0.8%
Other	**3**	**2.5%**

Respondents were asked to identify all digital technologies they use regularly in practice (n=118, multiple selections permitted). Electronic health records (EHRs) were by far the most commonly used, cited by 91.5% of respondents, confirming their status as the foundational digital infrastructure of contemporary clinical practice. Digital imaging or scanning tools (47.5%) and telehealth or video consultation tools (43.2%) were the next most widely used. Mobile health apps or wearables (33.9%) and clinical decision support systems (33.1%) were each cited by approximately one-third of respondents. Notably, Generative AI tools such as ChatGPT or Claude were reported by 32.2% of respondents — placing them among the top six technologies currently in regular use and indicating a speed of adoption that may not yet be fully reflected in formal clinical training programmes. Data analytics and dashboards were used by 20.3% of respondents. Assistive products (9.3%) and simulation or rehabilitation technologies (approximately 6%) were less commonly reported. Immersive technologies such as augmented or extended reality (AR/XR) were cited by less than 1% of respondents, suggesting that uptake of these technologies — which feature prominently in SUSA SLE8 (Hybrid Intelligence XR/AR) — remains at a very early stage in clinical practice contexts.

5.3 Confidence in use of digital technologies

Overall confidence levels among respondents were high (n=120): 38.3% described themselves as very confident and 44.2% as somewhat confident, giving a combined positive confidence rate of 82.5%. A small minority reported limited confidence (5.8% not very confident or not confident at all), while 11.7% were neutral. This finding is consistent with the profile of the sample — highly experienced practitioners who have been using core digital tools such as EHRs and digital imaging for many years. It also aligns with the audience analysis finding that healthcare professionals in the SUSA target cohort generally feel capable with established technologies but are less certain about newer AI and data analytics tools, which is where the training gap identified in subsequent questions is most concentrated.

Table 5.3. Confidence in Using Digital Technologies (n=120)

Confidence Level	n	%
Very confident	46	38.3%
Somewhat confident	53	44.2%
Neutral	14	11.7%
Not very confident	6	5.0%
Not confident at all	1	0.8%
Total	**120**	**100%**

5.4 Challenges in use of digital technologies

Table 5.3. Confidence in Using Digital Technologies (n=120)

Challenge	n	% of Respondents
Poor system usability or integration	64	54.7%
Lack of training or knowledge	46	39.3%
Time constraints or workload	44	37.6%
Limited technical support	40	34.2%
Data privacy/security concerns	37	31.6%
Lack of organizational support	18	15.4%
Institutional policies	15	12.8%
Other	10	8.5%

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Respondents were asked to select up to three main challenges they face when using digital technologies in practice (n=117). Poor system usability or integration was the most frequently cited barrier, identified by 54.7% of respondents — more than half of the sample — making it by far the most prominent challenge. This finding has direct implications for the SUSA ecosystem: platforms and tools that are difficult to use or that do not integrate with existing clinical systems will face adoption resistance regardless of their educational quality. Lack of training or knowledge was cited by 39.3%, time constraints or workload by 37.6%, and limited technical support by 34.2%. Data privacy and security concerns were also prominent, cited by 31.6%. These findings reinforce the employer engagement intelligence gathered at the Dublin roundtable, where upskilling barriers and the importance of embedded, workflow-compatible training were recurring themes. Institutional barriers — lack of organisational support (15.4%) and institutional policies (12.8%) — were cited less frequently but were nonetheless present, particularly relevant for the SUSA champion framework in which individual champions must navigate institutional constraints to implement SUSA activities.

5.5 Prioritising the most important digital skills for effective practice

Table 5.5 Digital Skills Considered Most Important for Practice (n=110; up to 5 selections)

Digital Skill / Knowledge Area	n	% of Respondents
Maintaining digital records and data security	83	75.5%
Understanding data privacy, security, and ethics	61	55.5%
Understanding AI and AI tools	56	50.9%
Digital communication and professionalism	50	45.5%
Using data analytics for quality improvement	46	41.8%
Using clinical apps and mobile health tools	35	31.8%
Using telehealth platforms	34	30.9%
Using digital decision-support tools	32	29.1%
Applying assistive products	13	11.8%
Using rehabilitation technologies	6	5.5%
Other	3	2.7%

Respondents were asked to select up to five digital skills or knowledge areas they consider most important for effective clinical practice (n=110). Maintaining digital records and data security ranked first, selected by 75.5% of respondents — a finding consistent with the near-universal use of EHRs and the prominence of data privacy concerns identified in the challenges question. Understanding data privacy, security, and ethics ranked second (55.5%), followed by understanding AI and AI tools (50.9%) — selected by more than half of respondents despite Generative AI tools already being in regular use, suggesting that familiarity with a tool does not automatically translate into confidence about its governance or limitations. Digital communication and professionalism was identified by 45.5%, and using data analytics for quality improvement by 41.8%. Clinical apps and mobile health tools (31.8%), telehealth platforms (30.9%), and digital decision-support tools (29.1%) were each considered important by approximately a third of respondents. These findings map directly onto the SUSA Learning Objective framework: LO1–LO3 (EHDS, data flows, data regulation), LO4–LO5 (data quality and descriptive analytics), and LO8–LO10 (AI fundamentals and machine learning) collectively address the top-ranked skill priorities identified by practising clinicians.

5.6 Training and support preferences

Table 5.6. Preferred Training and Support Modalities (n=107; multiple selections permitted)

Training / Support Type	n	% of Respondents
Built-in workplace training	32	29.9%
Short workshops or online modules	29	27.1%
Mentorship or peer learning	17	15.9%
Access to digital practice guidelines	13	12.1%
Dataset curation, management, and access	11	10.3%
Other	5	4.7%

Respondents were asked what additional training or support would help them feel more competent in using digital tools (n=107). Built-in workplace training was the most preferred option (29.9%), followed by short workshops or online modules (27.1%). Mentorship or peer learning was favoured by 15.9%, and access to digital practice guidelines by 12.1%. Dataset curation, management, and access was identified by 10.3% — a finding that connects directly to the data literacy and repository skills covered in SUSA SLE17 (Practice on European Repositories) and SLE13 (E-learning and Health Data Quality). These preferences strongly favour embedded, short-format, flexible delivery — precisely the model that the SUSA standalone module and microcredential framework is designed to support. Qualitative comments from respondents noted that some already consider themselves providers rather than recipients of digital training, and that intuitive tool design is itself a training support mechanism — echoing the usability concerns identified in the challenges question and reinforcing the FAIR-by-Design principles adopted for the SUSA Virtual Campus in Dublin.

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5.7 Digital competences for new graduates

An open-ended question invited respondents to describe in their own words what digital skills or competences new graduates should possess when entering practice (n=61 responses at time of preliminary analysis; formal thematic coding to follow). Five themes emerged consistently from the initial descriptive review of responses. First, foundational digital literacy was widely emphasised: proficiency with electronic patient records, clinical databases, and common digital tools was seen as a baseline expectation, not an advanced competency. Second, AI literacy and critical appraisal was a recurring priority — respondents called for graduates to understand AI tools including their capabilities, limitations, and ethical implications, rather than simply adopting them uncritically. This is particularly significant given that one-third of respondents already use Generative AI in practice, implying that graduates will encounter these tools from their first day. Third, data security and patient safety awareness was highlighted by several respondents, who stressed the implications of digital technology for patient safety alongside regulatory compliance. Fourth, adaptability and openness to learning emerged as a meta-competency: a number of respondents noted that the most important quality is not a fixed skill set but a mindset of flexibility in the face of rapidly evolving technologies. Fifth, critical thinking about technology — including the ability to evaluate advantages and limitations rather than defaulting to digital solutions — was advocated by a group of respondents who cautioned against over-reliance on digital tools. These five themes align closely with the SUSA LO framework and with the learning journey narratives constructed for the Rovaniemi personas, in particular the journeys of Lisa (who lacks trust in AI due to limited understanding) and Dimitris (who needs to develop critical and collaborative skills alongside his technical capability).

5.8 Implications for the SUSA digital ecosystem

The preliminary findings of the health professional survey provide the strongest practitioner-sourced evidence base yet assembled for the SUSA digital ecosystem. Six implications stand out. First, EHR proficiency, data governance, and AI literacy should be treated as the core digital competency cluster for the healthcare professional target audience, given their consistent appearance at the top of both the skills importance rankings and the new graduate competency themes. Second, the rapid uptake of Generative AI tools (already used by one-third of respondents) creates an urgent need for AI ethics and critical appraisal content across SUSA standalone modules — content that is not yet fully reflected in existing programmes. Third, the dominance of poor system usability as a challenge underlines the importance of the FAIR-by-Design and persona-based metadata principles adopted for the SUSA Virtual Campus in Dublin: a platform that is difficult to navigate will face the same resistance as the poorly designed clinical systems respondents describe. Fourth, the strong preference for short-format, embedded, workflow-compatible training validates the SUSA standalone module and microcredential model as the right vehicle for reaching this audience. Fifth, the presence of a self-identified sub-group of respondents who are already digital competency providers rather than recipients signals an opportunity for the SUSA champion framework: experienced digital practitioners within health systems are natural candidates for Student and Placement Champion roles. Sixth, the Nordic-dominant geography of the current sample reflects the distribution of SUSA institutional partners and professional networks; as data collection continues and geographic diversity increases, subgroup analyses by country, profession, and years of experience will be essential for calibrating the SUSA offer to different national and disciplinary contexts. A full analysis including inferential statistics and formal thematic coding will be produced on completion

of data collection, and is intended to inform a peer-reviewed publication that will contribute to the evidence base for digital health education in Europe.

5.9 Next steps

Data collection will continue across the lifetime of the project leading to a more robust analysis which will have implication for resource allocation and the type of SUSA offer that is appropriate on a sectoral basis. Ultimately the aim to produce a peer reviewed publication, that feeds necessary information in relation to skills requirements back into the general health SUSA. Planned analyses include:

- Thematic analysis of open-ended natural language responses that have been collected.
- Subgroup comparisons by profession, country, and years of experience.
- Final report with inferential statistics once formal data collection is aggregated to a level appropriate for the various disciplines that are served by the SUSA ecosystem.

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6. Sector specific community of practice building within the SUSA ecosystem

Task 4.1 of the SUSA project focuses on the development of a co-designed digital ecosystem supported by industry and academic expertise. A central component of this task was the creation of the e-Hub, a repository designed to capture the digital health ecosystem's perspectives on workforce needs.

Between February and June 2026, the i-HD team conducted 20 semi-structured interviews with multiple stakeholders of the digital health ecosystem across three sectors (public, private, and academia) and five domains of activity (informatics, data privacy and security, clinical expertise, interoperability, and patient advocates). Participants represented diverse professional roles including clinical experts, technical experts, academics, and strategic decision-makers.

Key findings revealed that while technical skills remain important, foundational healthcare knowledge is essential for success in digital health roles. The interviews highlighted the duality of digital health work—the simultaneous technical and clinical dimensions—while consistently describing the sector as challenging yet inspiring.

Using the audio and video recordings of the interviews, short videos were edited to provide students with authentic perspectives on labour market expectations, career pathways, and sector opportunities. These videos will be hosted on the SUSA toolbox website (**https://toolbox.susacampus.eu/e-library/interviews/**) for students to watch.

This deliverable demonstrates SUSA's commitment to ensuring education remains closely aligned with real-world workforce needs and contributes significantly to the broader digital ecosystem through market shaping, community engagement, and transparent communication of sector opportunities.

6.1 Task context and objectives

Work Package 4 is responsible for the design of an impact framework for participation in SUSA activities that is attractive to trainers, clinicians and students. Task 4.1 specifically focuses on developing the co-designed SUSA digital ecosystem supported by industry and academic enterprise advisory panels.

The primary objectives of Task 4.1 are:

- Increase attractiveness of healthcare careers to the digital health sector.
- Capture industry and academic perspectives on current and emerging skills needed across the different communities of practices of the consortium.
- Provide prospective learners with transparent insight into labour market expectations.

To address these objectives as effectively as possible, a series of short videos capturing authentic perspectives from diverse stakeholders were created. Hosted on the e-Hub, these videos provide transparency for students regarding sector requirements.

6.2 Methodology

To address the objectives of task 4.1, we adopted an applied research approach composed of three main steps: (1) selecting key stakeholders to take part in our structured interview process, (2) gathering insights from stakeholders through interviews, and (3) transforming recorded interviews into short videos students and professionals will watch online.

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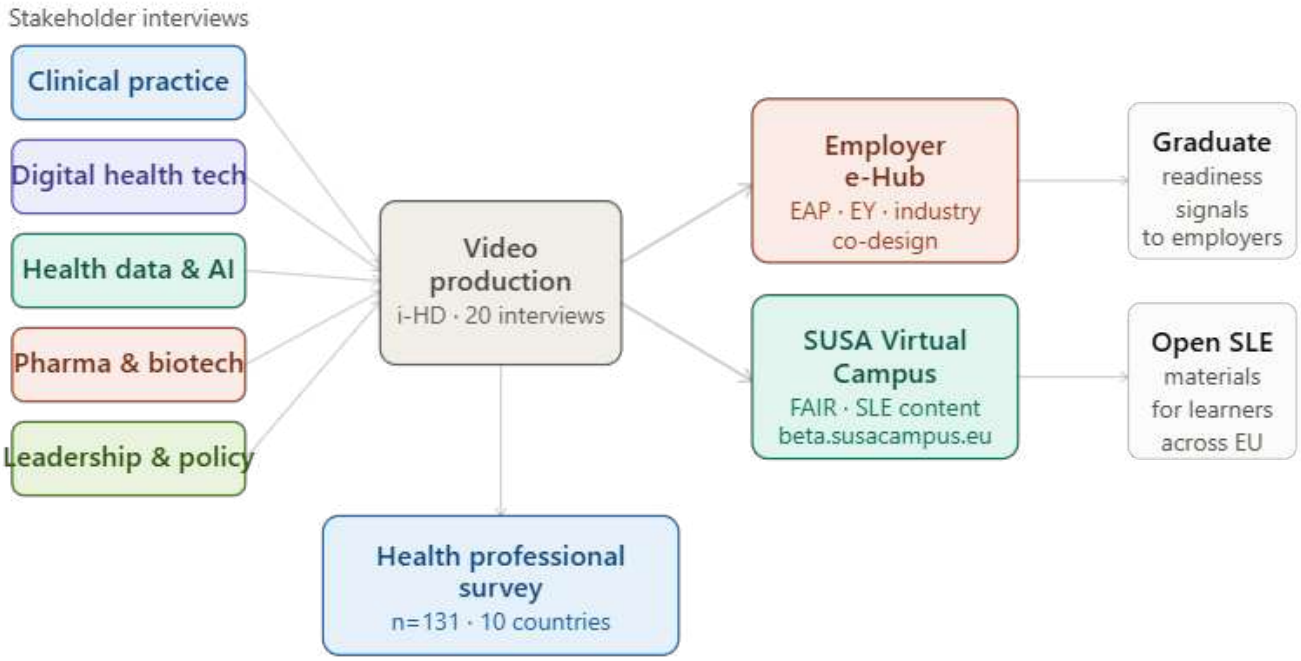

Figure 6.1. Workflow process for Video production ecosystem characterisation.

