



D1.1: Risk Management Plan

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Table of contents

I. Introduction: The ROUTE-HWF Project Scope and Objectives.....	3
II. The Risk Management Plan: approach and tasks.....	4
Introduction.....	4
The pre-identified risks and preventive/mitigation measures and actions	5
Additional risks and preventive/mitigation measures identified at the kick-off meeting on March 10, 2021	6
The role of Work Package 3 in the Risk Management approach and execution	8
The ROUTE-HWF project and governance structure to execute the Risk Management tasks	9
Annex 1: Detailed planning of the ROUTE-HWF project for the three years	11
Annex 2: List of ROUTE-HWF deliverables.....	15

I. Introduction: The ROUTE-HWF Project Scope and Objectives

ROUTE-HWF stands for [Roadmap OUT of mEdical deserts into supportive Health WorkForce initiatives and policies](#). Co-funded by the European Union's Health Programme (2014-2020), it focuses on research and policy recommendations on medical deserts in the European Union (EU). Implemented during March 2021 - February 2024, its aim is to help EU Member States to improve timely access to high-quality healthcare across all EU regions, thus reducing disparities in population health.

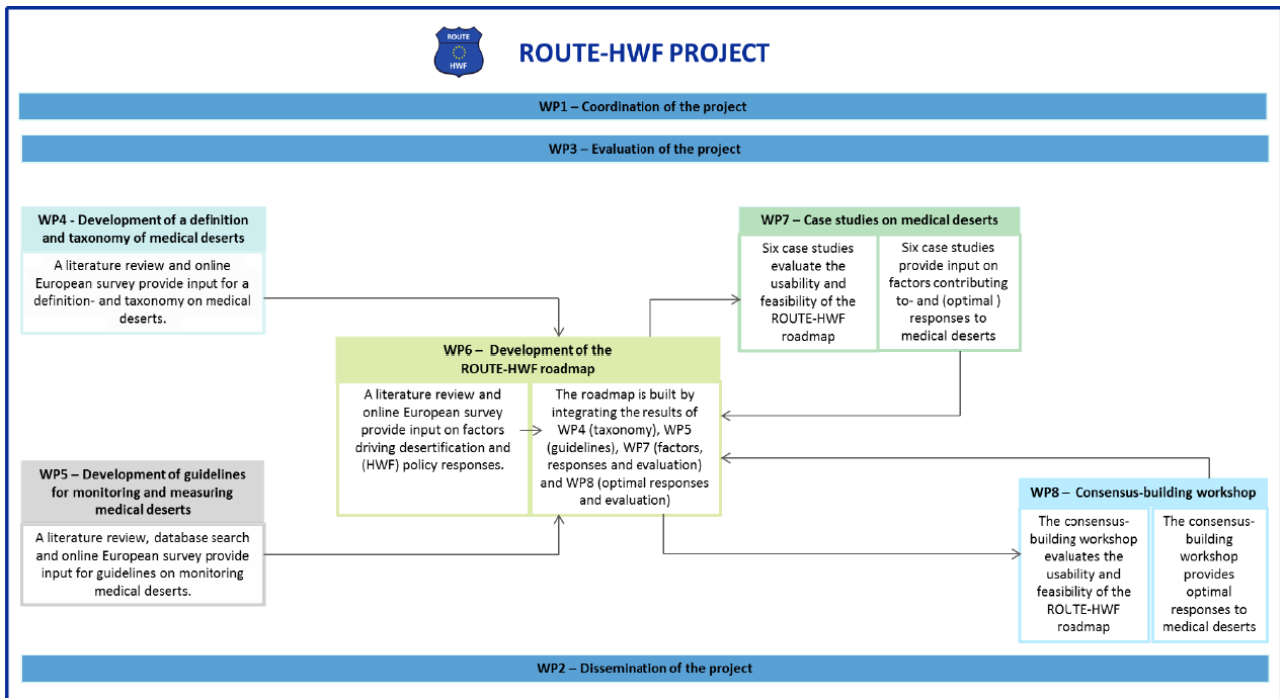
The ROUTE-HWF project is executed by the following Consortium:

- The Netherlands Institute for Health Services Research (NIVEL), the Netherlands (coordinator) (NIVEL)
- University of Vaasa, Finland (UVA)
- Avedis Donabedian Research Institute – UAB, Spain (FAD)
- Jagiellonian University Medical College, Poland (JUK)
- University of Zagreb Medical School, Croatia (UNIZG)

The ROUTE-HWF project is organized into eight Work Packages (WPs), each led by one of the Consortium members. Two WPs ensure a fluent, solid and efficient coordination and evaluation of the project (WPs 1 and 3). WP2 is dedicated to realizing an optimal dissemination of the project results. These 'horizontal' WPs are executed throughout the project (from M1 to M36). WPs 4-8 concern the 'content' of the research, follow-up and each other and successively perform the key activities are described above. The goals and leads of the eight WPs are summarized in the table below:

