

International  
Collaborative  
for Best Care  
for the Dying Person

# ANNUAL REVIEW

2020/21

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Professor of Palliative Medicine, University of Liverpool, UK

### **Vice Chair**

Professor Carl Johan Fürst  
Professor of Palliative Medicine, Lund University, Sweden

### **International Liaison Lead**

Dr Susie Wilkinson  
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### **Coordinating Centre Administrator**

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## 1. FOREWORD FROM THE CHAIR OF THE INTERNATIONAL COLLABORATIVE

Dear Collaborative Member,

I am pleased to present to you the International Collaborative's Annual Review for 2020/2021.

2021 has again been dominated by the global pandemic, leading to the postponement of the Collaborative's Summer School and Annual Symposium. However, the Executive Committee, supported by the Collaborative members, have continued to work hard to deliver the ambitious objectives set last November, and the detail of this report is testament to the significant achievements of the past year. Of note is the success of our first 'virtual' Research Thinktank in June 2021, attended by 45 members, which facilitated the sharing of research and also the creation of ideas for future projects. Based on this success, we now plan to hold a research think tank on an annual basis, with the next one planned for February 2022. I hope as many members as possible will attend.

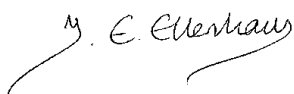
Another new development for 2021 has been the introduction of quarterly webinars covering important aspects in care for the dying. These webinars have been very successful, attracting around 120 attendees. A big thank you to all those who have contributed to this new way of engaging members and the wider health care community.

The Collaborative continues to potentiate and develop its research portfolio and position itself as the world leader in care for the dying research, with work continuing on our two major international research projects. The ERANet-LAC CODE group, under the leadership of Prof Dagny Faksvåg Haugen, is now publishing its important findings, while the international iLIVE project led by Professor Agnes van der Heide is moving into its third year. Its cohort study is the most ambitious study ever undertaken on care for the dying, and the focus is now on recruiting 2,000 participants.

We have now established two International Collaborative Reference Centres in Norway and Argentina with more under development in Spain, India and Portugal. Overall, 15 organisations have had their clinical documentation assessed for congruence with the 10/40 Model. The 10/40 Model itself is underpinned by a comprehensive Quality Improvement Framework containing a wide range of guidance documents and templates, which is available on the Collaborative's website at [www.bestcareforthedying.org](http://www.bestcareforthedying.org).

As always, our success is down to the hard work of our Project Group Leads and the sustained input of energy and expertise from our Executive Committee and Facilitator Network. My sincere thanks go to each of these groups for their invaluable contributions, and to the Coordinating Centre staff who maintain the communication and focus in between our annual meetings. Lastly, my thanks to you, the Collaborative members. Together, we are the global focus for improving care for dying people and I look forward to working with you all and hopefully seeing you in 2022.

Yours,



**Professor John Ellershaw**

Chair of the International Collaborative for Best Care for the Dying Person  
November 2021

## 2. ABOUT THE INTERNATIONAL COLLABORATIVE

The International Collaborative for Best Care for the Dying Person was formed in January 2014 by a group of leading thinkers, practitioners and researchers from 12 countries who shared the common aim of improving standards and increasing the evidence base in end of life care.

Ratified in 2014, the International Collaborative Constitution sets out a series of core aims, pursuit of which is overseen by an Executive Committee of seven Executive Officers elected by the membership with a three-year term of office. Administrative support is provided by the International Collaborative Coordinating Centre, which is based at the Palliative Care Unit, University of Liverpool, UK.

**The vision of the Collaborative is a world where all people experience a good death as an integral part of their individual life, supported by the very best personalised care.**

## 3. EXECUTIVE COMMITTEE UPDATE

During 2020/21, the Executive Committee has continued to meet every two months to maintain oversight of the Collaborative's operation and development, and is pleased to provide the following updates on its key workstreams.

### 3.1. 2019/20 Strategic Objectives

Following last year's online Annual General Meeting, the Executive Committee approved a set of strategic objectives for the 2020/21 year in support of the Collaborative's core aims as set out in its Constitution. Despite the impact of the coronavirus pandemic on capacity and services, excellent progress has been made against the objectives, as described below.