6.2.1 Stakeholder selection strategy

To ensure comprehensive representation, we implemented an approach based on five key dimensions:

- Domains of expertise: Informatics, Data privacy and security, Clinical experts, Interoperability, Patient advocates.
- Sectors: Public sector, private sector, academia.
- Domains of Activity: Healthcare technology, pharmaceuticals, research, policy and regulatory bodies, hospitals and clinical services.
- Organisation Size: Startups, SMEs, large organisations.
- Geographics: representation of multiple countries

This structured approach ensured comprehensive coverage of employment contexts relevant to SUSA training pathways.

The following figure summarises the main profile of participants to be interviewed.

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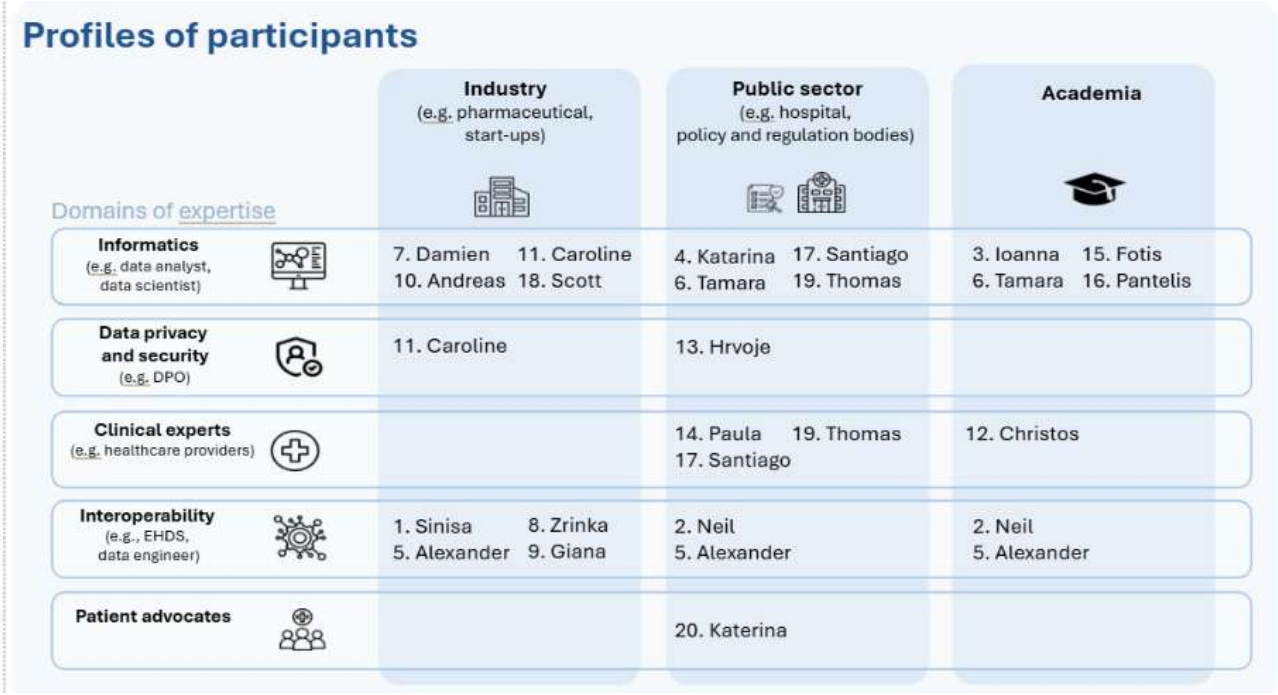

Figure 6.2 Interview participant analysis

After identifying the stakeholder profiles needed based on our selection matrix, we implemented a multi-stage recruitment strategy leveraging consortium networks and strategic partnerships. In the first stage, we contacted all members of the SUSA consortium via email with a detailed recruitment invitation. The email explained the purpose and significance of the series of interviews, outlined what participation in the interview would entail, and provided a project brochure giving potential participants comprehensive information about the project (see annex A for the brochure). This approach ensured that consortium members understood both the project context and the value of contributing their employer perspectives. The email made clear that we were seeking diverse participants across the stakeholder profiles identified in our selection matrix.

Consortium members who felt their professional profile was a good fit for the study were invited to directly nominate themselves as interview participants. Those who chose to participate received follow-up communication confirming the interview details, explaining the consent process (see annex B), and providing practical information about the interview format (online via Microsoft Teams, ~10 minutes duration) and scheduling.

A crucial element of our recruitment strategy was peer referral. In addition to self-nominations, we explicitly asked consortium members to suggest colleagues, contacts, or other stakeholders who might have relevant perspectives to contribute. If consortium members identified someone they thought would be an interesting and valuable participant, they were asked to facilitate an introduction. This referral approach leveraged the existing relationships and credibility within the consortium to expand our reach beyond direct consortium membership.

Parallel to consortium member recruitment, we contacted the SUSA Advisory Committee with the same recruitment request. The Advisory

Committee represents a particularly valuable source of participants. Advisory Committee members often have extensive networks across the digital health sector, access to senior leaders and strategic decision-makers, and deep understanding of sector dynamics. By reaching out to the Advisory Committee with the same detailed explanation of the study, project brochure, and invitation to participate or refer others, we ensured that these key stakeholders were aware of and could contribute to the initiative.

The combination of direct self-nomination and peer referral ensured that our final interview sample represented a diverse but strategically selected group of employers and academic representatives across the full spectrum of our selection dimensions.

6.2.2 Interview design and structure

Semi-structured interviews were selected as the primary data collection method because they offer an optimal balance between standardisation and flexibility. Unlike surveys, which constrain responses to predetermined categories, interviews allow stakeholders to articulate nuanced insights within their specific organisational and sectoral contexts. Unlike fully unstructured conversations, our semi-structured approach ensures consistency in core topics (skills competencies, emerging trends, sector attractiveness) across all participants, enabling systematic analysis and comparison of findings.

This approach also allows output videos to have a similar structure, improving the viewers' overall experience. This methodological choice reflects the reality of the digital health sector: workforce needs to vary significantly between stakeholders (e.g., a hospital IT director, pharmaceutical company's AI engineer, an academic researcher, and a healthcare startup founder) and countries. Semi-structured interviews allow for diversity while generating comparable data. Additionally, interviews capture the authentic voice, emphasis, and lived experience of stakeholders—the emotional and contextual dimensions that survey data cannot convey. When an employer describes digital health work as "challenging yet inspiring," that characterisation carries more weight than a scale rating. This authenticity proved crucial for the second phase: creating compelling content for student audiences.

Interviews were conducted online via Microsoft Teams and recorded with consent. Each lasted between 10 and 15 minutes and followed a standard structure with three sections:

- Introduction: Role, background, organisation description, workforce composition, recruitment trends
- Recruitment Priorities: Key competencies, technical skills, soft skills, difficult-to-find competencies, advice for students, attractiveness of the sector
- Additional Information about SUSA: Interest in webinars and internship placements

6.2.3 Video production and platform integration

Transforming full interviews into shorter video content served multiple strategic purposes aligned with SUSA's learning ecosystem goals:

1. First, attention and accessibility: students are more likely to engage with focused 1-2 minute video segments than lengthy 10-minute interviews. These shorter videos can be viewed on mobile devices and integrated into online platforms without significant time commitment.

2. Second, narrative clarity: the editing process involved identifying the most impactful, articulate segments from each interview—the moments where employers most clearly expressed key insights about what they value in their profession. This curation ensures that what students encounter is not raw interview footage but distilled, purposeful content.

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3. Third, modular integration: shorter videos can be strategically linked to specific SUSA learning objectives. A 2-minute segment on "why data quality assessment is essential to re-purpose hospital data" can be placed directly adjacent to the SUSA module on data quality, creating tight curriculum-to-employment alignment. A full 10-minute interview would be difficult to integrate at this granular level.

4. Fourth, authentic but professional quality: while interviews capture authentic voice, the editing process also ensures professional presentation—removing false starts, clarifying audio, and maintaining visual interest through careful cuts. This respects both the employer's professional image and student expectations for quality content.

5. Finally, plurality of voices: by condensing each interview to its most essential insights, we could showcase perspectives from a large range of stakeholders, across multiple domains, sectors, and countries. This breadth of representation provides students with multiple viewpoints and role models to consider.

The transformation from full interview to focused video is not a reduction but a strategic reframing: taking the richness of authentic perspectives and presenting them in a format optimised for learning engagement, curriculum integration, and student career guidance.

Following each interview, i-HD edited the recorded content into focused bitesize video interviews. Videos are hosted by the SUSA virtual campus and will be integrated into the main SUSA website, accompanied by participant descriptions linking employer insights to SUSA learning objectives.

Ethical Considerations

All participants provided signed informed consent prior to recording, which outlined recording authorisation, data protection, GDPR compliance, secure storage, and right to withdraw consent. Raw recordings were stored securely with limited access.

6.3 Results and findings

6.3.1 Participant characteristics

Between February and June 2026, i-HD conducted 20 interviews distributed across selection dimensions:

- Sector: 9 participants from the public sector, 8 participants from the private, 7 participants from academia.
- Domain of activity: 11 participants from informatics, 2 participants from data privacy and security, 4 participants from clinical expertise, 5 participants from the interoperability and 1 participant from the patient advocate domain.
- Organisation Size: Participants represented organisations across all size categories: from startups to multinational corporations: 3 startups, 4 SMEs, and 13 large organisations.
- Geographic scope: Interviews were conducted across Europe (4 from Croatia, 1 from Ireland, 9 from Greece, 1 from Luxembourg, 1 from Belgium), as well as Australia (1), Asia (1 from Singapore), and South America (2 from Argentina), capturing multi-country perspectives on workforce needs.

Note: Some participants held multiple professional roles and were therefore counted in multiple dimensions, reflecting the reality that digital health professionals often possess multidisciplinary expertise spanning different domains.

6.3.2 Reflections on key themes across interviews

The 20 video interviews reveal consistent themes about professional competencies, workforce needs, and the nature of digital health work:

Theme 1: Technical skills and healthcare knowledge must be integrated

Across interviews, a consistent finding emerged: while technical skills remain important, healthcare knowledge, understanding clinical workflows, and appreciation for healthcare context are equally or more critical. Multiple participants emphasised that technical excellence without healthcare understanding produces solutions that are technically sound but clinically irrelevant. The integration of technical and clinical knowledge is not achieved through sequential training but through simultaneous exposure.

Theme 2: Soft skills and communication are essential

Communication skills appear as essential across interviews. Participants emphasised the importance of communication across multidisciplinary teams, underscored the importance of bridging medical and technical language, and stressed the need to explain AI tools, their uses and limitations. Digital health professionals must move beyond technical terminology to communicating with clinicians, patients, stakeholders, and colleagues from different disciplines.

Theme 3: Digital health is meaningful yet challenging

Multiple participants characterised digital health work as both challenging and inspiring: One participant described it as “challenging yet ambitious,” while another expressed satisfaction with the potential to improve patient outcomes, and several others noted that the field’s constant change and rapid pace can be demanding, requiring professionals to repeatedly adjust to new tools, regulations, and ways of working. The complexity of the sector combined with its meaningful impact appears to be central to what draws and retains talent in digital health.

Theme 4: Adaptability, continuous learning, and openness to change

Multiple participants highlighted that thriving in digital health requires not just adjusting to the rapid pace of change but actively embracing it. Digital health is not a field in which professionals can develop expertise and maintain it unchanged over time; rather, it is characterised by ongoing evolution. As technologies, regulations, and practices continue to advance, professionals must remain open to new approaches, tools, and conceptual frameworks, and stay committed to continuously updating their knowledge in order to remain effective and relevant.

Theme 5: Governance, awareness, and responsible use of data are increasingly important

Several participants emphasised the importance of responsible and governed data implementation in digital health. Key concerns include data security, risks related to AI and data governance. The era when professionals could focus purely on technical development is shifting toward emphasis on governance, quality assurance, ethical implementation, and risk management.

Theme 6: Domain-specific expertise cannot be automated

Participants emphasised that deep knowledge of specific healthcare domains is not something AI will be able to replace, and highlighted that domain understanding, clinical judgement, and contextual knowledge are key human competencies. This suggests that digital health employment will increasingly value distinctive human expertise rather than generic technical skills that machines can replicate.

6.3.3 Summary of the videos

The 20 interviews generated rich insights from participants spanning diverse professional backgrounds, organisational contexts, and geographic locations. This section provides summaries of each video, organised by participant, highlighting their professional background, organisational context, and key insights competencies in digital health.

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VIDEO 1: SINISA - HEALTHCARE SYSTEMS INTEROPERABILITY

Professional Background and Organisation: Sinisa works for a large software company in Croatia that designs, develops, implements, and maintains systems for healthcare providers such as hospitals. The organisation focuses on consolidating the Croatian health market while addressing the challenge of healthcare interoperability.