Work Package	Goal	Lead
1	To coordinate the project in an effective, transparent and efficient manner and aims to ensure that the project is implemented as planned	NIVEL
2	To ensure that the results and deliverables of the ROUTE-HWF project will be made available to the target groups, stakeholders and wider audience	UVA
3	To verify if the ROUTE-HWF project is being implemented as planned and reaches its defined objectives	FAD
4	To develop a definition and taxonomy of the concept of medical deserts	NIVEL
5	To develop guidelines, helping EU Member States to monitor and measure medical deserts (as defined and categorized in the developed taxonomy) at national and subnational levels	UVA
6	To develop a roadmap which can help EU Member States in designing and implementing their health workforce policies, actions and initiatives related to medical deserts	FAD
7	To provide an in-depth overview of factors driving desertification, of HWF policy responses and approaches to medical deserts, and an evaluation of the applicability and usability of the ROUTE-HWF roadmap	JUK
8	To provide an optimal mix of HWF policy responses and approaches to medical deserts per category of the taxonomy on medical deserts.	UNIZG

How the eight WPs jointly execute the ROUTE-HWF project plan is depicted by the following chart:



In Annex I, a detailed planning of the ROUTE-HWF project is presented as Gantt charts for the three years that span all tasks, by WP, Month and Lead Partner. All deliverables ('D') and milestones ('M') are included.

II. The Risk Management Plan: approach and tasks

Introduction

Risk management brings visibility to risks and accountability as to how they are handled and ensures that project risks are proactively dealt with and regularly monitored and controlled. This Risk Management Plan includes a risk register which can be assessed regularly to ensure that all activities are going as planned and that no new potential risks are identified. This register is related to a **risk log**, which can be used to document and communicate the risks and their response actions. Related and as part of the Project Plan, an Issue Management Plan is defined to document the activities, roles and responsibilities related to identifying, assessing, assigning, resolving and controlling project issues. Issues are defined as unplanned project-related events that require a project management action. The issue management process helps the Project Manager to assess and act upon issues that have a potential impact on project scope, time, cost, quality, risk or stakeholder satisfaction. Related decisions are logged in a **decision log**, which brings visibility to decisions and accountability as to how and by whom they are taken, and to whom they should be communicated.

A number of processes and planning artefacts are designed for the Risk Management of the ROUTE-HWF project. These will be outlined in this chapter, being:

- The pre-identified risks and preventive/mitigation measures and actions
- Additional risks and preventive/mitigation measures identified at the kick-off meeting on March 10, 2021
- The role of WP3 in the Risk Management approach and execution
- The ROUTE-HWF project and governance structure to execute the Risk Management tasks

The pre-identified risks and preventive/mitigation measures and actions

In the ROUTE-HWF project proposal, the major of potential risks that may affect the work of the Project were (pre)identified, including a series of preventive or mitigation measures and actions. Some of the most critical risks are related to (delays in) the time schedule of the project. These strategies were also discussed at the kick-off meeting of ROUTE-HWF at the start of the project (see below) on how to handle when time lines are challenged.

The 10 pre-identified risks, their likelihood and impact, as well as the proposed risk treatment and contingency plan are recalled from the Project proposal below. Some refer to the different WPs and tasks of the ROUTE-HWF project as described in the previous chapter.

1. No face-to-face meetings possible due to the COVID-19 pandemic.

Proposed Risk Treatment and contingency plan:

- i. Avoid by adjusting all face-to-face into online meetings, if necessary. E.g., the 1,5 experts workshops can be transformed into 3 shorter online sessions. All partners have ample experience with conducting online sessions.

2. Insufficient collaboration between the core WPs.

Proposed Risk Treatment and contingency plan:

- i. Avoid by organizing monthly steering committee meetings and reassure support by WP1 and WP3 to the core WP leaders and efficient communication mechanisms.

3. Delays in the production of deliverables.

Proposed Risk Treatment and contingency plan:

- i. Reduce by involving multiple partners ('mini teams') in the production of one deliverable, therefore the consortium is not depending on one partner in case of under-delivery.
- ii. Reduce by the continuous monitoring of the work plan by WP1 and specifically WP3 and in the monthly consortium meetings will allow the consortium to foresee any possible delays and take the appropriate measures to avoid it or mitigate its effects.
- iii. Avoid by elaborating a provisional draft in case a deliverable which is needed for subsequent work is delayed. This draft will contain the essential information needed for the performance of the work depending on it.

4. Delays due to staff turnover.

Proposed Risk Treatment and contingency plan:

- i. Avoid by specifying in the consortium agreement that each partner has at least two experts working on the project with an adequate level of expertise and knowledge to appropriately fulfil its tasks.