1) Drive forward an international 'care for the dying' research agenda and undertake collaborative international research	
2021 Strategic Objectives	Update
Submit five papers for publication to disseminate the findings of the ERANet LAC CODE project	See Section 4.1
Validate the CODE questionnaire in at least two further languages (Spanish and Portuguese)	Spanish: Validation is ongoing, with 405 of the required 500-600 questionnaires now done. Portuguese: Validation being undertaken by PhD student; almost complete.
Devise an adapted delivery programme for the EU Horizon 2020 iLIVE project in light of the coronavirus pandemic	All sites now recruiting.

	Conduct a Delphi survey on the Collaborative's 40 core outcomes for care for the dying	See Section 4.4.
	Undertake an Implementation Research study on the 10/40 Model strategies and effectiveness in Latin America	Project idea presented at Think Tank meeting in June. Post-implementation audit of 100 case notes undertaken in Argentina and outcomes reported at September webinar. Pre-implementation audit underway in Brazil (600 randomized clinical case notes). Funding application submitted to TRD Global; outcome awaited.
	Develop a research framework for the 10/40 Model	Delphi study completed – see Section 4.4. Audit tool capacity increased to 100 cases (pilot)
	To undertake the international Co-LIVE research project	Four papers published
	To facilitate International collaborative research for the Serious Illness Care Programme	Addressed at Thinktank event, 23 <sup>rd</sup> June and incorporated into COMCARE EU submission
	Prepare a paper for publication on optimal oral care practice for the dying person	Deferred until 2021/22
	Potentiate research projects at the Collaborative's annual international meetings	Deferred due to Coronavirus
	Develop a strategy for further collaborative research	Thinktank event 23 <sup>rd</sup> June; research strategy in development, to be shared at AGM in November.

### Encourage international learning and teaching collaborations to improve the care for the dying

2021 Strategic Objectives	Update
Advertise five locally-run courses on the bestcareforthedying.org website	Two advertised to date due to impact of COVID-19.
Develop a funding bid to Erasmus for the development of a syllabus for 10/40 Model education	Focus changed to EU COST Action bid for Facilitator Network funding for submission in September 2022
Provide education opportunities to the wider healthcare community by preparing and delivering a series of online webinars	Quarterly webinars initiated in March 2021

### Support the development of the "International Collaborative 10/40 Model for Best Care for the Dying Person" and associated materials and processes within the Quality Improvement Framework

2021 Strategic Objectives	Notes @ August 2021
Encourage take-up of the 10/40 Model and provide support to the 12 organisations with congruence-approved documentation, underpinned by the Facilitator Network	German document assessed as congruent. Version 2 of India's 'Blue Maple' document also approved.

Maintain two established International Collaborative Reference Centres and support the further development of three others	Norway and Argentina established. Sweden in progress. Project Portugal, Project Spain and Project India ongoing.
Promote the Quality Improvement Framework	See section 4.5

### Develop an effective communication strategy within the International Collaborative

2021 Strategic Objectives	Notes @ August 2021
Produce an 18-month strategic content development plan for the new bestcareforthedying.org website	In development; roll-out planned for January 2022
Establish bi-monthly mailshots via the new bestcareforthedying.org website	Established

### Globally disseminate the work of the International Collaborative

2021 Strategic Objectives	Notes @ August 2021
Contribute to the next EAPC World Congress in 2021	Abstracts presented.
Promote the work of the Collaborative at the following: <ul style="list-style-type: none"> <li>Latin American Congress of Palliative Care Virtual Symposium, 24-27 March 2021</li> <li>EAPC World Congress, 6-8 October 2021</li> </ul>	<p>Posters presented: iLIVE, CO-LIVE (Argentina and Latin American preliminary results in Spanish) and ERAnet-LAC Code (General outcomes and WP3 outcomes from Argentina) in Spanish.</p> <p>Virtual poster from the CO-LIVE Project from a Latin American perspective.</p>
Make available to members a generic abstract and associated poster to facilitate increased Collaborative exposure at local, national, and international conferences	In progress.
Develop a formal communication strategy for internal and external dissemination of the Collaborative's agenda, including the development of a social media presence.	In development; roll out planned for January 2022.

