aN Eu Curriculum
for chef gasTro-engineering
in primAry food caRe

Report on Policy Recommendations for Efficient Investment on Chefs Gastro-engineering in Primary Food Care

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1 ABSTRACT:

Background: According to the World Health Organization (WHO), malnutrition has a high prevalence with increasing numbers in older populations. Within a model from the A3 Action Group of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), food supply for older people is based upon interprofessional needs assessments and adapted according to primary, secondary and tertiary food care levels which is a major strategy aim in tackling malnutrition. Due to skills gaps of chefs working in health care this model is not implemented uniformly across Europe. These skills gaps exist because of lack of access to education and trainings for chefs in healthcare, lack of curricula which relate to a formalized European Union occupational profile and too little guidance, funding and time invested in the integrated culinary/clinical approach from policy makers, institutional stakeholders and representatives. NECTAR aims to tackle these three problems and as a first step within this report skills gaps of chefs working in health and social care were addressed through collecting training initiatives and curricula for this topic across Europe.

People in need of chronic or acute care may often present special nutritional needs. Integrated, person-centered and pro-active primary food and nutrition care delivery has been proven effective for people in health and care settings. However, skills mismatches in the different professions, including chefs and cooks, involved in food and nutritional care provision have been reported. Through the EU funded project NECTAR, the partners have aimed to close this gap for chefs, by creating a new occupational profile “Chef Gastro-Engineering” and an EU curriculum to ensure they are trained in the right skills.

2 KEYWORDS:

Chef gastro-engineer, healthcare, curricula, best practices, chefs, primary food care, training initiatives

3 REVIEWERS

REVIEWER NAME	External Reviewer	ORGANIZATION	DATE OF APPROVAL
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6 INTRODUCTION

According to the World Health Organization (WHO) malnutrition has a high prevalence with increasing numbers in older populations. Consequences such as medical and social impact for people affected as well as tremendous economic costs put health care systems under pressure to tackle malnutrition especially in older and multimorbid populations. One major strategy aims at improving food supply and food safety for citizens and deliver personalized food care (1). This personalized care approach is based upon the collaboration between different professions gathered around older people in an interdisciplinary team. Teamwork for optimal nutritional care is based on shared knowledge and attitudes of team members, such as doctors, nurses, dieticians, nutritionists, and chefs, according to their individual professional profiles and an open communication among team members and, equally important, their clients (2-5).

Previous work of partners in the A3 Action Group of the European Innovation Partnership on Active and Healthy Ageing (EIPonAHA) delivered an integrated culinary/food and nutrition approach (6) including the elements described for interdisciplinary food supply as such. Within this EIPonAHA model the food supply for older people is based upon interprofessional needs assessments and adapted according to primary, secondary, and tertiary food care levels. Primary and secondary food care includes intrinsic involvement of specialized chefs in interdisciplinary health and social care teams (6). This model, however, is not implemented uniformly across Europe due to existing skills gaps, especially for chefs. One reason for this current situation is that many cooks do not have access to tailored educational programmes covering knowledge skills and attitudes mandatory to work in an interprofessional team in health care. Secondly, while there are existing curricula which address these professional profiles for chefs, they don't relate to a formalized European Union (EU) occupational profile based on WHO and EU politics recommendations (7). Third, too little guidance funding and time is invested in the integrated culinary/clinical approach from policy makers, institutional stakeholders and representatives (8).

The EU-funded project "aN Eu Curriculum for chef gasTro-Engineering in primAry food caRe (NECTAR)", addressed these three domains through the development of:

- A new EU Occupational Profile for chefs working in health and care settings, the "Chef Gastro-engineering (CGE)"; and
- An EU Curriculum for Chef Gastro-engineering. skills gaps of cooks who work in health and social care, are addressed.

7 CURRENT SITUATION

7.1 Context and aim

Unexpected weight loss, decreased food intake, change of appetite, and psychological stress are considered as risks for, and possible signs of malnutrition (1). Malnutrition, if not tackled leads to unfavourable health outcomes, increased hospital admissions and increased risk of death (2, 3). According to a recent meta-analysis, the prevalence of malnutrition is higher in hospital (28%) than residential care (18%) and community setting (8,5%) (4). Although it represents a common condition, especially in older persons, malnutrition remains silent for a long period, unrecognized by those who do not realize their nutritional status and body weight (5). Concerning hospitals meals, patients often indicate preferring consuming nonhospital food, because of a loss of appetite, lack of good taste, as well as patients' physical and clinical condition, quality and quantity of the food prevision, and assistance during mealtimes (6).

The presented paper reflects the role of chefs in an integrated food and nutrition care team including allied health professions. Special attention is drawn on political frameworks underlining new perspectives and needs in the field of healthcare provision and education of professions involved

into the care pathway. Therefore, the paper highlights an innovative approach to food and nutrition care provision including a new profession: Chef Gastro-Engineering (CGE).

7.2 Current situation of interprofessional nutrition care

Delivering appropriate and tasty food and nutritional care for different people in care with many needs' profiles and different specialist's units requires set and audited standards, education and training for smooth communication between care professions, but also coordination and integration between different stakeholders working in an institution and outside. This is based on dimensions that reflect the culinary (primary food care), culinary-clinical (collaboration primary food care/secondary nutritional care), and clinical approach (secondary nutritional care) of interventions (7). Currently, food and nutritional care starts with nurses assessing patients on admission, monitoring them and ensuring that patients receive appropriate nutritional intake. Dieticians assess nutritional needs and communicate individual goals and needs to registered nurses, chefs, and medical doctors. However, there are still gaps in the care pathway like lack of nursing time, knowledge of balanced diets and constituent food groups, inadequate communication, trust, the quality of food and beverages, and respect within a care team (8). Additionally, personal tastiness of meals is often neglected, stretching the importance of the chef in a care team.