5. Low quality of deliverables.

Proposed Risk Treatment and contingency plan:

- i. Avoid by governing that the quality of deliverables is ensured by an internal peer-review system, coordinated by WP3. Every partner should send its deliverables to other members of the consortium three weeks before the submission deadline. Peer reviewers have 1-2 weeks to send their feedback to the partner in charge of the deliverable for corrections.

6. Low response rate on online survey among 33 ROUTE-HWF countries.

Proposed Risk Treatment and contingency plan:

- i. Avoid by providing all country informants a financial compensation (€200) for completing the online survey.
- ii. Reduce by Letters of Commitment to support the ROUTE-HWF project, currently provided by country experts from 18 countries. Moreover, all Consortium partners have mobilized have extensive (inter)national and subnational networks and experience in motivating people to participate in research.

7. Low quality of information collected through online survey among 33 ROUTE-HWF countries.
Proposed Risk Treatment and contingency plan:
 - i. Reduce by ensuring that all survey data received will undergo a rapid assessment, receive feedback in the information provided, and cross-validation through the literature and other data. Country informants (multiple per country) will be re-contacted to provide additional information if this is lacking or insufficient.
8. Difficulties in accessing and / or including in-country informants during case studies.
Proposed Risk Treatment and contingency plan:
 - i. Avoid by building upon our network, Letters of Commitment.
 - ii. Avoid by reaching out to in-country stakeholders as early as possible before scheduled case study to explore their availability.
 - iii. Reduce by support the data collection via email, telephone, video calls, before or after site visit.
 - iv. Avoid by close collaboration with the country informants of the survey to identify and gain access to all key in-country stakeholders.
 - v. Reduce by consulting other individuals from same stakeholder group if key envisaged informants are not available.
9. Stakeholders are not interested / willing to participate in workshops.
Proposed Risk Treatment and contingency plan:
 - i. Avoid as all workshop participants receive a financial compensation for their participation.
 - ii. Avoid as stakeholders will be contacted through longstanding relations and connections.
 - iii. Avoid as should the COVID-19 pandemic require so, we will re-organise the ROUTE-HWF workshops into digital workshops.
 - iv. Reduce by stakeholder participation made attractive by sharing the deliverables and making them aware of their potential impact through strong multi-channel dissemination.
10. Low interest in ROUTE-HWF outputs by targeted audiences (related to COVID-19 pandemic).
Proposed Risk Treatment and contingency plan:
 - i. Avoid by the Dissemination Plan with ample experience for project sustainability by WP2, ensuring the ROUTE-HWF impact in the medium and long term once the project is finished.
 - ii. Avoid by recruiting 20+ countries interested prior to the start of the project.

Additional risks and preventive/mitigation measures identified at the kick-off meeting on March 10, 2021

At the kick-off meeting on March 10, 2021, it was agreed that if any of the potential risks that were outlined in the ROUTE-HWF proposal occur (see above), these will be recorded in the EU-system including the actions taken to mitigate them. In addition, actions taken with regard to critical risks need to be communicated directly with HaDEA as soon as possible.

In addition, the following risks and attention points per WP were discussed:

WP1 – Coordination of the project

- If there is a delay in the delivery of deliverables HaDEA is informed as soon as possible.
- Always insert the right logo and statement on co-funding by the European Commission (EC) in any publication, presentation, etc. developed and disseminated.

- Communication, within the Consortium, with HaDEA and all relevant stakeholders, is of critical and major importance.

WP2 – Dissemination of the project

- Newsletters are shared with the Commission before they are sent out.
- The draft front page of the first deliverables will be shared with the Commission so they can be reviewed.
- The terminology in all dissemination products are adapted to the general audience. We will use social media and rephrase language which is too technical and / or include a glossary.

WP3 - Evaluation of the project

- WP3 is one of the most difficult ones to manage. Therefore, be sure to measure SMART objectives, which will make the evaluation slightly easier. Recall of the attention point in WP1: "to inform the Commission if there is a delay.
- Continuously monitoring is important. The role of the evaluators is critical in case there is a deviation from the program. To this end, different levels can be distinguished. For small deviations WP leaders will see whether the deviation can be easily addressed. If the deviation is more serious and affects other WPs, the ROUTE-HWF coordinator (NIVEL) and WP3 leaders jointly decide how to solve the problem. All sorts of mitigation measures are developed for all WPs, so we can apply them if some of the identified potential risk takes place. If some new risk comes up, we will liaise together to decide how to mitigate it.

WP4 - Development of a definition and taxonomy of medical deserts

- The 'meta-characteristic' needs to be seen as the characteristic that will serve as the basis for the choice of characteristics that will be included in the taxonomy. Each characteristic should be a logical consequence of the meta-characteristic and the choice of the meta-characteristic should be based on the purpose of the taxonomy. Therefore, we propose "Features of medical deserts which are of relevance for HWF policies" as meta-characteristic.
- There are different types of medical deserts (national or regional level), so the outcomes can be different for countries as well. This is a challenge within the Project.