Key Insights: Sinisa describes healthcare interoperability as an evolution that combines IT expertise with healthcare domain knowledge. His organisation addresses a fundamental challenge in healthcare digitalisation: different healthcare providers operate different systems with varying information standards. The core challenge is integrating these diverse systems to create a single, coherent patient record across institutions, and eventually at national and European levels. This requires professionals who understand both the technical aspects of system integration and the clinical context of healthcare data. Sinisa highlights that interoperability is not merely a technical problem, it requires understanding healthcare workflows, patient data governance, and the complex regulatory environment. This perspective underscores the importance of integrated technical and healthcare knowledge.

VIDEO 2: NEIL - DIGITAL HOSPITAL TRANSFORMATION AND CLINICAL INFORMATICS LEADERSHIP

Professional Background and Organisation: Neil is the Chief Information Officer for Children's Health Ireland in Dublin and a Professor of Health Informatics at University College Dublin. His dual role links clinical leadership and technological innovation. His organisation spans both clinical and technical teams, reflecting the multidisciplinary nature of digital health work.

Key Insights: As a CIO, Neil's mission is to develop a comprehensive digital hospital, integrating all technology systems, infrastructure, and data migration required to consolidate healthcare delivery. He emphasises that healthcare professionals with medical backgrounds pursuing digital health should consider postgraduate study in data analytics or health innovation, which quickly positions them at the intersection of medicine and technology. However, he offers particularly valuable advice to students entering digital health: gain real-world experience in healthcare first. Understanding how healthcare systems operate, how clinical teams function, and what barriers practitioners face enables professionals to design more effective digital solutions. Neil's experience demonstrates that the combination of clinical knowledge, operational understanding, and technical skill creates the most impactful professionals. He expresses satisfaction with working in digital health because the sector moves rapidly, has genuine potential to improve patient outcomes, and improve care.

VIDEO 3: IOANNA - BIOMEDICAL INFORMATICS AND TECHNICAL-CLINICAL INTEGRATION

Professional Background and Organisation: Ioanna is a Professor of Medical Informatics specialising in Analysis Techniques for Biomedical Signals, Images, and Biodata at the School of Medicine in a Greek university. Her laboratory comprises technical specialists who work at the intersection of engineering and medicine.

Key Insights: Ioanna emphasises that understanding healthcare context is essential for all digital health professionals, particularly those working with data. Her team deliberately combines technical expertise in programming and mathematical analysis with deep understanding of medical context and clinical meaning. She characterises digital health as a challenging yet ambitious domain precisely because it combines complexity, innovation, funding, and development opportunities. She emphasises that professionals in this field must be adaptable, embrace technological change, and remain committed to continuous learning.

Engineers working in digital health cannot be rigid. They must be open to learning new approaches, new tools, and new frameworks. This perspective reinforces that technical excellence alone is insufficient; professionals must combine technical skill with adaptive mindset and clinical understanding.

VIDEO 4: KATARINA - PHARMACOEPIDEMIOLOGY AND REAL-WORLD EVIDENCE

Professional Background and Organisation: Katarina is the head of the pharmacoepidemiology department at the Institute of Public Health in Zagreb, Croatia. Her team's primary focus is converting real-world data (RWD) into real-world evidence (RWE) to inform decision-making around drug safety and drug utilisation patterns.

Key Insights: Katarina identifies specific technical competencies young professionals entering pharmacoepidemiology must have understanding of different datasets, data quality dimensions, and proficiency in analytical tools such as R or Python. However, she emphasises that pharmacoepidemiology is fundamentally about giving meaning to numbers through clinical understanding, not merely manipulating data. Young professionals must understand the limitations of real-world data, be familiar with healthcare data standards (such as ICD-10, SNOMED, and Common Data Models), and be acutely aware of security and privacy considerations including GDPR. This perspective illustrates that data competency without clinical and ethical understanding produces technically correct but clinically irrelevant work.

VIDEO 5: ALEXANDER - HEALTHCARE STANDARDS AND INTEROPERABILITY LEADERSHIP

Professional Background and Organisation: Alexander is an electrical engineer with a PhD in biomedical engineering with extensive experience in healthcare interoperability. He works in a private company on telehealth and telecare solutions and contributes to standardisation organisations such as HL7 and IHE (Integrating the Healthcare Enterprise).

Key Insights: Alexander identifies a critical gap: standardisation organisations are struggling to find professionals who can replace the current generation of standards experts and contribute to evolving international standards like HL7. He emphasises that expertise in implementing healthcare standards (such as mastering HL7 implementation guides) is both valuable and urgently needed, particularly as new European regulations and specifications emerge. He predicts strong demand in the coming years for professionals who understand standards and can support national, regional, and local implementations. Crucially, he notes that standards expertise is a domain that cannot be automated or replaced by AI. Beyond technical competency, Alexander stresses that soft skills, particularly the ability to communicate across multidisciplinary teams, are essential. He provides an observation about future work: basic coding skills may become less critical, but reviewing code, ensuring quality, and ensuring ethical implementation will be increasingly valued. This perspective suggests that digital health employment is shifting from pure code production toward governance, quality assurance, and ethical oversight.

VIDEO 6: TAMARA - DATA SCIENCE, AI IN CLINICAL DECISION-MAKING, AND CONTEXTUAL MEANING

Professional Background and Organisation: Tamara has a multidisciplinary background in intensive care decision-making, data science, law, and mediation. Her PhD research examined how doctors and nurses make decisions in intensive care settings and the role artificial intelligence and machine learning can play in supporting clinical decision-making.

Key Insights: From her data science research background, Tamara offers a critical insight about the risk of data-centric thinking: researchers and data scientists can become so

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excited about the potential of large datasets that they forget to examine fine-grained details and instead rely on unstated assumptions. A critical competency is self-awareness about the assumptions embedded in data: understanding what is genuinely measured versus what is interpreted or assumed. She emphasises that "numbers are not the whole story." While clinicians value quantitative evidence, numbers become meaningful only within broader context. Digital tools must be designed with understanding of how they fit into the socio-technical environment, how they connect with clinical workflows, organisational processes, and human decision-making. Communication skills are essential for understanding these connections. This perspective highlights that professionals must combine data competency with reflexivity about data limitations and the ability to communicate across disciplinary boundaries.

VIDEO 7: DAMIEN - AI TOOLS, COMMUNICATION, AND GOVERNANCE IN BIOTECH

Professional Background and Organisation: Damien is the CEO and founder of Blumaiden Biosciences, a Singapore-based biotechnology company operating globally in AI-driven drug discovery. With a PhD in molecular microbiology and experience in venture capital, he leads multidisciplinary teams of scientific, computational, and IT specialists.

Key Insights: Damien provides a forward-looking perspective on AI in healthcare and biotechnology. As AI tools become increasingly available as products (rather than things professionals build), the critical competencies shift. Students will not be expected to build AI tools as the tools will most certainly already exist, but they must be able to apply them and communicate their value to stakeholders. Communication becomes critically important: distilling complex technical ideas to their essence and communicating value is a skill many technical professionals lack but non-technical professionals with deep tool knowledge often develop. The field moves rapidly, requiring professionals to understand what tools exist, their limitations, and the risks of their use. Professionals must understand governance and control requirements and be aware of data quality, harmonisation, and appropriateness. Awareness becomes a core competency, as well as understanding the landscape of available tools and the risks of their misuse. This perspective suggests that future digital health work will emphasise governance, quality assurance, and communication over pure technical development.

VIDEO 8: ZRINKA - MULTIDISCIPLINARY BACKGROUND AND MEDICAL SYSTEM UNDERSTANDING

Professional Background and Organisation: Zrinka holds a background in computer science and PhD in biomedical sciences. She works as a researcher in a large technology company focused on health data exchange systems.

Key Insights: Zrinka articulates a frequently mentioned finding in a particularly clear way: while a basic level of technical competency is necessary, the most important and most challenging competency is understanding medical professionals—their language, their priorities, and their workflows. Medical and technical professions often struggle to understand each other, speaking what feels like different languages. The most valuable professionals are those with multidisciplinary backgrounds. This multidisciplinary background enables professionals to understand what is actually useful from a clinical perspective, not just what is technically possible. Zrinka's experience emphasises that effective digital health work requires bridging cultural and linguistic gaps between domains.

VIDEO 9: GIANNA - HEALTH DATA MODELS AND EUROPEAN HEALTH DATA SPACE

Professional Background and Organisation: Gianna is the Head of the Digital Health Sector at the Greek branch of Maggioli SpA, an

international company headquartered in Italy. She leads research and development in digital health with particular focus on health data, large-scale datasets, and AI applications.

Key Insights: Gianna describes knowledge of health data models as increasingly important in digital health. Understanding how data is represented and structured in electronic health records, particularly those aligned with European standards or recommended by the European Commission, is becoming essential. With the European Health Data Space emerging, standards and specifications are becoming mandatory. New professionals joining digital health companies must understand these data models. Gianna also identifies generative AI and AI tools as emerging trends for managing and structuring health data, accelerating data transformation and structuring processes. Beyond individual models, she emphasises the importance of understanding data model diversity and interoperability, knowing not just individual standards but how different standards relate to each other, where they differ, and how to bridge differences. This competency in understanding heterogeneous data landscapes is increasingly appreciated by employers.

VIDEO 10: ANDREAS - AI TOOLS, DOMAIN UNDERSTANDING, AND USER-CENTRED DEVELOPMENT

Professional Background and Organisation: Andreas is the co-founder and COO of Wellics Ltd, a company providing platform-as-a-service solutions for corporate wellbeing and occupational health. With backgrounds in computer and software engineering and an MBA, he combines technical and business expertise while leading research and innovation focused on the intersection of advanced technologies, healthcare research, and venture creation.

Key Insights: Andreas identifies two complementary directions for professional development in digital health: first, the ability to use and critically evaluate AI tools, understanding what they produce and their limitations; and second, understanding the domain to ensure technology development serves genuine user needs rather than pursuing innovation for its own sake. He notes that both healthcare professionals and digital industry professionals increasingly need to understand artificial intelligence: how new tools work and how they can support professional practice. AI literacy and domain expertise represent the competency balance required in digital health roles.

VIDEO 11: CAROLINE - EUROPEAN HEALTH DATA SPACE, REGULATION, AND PRIVACY-BY-DESIGN

Professional Background and Organisation: Caroline holds a PhD in biomechanics and has extensive digital health and wellbeing experience. After beginning her career in academia at the National Technical University of Athens, she moved to the private sector and now works for a Luxembourg-based software development company focused on health-related R&D, particularly cancer management using digital technologies.

Key Insights: Caroline emphasises that digital health professionals must be aware of European-level initiatives and infrastructure, particularly the European Health Data Space. Engineers and developers must understand this infrastructure so that the solutions they develop align with it. Beyond infrastructure, professionals must be aware of legal and regulatory developments and design solutions that respect GDPR and related regulations from inception (privacy-by-design). Regulatory and legal awareness is not supplementary, it is integral to contemporary digital health work. This perspective reflects that regulatory compliance and ethical design have become core competencies rather than specialist considerations.

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VIDEO 12: CHRISTOS - PHARMACOEPIDEMIOLOGY, CLINICAL EXPERIENCE, AND PATIENT ENGAGEMENT

Professional Background and Organisation: Christos is an Associate Professor in the Department of Medicine at Democritus University of Thrace in Greece with a background in pharmacy. He has spent 12 years in academia working in pharmacoepidemiology, digital health, pharmacy practice, and health data analysis.

Key Insights: Christos emphasises that pharmacoepidemiology work requires pharmaceutical and healthcare background because analysing data requires asking the right research questions. Community pharmacists, being the closest healthcare professionals to ordinary people in healthcare, can translate clinical knowledge to the public and reduce fears about digital health. His perspective highlights that technical competency developed independently of professional domain knowledge produces technically correct but clinically incoherent work. Additionally, he emphasises that professionals have an important role in addressing public anxiety about digital health by fostering awareness and understanding.

VIDEO 13: HRVOJE - ARTIFICIAL INTELLIGENCE, CYBERSECURITY, AND RESPONSIBLE USE

Professional Background and Organisation: Hrvoje is a software engineer working at the Croatian Ministry of Health, where he has been involved in digital health and eHealth initiatives for more than 15 years. His experience spans software development, business analysis, project management, regulation, and cybersecurity. In addition to his work in the public sector, he also has Master of Science in electrical engineering and serves as a senior lecturer in IT management and cybersecurity at VERN' University in Zagreb.

Key Insights: Hrvoje provides important perspective on AI in healthcare. Certified AI models including machine learning and deep learning have been used beneficially in healthcare for years, particularly in medical image analysis and other clinical specialties. However, large language models and generative AI introduce new considerations. While these technologies offer opportunities, they have widened the attack surface in cybersecurity terms and introduced new risks. Healthcare providers and patients must be taught not only about the benefits but also about restrictions and risks of these technologies. Professionals must be careful not to treat information from language models lightly but to verify and double-check information. Awareness of benefits and limitations is critical. His perspective suggests that AI literacy in healthcare cannot be limited to enthusiasm for technology, it must include sober assessment of risks and careful governance of implementation.

VIDEO 14: PAULA - BRIDGING CLINICAL AND TECHNICAL EXPERTISE IN LATIN AMERICAN CONTEXT

Professional Background and Organisation: Paula is a physician and faculty member in the Department of Health Informatics at Hospital Italiano de Buenos Aires, Argentina. She directs the university's long-standing Master's Programme in Health Informatics, which trains healthcare and IT professionals from across Latin America and Spain to work in digital health. Her dual background as a clinician and informatics educator positions her at the intersection of clinical practice and technological innovation.

Key Insights: Paula articulates a vision of digital health professionals as bridges, connecting patients and clinical staff with developers and technologists. This bridging role requires integrated competencies across multiple domains. On one side, professionals must possess technical knowledge: health information systems design, interoperability standards, big data management, data science, and statistical analysis. On the other side, they must understand the non-technical

dimensions of digital transformation: change management and organisational management. This dual competency is not supplementary but central. Paula emphasises that digital health education must be grounded in real-world application, focused on hands-on work with real problems rather than theoretical exercises. This approach ensures that young professionals can immediately contribute to digital transformation efforts in their organisations.