This horizontal integration between professionals and care sections of institutions allows person-centred and proactive care delivery especially for those most vulnerable, who are in need for tailored food and nutrition care approaches. Although modern European society has created many services to support vulnerable populations (9), these services are divided into organizational clusters, managed, and delivered in an uncoordinated and isolated manner without considering the chef's perspective.

7.3 International Declaration on the Human Right to Nutritional Care

The International Declaration on the Human Right to Nutritional Care Viena Declaration 2022.docx (espen.org) is a framework document based on the human rights-based approach, to develop programs and actions that aim to promote access to nutritional care for all patients who are at risk or are already malnourished. The Declaration which was signed by global nutrition societies in Vienna on 5th September 2022 appeals to public authorities, international governmental and non-governmental organizations, and scientific-medical societies on the importance of nutritional care as a human right in the fight against disease-related malnutrition.
The Declaration recognizes that access to nutritional care is a human right intrinsically linked to the right to food and the right to health. It sets out a shared vision and principles for implementation of the human right to nutritional care in all patients with disease-related malnutrition, in all settings and conditions The Declaration's shared vision, aims and principles are set out at Annex 2.

7.4 European educational frameworks and political strategies fostering the integrated care model

The World Health Organization recently published two strategies promoting an interprofessional care approach where health workers work together across organizational boundaries (10, 11). Currently, interprofessional teamwork differs from the multidisciplinary approach in many institutions, aligning skills of different professions on a shared competence base, making all members of the team equally important for success of care provision (12). This improves long-term care for ageing population (13, 14) and addresses specific food needs of persons and/or malnutrition (15). However, this requires adequately trained staff and clear skills distribution of care professions to assure successful collaboration and favourable outcomes.

Although the European Skills, Competences, Qualifications and Occupations inventory describes occupational profiles, skills, competences and qualifications of nutritional healthcare workers (16)(17-20); healthcare workers report high rates of skills mismatches because of an increased

demand of more complex and changing working environments due to reforms of healthcare systems toward more integrated and personalised care (21). This includes the role of chefs in healthcare and may be observed in all EU member states (MSs). Chefs in healthcare should be considered as part of an integrated food and nutritional care team as they address food preferences, organoleptic food qualities, alter recipes and menus and encourage food consumption and calorie intake (22, 23).

Standardization of health workers' professional profiles, adaption of professionals' trainings and alignment of professional inputs along persons' journeys through healthcare systems are needed to address the interprofessional care delivery demanded in those policy documents.
Throughout Europe, tools allow quality cross-national control of Vocational Education and Training (VET), support national MS in implementing health workforce training on national level (24) and are the strategic framework for European cooperation in education and training (25). EU frameworks like the European Quality Framework (EQF) or the European Quality Assurance in Vocational Education and Training (26, 27) build the ground to go beyond the current service delivery and allow future developments in health workforce development.

7.5 Integrated food and nutrition care in institutions

Integration of healthcare improves patient experiences, serves better outcomes of care delivery and effective healthcare systems (28, 29). One challenge is the highly context-sensitivity and the myriad among care providers, that integrated care is a "processual concept" only, rather than a consistent and designated model (29-31).

To overcome these barriers, Valentijn et al. have developed a comprehensive conceptual framework for integrated care. Figure 1 visualises this model, high-lightening the future role of chefs in an integrated food and nutritional care team (32). In practice, integrated care ideally permeates the clinical level, which puts focus on the person on micro level, up to the professional level that enables coordination of services among different care professions (33).

For a horizontal integration of chefs, clear definitions of roles, responsibilities and principles are needed. Organizational integration facilitates integration of chefs in healthcare systems through inter-organizational relationships (e.g. educational institutions, workplaces, cooperation). System integration, on macro level, defines structures, policies and governance of different care institutions (e.g. access to healthcare system, financial status of countries, legal structure).

This framework distinguishes functional from normative integration. Functional integration answers the question "who does what" and covers the tasks, activities, competences, processes and tools necessary to provide coordinated care, while normative integration involves the context of care in terms of norms and values that guide care provision and daily demand (32). In order to provide a key characteristic of integrated care - person-centred and effective coordinated care - not only formal integration of structures and organizations need to be considered, but also an interdisciplinary way of working beyond professional silos (34, 35).