WP5 - Development of guidelines for monitoring and measuring medical deserts

- It is important to manage the three deliverables on the guidelines. Close collaboration with WP4 is needed.

WP6 - Development of the ROUTE-HWF roadmap

- Since this is the 'roof of the house' (i.e., Project) the several deliverables of this WP are its corner stones. It is important to have a first version of the Roadmap in M12, also considering the interaction needed with WPs 4 and 5. Hence, collaboration is very important here, enabling the feasibility of the first roadmap version. The first version of the Roadmap will be more 'schematic' than later versions. The advantage to have this early, is that we can have feedback from the Commission and other partners at an early stage in the development process already. Note that if it is too schematic, we may have to reconsider this and discuss this at the time.

WP7 - Case studies on medical deserts

- Note that this WP will start in M13 and the countries for the case studies are not yet decided upon. This selection will be dependent on the results of WP4 and WP6.
- Implementation within case studies is always a challenge, so it is important to prepare this closely as an important part of the Project.

WP8 - Consensus-building workshop

- A potential risk in this WP is a low (or: lower) interest to participate in the workshop. To optimize participation in the workshop we build upon the contacts from all 33 countries that will be consulted for WP4-7. Hopefully the pandemic will be over by 2023/2024, making a physical meeting possible. If not, the workshop can be organized online as a 'plan B'.

The role of Work Package 3 in the Risk Management approach and execution

WP3 had the specific purpose to verify if the ROUTE-HWF project is being implemented as planned and reaches its defined objectives. This includes an early identification of all expected and unexpected risks, ensuring that the appropriate measures are taken, mitigation processes are in place, and the risks management tasks are evaluated as well.

The evaluation of ROUTE-HWF contains of a formative and summative evaluation.

With regard to the formative evaluation, the main question is whether the ROUTE-HWF project is being implemented as planned and answers the questions below. Question 8 specifically addresses the risks of the Project:

1. Are the ROUTE-HWF project's outputs and outcomes delivered as defined?
2. Will the outputs / outcomes of the ROUTE-HWF project have the impact we envisioned?
3. Are the tasks we undertake contributing to the outputs / outcomes defined?
4. Are we in line with the original schedule?
5. Will the outputs / outcomes have the level of quality as originally expected?
6. Is the project managed well?
7. Is the communication in the ROUTE-HWF project sufficient?
- 8. Are we aware of the risks within the ROUTE-HWF project?**
9. Is decision-making done correctly?
10. Are the resources allocated to carry out the various tasks sufficient?

The formative evaluation is intended to ensure that the project tasks are being delivered effectively and efficiently and to ensure continual improvement of the ROUTE-HWF project. The emphasis is on identifying the strengths and weakness of the ROUTE-HWF project considering the perceptions and experiences of the project WP leaders and staff members. In order to mitigate the subjectivity of perceptions, objective evidence is extracted from different sources of information. This method of triangulation helps to deal with the challenge of checking the correctness of information provided. Ultimately, the aim is to *uncertain* if any changes are needed in order to improve the ROUTE-HWF project.

The summative evaluation answers the main question: have the defined specific objectives of ROUTE-HWF been achieved? This recalls the five Project's objectives as listed earlier into the following questions:

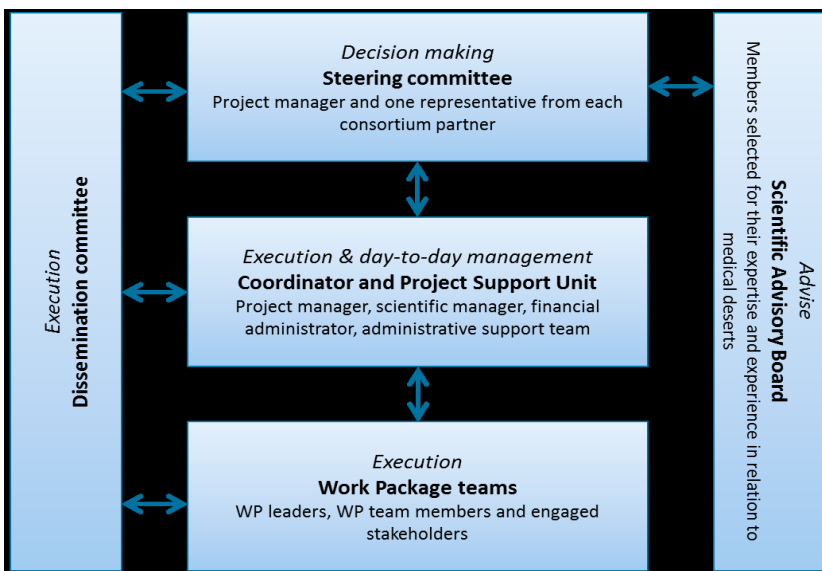
1. Has the definition and taxonomy of the concept of medical deserts been provided?
2. Have the guidelines on how the EU Member States can monitor and measure medical deserts at national and subnational levels been developed?
3. Have in-depth insights on factors driving desertification and of HWF policy responses and approaches to medical deserts been provided?
4. Has an optimal mix of HWF policy responses and approaches to medical deserts per category of the taxonomy on medical deserts been provided?
5. Has a roadmap that will support the EU Members States in designing and implementing their workforce, actions and initiatives related to medical deserts been developed?