### To organise and promote international meetings to advocate best care for the dying person

2021 Strategic Objectives	Notes @ August 2021
To hold an Annual General Meeting at the 7 <sup>th</sup> Annual Symposium in November 2021	Virtual annual symposium to be held 17 <sup>th</sup> November
Deliver the 7 <sup>th</sup> Annual Symposium in Liverpool, 15 <sup>th</sup> -19 <sup>th</sup> November 2021	Postponed due to Coronavirus; now to be held in 2022
Develop the programme for 8 <sup>th</sup> Annual Symposium in Rotterdam (2022)	Changed to Liverpool, w/c 10/10/2022

	Agree and announce the date and location of the 2023 Annual Symposium	Rotterdam 2023 – dates tbc
	Deliver the Summer School event in 2021	Deferred until 2022 due to coronavirus
	Develop a sustainable model for Summer School to increase attendance levels	Summer School to include an iLIVE meeting to increase participation
<b>Ensure the sustainability and growth of the International Collaborative</b>		
<b>2021 Strategic Objectives</b>		<b>Notes @ August 2021</b>
	Increase membership income by £2,500	Increase of £1,670 achieved.
	Generate £500 income from Summer School	N/A – Summer School 2021 cancelled due to Coronavirus
	Generate £2000 income from the 7 <sup>th</sup> Annual Symposium	N/A – Symposium cancelled due to Coronavirus
	Develop a robust financial model to underpin the Collaborative	Mechanism for funding from Summer School and Annual Symposium agreed
	Present a revised International Collaborative Constitution at the 2021 Annual General Meeting	Revisions to be presented at AGM, 17 <sup>th</sup> November.

### 3.2. Membership

Membership continues to be made available to individuals, organisations, and groups, with fees based upon countries' income levels as reported by the World Bank. Membership terms and entitlements are set out in Appendix 1 on page 14.

In the 2020/21 year the Collaborative achieved its highest level of core membership in some years, with 136 members from 23 countries.

Looking ahead, we anticipate even higher numbers in the year to come, as we return to face-to-face meetings for Summer School and the Annual Symposium, following which any non-member delegates will be offered a six month 'taster' membership.

## 4. PROJECT GROUP DEVELOPMENTS

A great deal of progress has been made across all Collaborative project groups in the past twelve months. The full list groups is included as Appendix 2 (page 14), and detailed updates on key projects are set out below.



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#### 4.1. ERANet-LAC CODE: International Care Of the Dying Evaluation (CODE): quality of care for cancer patients as perceived by bereaved relatives

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The project period ended in January 2020, but dissemination of project results is still ongoing. Two papers have been published since the last annual review. A report on the main findings from CODE International Survey was published in *The Oncologist*<sup>1</sup>, and a quality improvement report in *BMJ Open Quality*<sup>2</sup>. The latter report from our partners in Argentina is a good example of how i-CODE results can be used to implement important practice changes.

A poster from the project was presented at the Latin American Palliative Care Congress in March this year and is posted on the project website [www.icode7.org](http://www.icode7.org). Another poster won the poster prize at the Norwegian National Palliative Care Conference, also in March. The corresponding paper has been accepted for publication<sup>3</sup>. Two more papers from the project are in preparation.

Within the White Rose Collaborative project (<https://whiterose.ac.uk/collaborationfunds/measuring-evaluating-and-improving-the-quality-of-care-for-dying-people-and-their-families/>), Dr. Catriona Mayland is leading a project to further assess the psychometric properties of the CODE tool, using the international database from the i-CODE survey. Analysis supports the validity and reliability of CODE™ and the findings will be submitted for publication later this year.

<sup>1</sup>Haugen DF, Hufthammer KO, Gerlach C et al. Good quality care for cancer patients dying in hospitals, but information needs unmet: bereaved relatives' survey within seven countries. *Oncologist* 2021; 26:e127-e1284. doi: 10.1002/onco.13837.

<sup>2</sup>Goldraj G, Tripodoro VA, Aloisio M et al. One chance to get it right: improving clinical handovers for better symptom control at the end of life. *BMJ Open Qual* 2021; 10:e001436. doi: 10.1136/bmjopen-2021-001436.

<sup>3</sup>Hjorth NE, Hufthammer KO, Sigurdardottir KR et al. Hospital care for the dying cancer patient: Does an advance care planning invitation influence bereaved relatives' experiences? A two country survey. Accepted for publication, *BMJ Support Palliat Care*.

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#### 4.2. Living Well, Dying Well: A research programme to support living until the end (iLIVE)

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The iLIVE project is a 13-country research project funded under the EU Horizon 2020 programme, that aims to contribute to high-quality personalised care at the end of life and to increase community engagement with the reality of death and dying.

This year, 11 countries participating in the cohort study started patient recruitment and data collection. The cohort study is aimed at getting insight into the aims, concerns and care needs of people with an advanced illness and their family. Participants in the cohort study fill in

questionnaires at baseline and four weeks later. Complementary qualitative interviews with patients, family members and attending health care professionals will add in-depth insights.