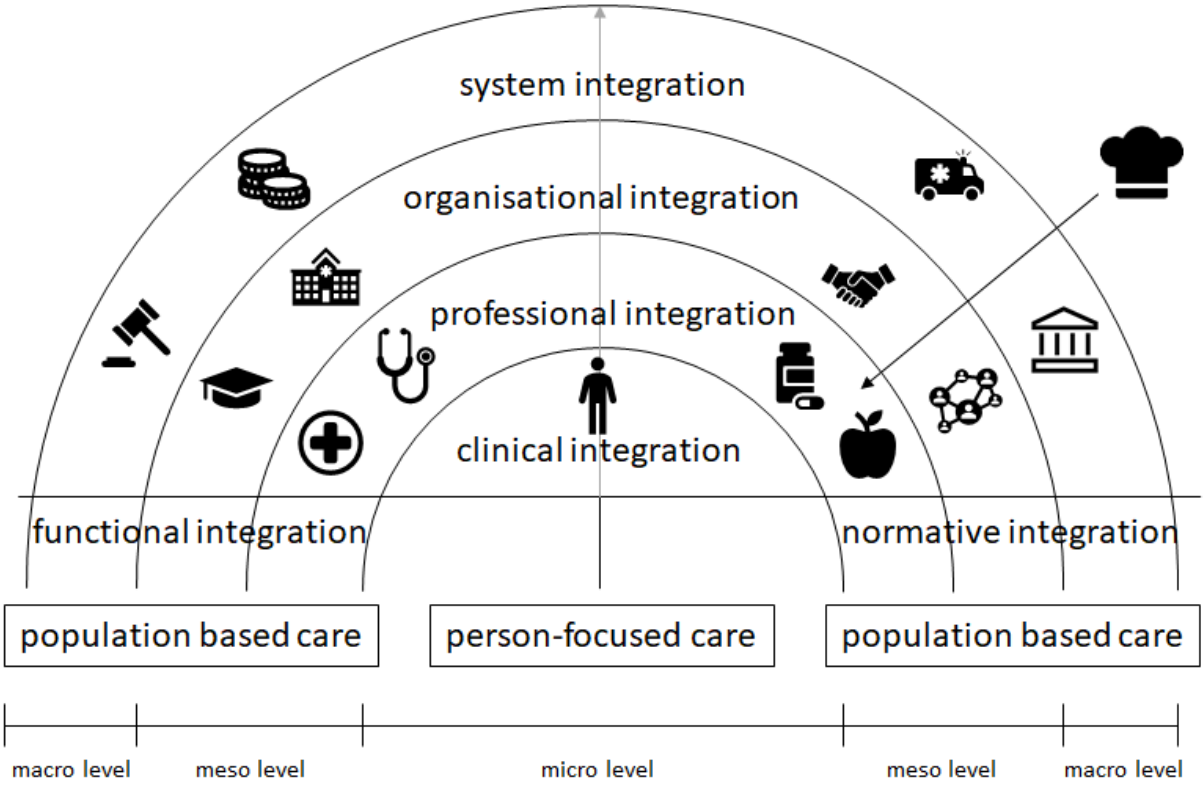

Figure 1: conceptual framework for integrated care by Valentijn et al., 2013 (32) modified to show the role of the chef/cook in an integrated nutritional care team

8 OUTCOMES FROM NECTAR PROJECT

Acknowledging the needs to address the mismatch between the skills offered by chefs and cooks through existing training and education programmes and those required by health and care providers the NECTAR project, under the Erasmus+ programme, has defined an EU Occupational Profile for Chefs working in health and care settings, and developed an EU Curriculum for this occupational profile which was validated in 5 pilot regions in Italy, Austria, Portugal, and Belgium.

8.1 Chef Gastro-engineering EU Occupational Profile

An application has been submitted to ESCO to integrate the occupational profile into their repository. This repository provides a reference point for regions and countries seeking recognition of an occupational profile. The project partners are confident from engagements to date the CGE occupational profile will be accepted.

The occupational profile “Chef di cucina salutistica” has been included in both the National Atlas for Italy and the respective Regional Repertoires.

The Austrian Public Employment Service has integrated the CGE Occupational Profile as specialization of chefs and cooks in their Occupational Register and in the Occupational Taxonomy that is used for the nationwide matching of job supply and demand. The occupations of this register are mapped with ESCO occupations.

The remaining 2 pilot regions are seeking recognition of the occupational profile in their territories.

8.2 Chef Gastro-engineering EU Curriculum

The efficacy and flexibility of the EU curriculum developed within the project have been tested and validated through the 5 pilot regions. The learning objectives having the flexibility to be tailored to regional needs allowing the curriculum to be delivered at either EQF4 or EQF 5 level.

The CGE EU curriculum includes the descriptions for 67 Learning Outcomes, grouped into 7 Units of Learning Outcomes. These Learning Outcomes are described in terms of Knowledge, Skills, and Personal and Transversal Skills. The final CGE EU curriculum is:

- based on a CGE Occupational Profile made up of 29 core competences characterizing the CGE at EU level.
- learning outcome oriented and meets the main EU standards and tools for VET such as ECVET, EQAVET, ESCO, EQF, etc.
- modular and flexible to allow it to be adaptable to different contexts, rules and needs of regions and countries across Europe.
- general and across the board to enable it to be a reference for any VET designer targeting the CGE profile on any region of country.
- an enhancement to work based learning.

The EU curriculum will continue to be offered to students and chefs and cooks currently working in health and care settings in the pilot regions.

9 INVESTING IN CHEF-GASTRO-ENGINEERING

NECTAR rests within a number of integrated programmes to overcome intersectoral barriers and address the social and environmental determinants of health. In addition to the International Declaration on the Human Right to Nutritional Care referred to previously NECTAR also contributes to achieve the objectives of the Sustainable Development Goals and of the Nutrition Decade.

Indeed, addressing the principles outlined in such international directives regional and national governments requires the development of action plans to ensure the health and well-being of their citizens. In many instances action plans may be supported by funding based on robust business cases demonstrating the impact of the actions on the health and well-being of citizens. Such

actions and funding may include the training and development of those within the health and care sectors responsible for delivering services to patients and citizens.