VIDEO 15: FOTIS - BIOINFORMATICS AND DIGITAL SKILLS INTEGRATION, AND MULTIDISCIPLINARY DATA SCIENCE IN LIFE SCIENCES

Professional Background and Organisation: Fotis is a Senior Researcher at the Institute of Applied Biosciences at the Centre for Research and Technology Hellas (CERTH) in Greece. With a background in electrical and computer engineering, he leads the Bioinformatics Lab, focusing on the application of computational methods in life sciences.

Key Insights: Fotis emphasises the central role of digital skills in modern bioinformatics, describing them as essential and increasingly accessible regardless of one's original academic background. He encourages individuals from diverse disciplines to enter the field, noting that combining domain expertise with computational skills enables more effective problem-solving. He highlights the importance of understanding both biological and computational perspectives to thrive in multidisciplinary environments, which are now the norm. He also points to the rapidly evolving nature of the field, driven by the growing complexity of biological data and the new challenges it presents, making bioinformatics a dynamic and highly engaging area of work.

VIDEO 16: PANTELIS - DIGITAL HEALTH CAREERS AND DOMAIN SPECIALISATION, AND COMMITMENT AND SKILL INVESTMENT IN HEALTH TECHNOLOGIES

Professional Background and Organisation: Pantelis is a researcher at the Institute of Applied Biosciences at the Centre for Research and Technology Hellas (CERTH) in Thessaloniki, Greece, where he leads the eHealth Lab. With a background in electrical and computer engineering, he works closely with clinicians, biologists, and other experts to develop and advance digital health solutions.

Key Insights: Pantelis shares a balanced perspective on careers in digital health. He highlights the field's strong societal value, noting that healthcare will always remain a critical priority, and that data-driven approaches have the potential to save lives. At the same time, he stresses that entering this domain requires careful consideration, particularly for those with engineering or computer science backgrounds. Building expertise in healthcare demands a significant investment in highly specialized knowledge, which may not easily be transferred to other industries. As a result, he emphasises that digital health is best suited for individuals with genuine interest and long-term commitment, rather than those seeking broadly applicable technical experience.

VIDEO 17: SANTIAGO - HEALTH DATA SCIENCE SKILLS, CAUSAL INFERENCE, AND EXPANDING THE SCOPE OF HEALTH INTERVENTIONS

Professional Background and Organisation: Santiago is a family physician who has built a career at the intersection of medicine and data, evolving from epidemiology into data science, machine learning, AI, and causal inference applied to health.

Key Insights: Santiago offers a practical roadmap for those pursuing health data science. He stresses that robust data management, not just analysis, but structuring data to reflect real

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decision-making needs, is a core foundational skill, alongside technical fluency in machine learning, LLMs, and natural language processing. Above all, he singles out deep knowledge of health systems and population health as the most important investment, as it provides a conceptual grounding that pure technical skills cannot replace. He also highlights how data-driven approaches expand the universe of possible interventions: rather than waiting a decade to develop a new drug, researchers can generate evidence faster and think beyond physical or pharmaceutical solutions, making it a powerful complement to traditional approaches.

VIDEO 18: SCOTT - MULTIDISCIPLINARY TEAMS, SOFT SKILLS, AND PASSION FOR HEALTHCARE

Professional Background and Organisation: Scott is the founder and leader of a healthcare technology startup focused on digital transformation and reducing administrative burden for nurses and other frontline healthcare professionals. With more than 15 years of experience leading AI and data science initiatives, Scott has worked across large organisations including the Australian federal government and global media and retail companies, bringing extensive expertise in data-driven technology application to healthcare.

Key Insights: Scott identifies a critical workforce need: multidisciplinary teams combining deep technical expertise with clinical knowledge. His startup deliberately recruits both highly talented data scientists and engineers alongside clinical experts, reflecting recognition that technical excellence without clinical understanding cannot address real healthcare problems. From a recruitment perspective, Scott notes that educational background and CV alignment with roles serve as useful initial screening mechanisms. However, once candidates enter interview processes, technical skill alignment is often already evident. The more profound hiring challenge involves identifying individuals with the personal qualities necessary for healthcare work, specifically, soft skills and intrinsic motivation. Scott provides important perspective on sector specialisation trends. As digital health becomes increasingly niche, granular, and technologically advanced, interdependencies between roles multiply. In this environment, interpersonal skills, adaptability, and comfort with rapid change become more important than specialised technical knowledge that can be learned or outsourced. The ability to work across disciplinary boundaries and communicate across technical-clinical divides is more valuable than deep expertise in any single domain. Crucially, Scott argues that healthcare attracts talent not through competitive salaries or short-term opportunities but through meaningful work and intrinsic drive. He characterises healthcare as an industry requiring long-term commitment. Scott's final insight reframes healthcare as among the most rewarding sectors available. It offers opportunity to work with intelligent, empathetic, and passionate people and provides rare proximity to measurable, meaningful impact on people's lives. In an era when healthcare increasingly requires technological innovation to address complex challenges, healthcare work offers among the most purposeful career paths available.

VIDEO 19: THOMAS - CLINICAL DATA LITERACY, PATIENT ADOPTION OF DIGITAL TOOLS, AND PHYSICIAN-LED COMMUNICATION IN DIGITAL HEALTH

Professional Background and Organisation: Thomas is a haematologist and researcher at the Institute of Applied Biosciences at the Centre for Research and Technology Hellas (CERTH) in Thessaloniki, Greece, where he specialises in haematological malignancies, lymphoproliferative diseases, and palliative care.

Key Insights: Thomas offers a clinician's perspective on the role of data and digital tools in modern medicine. He argues that a foundational skill for any physician is the ability to critically read and interpret data analyses, understanding not just the results, but the underlying strengths and limitations, as clinical decisions are ultimately grounded in that

evidence. Beyond data literacy, he addresses the practical challenge of integrating digital health tools into patient care, noting that what seems intuitive or exciting to clinicians is often unfamiliar or intimidating to patients. He emphasises that successful adoption depends on physicians who genuinely believe in the value of these tools, as that conviction enables them to communicate clearly, guide patients through usage, and make a compelling case for how technology can improve their daily lives and health outcomes.

VIDEO 20: KATERINA - PATIENT AND PUBLIC INVOLVEMENT, EMPATHY IN DIGITAL HEALTH, AND CO-DESIGNING WITH PATIENTS

Professional Background and Organisation: Katerina is the head of the EU Projects Department at the Hellenic Cancer Federation (ELLOK) in Greece, with a background in public health research and patient advocacy. Her expertise is in patient and public involvement (PPI), and she works to promote the engagement of patients, caregivers, and citizens in research and healthcare.

Key Insights: Katerina brings a patient-centred perspective to digital health. She stresses that professionals in this field must cultivate empathy and active listening, recognising that patients differ significantly in their ability to navigate both the healthcare system and digital tools. Rather than treating patients as end-users, she advocates for involving them as genuine partners, in identifying unmet needs, co-designing solutions, developing research protocols, and evaluating impact. She encourages students to seek out patient workshops, focus groups, and co-creation activities, as hearing directly from people living with conditions is irreplaceable. She also highlights the importance of viewing healthcare as a continuous journey rather than a series of isolated clinical encounters. Her central message is clear: successful digital health innovation is not built for patients, but with them.

6.3.4 Video content integration on the SUSA platform

All 20 videos have been recorded, edited, and will be hosted as a carousel on the SUSA virtual campus (beta.susacampus.eu). Each video is accompanied by a participant profile including their role, organisation type, sector, and domain of expertise. The videos are published on a dedicated page of the SUSA toolbox webpage, creating a centralised, accessible resource for students and stakeholders.
To facilitate usability and enable students to navigate the resource effectively, the video interviews are organised into three distinct categories that reflect different career pathways and professional interests in digital health:

1. Technical specialists: data, standards and systems. This category features professionals focused on technical implementation of digital health systems, including informatics specialists, data scientists, and standards experts. Interviews in this category include Alexander (healthcare standards and interoperability), Katarina (pharmacoepidemiology and data analysis), Gianna (health data models and AI applications), and others who focus on the technical infrastructure and data systems that enable digital health. Students interested in programming, data science, artificial intelligence, system design, or health information technology will find relevant perspectives and career insights in this category.

2. Clinical integration and governance: bridging the gap between the clinical and the technical world. This category features professionals who highlight the importance of collaboration between clinical and technical domains, of designing systems with clinical understanding, and of ensuring responsible implementation. Interviews in this category include Neil (digital hospital transformation from clinical perspective), Ioanna (technical-clinical integration in biomedical informatics),

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Zrinka (understanding medical systems and workflows), Caroline (privacy-by-design and regulatory compliance), and Hrvoje (cybersecurity and responsible AI in healthcare). Students interested in clinical informatics, health systems management, digital transformation in healthcare settings, regulatory compliance, or ensuring that technology serves clinical needs will find relevant guidance in this category.

3. Leadership and strategy: shaping the future of the digital health sector. This category features leaders and strategic decision-makers who shape organisational and sectoral direction in digital health, including executives, researchers, and change leaders. Interviews in this category include Damien (CEO of biotech company using AI in drug discovery), Sinisa (leading healthcare system transformation), Christos (academic leadership in pharmacoepidemiology), Andreas (co-founder and COO driving innovation in occupational health), and Tamara (research leadership on AI in clinical decision-making). Students interested in healthcare leadership, entrepreneurship, strategic innovation, or driving change in healthcare organisations will find relevant perspectives and inspiration in this category.

Each video is accompanied by a participant profile including their name, role, organisation type, sector, and domain of expertise. This contextual information helps students understand the perspective being presented and identify roles or career pathways relevant to their interests and aspirations. The categorisation allows students to explore careers aligned with their interests while also exposing them to other digital health employment possibilities.

This section presents the text that will accompany each video. Each participant received an email with their short presentation and was offered the possibility to modify the paragraph.

1. Sinisa has spent the past 15 years working in Croatia's healthcare sector, specialising in health IT. He works in the IT department of the Croatian company in2, a software solutions provider focused on the design, development, implementation, and maintenance of systems for healthcare organisations, including hospitals. In this interview, he shares his insights on system interoperability and the challenges of connecting digital healthcare systems effectively.

2. Professor Neil O'Hare is the Chief Information Officer (CIO) at Children's Health Ireland and Professor of Health Informatics at University College Dublin. In this interview, he discusses the importance of understanding healthcare systems to work effectively in digital health, and shares his perspectives on integrating digital health expertise with medical practice.

3. Ioanna is an engineer by training and currently serves as Professor of Medical Informatics - Analysis Techniques for Biomedical Signals, Images and Biodata in the School of Medicine. In this interview, she reflects on the key skills engineers should develop to succeed in the rapidly evolving digital health sector.

4. Katarina is the Head of the Pharmacoepidemiology Department at the Institute of Public Health in Zagreb, Croatia. With a background in biochemistry, she leads a team focused on transforming real-world data (RWD) into real-world evidence (RWE) to support decision-making in areas such as drug safety and drug utilization patterns. In this interview, she discusses the key skills and expertise needed to work successfully in her team and in the field of pharmacoepidemiology.

5. Alexander is an electrical engineer with a PhD in biomedical engineering. He has extensive experience in healthcare interoperability, focusing on the implementation of international standards such as HL7 and

DICOM. He currently holds two roles: he works in a private company on telehealth and telecare solutions, while also contributing to standardisation organisations like HL7 and IHE. In the interview, he highlights the need for a new generation of professionals in interoperability and shares key insights on the skills that are essential both today and in the future of digital health.

6. Tamara has a multidisciplinary background in intensive care decision-making, data science, law, and mediation. Her PhD research explored how doctors and nurses make decisions in intensive care settings, and the role that artificial intelligence and machine learning can play in supporting clinical decision-making and improving patient care. In this interview, she highlights the importance of understanding the context behind healthcare data.

7. Damien is the CEO and founder of Blumaiden Biosciences, a Singapore-based biotechnology company operating globally in AI-driven drug discovery. The company focuses on small-molecule therapeutics, target discovery, and disease biology. With a PhD in molecular microbiology and experience in venture capital, Damien leads multidisciplinary teams of scientific, computational, and IT specialists. In this interview, he shares his insights on the opportunities and limitations of AI tools in digital health.

8. Zrinka is a researcher from Croatia with a background in computer science and a PhD in Biomedical Sciences. She works at a large technology company specialising in eHealth solutions and health data exchange systems at the national level. In this interview, she emphasises the importance of interdisciplinary collaboration between technical and medical professionals, highlighting the value of understanding clinical practice, and combining technical expertise with a genuine motivation to improve healthcare.

9. Gianna is the Head of the Digital Health Sector at the Greek branch of Maggioli SpA, an international company headquartered in Italy. She leads research and development activities in digital health, with a particular focus on health data, large-scale datasets, and AI applications. In this interview, she highlights the growing importance of understanding health data models.

10. Andreas is the co-founder and COO of Wellics LTD, a company providing platform-as-a-service solution for corporate wellbeing and occupational health. With a background in computer and software engineering and an MBA, he combines technical and business expertise while leading the company's research and innovation activities, focusing on the intersection of advanced technologies, healthcare research, and venture creation. In this interview, he highlights why both digital professionals and healthcare workers need to understand how AI tools work, how to use them critically, and how they can effectively support healthcare practice.

11. Carolina holds a PhD in biomechanics and has extensive experience in digital health and wellbeing. After beginning her career in academia, she moved to the private sector and now works for a Luxembourg-based company involved in software development and health-related R&D projects, with a particular focus on cancer management using digital technologies. In this interview, she highlights the importance of understanding the European Health Data Space, as well as the legal and regulatory frameworks such as GDPR and the AI Act, to ensure that digital health solutions are designed responsibly and in compliance with European standards. She also emphasises the importance of developing technologies together with end users and for end users, as this is essential for the successful adoption and scalability of digital health solutions.

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12. Christos is an Associate Professor in the Department of Medicine at Democritus University of Thrace in Greece. With a background in pharmacy, he has spent the past 12 years working in academia in the fields of pharmacoepidemiology, digital health, and health data analysis. In this interview, he highlights the importance of combining data analysis with pharmaceutical and clinical knowledge, particularly through the experience of community pharmacists who work closely with patients. He also discusses the role of healthcare professionals in helping people better understand digital health technologies, encouraging awareness and trust rather than fear.