Embedded in the cohort study is the medication study, where three countries will evaluate the added value of a so-called Clinical Decision Support System (CDSS) that includes a specific set of rules on medication decision making for patients in the last phase of life. The CDSS will be evaluated in three countries in a study with a pre-post design.

A second study that is embedded in the cohort study is the evaluation of a hospital palliative and end of life care volunteer programme. Five countries participating in this volunteer study have implemented infrastructures for hospital volunteer services in the participating sites, an international 'Train-the-trainer' course, and a Learning Lab where volunteer service coordinators can exchange experiences.

Alongside these empirical studies we have also been further working on engagement of the wider community with the project and its aims, through newsletters, presentations at conferences, and social media activities.

Despite the major impact of the pandemic that continued in 2021, we have been able to further work on the project and set important steps. In 2022, much effort will be put into further patient recruitment and data collection. We also hope to be able to analyse the first results of different work packages in 2022.

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### **4.3. The CO-LIVE study on quality of palliative care: experiences of health care professionals and relatives from 14 countries during the COVID-19 pandemic**

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During the COVID-19 pandemic, measures imposed by governments and healthcare institutions to limit spreading of the disease may have negatively impacted the quality of care for dying patients.

Aiming to provide insight into similarities and differences between countries, we studied the experiences of healthcare workers caring for patients in their last days of life during the COVID-19 pandemic as well as of those of relatives of people who died during the COVID-19 pandemic.

An open online survey study, consisting of purposively designed measures of perceived quality of care for dying patients, was conducted among healthcare workers and relatives from April 2020 to June 2021 in Belgium, Czech Republic, Norway, Slovenia, the Netherlands, United Kingdom, Argentina, Brazil, Chile, Colombia, El Salvador, Uruguay, Indonesia and Japan. We collected questionnaires from over 3,000 healthcare workers and bereaved relatives.

Preliminary results show important differences between countries in the impact of the COVID-19 pandemic and related measures on end-of-life care. Although in all countries the majority of healthcare workers reported sufficient quality of medical and nursing care, there were large differences in perceived limitations in treatment and care due to the pandemic. Results of relatives' experiences will be synthesized and analysed in due course. In addition to scientific papers on national data, we plan to publish at least two scientific papers on this international comparative study.

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#### 4.4. The 10/40 Model Delphi Study

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To ensure that the 10/40 Model reflects up to date best available evidence and expert opinion, in 2021 the Collaborative undertook an international Delphi study to assess the importance of the Model's core elements, with the aim of re-establishing an international consensus on what constitutes 'best care for the dying'.

Round 1 of the Delphi questionnaire was completed in February 2021, with 166 participants from across 20 countries. The Round 1 questionnaire asked participants to rate their level of agreement against each of the 10 Key Principles and 40 Core Outcomes. Free text comments against each item were also sought.

Results from Round 1 were used to inform the design of the Round 2 questionnaire, which was completed in April 2021 with 75% of participants from Round 1. A third round Delphi questionnaire was sent out to all Round 2 participants to further explore their views on particular aspects of the free text responses. Analysis of these views resulted in amendments to the wording of one outcome, and the addition of a sub-point to another.

A summary report was circulated to the Delphi participants, and we aim to publish the full results in 2022.

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#### 4.5. Quality Improvement Framework

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The International Collaborative Quality Improvement Framework (QIF) has been developed by the Facilitator Network (see Section 4.5). It has been designed to support organisations and individuals in the implementation of the 10/40 Model and is available to members via the [www.bestcareforthedying.org](http://www.bestcareforthedying.org) website.

The 10/40 Model is comprised of ten key principles for best care for the dying person and 40 outcomes of care that can be integrated into a clinical document to support individualised care for the dying person at the bedside. During 2021 the 10/40 model has been evaluated and validated by a three round Delphi project.

The 10/40 Model is supported by a four-phase, ten-step implementation and dissemination framework. Over a number of years of working with the 10/40 Model members of the Facilitator Network have developed up a range of resources in their own languages to support its implementation and dissemination. These resources have been translated, and organised into a Quality Improvement Framework (QIF) to assist organisations implement the 10/40 Model and help them in developing their own tools and resources to meet their own clinical needs.