NECTAR has demonstrated the potential impact chefs and cooks trained in an EU curriculum designed for the new occupational profile Chef Gastro-engineering can have for patients and older adults in health and care settings. The Chef-Gastro-engineering will be sensitive to older adult malnutrition, taste steering, etc and will be able to work alongside health and care professionals such as doctors, nurses, dieticians, nutritionists in preparing high quality and tasty meals.

This requires investment in the development and training of Chef-Gastro-engineering. So far, the Chef-Gastro-engineering programme has been funded through the NECTAR project in 5 pilot regions. For the wider adoption of the CGE EU Curriculum by regions and countries other funding streams are needed. What these funding streams could be is not for the NECTAR project to determine. Without investment at regional or national levels the benefits from nutrition to the overall health and well-being of older adults and patients in health and care settings may not be realised. We do recognise however, there may be some funding avenues that regions and countries could explore. For example, funding that has been made available to implement actions under such directives as the “WHO Sustainable Development Goals; or United Nations Decade of Action on Nutrition; etc. Other options could include existing health and care or education and training funding programmes whereby budgets could be specifically targeted towards the training of chefs and cooks working in health and care settings. A further consideration could be to secure European funding to extend the NECTAR programme to regions outside the existing partnership.

Investment decisions taken by regions and countries will be crucial to extending the CGE Curriculum across Europe so that more older adults and patients can benefit from improved nutrition whilst in health and care settings. Future exploitation of the CGE Curriculum in the perspective of active and healthy living will be in the collective catering for schools, education facilities, workplaces, thus playing a key-role to improve food and nutritional intake during the entire life-course and preventing food-related diseases such as diabetes and obesity.

10 PROPOSALS FOR THE WIDER ADOPTION OF THE CGE EU OCCUPATIONAL PROFILE AND EU CGE CURRICULUM

10.1 Policy Recommendations

The NECTAR partners have agreed a strategic policy framework for regions and countries wishing to address the nutrition and health and well-being needs of patients and older adults in health and care settings. These have been adopted on the principle of an integrated holistic multi-professional approach within health and care settings.

1. Health and care providers (hospitals, residential care homes, etc) should undertake an organisational review to determine how chefs and cooks can be better integrated within the wider health and care team so that their professional experience can contribute to the care and well-being plans developed for patients and older adults.
2. The CGE Occupational Profile developed within the NECTAR project should be recognised within the Employment Repository of the region and/or country. This may require the region/country to make some adaptations to the occupational profile so that it aligns with territorial needs.
3. Health and care providers should consider the merits of specifying CGE trained chefs and cooks as part of the recruitment for new chefs and cooks.
4. The EU CGE Curriculum should be adopted as the recognised training programme for chefs and cooks that wish to work in a health and care setting. This could be offered as a dedicated programme by VET providers or integrated within existing training programmes for chefs and cooks.

5. Where necessary the CGE EU Curriculum should be adapted to meet regional, and country needs and offered at EQF 4 or EQF 5 levels. The NECTAR programmes validated at EQF 4 and EQF 5 levels can provide a basis for regions and countries to work from.
6. The EU CGE Curriculum adapted to regional, or country needs should be recognised at regional and/or national level and form a key element of the programmes offered by VET providers.
7. Dedicated investment should be identified to support the delivery of the CGE EU Curriculum. This could be identified through funding that has been made available to implement actions under such directives as the "WHO Sustainable Development Goals; or United Nations Decade of Action on Nutrition; etc; from within existing health and care or education and training budgets whereby funding could be specified for targeting training of chefs and cooks working in health and care settings; or securing European funding to extend the NECTAR programme to regions outside the existing partnership.

10.2 Survey of Policy Recommendations

We circulated the policy recommendations to 40 policy makers/service providers representing organisations across Europe. This included a sample of AHL Reference Site regions; signatories to the NECTAR MoU; and other personal contacts. A copy of the Survey is set out at Annex 3.

Ten responses were received, all of which were supportive of the project and the policy recommendations set out. A number of the respondees provided comments to reflect regional situations, and others proposed additional recommendations. We have considered the comments and recommendations help strengthen the policy document overall and they have been incorporated in the final text. The Final Policy Recommendations are set out at Annex 5.

The policy recommendations will be published on the NECTAR website and will be shared though the RSCN's network of AHL Reference Site regions and other partners' networks

11 CONCLUSION

The NECTAR project has delivered an agreed EU Occupational Profile for chefs working in health and care settings, "Chef Gastro-engineering" which is now included in a number of regional Occupational Repositories and should also soon be recognised by ESCO. The project also developed an EU Curriculum for Chef-Gastro-engineering based on 67 Learning Outcomes, grouped into 7 Units of Learning Outcomes that can be delivered at EQF Level 4 and EQF Level 5. These Learning Outcomes are described in terms of Knowledge, Skills, and Personal and Transversal Skills.

Each of the pilot regions in the NECTAR project will continue to offer the EU CGE Curriculum to students; however, to maximise the opportunities and impact from the CGE working in health and care settings the adoption by other regions and countries is necessary to ensure equity in the delivery of nutritious, healthy and tasty food by health and care providers across Europe. This paper has set out the context to the project; detailed the key deliverables of the EU Occupational Profile and EU Curriculum; and provides a reference policy framework for regions and countries that wish to adopt the EU Occupational Profile and EU Curriculum. This policy framework will be shared with European regions through the RSCN network of AHL Reference Site regions and other NECTAR partners' networks.