13. Hrvoje is a software engineer working at the Croatian Ministry of Health, where he has been involved in digital health and eHealth initiatives for more than 15 years. His experience spans software development, business analysis, project management, regulation, and cybersecurity. In addition to his work in the public sector, he also has Master of Science in electrical engineering and serves as a senior lecturer in IT management and cybersecurity at VERN' University in Zagreb. In this interview, he discusses the opportunities and risks associated with AI and large language models in healthcare.

14. Paula is a physician and faculty member in the Department of Health Informatics at Hospital Italiano de Buenos Aires, Argentina. She is involved in the university's long-standing Master's Programme in Health Informatics, which trains healthcare and IT professionals from across Latin America and Spain to work in digital health. In this interview, she discusses the importance of developing professionals who can bridge the gap between healthcare and technology, combining knowledge of interoperability, data science, and health information systems with skills in change management and organisational transformation.

15. Fotis is a Senior Researcher at the Institute of Applied Biosciences at the Centre for Research and Technology Hellas (CERTH) in Greece, where he also directs the bioinformatics lab. With a background in electrical and computer engineering, his work sits at the intersection of computation and life sciences. In this interview, he highlights the growing importance of digital skills in bioinformatics, encourages learners from diverse academic backgrounds to enter the field, and reflects on the challenges and opportunities arising from increasingly complex biological data in multidisciplinary research.

16. Pantelis is a researcher and head of the eHealth Lab at the Institute of Applied Biosciences within the Centre for Research and Technology Hellas (CERTH) in Thessaloniki, Greece. Trained as an electrical and computer engineer, he collaborates closely with medical and life science experts to advance digital health solutions. In this interview, he reflects on the long-term value and societal impact of working in healthcare, while also offering a candid perspective on the commitment required to build domain-specific expertise, emphasizing that a career in digital health is best suited for those with a genuine passion for the field and its potential to improve lives through data.

17. Santiago is a family physician who has spent his career at the intersection of medicine and data science, evolving from epidemiology into machine learning, AI, and causal inference applied to health. In this interview, he outlines the core skills needed to thrive in health data science, from robust data management and technical fluency to expertise in LLMs and natural language processing, while stressing the importance of deeply understanding health systems and population health as a foundation. He also reflects on how data-driven approaches expand the range of possible interventions, enabling researchers to generate evidence faster and think beyond

traditional physical or pharmaceutical solutions.

18. Scott is the founder of a healthcare technology start-up focused on digital transformation and reducing administrative burden for nurses and other frontline healthcare professionals. With more than 15 years of experience leading AI and data science initiatives across large organisations, he brings extensive expertise in the application of data-driven technologies. In this interview, he discusses the growing need for multidisciplinary teams that combine technical and clinical expertise, and highlights the importance of adaptability, collaboration, and strong interpersonal skills in an increasingly specialised digital health landscape.

19. Thomas is a haematologist and researcher at the Institute of Applied Biosciences in Thessaloniki, Greece, specialising in haematological malignancies, lymphoproliferative diseases, and palliative care. In this interview, he emphasises that the most essential skill for clinicians is the ability to critically interpret data analyses, understanding both their strengths and limitations as a foundation for sound clinical and research decision-making. He also reflects on the challenge of patient adoption of new digital tools, stressing that physicians must first genuinely believe in a tool's value before they can effectively guide patients toward embracing technologies that can meaningfully improve their outcomes.

20. Katerina is the head of the EU Projects Department at the Hellenic Cancer Federation (ELLOK), with a background in public health research and patient advocacy. Her expertise lies in patient and public involvement (PPI), and she works to promote the meaningful engagement of patients, caregivers, and citizens in research and healthcare. In this interview, she argues that digital health professionals must develop empathy and active listening skills to truly understand patients' needs, recognising that people vary widely in their ability to access and use health information and digital tools. She emphasises that patients should be treated as partners throughout the entire process, from co-designing solutions to validating outcomes, and that digital technologies should foster genuine dialogue between patients and healthcare professionals. Ultimately, she stresses that successful digital health innovation is not about building technology for patients, but with them.

A mock-up of the dedicated webpage has been developed to visualise how the videos will appear and function on the SUSA toolbox webpage. The mock-up illustrates the page layout, navigation structure, video presentation, category organisation, and participant profile display, that will ensure an engaging and intuitive user experience for student access.

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The integration of the video content within the SUSA toolbox platform will be completed for all interviews so that a searchable carousel of employer/practice videos is available for general interrogation by interested SUSA stakeholders. The carousel will be located on the SUSA virtual campus **https://virtual.susacampus.eu**

The videos represent diverse professional profiles across sectors (public, private, academia), domains (informatics, data privacy and security, clinical expertise, interoperability, patient advocacy), organisation sizes (startups, SMEs, multinationals), and geographies (Europe, Australia, Asia, South America). This diversity ensures that students encounter multiple perspectives, understand how workforce needs to vary across different employment contexts, and can identify role models representing different career pathways and professional identities in digital health.

6.4 Community of practice building - conclusions and future directions

Task 4.1 has developed a central component of the SUSA digital ecosystem designed to strengthen alignment between education provision and workforce needs in the digital health sector. Through a rigorous, multi-stage recruitment process leveraging consortium networks and advisory partnerships, we conducted 20 semi-structured interviews with employers and academic representatives between February and June 2026.

The resulting video content represents diverse professional profiles across multiple dimensions. Sector distribution includes public healthcare systems, private companies, and academic institutions. Domain expertise encompasses informatics and data science, data privacy and security, clinical expertise, interoperability and standards, and patient advocacy perspectives. Organisation sizes range from innovative startups to established SMEs and multinational corporations. Geographic representation extends across Europe (Croatia, Ireland, Greece, Luxembourg, Belgium), Australia, Asia (Singapore), and South America (Argentina).

This diversity is intentional and significant. It ensures that students encounter multiple perspectives on digital health careers, understand how workforce needs and opportunities vary across different employment contexts and sectors, and can identify role models representing diverse career pathways and professional identities in digital health. No single employer voice dominates; instead, the webpage that host the videos presents a rich portrait of digital health employment, reflecting the complexity and opportunity inherent in the sector.

Digital health is a rapidly evolving sector where technologies, standards, regulations, and employment landscapes change continuously. The interviews conducted in 2026 capture perspectives valid at that moment, but the content may become obsolete. As new technologies emerge (generative AI applications, novel interoperability standards, evolved data governance frameworks), as regulations change (particularly European Health Data Space implementations), and as organisations evolve their digital strategies, the relevance and applicability of 2026 perspectives will diminish. Systematic processes for updating and refreshing video content should be considered to prevent the videos from becoming a historical archive rather than a current resource.

As the SUSA project continues, the set of stakeholder videos will expand thereby serving as a in-tension link between the education ‘push’ and the employment ‘pull’ within the ecosystem. The goal is to make transparent what employers seek, why those competencies matter, and how students can develop the appropriate technical skill, healthcare knowledge, communication ability, and ethical awareness necessary to thrive in digital health.

6.5 Summary of community of practice group formation activity

Survey responses gathered from partner institutions highlight the breadth of community of practice building across the SUSA consortium. Partners have established or strengthened

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communities through a variety of engagement mechanisms. STUBA holds regular faculty meetings that have evolved into the main platform for train-the-trainer activities, now extended to PhD students and post-docs to support sustainability of educational content delivery. TCD has established SUSA Digital Health Champions, a community of medical and nursing students interested in digital health technologies. UL maintains advisory boards for its degree and diploma programmes, and through the UL@Work initiative has facilitated business breakfasts and collaborations with Skillnet partners to ensure professional education is fit for purpose. ULODZ maintains active collaboration with Regional Digital Medicine Centres, the Copernicus Memorial Cancer Centre, the Agency of Medical Research in Poland, and the National Oncology Network. UOULU reports that teaching tools developed as part of SUSA are now being brought to other faculties and disciplines within the institution and has connected with similar European initiatives such as the Xia project. EMC reports engagement driven by the UMCNL consortium of academic hospitals on the need for AI literacy for all hospital employees. The SUSA education programme is based on a set of 20 jointly agreed SUSA Learning Objectives (LOs) described in Table 4.3. These SUSA LOs are supported with a set of state-of-the-art learning experiences co-designed by the SUSA consortium to facilitate intersectoral and interdisciplinary learnings based on which a catalogue of SUSA Shared Learning Experiences (SLEs) has been formulated. The SLEs have been aligned with the European values and sustainability goals and are aiming to fill the gap of current and future competence needs in health data professions.

6.6 Description of local stakeholder interview activities

Partner institutions have undertaken a range of interview and stakeholder consultation activities to gather industry input for programme design. AUTH engaged stakeholders through structured engagement and student feedback processes. LUAS conducted interviews with professionals from both public and private healthcare sectors to inform programme updates. METU gathered input through informal conversations with former students, whose feedback on tools and skills relevant to their current work informed updates to courses and the METU SUSA bioinformatics internship. ULODZ gathered feedback from SMEs and software houses working in healthcare, as well as the Polish Agency of Medical Research, the National Oncology Network, Regional Digital Medicine Centres, and the Copernicus Memorial Cancer Centre in Łódź. TCD maintained frequent meetings with hospitals, healthcare centres, and consulting companies such as EY. UL leverages advisory boards and the UL@Work initiative's business breakfasts and Skillnet partner collaborations. EMC draws on the UMCNL academic hospital consortium to capture AI literacy needs. STUBA used expert consultation rounds and technical panels to ensure data analytics and data quality standards match clinical needs. UNIZG-FER based its new BME postgraduate programme design on a formal needs assessment from industry and medical practice stakeholders in Croatia.

6.7 Education support infrastructure

The SUSA Virtual Campus is being co-designed to be the central digital infrastructure of SUSA. It will become a repository for an integrated learning environment that has the capacity to host all educational material and activities developed by the consortium. Academic champions will be expected to develop an extensive knowledge of the virtual campus roadmap as it pertains to a local HEI's students. Moreover, academic champions should be able to identify synergies that might arise between the educational offers across partner institutions and to identify opportunities for knowledge sharing, reuse and collaboration as appropriate based on student needs.

Beyond its role as a catalogue of materials, it will represent a transnational digital ecosystem connecting students, educators and healthcare professionals, serving as a knowledge-sharing environment to host shared-learning experiences, self-standing modules, datasets, toolboxes, best-practice repositories, and other learning assets that can be shared across the consortium and beyond. The SUSA Virtual Campus will ultimately support the broader SUSA mission to equip the healthcare workforce with advanced digital competences by providing a collaborative and secure space for education and interaction across borders.

For SUSA teachers and other experts in co-designing, co-creating, and co-delivering SUSA content, the SUSA Virtual Campus will facilitate data sharing and enhance collaboration across institutions. As SUSA admins on the SUSA Virtual Campus, teachers and experts involved in co-designing, co-creating, and co-delivering can operate within a secure backend environment where they can upload content, define metadata, assign visibility parameters to each resource and make the connection between their local systems and the central SUSA platform. This way, SUSA Virtual Campus directly facilitates the collaboration, material and best practice exchange between the SUSA team members and enhances the visibility of the co-created SUSA content.

6.8 DEI workshop support within the SUSA ecosystem.

A SUSA workshop to set out agreed objectives for the Diversity, Equality, and Inclusiveness (DEI) activities to be conducted by the consortium was held in October 2025. A number of ideas for training events to support and educate teaching staff and other trainers have been identified: (1) a data collection exercise that is conducted consortium wide to ascertain the current state of DEI in the various HEIs. (2) The design of events on the role of digital health technologies in women's health, empowerment, and gender equality based on the content co-created as a Shared Learning Experience (SLE) targeted for SUSA students, improved DEI-awareness across the consortium, and (3) a peer-to-peer supportive talk/ discussion targeted specifically for female SUSA teachers, for example related to career development and networking in the context of digital health. Building up on the results of this workshop suitable concepts for these events will be developed, aiming to conduct these events in and around the Sevilla co-design meeting in October 2026.

6.9 Employer eHub co-design support for programme design.

A key pillar of the SUSA teacher employer co-design process is the development of the Enterprise Advisory Panel (EAP) model to help teachers integrate feedback from industry into their courses in a structured fashion. The purpose of an EAP is to provide input and critical feedback to a course programme team with regards to the content of the programme to ensure that it meets the needs of industry. EAP members also provide key intelligence that identifies the target market for each programme from their company and sector, thereby supporting the marketing and promotion of the programme.

The **objectives** of an EAP are to:

- Review SUSA academic programmes and give critical feedback to the course teams and SUSA PMT.
- Advise SUSA Ecosystem on the initiation of enterprise-led education activities.
- Support the marketing of SUSA programmes through provision of industry insights.
- Support horizon scanning and consultation exercises in conjunction with the SUSA Project industry led governance board to identify strategic areas that SUSA may usefully engage with.

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Membership

EAPs (Enterprise Advisory Panel) should have between 4-8 members and should be representative of those working and hiring in the sector that the programme is targeted at. EAPs should be gender balanced with no more than 70% of the panel being of a single gender. Both the SME (Small and Medium sized Enterprise) and MNC (Multinational Corporations) sectors should be represented with a minimum of 30% SME representation. During the second and later iterations of a programme a graduate of that programme should be invited to participate as an EAP member.

Frequency of meetings: The EAP for each programme meets two or three times per year (depending on programme maturity) with scope for an additional, more general, wider EAP forum meeting each year.

The EAP model builds on learnings from earlier Digital Europe projects (specifically Reboot Skills and Eagle, projects where the microcredential and upskilling components have been led by SUSA consortium partners OULU and UL) that have been led by SUSA consortium partners in short course design. Case study examples were workshopped at the Dublin meeting of the consortium in Q1, 2026.

7. Local SUSA Persona Framework ideation

Building on the persona co-design principles described in sectionThe initial persona framing workshop took place at the Rovaniemi meeting. The initial objective was to identify the proposed SUSA audience so that teachers might tailor their "offer" in a more focused manner. The workshop included discussions in smaller groups. Eight different personas, their learning needs and connection to SUSA Learning objectives (LOs) were initially identified:

By mapping a persona background, challenges, and goals the SUSA learning offer can be framed in an appropriate fashion. It also supports the understanding of the interdisciplinary aim of the project and the different needs of students, for example software engineering students vs. medical students. This is crucial for the project involving multiple professions. The aim of the workshop was also to engage project participants to work together and to understand why certain skills are needed. It also helps us to design teaching content and learning objectives from the perspective of relatable examples.