The resources within the QIF include leaflets, flyers, check lists, pre- and post-implementation audit tools, reflection proforma, focus group questions, and evaluation questionnaires, and each is available in English as well as in its original language. More recently the facilitator network has developed a Foundation course training programme which includes curriculum content, learning outcomes and teaching methods.

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#### 4.6. Facilitator Network

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The Facilitator Network was established in 2017 to drive forward the work of the International Collaborative for Best Care for the Dying Person. Members of the network are health care professionals who have been nominated by their institution, state or country to coordinate work centred around the development, implementation and dissemination of the Collaborative's 10/40 Model of Care.

Network Facilitators are usually engaged in very productive workshops at the annual Summer School and at the Annual Symposium week, but due to the COVID 19 pandemic and the restrictions on international travel this has not been possible in 2020 and 2021. However, the members have continued to meet four times a year via Zoom to carry on their discussions and progress their work on the following topics:

- Experience of implementing and disseminating the 10/40 Model, including projects and also new developments due to the pandemic
- The development of new Reference Centres
- To update the QIF
- Mouth Care project for optimal oral care for the dying person
- The development of an EU COST proposal to assist in funding the work of the Facilitator Network
- Courses submitted by the Facilitator Nnetwork have also been endorsed by the Collaborative and are available at discounted prices to all members through the website.

In addition to the work noted above, several facilitators are also involved in the iLIVE research project and others in the proposed COMCARE submission which focuses on the serious illness

conversation guide and an advanced communication skills core curriculum for nurses.

At the time of writing (November 2021), the Facilitator Network has grown to include 28 facilitators from 13 countries within the International Collaborative. As the network now spans such a large geographical area, since June 2020 it has been necessary to hold two asynchronous but identical meetings to cater for members from different time zones.

If you would like to join the Facilitator Network, or to enquire further about its work, please contact Susie Wilkinson [drsusie@btinternet.com](mailto:drsusie@btinternet.com) or Anette Duarte [anette.duarte@skane.se](mailto:anette.duarte@skane.se).

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#### 4.7. Webinar Programme

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As a result of the COVID-19 pandemic, with the imposed social distancing and loss of education and training opportunities, the International Collaborative initiated a programme of virtual training sessions via the Zoom platform. This virtual platform has enabled the International collaborative to raise its profile and awareness of its work, as well as informing health and social care professionals and the public of issues related to improving the clinical care of people who are dying.

Four webinars were screened in 2021. The topics included:

- Distress in Dying in the 21 Century
- Can we demystify dying?
- End of Life Care in Practice: What have we learnt?
- Improving practice: Why end of life care research matters

There has been between 40 and 60 attendees at each event from both within and outside of the Collaborative. A new programme for 2022 is currently being planned.

## 5. LOOKING FORWARD

To build upon the successes of 2021, the Executive Committee are already working on objectives for the coming year. Once ratified, these objectives will be shared with members in the next update email and we look forward to reporting on progress at the 2022 Annual General Meeting.

Planning is also well underway for future events that will further consolidate the work of the Collaborative, and we remain hopeful that we will be able to meet in person in 2022. We encourage you to save the following dates in your diary now to ensure that you can share in what is sure to be a series of dynamic and enriching events.

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### **5.1. Research Thinktank, 17 February 2022**

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Following the success of the 2021, the Executive Committee have decided to make the Research Thinktank an annual event, with the next one taking place on 17<sup>th</sup> February 2022. The Thinktank gives members an opportunity to present ideas for new international research projects and join in discussions that will help to inform our future research strategy, and we hope that as many as possible will attend.

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### **5.2. Fourth Annual Summer School, 5-7 May 2022**

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Scheduled to take place in Málaga, Spain, from 5<sup>th</sup> to 7<sup>th</sup> May 2022, the 4<sup>th</sup> Annual International Collaborative Summer School will follow the same innovative programme that was proposed for the cancelled 2020 and 2021 events. This includes a number of Project Group meetings intended to accelerate each group's progress by providing dedicated time for colleagues to come together and concentrate collectively on the development of their collaborative work.

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### **5.3. Seventh Annual Symposium, 10-14 October 2022**

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Pandemic-permitting, we hope to welcome our members to Liverpool next year for the Seventh Annual International Collaborative Symposium, scheduled to take place from 10<sup>th</sup> to 14<sup>th</sup> October 2022. This flagship annual event will incorporate the national UK conference "Global Research and New Innovations in Best Care for the Dying Person", endorsed by the Association for Palliative Medicine of Great Britain & Ireland and hosted at 'The Spine', the prestigious home of the Royal College of Physicians North. To ensure that the conference is accessible to as many delegates as possible, the possibility of a hybrid online/in person event is being explored.