The overall aim of the summative evaluation is to determine the overall effectiveness or impact of the ROUTE-HWF project.

The ROUTE-HWF project and governance structure to execute the Risk Management tasks

The management structure of the ROUTE-HWF project is designed to ensure that the goals of the project are met and mitigate all risks – including how they are handled and how it is ensured that project risks are proactively dealt with and regularly monitored and controlled. The management structure is designed to grant appropriate governance and effective and efficient organization by clearly separating decision-making, project execution, and advisory functions and tailoring the structures to the project’s needs. The WP teams are composed in such a way that the expertise of the consortium is used to its full potential with tasks being assigned according to the expertise of each consortium group. The progress of each WP will be closely monitored by the WP leaders and the internal evaluation system in WP3.

The figure below presents the governance structure of ROUTE-HWF. This structure and the roles and responsibilities of the respective partners is described by the Consortium Agreement (CA) as well as the Grant Agreement (GA).



The governance structure of the ROUTE-HWF project that ensures the execution of the Risk Management tasks consists of five bodies:

- The **Coordinator and project support Unit**, which is based at the Netherlands Institute for Health Services Research (NIVEL). Prof. Ronald Batenburg, PhD (project manager) leads the consortium as coordinator and chair the steering committee. He is supported by the Project Support Unit consisting of a scientific manager, a financial administrator and an administrative support team from NIVEL. For the project execution, the day-to day management function is performed by the Coordinator and Project Support Unit. They look after technical, financial, and administrative management issues by:
 - Coordinating WP activities, supporting WP leaders, and monitoring the fulfilment of all contractual obligations, including the GA and CA.
 - Act as the central day-to-day management office and, among other tasks, organize project meetings, draft documents required by the GA, and liaise with external stakeholders.
 - Administering and allocating EC funds to partners as agreed in the GA and CA.
 - Assisting with budget monitoring and financial reporting to the EC and liaising with consortium partners on financial or budgetary issues.

- The Coordinator and Project Support Unit is furthermore be supported by an administrative secretarial back office. Research and ICT staff support the development of the search strategy for the literature study and the construction of the online questionnaire in the EU Survey system. All partners have operational staff available to support preparing and running the workshops.
- The **Steering committee**, as the core of the project team and consists of the project manager (prof. Batenburg) and one representative per partner (usually this will be the person leading one or more WPs on behalf of its organization). The steering committee is chaired by the project manager. The steering committee holds monthly online video meetings to discuss progress and to take strategic decisions if needed. If necessary, bilateral meetings between the project manager and other partners are scheduled in addition. The Steering committee decides on all matters relevant for the project in general (including budget). Decisions are typically taken by consensus, otherwise the steering committee votes on a one-partner, one-vote majority basis. In case a partner cannot fulfil its requirements, the project manager will come up with a plan to solve this, which will have to be confirmed in the steering committee.
- The **Work Package Teams**, and explicitly the WP leaders, as the responsible units for the coordination and realization of the tasks within their respective WPs. They monitor the progress and ensure that tasks are performed, and objectives are met in due time. Each WP leader develops a plan for working arrangements and internal WP meetings at the beginning of the project to achieve planned milestones and deliverables of the project. The internal evaluation system as executed by WP3 supports the WP-leaders to follow and control the progress of the tasks in their WP. This system is described the Evaluation Strategy and Plan. Progress is reported structurally by the WP leaders to the project steering committee, in any case by the Mid-term Evaluation Report and final Evaluation report. In case WP leaders notice problems within their WP or experience difficulties because of interdependency with other WPs, they discuss this in the steering committee. Engaged stakeholders can be included at times when deemed relevant. Decisions on important results within the WP teams need to be taken by the respective WP leaders. This approach means that the WP-teams are independent in taking decisions within their WP. Yet, decisions may affect work and deliverables of other WPs. In that case, decisions will be discussed and decided upon with members of the other WPs. Therefore, cross-WP issues are always on the agenda of every steering committee meeting. In case of any conflict, the steering committee will decide on matters that could not be decided by the WP teams. If consensus cannot be reached, a decision will be based on a one-partner, one-vote majority.
- The **Dissemination committee**, created to ensure that this crucial project area is properly addressed. It is chaired by the leader of WP2 and furthermore consists of the project manager and the other WP2 members (one from each partner). They have formulated the final dissemination plan and coordinate the dissemination activities. The dissemination committee reports to the steering committee, in any case by a mid-term dissemination report and a final dissemination report. The steering committee meets at least six times during the project jointly with the dissemination committee.
- Finally, a **Scientific Advisory Board** is created that monitors the Risk Management tasks from an external perspective. This Board consists of five internationally recognized members, with their own and complimentary fields of expertise on the subject of medical deserts and health workforce. They are recruited from the extended academic networks of the consortium. The Scientific Advisory Board advises the consortium upon request with regard to scientific issues, research ethics, dissemination and use of resources. The Board is regularly consulted (2-3 times a year) to reflect on the key deliverables of the project.