This persona work is ongoing and will likely last throughout the project. The SUSA consortium partners recognise that student needs are evolving continuously, and it is necessary to keep up with these changing needs through the SUSA persona framing methodology.

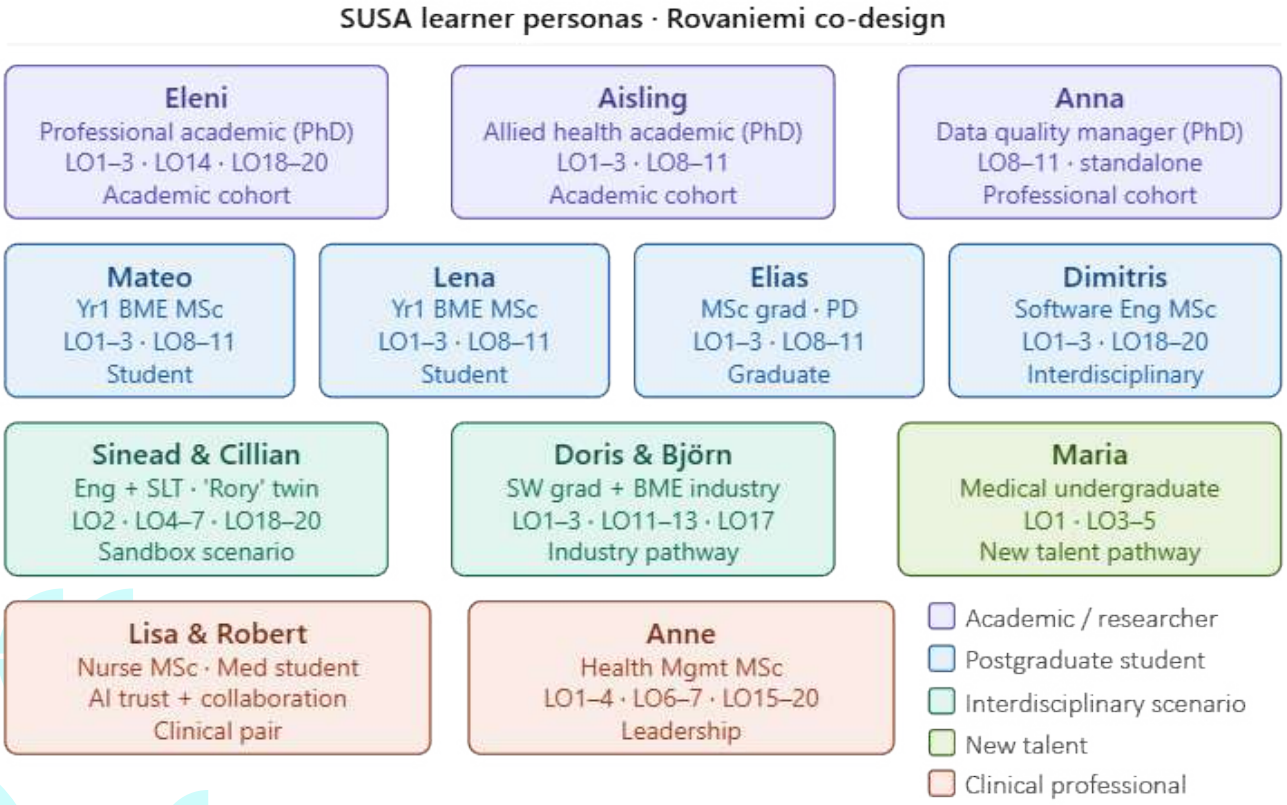

Figure 7.1. Synopsis of the Persona co-design process.

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A description of the local activities that are taking place within participating HEIs is now presented.

7.1 Persona ideation @Aristotle University (AUTH)

AUTH's target audiences include medical students, healthcare professionals, engineers, informaticians, life scientists (biologists, pharmacists, bioinformaticians), physicists, and mathematicians. From the SUSA persona framework, the profiles most closely aligned with AUTH's student cohorts are Lena (Yr1 Biomedical Engineering postgrad) and Maria (Yr2 Medical student), reflecting the intersection of clinical and engineering disciplines that characterises AUTH's SUSA offer. Stakeholder engagement and student feedback have been used to validate programme content against real-world workforce requirements.

7.2 Persona ideation @Erasmus MC (EMC)

EMC's target audiences include BSc Geneeskunde students, MSc Technical Medicine students, and healthcare workers within Erasmus MC. SUSA personas most applicable to EMC are Robert (Yr3 Medical student) and Maria (Yr2 Medical student), as the bulk of EMC's SUSA students are clinically trained. EMC also identifies that a new persona is needed to capture the profile of hospital employees requiring AI literacy – a need articulated by the UMCNL academic hospital consortium. New course elements in BSc Medicine and a dedicated machine learning course have been introduced as direct outputs of SUSA engagement.

7.3 Persona ideation @Lapland University of Applied Sciences (LUAS)

SUSA persona ideation at Lapland University of Applied Sciences reflects a learner population spanning Bachelor's and Master's students as well as continuous learning (lifelong learner) students. The persona most closely aligned with LUAS is Lisa (Professional nurse, P/T MSc student), reflecting the institution's strong focus on healthcare professionals and social welfare practitioners undertaking upskilling. LUAS also notes that an additional persona is required to capture students entering directly from upper secondary school into nursing and allied health programmes. Input gathered from interviews with both public and private healthcare professionals has shaped LUAS persona identification.

7.4 Persona ideation @Middle East Technical University (METU)

The METU SUSA team has established weekly internal meetings to co-ordinate SUSA activities. METU targets BSc, MSc, and PhD students across its bioinformatics and computer science programmes. The SUSA personas most aligned with METU's student population are Sinead (Yr3, Computer Engineering Undergrad), Lena (Yr1, Biomedical Engineering postgrad), Elias (Yr2, Biomedical Science Postgrad), Robert (Yr3 Medical student), Maria (Yr2 Medical student), and Dimitris (Yr1, Biomedical Engineering Postgrad). Stakeholder input from former students has informed the skills and tools prioritised in METU's updated courses and bioinformatics internship.

7.5 Persona ideation @Slovak University of Technology (STUBA)

STUBA holds regular sessions among faculty members to foster collaborative content development and to stay aligned with SUSA's educational goals reflected in 20 learning objectives. These meetings have evolved into the main platform for train-the-trainer activities. During these gatherings team members share the materials they've created benefiting from mutual feedback and insightful suggestions. The focus of these meetings shifts depending on the project's development, the collaborative creation

and delivery of SUSA materials, and the specific interests, inquiries, and requirements of the participating educators.

Since September 2025 regular meetings are extended to PhD. students and post-docs as young educators that will facilitate sustainability of the projects results related to delivery of developed educational content.

The university provides technical infrastructure related to computational and storage resources that supports creation of this content, its version control and accessibility for students.

7.6 Persona ideation @Trinity College Dublin (TCD)

The medical degree offered by TCD has traditionally been a highly sought after and hugely oversubscribed degree offering. Target personas are Robert (Yr3 Medical student), and Maria (Yr2 Medical student), reflecting the clinical and research focus of Trinity's medical training programme.

7.7 Persona ideation @ University College Dublin (UCD)

UCD targets health and ICT professionals and healthcare students. SUSA personas identified by UCD include Mateo (Yr1 Biomedical Engineering Postgrad), Aisling (PhD, MSc, Professional academic Allied Health), Anna (PhD, Professional data quality manager), Elias (Yr2, Biomedical Science Postgrad), Doris (Yr3, Software Engineering Postgrad), Bjorn (Professional Biomedical Engineer), and Lisa (Professional nurse, P/T MSc student). Industry input has been gathered from Children's Health Ireland ICT, EHR, and health informatics professionals. UCD notes the challenge of providing both technical and overview materials appropriate to the varying audiences across its courses, which require different levels of technical detail.

7.8 Persona ideation @ University of Limerick (UL)

At UL, persona ideation spans two distinct faculty contexts. SUSA teachers in the Faculty of Education and Health Science work with Allied Health Professional students (occupational therapy, physiotherapy, speech and language therapy, human nutrition and dietetics), aligned with personas including Cillian (Yr3, Speech and Language BSc Undergrad), and there is also recognition that a new persona is required to capture this professional student profile. Within the Faculty of Science and Engineering, Engineering and Health Informatics students are aligned with personas including Mateo (Yr1 Biomedical Engineering Postgrad), Elias (Yr2, Biomedical Science Postgrad), Lena (Yr1, Biomedical Engineering postgrad), and Anne (Yr2 Health management MSc). Standalone module audiences include health system administrators (Design Thinking), clinicians and researchers (Digital Cancer Health Data), and Doctoral Training College students. The UL@Work advisory board model and Skillnet partnerships ensure programme content remains aligned with employer needs.

SUSA teachers span two faculties within UL. Within the Faculty of Education and Health Science, SUSA operates primarily out of the School of Allied Health, (SAH), with some microcredentials being offered by the Medical school. The SAH offers bachelor's degree programmes in Occupational Therapy (OT), Speech and Language Therapy (SLT), and Physiotherapy, (PT). Additionally, an MSc in Clinical therapies is offered by the school. All these degree programmes will be updated to incorporate delivery of the SUSA LOs and to reflect more generally the impact that digital transformation is going to have on these disciplines.

Within the Faculty of Science and Engineering, BE/ME degree programmes in a variety of Engineering disciplines, Electronic, Computer, Digital Mechatronic and Biomedical will be

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updated to incorporate LOs. Additionally updates to the 90 ECTS MSc in Health Informatics has been approved by Faculty Board in Autumn 2025 to reflect SUSA LOs in the programme and module descriptions. The first cohort of a new accelerated BSc /MSc in Biopharma with significant support from industry to facilitate a residency placement model for students will welcome its first cohort in September 2026.

7.9 Persona ideation @ University of Łódź (ULODZ)

ULodz has led discussions in both the Rovaniemi and Dublin persona workshops. In particular Łódź champions were vocal in the creation of the character of Dimitris, the technically capable but introverted software engineering student who underestimates the complexity of other disciplines and tends to view all problems as purely technical. This type of character is typical of the software engineering undergraduates who might consider the masters options in data analytics, AI, bioinformatics and digital health data management that are on offer in Łódź. The Dimitris persona is something of a teachable, cautionary example that all health system challenges are inherently cross disciplinary that require graduates with multiple technical proficiencies allied to excellent communication and teamworking skills.

7.10 Persona ideation @ University of Oulu (UOULU)

The SUSA project is mainly operated within two faculties of the University of Oulu: (1) SUSA teachers within the Faculty of Medicine are part of the Research Unit of Health Sciences and Technology (HST) providing expertise including clinical sciences, medical physics, medical engineering, medical informatics, biomarkers and connected health, and health sciences. (2) Within the Faculty of Information Technology and Electrical Engineering, SUSA teachers span four research units: (a) Empirical Software Engineering in Software, Systems and Services (M3S) focusing on fundamental areas of software engineering methods and process and software lifecycle including technical and human aspects, (b) Biomimetics and Intelligent Systems Group (BISG) conducting internationally acknowledged multidisciplinary research in the area of data analysis, robotics, secure programming, and Bio-IT, (c) Optoelectronics and Measurement Techniques (OPEM) specialised in demanding application within the fields of biophotonics, biomedical and industrial measurements as well as printed intelligence, and (d) Center for Machine Vision and Signal Analysis (CMVS) combining the expertise of computer vision and biosignal analysis scientists. SUSA brings all this expertise from the University of Oulu together for the educational initiative of improving digital competences in the European healthcare sector.

At the University of Oulu, we are integrating SUSA content into five existing degree programmes: Biomedical Engineering BSc and MSc, Health Sciences BHSc, Nursing Science MHSc including the two specialisations Expert in Health Sciences and Teacher in Health Sciences, and Health Management MSc. In each of these programs a combination of existing and new courses was chosen to integrate the SUSA Learning Objectives. The first cycle of students that benefit from the SUSA-related adjustments to these degree programs have started their studies in Fall 2025. Furthermore, the existing life-long learning certification DigiHealth module (full name “Customer-oriented digital services in social welfare and healthcare”) (25 ECTS) targeted for healthcare professionals and enrolled health sciences BHSc and MHSc students will be re-designed with the SUSA content. The module aims to equip the students with the competence to develop and evaluate the customer-centredness of digital solutions in healthcare and increase expertise and multidisciplinary cooperation and leadership in digitalised healthcare and social welfare services based on evidence. The first delivery of the re-designed module started in Fall 2025,

with added and modified contents focusing specifically on AI and the impact of digital health on sustainability.

7.11 Persona ideation @ University of Sevilla (USE)

At the University of Seville, SUSA is integrated into undergraduate programmes in Medicine and Pharmacy, and the postgraduate Master in Medical Research programme. Target personas are Elias (Yr2, Biomedical Science Postgrad), Robert (Yr3 Medical student), and Maria (Yr2 Medical student), reflecting the clinical and biomedical science focus of USE programmes. USE currently reports no formal industry or professional body input, but actively contributes to the SUSA ecosystem through co-creation of SLE materials on the European Health Data Space, including English captioning and Spanish translation of video content. Microcredentials on statistical data analysis are planned for PhD students.

In a related effort, the USE team is contributing to the co-creation of some SLE materials, on the European Health Data Space, creating the video English captions and translating them into Spanish.

7.12 Persona ideation @ University of Zagreb (UNIZG-FER)

University of Zagreb has launched a new master's degree programme in Biomedical Engineering with the first generation of students enrolled in the academic year 2025. / 2026. The programme is delivered by teachers from the Faculty of Electrical Engineering and Computing (program coordinator), the Faculty of Mechanical Engineering and Naval Architecture, and the School of Medicine. The communication around this launch is informing potential students who are interested in the biomedical engineering area about the career opportunities that are on offer in the area of biomedical engineering. Furthermore, a new seminar series in the form of 45-minute lectures given by distinguished experts from academia and industry has been very successful in generating interest within the Faculty's target audience.