Further details and registration information for both of these events will be communicated to members via the regular email newsletter. We hope that as many members as possible will join us to share learning and drive forward the development our exciting research, development and education project portfolio.

## **6. CONCLUSION**

We look forward to the year ahead, to seeing and meeting as many members as possible at our planned events. We also welcome new members and hope to extend the reach of the Collaborative to continue our impact on care for the dying on a global basis.

## APPENDIX 1: TERMS OF MEMBERSHIP

International Collaborative  
for Best Care  
for the Dying Person



### Terms of Membership

All members shall be entitled to:

- Receive the quarterly e-newsletter of the International Collaborative for Best Care for the Dying Person
- A reduction in registration fees for the Annual Symposium and other events held by the International Collaborative
- Secure online access to the members' area of the International Collaborative website
- Vote on international Collaborative business
- Stand for election to office in the governing Executive Committee

#### Who can join?

Membership is available to those who have paid the annual subscription as set by the Executive Committee, and:

- hold a recognised formal qualification in medicine, psychology, social sciences or nursing, or have relevant professional equivalence
- are or have been actively engaged in research or clinical work with people with palliative and/or end of life care needs.

#### Membership categories

The Collaborative has three membership categories. The named individuals within each category are permitted to access the Collaborative's tools and resources; wider dissemination is not permitted.

- **Individual** - one person
- **Organisation** - up to three people from one single organisation or institution
- **Group** - up to twenty people from a maximum of three organisations and/or institutions

#### Membership fees

Membership fees are set on a sliding scale according to [World Bank country income classifications](#) and are payable annually (by 31st January) as set out in the table below.

Country income category	Individual One person	Organisation Up to 3 people from one organisation or academic institution		Group Up to 20 people from a maximum of 3 organisations and/or institutions
		• <100 beds • home care teams	• >100 beds • academic institutions	
High	£60	£120	£240	£1000
Upper Middle	£40	£90	£180	£750
Lower Middle	£20	£60	£120	£500
Low	£10	£30	£60	£250

For further information visit [www.bestcareforthedying.org](http://www.bestcareforthedying.org)

## APPENDIX 2: PROJECT GROUPS

PROJECT GROUP 1 - RESEARCH		
Project		Led by
1.1	ERANet-LAC iCODE	Dagny Faksvåg Haugen
1.2	iLIVE - EU Horizon 2020	Agnes van der Heide
1.3	Serious Illness Conversations Programme	Susie Wilkinson
1.4	Co-LIVE	Agnes van der Heide
1.5	Optimal oral care practice for the dying person	Grethe Skorpen Iversen
1.6	10/40 Model Delphi Study	Carl Johan Fürst / John Ellershaw
1.7	10/40 Model strategies and effectiveness in Latin America	Vilma Tripodoro
1.8	Collaborative Research Strategy	John Ellershaw / Agnes van der Heide
1.9	The White Rose Project (CODE)	Catriona Mayland
PROJECT GROUP 2 - EDUCATION		
Project		Led by
2.1	Summer School	Marisa Martin-Rosello
2.2	Webinar development	Susie Wilkinson / Mark Boughey
PROJECT GROUP 3 - 10/40 MODEL		
Project		Led by
3.1	10/40 Model Documentation, Congruence and Implementation	Carl Johan Fürst / John Ellershaw / Susie Wilkinson
3.2	Reference Centres	Susie Wilkinson / Grethe Skorpen Iversen / Vilma Tripodoro
3.3	Project India	Naveen Salins / Susie Wilkinson
3.4	Project Spain	Marisa Martin-Rosello
3.5	Project Portugal	Catarina Simões
PROJECT GROUP 4 - QUALITY ASSURANCE		
Project		Led by
4.2	Promote the Quality Improvement Framework	Susie Wilkinson
PROJECT GROUP 5 – COORDINATION		
Project		Led by
5.1	International Collaborative Coordination	John Ellershaw
5.2	Website content development plan	John Ellershaw
5.3	Communication strategy	John Ellershaw
5.4	Financial model development	John Ellershaw Mark Boughey
5.5	2021 Annual Symposium: 15-19 November, Liverpool, UK	John Ellershaw
5.6	2022 Annual Symposium: Rotterdam, Netherlands	Agnes van der Heide
5.7	Constitution revisions	Executive Committee