ANNEX 1 – References

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ANNEX 2 – Extract from The International Declaration on the Human Right to Nutritional Care (Vienna Declaration)

The International Declaration on the Human Right to Nutritional Care Vienna Declaration 2022.docx (espen.org) is a framework document based on the human rights-based approach, to develop programs and actions that aim to promote access to nutritional care for all patients who are at risk or are already malnourished. The Declaration which was signed by global nutrition societies in Vienna on 5th September 2022. appeals to public authorities, international governmental and non-governmental organizations and scientific-medical societies on the importance of nutritional care as a human right in the fight against disease-related malnutrition.

The Declaration recognizes that access to nutritional care is a human right intrinsically linked to the right to food and the right to health. It sets out a shared vision and principles for implementation of the human right to nutritional care in all patients with disease-related malnutrition, in all settings and conditions.

Shared Vision

- Every human being has a right to the highest attainable standard of health. This right to health encompasses the conditions under which individuals can lead healthy lives, such as food and nutrition.
- The human right to food must be respected in all spheres, including the clinical setting and the sick person must be fed in conditions of dignity and has the fundamental right to be free from hunger.
- Disease-related malnutrition is a frequent condition caused by virtually any disease, with negative impact on a person's quality of life, increasing co-morbidities and mortality, and prolonging hospital stays, thereby resulting in unnecessary health care costs; therefore, nutritional therapy must be administered by trained and competent health care personnel (Dietitians/nutritionists, nurses, doctors, pharmacists, etc.).
- The right to food is often overlooked in the clinical setting, resulting in an unacceptable number of children and adults suffering from disease-related malnutrition in hospitals and in the community, leading to an unacceptable disregard of the right to health.

Embodied within the Declaration are 5 principles for promoting an action plan for the development and practice of nutritional care in the clinical field, and raising awareness among public authorities.

The Declaration therefore aims to:

1. Promote the recognition of the human right to nutritional care for all people with or at risk for disease related malnutrition, and the respect for human dignity ensuring respect for human life and fundamental freedoms, in accordance with international law on human rights and bioethics.
2. Provide a frame of reference whose principles serve as the basis to the future development of actions plans from Clinical and Scientific Societies and any stakeholders in clinical nutrition.
3. Define core values, goals, and principles to enhance the quality of care in clinical nutrition.
4. Raise awareness of disease-related malnutrition and the lack of nutritional care access.

Principles:

When developing programs, activities, or action plans in clinical nutrition the following 5 principles are to be respected:

- Public health policy must make the fulfilment of the right to nutritional care a fundamental axis in the fight against disease-related malnutrition.
- Clinical nutrition education and research is a fundamental axis of the respect and the fulfilment of the right to nutritional care.

- Ethical principles and values in clinical nutrition including justice and equity in nutritional care access are the basis for the right to nutritional care.
- Nutritional care requires an institutional culture that follows ethical principles and values and an interdisciplinary approach.
- Patient empowerment is a key enabler to necessary action to optimize nutritional care.

ANNEX 3 – Survey of Proposed Policy Recommendations

aN Eu Curriculum
for chef gasTro-engineering
in primAry food caRe

Enhancing The Role of Chefs Working In Health and Care Settings

Background:

According to the World Health Organization (WHO), malnutrition has a high prevalence with increasing numbers in older populations. Consequences such as medical and social impact for people affected as well as tremendous economic costs put health care systems under pressure to tackle malnutrition especially in older and multimorbid populations. One major strategy that aims at improving food supply and food safety for citizens is the personalized care approach. This is based upon collaboration between different professions gathered around older people and patients in an interdisciplinary team.

Teamwork for optimal nutritional care is based on shared knowledge and attitudes of team members, such as doctors, nurses, dieticians and chefs, according to their individual professional profiles and an open communication among team members and, equally important, their clients. Provision of food for older people and patients is therefore based on an interprofessional needs assessments and adapted according to primary, secondary, and tertiary food care levels which is a major strategy aim in tackling malnutrition.

Due to skills gaps of chefs working in health and care this model is not implemented uniformly across Europe. These skills gaps exist because of (a) lack of access to education and training for chefs in healthcare, (b) lack of curricula which relate to a formalized European Union occupational profile and too little guidance, and (c) funding and time invested in the integrated culinary/clinical approach from policy makers, institutional stakeholders and representatives.

The EU-funded project “aN Eu Curriculum for chef gasTro-Engineering in primAry food caRe (NECTAR)”, addressed these three domains through the development of:

- A new EU Occupational Profile for chefs working in health and care settings, the “Chef Gastro-engineering (CGE)”; and
- An EU Curriculum for Chef Gastro-engineering. skills gaps of cooks who work in health and social care.

The EU Occupational Profile is now recognised within the NECTAR pilot site regions and a submission has been made to ESCO for its recognition in their classification of occupations. Furthermore, each of the pilot sites have validated the EU Curriculum at either EQF Level 4 or EQF Level 5.

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A set of recommendations have been developed to assist any region considering adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum.