Annex 1: Detailed planning of the ROUTE-HWF project for the three years

Tasks	Lead partner	Year 1											
		Q1			Q2			Q3			Q4		
		M1 mrt-21	M2 apr-21	M3 mei-21	M4 jun-21	M5 jul-21	M6 aug-21	M7 sep-21	M8 okt-21	M9 nov-21	M10 dec-21	M11 jan-22	M12 feb-22
WP1 – Coordination of the project													
T1.1: Organise kick-off meeting and draft project handbook and work	NIVEL	M1.1		M1.2									
T1.2: Project coordination and decision making	NIVEL												
T1.3: Develop a risk management plan	NIVEL				D1.2								
WP2 – Dissemination of the project													
T2.1: Set up the dissemination committee	UVA												
T2.2: Develop ROUTE-HWF project leaflet	UVA		D2.1										
T2.3: Stakeholder and target group analysis	UVA		M2.1										
T2.4: Develop ROUTE-HWF website	UVA			D2.2									
T2.5: Develop a dissemination plan and report	UVA			D2.3									
T2.6: Develop ROUTE-HWF project booklet for the public	UVA												
WP3 – Evaluation of the project													
T3.1: Develop an internal evaluation plan	FAD			D3.1									
T3.2: Carry out and monitor the evaluation plan	FAD												
WP4 – Development of a definition and taxonomy of medical deserts													
T4.1: Develop a definition and taxonomy of medical deserts	NIVEL											D4.1	
T4.2: Literature review	NIVEL					M4.1							
T4.3: Identification and recruitment of survey participants	NIVEL												
T4.4: Item list development for online survey	NIVEL												
T4.5: Carrying out online survey	NIVEL												
T4.6: Analysis of online survey	NIVEL									M4.2			
T4.7: Analysis and drafting of first version definition and taxonomy	NIVEL												
T4.8: Preparing and conducting stakeholder workshops	NIVEL												
T4.9: Analysis of stakeholder workshop results	NIVEL												
T4.10: Analyse the six in-depth case studies on medical deserts	NIVEL												
T4.11: Analyse the 1,5 day expert workshop results	NIVEL												
WP5 – Development of guidelines for monitoring and measuring medical deserts													
T5.1: Develop guidelines on monitoring and measuring	UVA											D5.1	
T5.2: Item list development for online survey	UVA												
T5.3: Database search and analysis of available HWF data	UVA												
T5.4: Analysis of online survey	UVA									M5.1			
T5.5: Analysis and drafting of first version guidelines	UVA												
T5.6: Analysis of stakeholder workshop results	UVA												
T5.7: Analyse the six in-depth case studies on medical deserts	UVA												
T5.8: Analyse the 1,5 day expert workshop results	UVA												
WP6 – Development of the ROUTE-HWF roadmap													
T6.1: Develop ROUTE-HWF roadmap	FAD												
T6.2: Literature review	FAD					M6.1							
T6.3: Item list development for online survey	FAD												
T6.4: Analysis of online survey	FAD									M6.2			
T6.5: Analysis and drafting of first version ROUTE-HWF roadmap	FAD												
T6.6: Analyse the six in-depth case studies on medical deserts	FAD												
T6.7: Analyse results of the 1,5 day expert workshop	FAD												
WP7 – Case studies on medical deserts													
T7.1: Develop and prepare case study protocol and template	JUK												
T7.2: Recruitment of country informants for each case study	JUK												
T7.3: Carrying out six selected case studies	JUK												
T7.4: Analysis of the six in-depth case studies	JUK												
WP8 – Consensus-building workshop													
T8.1: Organisation of 1,5 day consensus-building workshop	UNIZG												
T8.2: Prepare discussion paper for the workshop	UNIZG												
T8.3: Online task for workshop participants	UNIZG												
T8.4: Conduct 1,5 day consensus-building workshop	UNIZG												
T8.5: Analyse workshop results	UNIZG												