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8. Future digital ecosystem plans and ambitions

The SUSA project is committed to building a sustainable, impactful digital health education ecosystem that endures beyond the funding period. Partner institutions have articulated a range of future plans and ambitions as part of the digital ecosystem survey they have all completed. Evidence from the three SUSA newsletters published to date (September 2025, December 2025, and June 2026) and from the project's active LinkedIn presence confirms that this ambition is already translating into concrete and visible outcomes. The activities described below reflect both the internal co-design priorities gathered from partners and the external-facing activities that demonstrate the ecosystem's growing momentum.

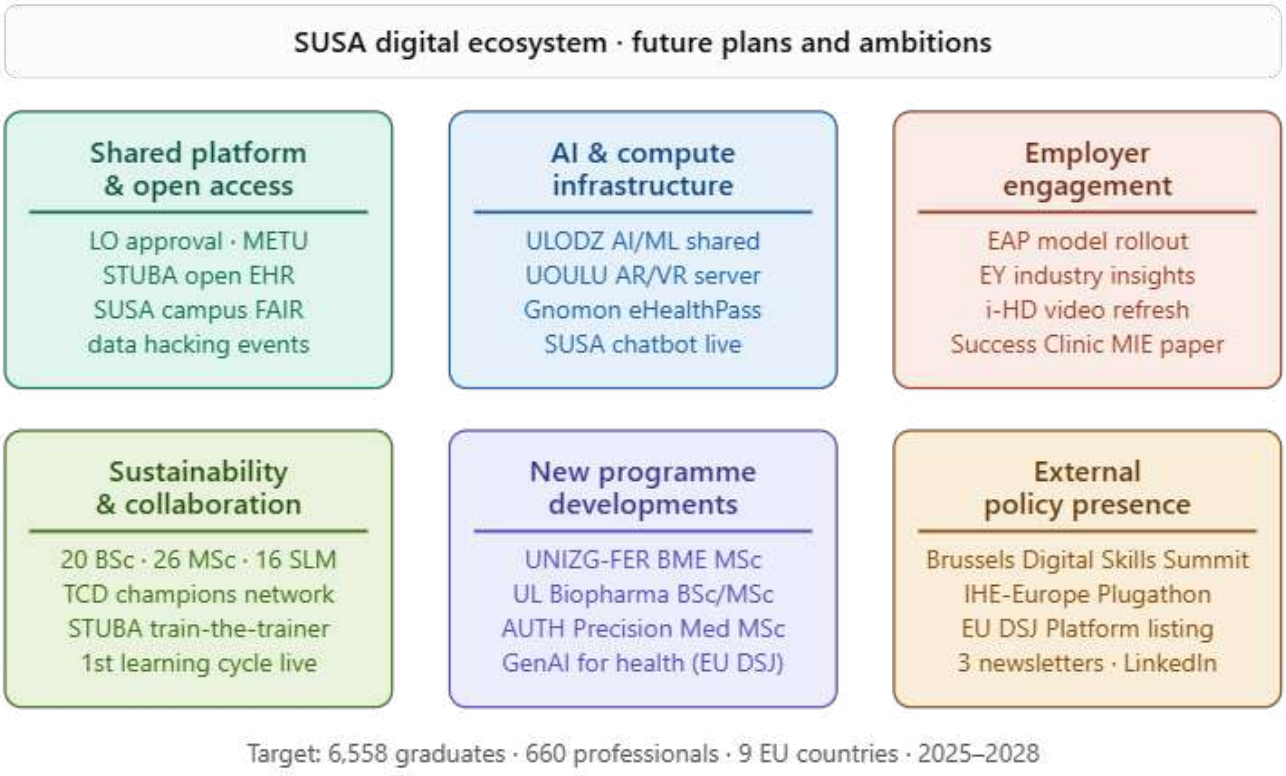

Figure 8.1. SUSA future plans and ambitions.

8.1 Shared platform and open access resources

A recurring ambition across partner responses is for all SUSA SLEs and resources to be made openly available to all partners and students, enabling consistent delivery and communication of SUSA learning objectives across programmes. STUBA has called for a shared multi-language open-source EHR platform sandbox integrated into the SUSA cloud, along with regularly scheduled, ecosystem-wide collaborative data hacking events hosted virtually on the SUSA platform. METU similarly advocates for open access to all SUSA SLEs and resources across the project. UOULU emphasises the need for more sharing and communication among SUSA partners to better observe and follow individual partner activities. UL proposes a carousel of SUSA offers related to all personas, and asks whether AI semantic similarity tools could be developed to help match general student queries to SUSA personas. UCD highlights the need to ensure that both technical and overview materials are available for the varying audiences studying different courses at different levels of technical depth. A significant milestone in this direction was the formal approval of the SUSA Learning Objectives — confirmed in the June 2026 newsletter — which now provides a shared, consortium-wide framework that guides training across all nine countries and underpins the coherent design of standalone modules, SLEs, and the Virtual Campus catalogue.

8.2 Expanding the computational and AI infrastructure

ULODZ is developing a shared computational environment for AI, ML, and advanced biomedical data analysis that will be accessible to all SUSA members, and is building LLMs to interactively present SUSA material and SLEs. A SUSA GitHub and SUSA Omics Tools platform incorporating an internal Galaxy server are also planned. UOULU has invested in its own AI server to provide responsible educational AI agents for students within 360-degree AR/VR environments, and has developed a cross-border virtual laboratory for signal and spectral analysis in partnership with the University of Zagreb — funded by the UNIC VIP Fund — which enhances engineering education through digitised exercises, challenge-based learning, and inclusive design. Gnomon Informatics has completed the first demonstrations of its eHealthPass platform, enabling students to explore remote patient management and smart digital technologies, and is working with UOULU, UL, and AUTH to co-create SLEs and internship frameworks. The December 2025 newsletter highlighted the launch of an AI-powered chatbot on the SUSA website — a tangible product of the investment in accessible digital infrastructure — designed to help learners, educators, and industry partners navigate the growing portfolio of SUSA resources. These developments collectively anticipate the growing importance of experiential, hands-on digital learning and signal the ecosystem's ambition to be genuinely interactive rather than merely a content repository.

8.3 Deepening employer and industry engagement

The Enterprise Advisory Panel (EAP) model developed by UL is planned to be rolled out across all consortium partners to provide structured industry input into programme design. The UL@Work advisory board model is available as a practice example for all SUSA institutions. TCD plans to deepen engagement with hospitals and consulting companies. The June 2026 newsletter highlighted a session at which industry insights from EY were shared with the consortium — a concrete example of the kind of high-profile practitioner input that EAP structures are designed to embed systematically rather than as one-off events. The employer and stakeholder video interviews produced by i-HD will be refreshed periodically to reflect the rapidly evolving digital health sector, ensuring the SUSA e-Hub remains a current and relevant resource. The addition of more patient

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advocates, clinical experts, and geographically diverse employer voices is prioritised for future interview rounds. Success Clinic has submitted a joint scientific paper with UOULU to the MIE Conference examining the outcomes before and after its European Health Data Space (EHDS) course, building an evidence base that supports both employer confidence in SUSA qualifications and future policy engagement.

8.4 Sustainability and cross-institutional collaboration

SUSA's overarching sustainability goal to integrate SUSA learning outcomes into 20 bachelor's and 26 master's degree programmes and 16 related self-standing modules across partner institutions will ensure that the investment in the educational landscape will far outlast the project funding period. Additionally:-

- STUBA has extended its regular training meetings to PhD students and post-docs as future educators, directly supporting long-term sustainability.
- UOULU is embedding SUSA content in five existing degree programmes, with first-year students benefiting from SUSA-related adjustments from Autumn 2025, and has introduced a standalone module on customer-oriented digital services in social welfare and healthcare to support continuous professional learning.
- ULODZ aims to replicate its computational infrastructure for use across the consortium and maintains active collaboration with the Regional Digital Medicine Centres, the Copernicus Memorial Cancer Centre, the Agency of Medical Research in Poland, and the National Oncology Network.
- TCD has established a SUSA Digital Health Champions community, drawing in medical and nursing students with a shared interest in digital health technologies, creating a peer learning cohort that models the kind of interdisciplinary community of practice that SUSA is designed to foster.
- TCD, UCD and UL have flagged the ambition for better cross-partner collaboration and more cross-pollination of ideas and materials in medicine and allied health. The first SUSA learning cycle is now underway, marking the transition from planning and design to active, student-facing delivery at scale.
- UL is leading a practice teacher professional development network which will ultimately lead to digital competence content that will be delivered on the MSc in Advanced Clinical Practice. The CORU requirement for digital competence as part of the new professional licensing standards will drive students toward the SUSA offers in this space.
- LUAS plans to further develop its AI and Python courses for broader institutional use.
- AUTH has established collaboration with partners UOULU, Success Clinic, and METU, with SUSA materials already integrated into lecture and postgraduate study programmes.

The SUSA Virtual Campus will serve as the durable, transnational infrastructure connecting all these activities, providing a secure, collaborative environment for education and knowledge exchange across the consortium and beyond.

8.5 New programme developments

Several partner institutions are planning or delivering new programmes directly inspired by SUSA involvement. UNIZG-FER launched a new master's degree in Biomedical Engineering in 2025/2026, enrolling its first cohort of 19 students, promoted through the highly attended seminar series "Biomedical Engineering: Research, Innovations, Careers". UL will welcome its first cohort to a new accelerated BSc/MSc in Biopharma this coming September (2026), and features a residency placement model supported by industry. The updated MSc in Health Informatics has been launched with the first tranche of new students who will experience the entire portfolio of SUSA LOs also

commencing in September 2026. AUTH launched new postgraduate programmes in Medical Engineering and Informatics and Precision Medicine, alongside an undergraduate course in Biomedical Data and AI in Health Sciences, all directly aligned to SUSA learning objectives. USE plans to develop microcredentials in statistical data analysis for PhD students. METU has introduced a new "High Performance Python" course as a direct SUSA project output. LUAS has created new AI and Python courses at Master's level. EMC is introducing machine learning course elements into its BSc Medicine programme. UCD has integrated the standalone module Digital Health Technologies: Integration and Application of Medical and Consumer Devices into postgraduate programmes in Precision Medicine and Healthcare Informatics, piloted in 2024–25 and confirmed as a standalone offering from 2025–26. A Generative AI Essentials for Healthcare Professionals course — designed to equip practitioners with practical skills to integrate AI tools such as Microsoft Copilot into clinical workflows, covering patient communication, administrative task optimisation, and research efficiency — has been listed on the EU Digital Skills and Jobs Platform, extending SUSA's reach to a Europe-wide audience of professionals. These new programmes reflect a shared ambition to produce graduates and upskilled professionals with the digital competences that the health sector needs now and in the future.

8.6 External engagement, communications, and European policy presence

The SUSA newsletters and social media activity document a pattern of external engagement that is integral to the ecosystem's ambition for a lasting European-level impact. Three strands of external activity are particularly notable.

First, EU-level policy engagement. Skillnet Ireland, in its role as SUSA Communications Lead, together with partners from the University of Oulu and the University of Limerick have represented the project at the Advanced Digital Skills Summit in Brussels (Les Ateliers des Tanneurs, Brussels, November 12-14, 2025), where the team engaged with European Commission representatives, policymakers, and digital-skills stakeholders to highlight SUSA's contribution to the EU's Digital Decade targets. This Brussels representation signals SUSA's positioning not merely as a project delivering courses in nine countries, but as a contributor to European-level digital skills policy. The project also ensures that all programmes and self-standing modules are listed on the EU Digital Skills and Jobs Platform, ensuring visibility to a Commission-facing stakeholder audience.

Second, real-world interoperability engagement. SUSA's hands-on participation in the IHE-Europe Plugathon (Brussels, March 23–25, 2026), organised by consortium partner Gnomon Informatics saw three students from the AUTH MSc Precision Medicine programme participated in the Connectathon environment alongside the Plugathon, engaging with industry professionals and experts from IHE-Europe and IHE Catalyst. The Plugathon sessions focused on Artificial Intelligence and the European Health Data Space, giving students direct exposure to the evolving standards and interoperability requirements that underpin clinical digital transformation in Europe. This activity exemplifies the applied, real-world learning model that SUSA is championing and demonstrates that consortium SLE content (specifically SLE11 on European Health Data Spaces and SLE13 on data quality) is translating into substantive professional experiences for SUSA learners.

Third, communications infrastructure and visibility. The development of digital tools that lower the barrier to discovery for prospective learners and industry partners demonstrates that the consortium has moved from project launch (September 2025 — introducing SUSA and its mission, its partner network, and its first open courses) through implementation (December 2025 — new courses, Brussels policy

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engagement, training activities in healthcare settings, and forward planning for the first learning cycle in 2026) to active delivery at scale (June 2026 — the Dublin partner meeting, EY industry insights, formal Learning Objective approval, IHE-Europe Plugathon participation, new open courses, and the website chatbot launch). The SUSA LinkedIn page, will continue to document the latest institutional engagement from across the consortium and serves as a dynamic record of project momentum. This channel helps the project to build credibility with prospective learners, employers, and policy audiences simultaneously. Taken together, these external-facing activities confirm that the SUSA digital ecosystem is not only developing its internal infrastructure but is already generating real-world impact in the European digital health skills landscape.

9. Concluding summary

This document has described the co-design process, audience intelligence, sector engagement, and institutional activities that together constitute the SUSA digital ecosystem as it stands in mid-2026. What began in January 2025 as a set of shared commitments among 21 European partners has, over eighteen months of structured co-design, become a functioning and increasingly visible educational infrastructure — one grounded in clinical and industry evidence, animated by a rich portfolio of learner personas, and connected to the European digital health policy agenda through representation at Brussels forums, visibility on the EU Digital Skills and Jobs Platform, and hands-on participation in events such as the IHE-Europe Plugathon.