Recommendations

1. Health and care providers (hospitals, residential care homes, etc) should undertake an organisational review to determine how chefs and cooks can be better integrated within the wider health and care team so that their professional experience can contribute to the care and well-being plans developed for patients and older adults.
2. The CGE Occupational Profile developed within the NECTAR project should be recognised within the Employment Repository of the region and/or country. This may require the region/country to make some adaptations to the occupational profile so that it aligns with territorial needs.
3. Health and care providers should consider the merits of specifying CGE trained chefs and cooks as part of the recruitment for new chefs and cooks.
4. The EU CGE Curriculum should be adopted as the recognised training programme for chefs and cooks that wish to work in a health and care setting. This could be offered as a dedicated programme by VET providers or integrated within existing training programmes for chefs and cooks.
5. Where necessary the CGE EU Curriculum should be adapted to meet regional, and country needs and offered at EQF 4 or EQF 5 levels. The NECTAR programmes validated at EQF 4 and EQF 5 levels can provide a basis for regions and countries to work from.
6. The EU CGE Curriculum adapted to regional, or country needs should be recognised at regional and/or national level and form a key element of the programmes offered by VET providers.
7. investment should be identified to support the delivery of the CGE EU Curriculum. This could be identified through funding that has been made available to implement actions under such directives as the “WHO Sustainable Development Goals; or United Nations Decade of Action on Nutrition; etc; from within existing health and care or education and training budgets whereby funding could be specified for targeting training of chefs and cooks working in health and care settings; or securing European funding to extend the NECTAR programme to regions outside the existing partnership.

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Annex 4 – Policy Recommendations Survey Responses

FEEDBACK/COMMENTS

<table>
<tr><td>NAME</td><td colspan="2">Ana M Carriazo</td></tr>
<tr><td>ORGANISATION</td><td colspan="2">Regional Ministry of Health and Consumer Affairs of Andalusia</td></tr>
<tr><td>REGION or COUNTRY</td><td colspan="2">Andalusia</td></tr>
<tr><td rowspan="2">Do you consider the recommendations helpful to regions/organisations interested in adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum?</td><td>YES</td><td>NO</td></tr>
<tr><td>Somehow</td><td></td></tr>
<tr><td>Are there any other recommendations you consider should be included?</td><td colspan="2">Please specify:
Clarify abbreviations (ESCO, EQF, VET,…)
Correct some typos in num 7 recommendation
Would suggest that CGE profile could be a contribution to the Employment Repository, (not obligation to be included) and need to be adapted to territorial needs (applies to recom 2, 4, 6)
Stress the validation of programmes within NECTAR (recom 5) ¿how many pilot sites were in NECTAR? In case this number could be used to stress the validation.</td></tr>
</table>

FEEDBACK/COMMENTS

NAME	**HAJJAM Jawad**	
ORGANISATION	**CENTICH VyV3 Pays de la Loire**	
REGION or COUNTRY	**Pays de la Loire France**	
Do you consider the recommendations helpful to regions/organisations interested in adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum?	**YES**	~~**NO**~~
Are there any other recommendations you consider should be included?	ENCOURAGING HEALTH-PROMOTING BEHAVIOURS Promote the new nutritional recommendations of the PNNS (diet and physical activity) Consider nutrition as a major determinant of health. From a public health perspective, integrate diet and physical activity. Better care for people who are overweight, undernourished or suffering from chronic diseases.	

FEEDBACK/COMMENTS

NAME	**Dino Černivec**	
ORGANISATION	**DEOS d.o.o.**	
REGION or COUNTRY	**SLOVENIA**	
Do you consider the recommendations helpful to regions/organisations interested in adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum?	**YES**	**NO**
	√	
Are there any other recommendations you consider should be included? We find the project interesting and useful.	Please specify: We think that Chef Gastro-engineering worker profile would come in handy for us too. Knowledge in the field of dietetics and knowledge in the field of health care would come in handy. It is important to know the conditions of the disease, allergies, the use of food in relation to the medications taken by people and different diets.	

FEEDBACK/COMMENTS

<table>
<tr><td>NAME</td><td colspan="2">Jose Antonio Garmon Fidalgo</td></tr>
<tr><td>ORGANISATION</td><td colspan="2">Government of the Principality of Asturias / Ministry of Social Rights and Welfare / Directorate General Innovation and Social Change</td></tr>
<tr><td>REGION or COUNTRY</td><td colspan="2">Principality of Asturias (Spain)</td></tr>
<tr><td rowspan="2">Do you consider the recommendations helpful to regions/organisations interested in adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum?</td><td>YES</td><td>NO</td></tr>
<tr><td>Yes, it’s very interesting.</td><td></td></tr>
<tr><td>Are there any other recommendations you consider should be included?</td><td colspan="2">Please specify:

No, they are very well developed.</td></tr>
</table>

FEEDBACK/COMMENTS

NAME	**Alenka Rožaj Brvar**	
ORGANISATION	**RS Slovenia, SIH EEIG, SRIP Health-Medicine**	
REGION or COUNTRY	**Slovenia**	
Do you consider the recommendations helpful to regions/organisations interested in adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum?	**YES**	**NO**
	I find the recommendations helpful and well defined	
Are there any other recommendations you consider should be included?	Please specify: I would recommend that the trained cooks or chefs get special recognition, special status after finishing their training. That would strengthen their pride and give them a status, although there might not be a financial reward for their efforts. Special status might encourage this population for lifelong learning	

FEEDBACK/COMMENTS

NAME	**Alexia Zurkuhlen**	
ORGANISATION	**HealthRegion CologneBonn (Ref Site)**	
REGION or COUNTRY	**Germany**	
Do you consider the recommendations helpful to regions/organisations interested in adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum?	**YES**	**NO**
	The recommendations certainly focus the attention on new specific skills sets and interdisciplinary work processes	
Are there any other recommendations you consider should be included?	Please specify: - Funding options should include "green hospital" strategies, e.g. the implementation of planteary health diets in hospital and care organisations; - Adapting to regional needs / specificities should be made available "whenever possible" not "whenever necessary" - However, these regional adaptations should IMHO not impact the curricula in itself / require regional certification since this would delay the implementation of the recommendations	