Tasks	Lead partner	Year 2											
		Q1			Q2			Q3			Q4		
		M13 mrt-22	M14 apr-22	M15 mei-22	M16 jun-22	M17 jul-22	M18 aug-22	M19 sep-22	M20 okt-22	M21 nov-22	M22 dec-22	M23 jan-23	M24 feb-23
WP1 – Coordination of the project													
T1.1: Organise kick-off meeting and draft project handbook and work	NIVEL												
T1.2: Project coordination and decision making	NIVEL												
T1.3: Develop a risk management plan	NIVEL												
WP2 – Dissemination of the project													
T2.1: Set up the dissemination committee	UVA												
T2.2: Develop ROUTE-HWF project leaflet	UVA												
T2.3: Stakeholder and target group analysis	UVA												
T2.4: Develop ROUTE-HWF website	UVA												
T2.5: Develop a dissemination plan and report	UVA												
T2.6: Develop ROUTE-HWF project booklet for the public	UVA												
WP3 – Evaluation of the project													
T3.1: Develop an internal evaluation plan	FAD												
T3.2: Carry out and monitor the evaluation plan	FAD						D3.2						
WP4 – Development of a definition and taxonomy of medical deserts													
T4.1: Develop a definition and taxonomy of medical deserts	NIVEL					M4.5							
T4.2: Literature review	NIVEL												
T4.3: Identification and recruitment of survey participants	NIVEL												
T4.4: Item list development for online survey	NIVEL												
T4.5: Carrying out online survey	NIVEL												
T4.6: Analysis of online survey	NIVEL												
T4.7: Analysis and drafting of first version definition and taxonomy	NIVEL												
T4.8: Preparing and conducting stakeholder workshops	NIVEL	M4.3											
T4.9: Analysis of stakeholder workshop results	NIVEL				M4.4								
T4.10: Analyse the six in-depth case studies on medical deserts	NIVEL												
T4.11: Analyse the 1,5 day expert workshop results	NIVEL												
WP5 – Development of guidelines for monitoring and measuring medical deserts													
T5.1: Develop guidelines on monitoring and measuring	UVA					M5.2							
T5.2: Item list development for online survey	UVA												
T5.3: Database search and analysis of available HWF data	UVA												
T5.4: Analysis of online survey	UVA												
T5.5: Analysis and drafting of first version guidelines	UVA												
T5.6: Analysis of stakeholder workshop results	UVA												
T5.7: Analyse the six in-depth case studies on medical deserts	UVA												
T5.8: Analyse the 1,5 day expert workshop results	UVA												
WP6 – Development of the ROUTE-HWF roadmap													
T6.1: Develop ROUTE-HWF roadmap	FAD									M6.3			
T6.2: Literature review	FAD												
T6.3: Item list development for online survey	FAD												
T6.4: Analysis of online survey	FAD												
T6.5: Analysis and drafting of first version ROUTE-HWF roadmap	FAD												
T6.6: Analyse the six in-depth case studies on medical deserts	FAD												
T6.7: Analyse results of the 1,5 day expert workshop	FAD												
WP7 – Case studies on medical deserts													
T7.1: Develop and prepare case study protocol and template	JUK									M7.1			
T7.2: Recruitment of country informants for each case study	JUK												
T7.3: Carrying out six selected case studies	JUK												
T7.4: Analysis of the six in-depth case studies	JUK												
WP8 – Consensus-building workshop													
T8.1: Organisation of 1,5 day consensus-building workshop	UNIZG												
T8.2: Prepare discussion paper for the workshop	UNIZG												
T8.3: Online task for workshop participants	UNIZG												
T8.4: Conduct 1,5 day consensus-building workshop	UNIZG												
T8.5: Analyse workshop results	UNIZG												