This deliverable has documented the five overlapping layers of ecosystem development. The co-design layer — co-designed across the Helsinki, Rovaniemi, Thessaloniki, Zagreb, and Dublin meetings — has moved the consortium from vision to implementation: from principles agreed in Helsinki to learner personas introduced in Rovaniemi and further refined in Dublin; from an employer e-Hub concept sketched in Thessaloniki to the Enterprise Advisory Panel framework that has now been piloted in UL, presented in Dublin and will rollout across the consortium during academic year 2026/27; from a Virtual Campus design agreed in Zagreb to a FAIR-compliant platform with SLE groups now completing the upload and peer-review workflow. The audience intelligence layer described in chapters 3, 5 and 6 has given the consortium a detailed and empirically grounded picture of who SUSA is for, what they need, and how to reach them. The sector engagement layer — anchored in the stakeholder video interviews in chapter 6, the community of practice network, and the DEI and employer e-Hub co-design activities — has connected the academic offer to the real-world priorities of clinicians, engineers, health informaticians, and industry leaders across Europe. The local delivery layer — documented at each of the twelve partner institutions — shows curricula being updated, new programmes launched, students already on the ground with a significant ramp in new activity for September 2026, and professional training already being delivered. Finally, the external communications layer — newsletters, LinkedIn, press releases, and policy forum engagement — shows a project with a coherent public identity and growing visibility in the stakeholder communities that matter most to its long-term sustainability.

The momentum documented by this deliverable is substantial and real. The SUSA project set out to upskill 6,558 graduates and 660 professionals in advanced digital health competencies across nine European countries. The evidence gathered here — from co-design sessions, institutional surveys, sector interviews, health professional research, newsletter coverage, and LinkedIn activity — confirms that the project is on course to exceed its targets, and that the digital ecosystem being built to support these objectives has the capacity to become a durable, evidence-grounded, and employer-connected infrastructure that will serve the European health data workforce well beyond the project funding period. This co-design work is ongoing and will be updated periodically through the agreed SUSA reporting structure, (via https://virtual.susacampus.eu) ensuring that all stakeholders have a clear and current picture of the transformative contribution that SUSA is making to digital health education in Europe.

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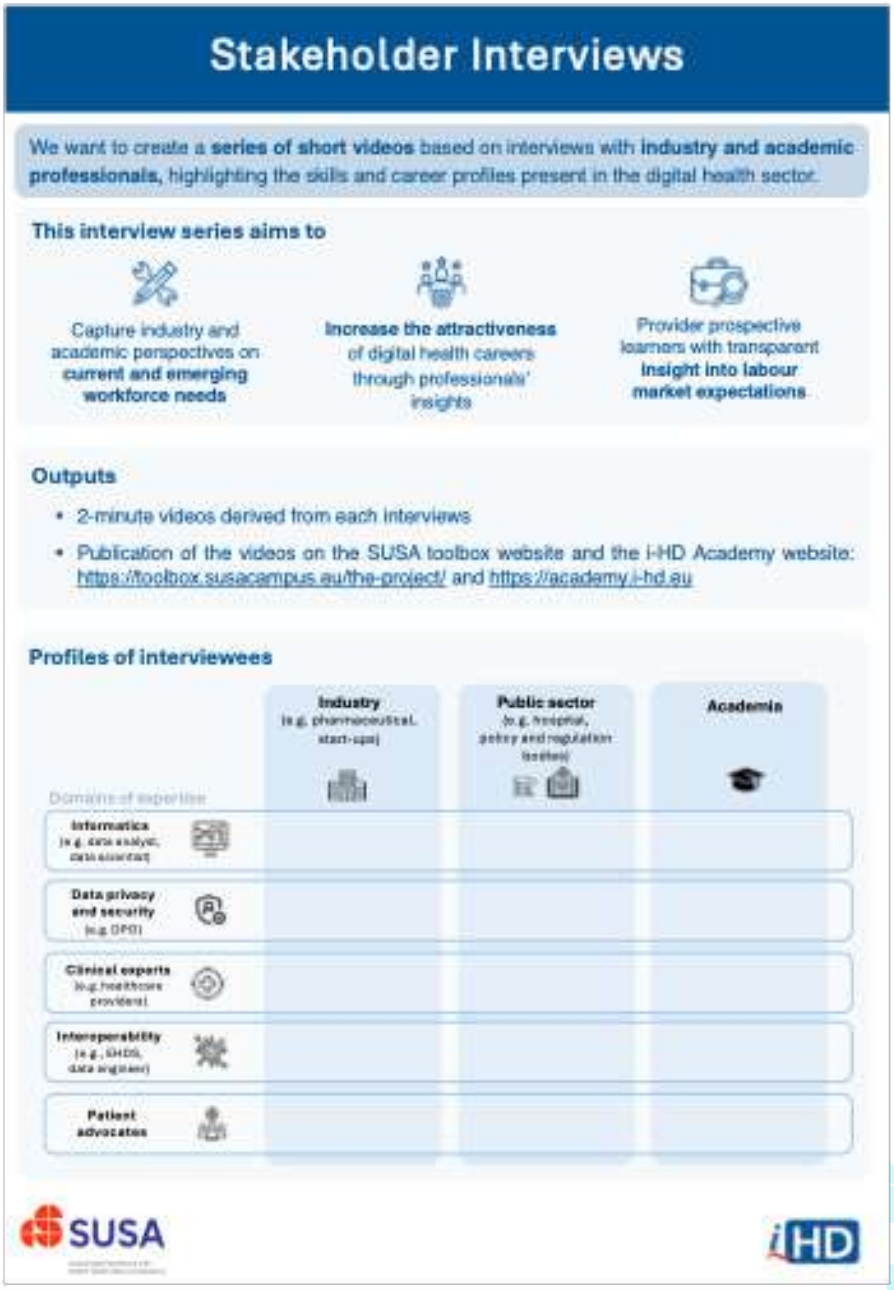
10. Annexes

10.1 Annex I – Support Documentation for Community of Practice Interviews



Interview process

- Interviews will be conducted by members of i-HD following an interview guide detailed below. However, during the interview, the conversation can stray away from the guide as it is open-questions.
- No preparation is needed for the interview.
- Interview will be held on Teams and are expected to last between 10 and 15 minutes.

Interview guide

These are example of questions that can be asked during the interview.

- What key competencies are needed in digital health today?
- What technical skills are mandatory? (e.g., programming, clinical technologies…)
- Which digital skills are becoming increasingly important?
- What about soft skills?
- In 2030, what skills would you see useful?

- What advice would you give students entering the sector?
- What makes the digital healthcare sector an exciting and rewarding environment in which to work?

Additional information

- (if applicable) Would you be interested in participating in an online webinar about the transition of your career?
- SUSA also supports students in finding internship positions in companies. If you are interested, you can register, and post offers on the SUSA matchmaking toolbox.

How to participate?

- To participate, please contact Sonia Priou – Sonia.priou@i-hd.eu
- You will be asked to complete an informed consent form prior to the interview as we will be recording audio and video.

SUSA

i-HD

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INFORMED CONSENT FORM

Project: SUSA
Partner Organisation: The European Institute for Innovation Through Health Data (i-HD)

You are invited to participate in a study that involves a recorded interview as part of the SUSA project, an EU-funded initiative aimed at strengthening alignment between healthcare education and labour market needs.

1. Purpose of this study

The purpose of the study is to capture employer and academic perspectives on workforce skills, recruitment needs, and emerging competencies in the healthcare sector through an interview. The interview material may be used to develop video content within the SUSA Project (https://susacampus.eu) and i-HD Academy (https://academy.i-hd.eu).

The study aims to:

- Capture industry and academic perspectives on current and emerging workforce needs
- Link identified skills needs to SUSA learning objectives and modules
- Provider prospective learners with transparent insight into labour market expectations
- Increase the attractiveness of healthcare careers through authentic employer insights.

The interviews serve both an analytical function (skills mapping and curriculum alignment) and a communication function (career guidance and sector promotion).

Participation is voluntary and you will not receive financial compensation for participation.

2. Nature of your participation

If you agree to participate:

- Your interview will be recorded (audio and video) using Microsoft Teams within i-HD's licensed suite of O365 Tools.
- The recording may be edited for clarity and length.
- Selected excerpts may be combined with contributions from other participants.
- Your name, title, and organisation may be displayed alongside your contribution.

The final video content may be used to:

- Inform learners about market expectations
- Promote SUSA learning modules and micro-credentials
- Support dissemination and communication activities
- Be published on SUSA toolbox website (https://toolbox.susacampus.eu/the-project/) and i-HD Academy website (https://academy.i-hd.eu)

3. Use of recordings

By signing this form, you consent to participate in the interviews and grant i-HD permission for the non-exclusive, royalty-free right to:

- Record your image and voice
- Edit, reproduce, and distribute the recordings
- Publish the material in digital and multimedia formats

- Use the material for educational, research, communication, dissemination, and promotional purposes related to the SUSA project.
- Use materials for future initiatives led by i~HD for dissemination, promotion and research purposes.

4. Data protection and confidentiality

Your personal data will be processed in accordance with the General Data Protection Regulation (GDPR). Please review i~HD's Privacy and Transparency Notice for how we process your personal data at https://www.i-hd.eu/data-protection-transparency-and-privacy-notice. This notice includes details of how we handle personal data for surveys and interviews.

For this study, we will be using our licensed Microsoft O365 suite of Tools, including Microsoft Teams for audio and video recording. All personal data is processed within the EEA and there will be no transcription services used.

5. Voluntary Participation

Your participation is entirely voluntary. You may:

- Decline to answer any question
- Request that specific statements not be used
- Withdraw from participation prior to publication

6. Right to withdraw

You have the right to withdraw your consent at any time and without giving any reason. On withdrawal all editing and dissemination of the materials will cease, and any data collected prior to withdrawal of your consent will be archived to ensure regulatory requirements can be met.

Please note that after the public dissemination of the edited video material, it may not be possible to retrieve your personal data where the material has already been disseminated, but all reasonable efforts will be made to remove content from project-controlled platforms.

Requests for withdrawal should be addresses to:
Project Contact Person:
Name: Sonia Priou
Email: sonia.priou@i-hd.eu
Institution: The European Institute for Innovation Through Health Data

7. Consent statement

By signing below, I confirm that:

- ☐ I have read and understood the information provided above.
- ☐ I voluntarily agree to participate in the recorded interview.
- ☐ I grant permission for my image, voice, name, and professional affiliation to be recorded, edited, and used for SUSA project-related dissemination and educational purposes as described above.
- ☐ I grant permission for recordings to be used for wider dissemination, educational and promotional purposes by i~HD in line with its goals and mission.
- ☐ I understand that I may withdraw my consent at any time and without giving any reason.
- ☐ I understand that it may not be possible to retrieve or delete material once they have been published publicly.

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Participant Name:
Organisation:
Date:
Signature:

For the SUSA Project Representative:
Name: Sonia Priou
Date:
Signature:

B. Complete interview guide

Each interview follows the structure below:

Introduction
1. Can you state your name, role and professional background?
2. Could you provide a short description of your organisation/team?
3. Can you describe the workforce composition for your team/organisation?
4. What are the current recruitments trends in your team/organisation/sector?

Recruitment priorities
1. What key competencies/skills/knowledge are expected in candidates?
2. What technical skills are you looking for in candidates? (e.g., programming, clinical technologies…)
3. What about soft skills?
4. What advice would you give students entering the sector?
5. What makes the digital healthcare sector an exciting and rewarding environment in which to work?
6. If the conversation doesn't pick up, please continue with these more detailed questions:
    - What competencies are the most difficult to find in applicants?
    - Which digital skills are becoming increasingly important?
    - What advice would you give students entering the sector?
    - In 2030, what skills would you see useful?

Additional information
1. (if applicable) Would you be interested in participating in an online webinar about the transition of your career?
2. SUSA also supports students in finding internship positions in companies. If you are interested, you can register, and post offers on the SUSA matchmaking toolbox.

The structured approach ensures that all interviews generate comparable qualitative data. However, interviews are semi-structured, therefore the conversation could, in some cases, stray away from the guide.

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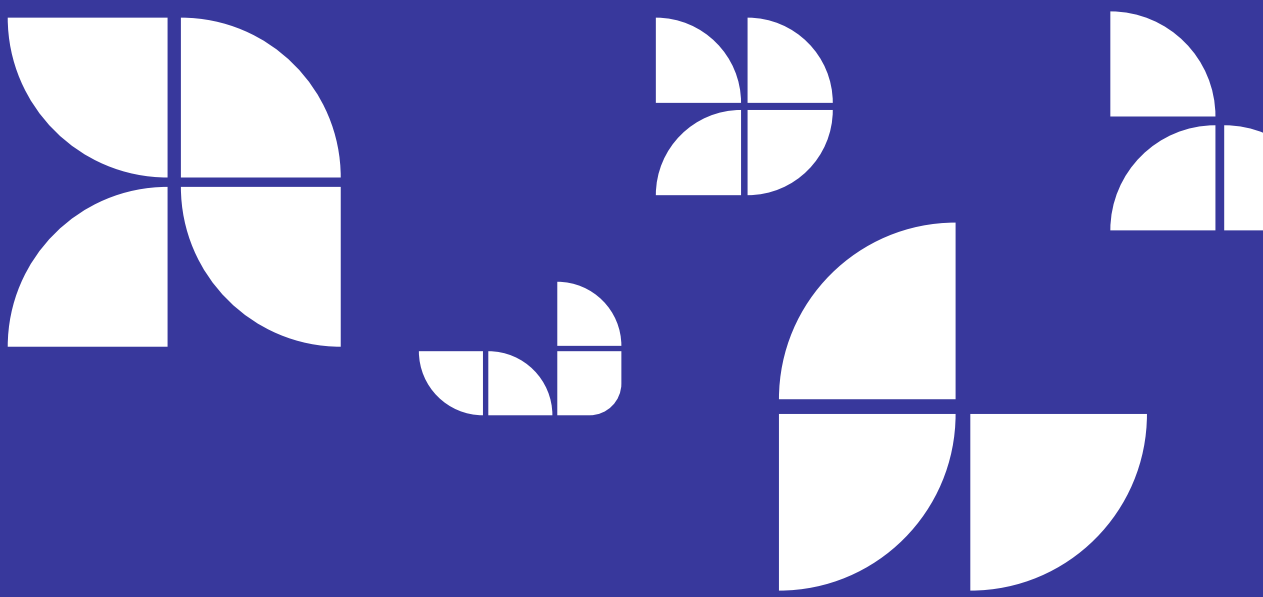

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