FEEDBACK/COMMENTS

NAME	**CINZIA GIAMMARCHI**	
ORGANISATION	**IRCCS INRCA**	
REGION or COUNTRY	**MARCHE (ITALY)**	
Do you consider the recommendations helpful to regions/organisations interested in adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum?	**YES**	**NO**
	X	
Are there any other recommendations you consider should be included?	Please specify: Recommendation 3 - In Italy this kind of service is usually provided by external providers, which do not interact with the health care staff, so maybe it should be recommended to insert such expertise in the tender the health and care providers do in the first place Maybe list the recommendation in chronological order in terms of steps, like a roadmap that aims to include the cooks in every health and care provider in EU	

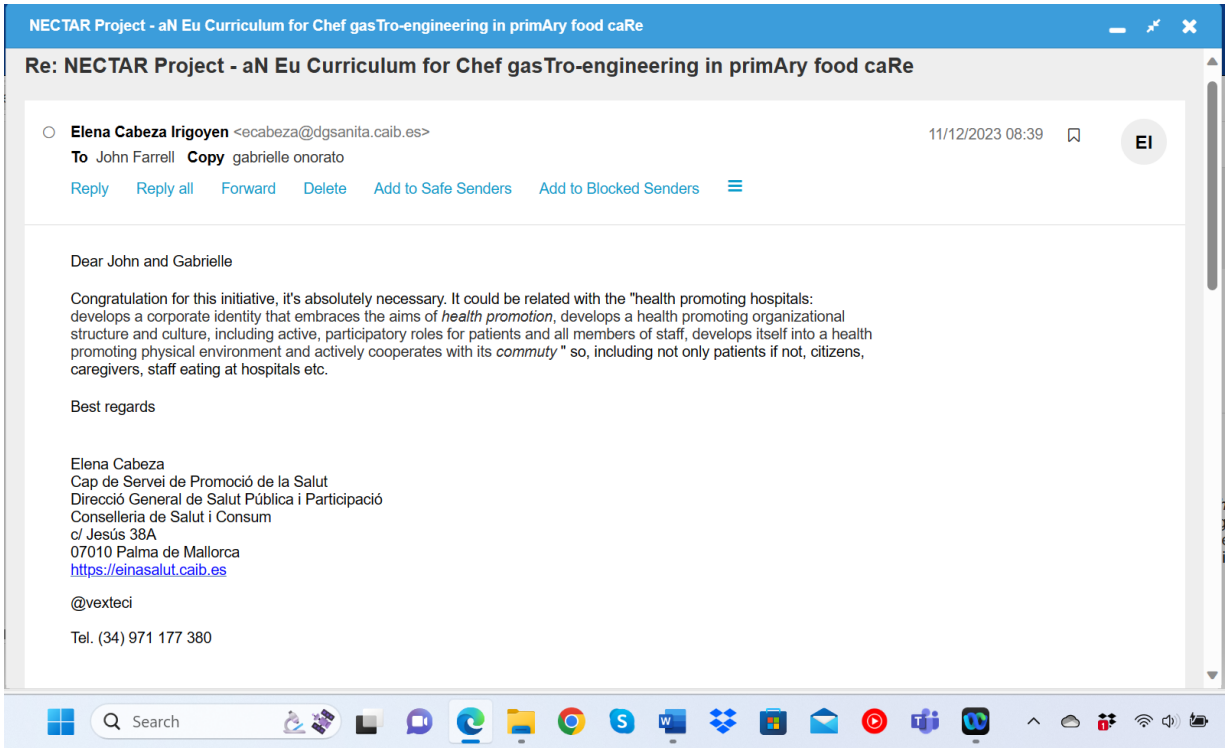
FEEDBACK/COMMENTS

NAME	**Olivia Balagna**	
ORGANISATION	**Department of Health and Social Policies Autonomous Province of Trento**	
REGION or COUNTRY	**Autonomous Province of Trento, Italy**	
Do you consider the recommendations helpful to regions/organisations interested in adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum?	**YES**	**NO**
	x	
Are there any other recommendations you consider should be included?	Please specify: Develop a policy agreement with the academic sector of regions and countries interested in the CGE profile	

FEEDBACK/COMMENTS

NAME	Francesca Vavassori	
ORGANISATION	Regione Liguria	
REGION or COUNTRY	Italy	
Do you consider the recommendations helpful to regions/organisations interested in adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum?	**YES**	**NO**
	YES	
Are there any other recommendations you consider should be included? **NO**	Please specify:	

Email response from: Cap de Servei de Promoció de la Salut Direcció General de Salut Pública i Participació Conselleria de Salut i Consum, Mallorca



NECTAR Project - aN Eu Curriculum for Chef gasTro-engineering in primAry food caRe

Re: NECTAR Project - aN Eu Curriculum for Chef gasTro-engineering in primAry food caRe

Elena Cabeza Irigoyen <ecabeza@dgsanita.caib.es> 11/12/2023 08:39

To John Farrell **Copy** gabrielle onorato

Reply Reply all Forward Delete Add to Safe Senders Add to Blocked Senders

Dear John and Gabrielle

Congratulation for this initiative, it's absolutely necessary. It could be related with the "health promoting hospitals: develops a corporate identity that embraces the aims of *health promotion*, develops a health promoting organizational structure and culture, including active, participatory roles for patients and all members of staff, develops itself into a health promoting physical environment and actively cooperates with its *commuty* " so, including not only patients if not, citizens, caregivers, staff eating at hospitals etc.