Tasks	Lead partner	Year 3											
		Q1			Q2			Q3			Q4		
		M25 mrt-23	M26 apr-23	M27 mei-23	M28 jun-23	M29 jul-23	M30 aug-23	M31 sep-23	M32 okt-23	M33 nov-23	M34 dec-23	M35 jan-24	M36 feb-24
WP1 – Coordination of the project													
T1.1: Organise kick-off meeting and draft project handbook and work	NIVEL												
T1.2: Project coordination and decision making	NIVEL												D1.1
T1.3: Develop a risk management plan	NIVEL												
WP2 – Dissemination of the project													
T2.1: Set up the dissemination committee	UVA												
T2.2: Develop ROUTE-HWF project leaflet	UVA												
T2.3: Stakeholder and target group analysis	UVA												
T2.4: Develop ROUTE-HWF website	UVA												
T2.5: Develop a dissemination plan and report	UVA												D2.4
T2.6: Develop ROUTE-HWF project booklet for the public	UVA												D2.5
WP3 – Evaluation of the project													
T3.1: Develop an internal evaluation plan	FAD												
T3.2: Carry out and monitor the evaluation plan	FAD												D3.3
WP4 – Development of a definition and taxonomy of medical deserts													
T4.1: Develop a definition and taxonomy of medical deserts	NIVEL												D4.2
T4.2: Literature review	NIVEL												
T4.3: Identification and recruitment of survey participants	NIVEL												
T4.4: Item list development for online survey	NIVEL												
T4.5: Carrying out online survey	NIVEL												
T4.6: Analysis of online survey	NIVEL												
T4.7: Analysis and drafting of first version definition and taxonomy	NIVEL												
T4.8: Preparing and conducting stakeholder workshops	NIVEL												
T4.9: Analysis of stakeholder workshop results	NIVEL												
T4.10: Analyse the six in-depth case studies on medical deserts	NIVEL												
T4.11: Analyse the 1,5 day expert workshop results	NIVEL												
WP5 – Development of guidelines for monitoring and measuring medical deserts													
T5.1: Develop guidelines on monitoring and measuring	UVA												D5.2
T5.2: Item list development for online survey	UVA												
T5.3: Database search and analysis of available HWF data	UVA												
T5.4: Analysis of online survey	UVA												
T5.5: Analysis and drafting of first version guidelines	UVA												
T5.6: Analysis of stakeholder workshop results	UVA												
T5.7: Analyse the six in-depth case studies on medical deserts	UVA												
T5.8: Analyse the 1,5 day expert workshop results	UVA												
WP6 – Development of the ROUTE-HWF roadmap													
T6.1: Develop ROUTE-HWF roadmap	FAD						M6.4						D6.1
T6.2: Literature review	FAD												
T6.3: Item list development for online survey	FAD												
T6.4: Analysis of online survey	FAD												
T6.5: Analysis and drafting of first version ROUTE-HWF roadmap	FAD												
T6.6: Analyse the six in-depth case studies on medical deserts	FAD												
T6.7: Analyse results of the 1,5 day expert workshop	FAD												
WP7 – Case studies on medical deserts													
T7.1: Develop and prepare case study protocol and template	JUK												
T7.2: Recruitment of country informants for each case study	JUK												
T7.3: Carrying out six selected case studies	JUK		M7.2										
T7.4: Analysis of the six in-depth case studies	JUK					D7.1							
WP8 – Consensus-building workshop													
T8.1: Organisation of 1,5 day consensus-building workshop	UNIZG												
T8.2: Prepare discussion paper for the workshop	UNIZG						M8.1						
T8.3: Online task for workshop participants	UNIZG												
T8.4: Conduct 1,5 day consensus-building workshop	UNIZG							M8.2					
T8.5: Analyse workshop results	UNIZG									D8.1			

Annex 2: List of ROUTE-HWF deliverables

Deliverable Number	Deliverable Title	WP number	Lead beneficiary	Type	Dissemination level	Due date (in months)
D1.1	Risk management plan	WP1	1 - NIVEL	Report	Public	5
D2.1	Leaflet	WP2	2 - VAASAN YLIOPISTO	Report	Public	2
D2.2	Website	WP2	2 - VAASAN YLIOPISTO	Websites , patents filling, etc.	Public	3
D2.3	Dissemination plan/strategy	WP2	2 - VAASAN YLIOPISTO	Report	Public	3
D2.4	Mid-term dissemination report	WP2	2 - VAASAN YLIOPISTO	Report	Public	18
D2.5	Dissemination report	WP2	2 - VAASAN YLIOPISTO	Report	Public	36
D2.6	End of project booklet for the public	WP2	2 - VAASAN YLIOPISTO	Report	Public	36
D3.1	Evaluation plan	WP3	3 - FAD	Report	Confidential, only for members of the consortium	3
D3.2	Mid-term evaluation report	WP3	3 - FAD	Report	Public	18
D3.3	Evaluation report	WP3	3 - FAD	Report	Public	36
D4.1	First version of definition and taxonomy on medical deserts	WP4	1 - NIVEL	Report	Public	12
D4.2	Second version of definition and taxonomy on medical deserts	WP4	1 - NIVEL	Report	Public	17
D4.3	Final version of definition and taxonomy on medical deserts	WP4	1 - NIVEL	Report	Public	30
D5.1	First version of the guidelines on monitoring and measuring medical deserts	WP5	2 - VAASAN YLIOPISTO	Report	Public	12
D5.2	Second version of the guidelines on monitoring and measuring medical deserts	WP5	2 - VAASAN YLIOPISTO	Report	Public	17
D5.3	Final version of the guidelines on monitoring and measuring medical deserts	WP5	2 - VAASAN YLIOPISTO	Report	Public	30
D6.1	First version of the ROUTE-HWF Roadmap	WP6	3 - FAD	Report	Public	22
D6.2	Second version of the ROUTE-HWF Roadmap	WP6	3 - FAD	Report	Public	31
D6.3	Final version of the ROUTE-HWF Roadmap	WP6	3 - FAD	Report	Public	36
D7.1	Case study report	WP7	4 - UJ	Report	Public	29
D8.1	Workshop report	WP8	5 - U ZAGREB MED	Report	Public	33