Best regards

Elena Cabeza
Cap de Servei de Promoció de la Salut
Direcció General de Salut Pública i Participació
Conselleria de Salut i Consum
c/ Jesús 38A
07010 Palma de Mallorca
https://einasalut.caib.es

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Tel. (34) 971 177 380

Annex 5 – NECTAR POLICY RECOMMENDATIONS

aN Eu Curriculum
for chef gasTro-engineering
in primAry food caRe

Enhancing The Role of Chefs Working In Health and Care Settings

Background:

According to the World Health Organization (WHO), malnutrition has a high prevalence with increasing numbers in older populations. Consequences such as medical and social impact for people affected as well as tremendous economic costs put health care systems under pressure to tackle malnutrition especially in older and multimorbid populations. One major strategy that aims at improving food supply and food safety for citizens is the personalized care approach. This is based upon collaboration between different professions gathered around older people and patients in an interdisciplinary team.

Teamwork for optimal nutritional care is based on: (a) shared knowledge of dietetics and healthcare; (b) attitudes of team members, such as doctors, nurses, dieticians and chefs, according to their individual professional profiles; and (c) an open communication among team members and, equally important, their clients. Provision of food for older people and patients is therefore based on an interprofessional needs assessment and adapted according to primary, secondary, and tertiary food care levels which is a major strategy aim in tackling malnutrition.

Due to skills gaps of chefs working in health and care this model is not implemented uniformly across Europe. These skills gaps exist because of (a) lack of access to education and training for chefs in healthcare, (b) lack of curricula which relate to a formalized European Union occupational profile and too little guidance, and (c) funding and time invested in the integrated culinary/clinical approach from policy makers, institutional stakeholders and representatives.

The EU-funded project “aN Eu Curriculum for chef gasTro-Engineering in primAry food caRe (NECTAR)”, addressed these three domains through the development of:

- A new EU Occupational Profile for chefs working in health and care settings, the “Chef Gastro-engineering (CGE)”; and
- An EU Curriculum for Chef Gastro-engineering. skills gaps of cooks who work in health and social care.

The EU Occupational Profile is now recognised within the NECTAR pilot site regions and a submission has been made to ESCO (European Skills, Competences, and Occupations) for its recognition in their classification of occupations. Furthermore, each of the pilot sites have validated the EU Curriculum at either European Qualifications Framework (EQF) Level 4 or EQF Level 5.

The EU CGE Occupational Profile and the EU CGE Curriculum are complementary components of health promoting hospitals which seek to develop a corporate identity that embraces the aims of health promotion, develops a health promoting organizational structure and culture, including

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active, participatory roles for patients and all members of staff; thereby developing itself into a health promoting physical environment which actively cooperates with its community.

A set of recommendations have been developed to assist any region considering adopting the NECTAR EU CGE Occupational profile for chefs working in health and care settings, and in implementing the EU CGE Curriculum.

Recommendations

1. Health and care providers (hospitals, residential care homes, etc) should undertake an organisational review to determine how chefs and cooks can be better integrated within the wider health and care team so that their professional experience can contribute to the care and well-being plans developed for patients and older adults.
2. The CGE Occupational Profile developed within the NECTAR project should be recognised within the Employment Repository of the region and/or country. This may require the region/country to make some adaptations to the occupational profile so that it aligns with territorial needs.
3. The EU CGE Curriculum should be adopted as the recognised training programme for chefs and cooks that wish to work in a health and care setting. The curriculum should be adapted to meet regional needs and offered as a dedicated programme by Vocational Education and Training (VET) providers or integrated within existing training programmes for chefs and cooks.
4. A Memorandum of Understanding should be agreed between Health Providers and VET providers to deliver the EU CGE Curriculum programme to chefs and cooks working in health and care settings.
5. Where possible the CGE EU Curriculum should be adapted to meet regional, and country needs and offered at EQF 4 or EQF 5 levels. The NECTAR programmes validated at EQF 4 and EQF 5 levels by the NECTAR pilot sites can provide a basis for regions and countries to work from.
6. The EU CGE Curriculum adapted to regional, or country needs should be recognised at regional and/or national level and form a key element of the programmes offered by VET providers.
7. Health and care providers should consider the merits of specifying CGE trained chefs and cooks as part of the recruitment for new chefs and cooks; or in the specification for the procurement of catering services delivered to health and care settings.
8. The status of chefs and cooks achieving the EU CGE curriculum should be recognised by their health and care employers. This can provide extra motivation as well as encouraging lifelong learning for this group of employees.
9. Investment should be identified to support the delivery of the CGE EU Curriculum. This could be identified through funding that has been made available to implement actions under such directives as the “WHO Sustainable Development Goals; or United Nations Decade of Action on Nutrition; etc; from within existing health and care or education and training budgets whereby funding could be specified for targeting training of chefs and cooks working in health and care settings; “green hospital” strategies, e.g. the implementation of planetary health diets in hospital and care organisations; or securing European funding to extend the NECTAR programme to regions outside the existing partnership.

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Annex 6 - Quality Control Check List

Quality Control Check	
Generic Minimum Quality Standards	
Document Summary provided (with adequate synopsis of contents)	x
Compliant with NECTAR format standards (including all relevant Logos and EU-disclaimer)	x
Language, grammar and spelling acceptable	x
Objectives of the application form covered	x
Work deliverable relates to adequately covered	x
Quality of text is acceptable (organisation and structure, diagrams, readability)	x
Comprehensiveness is acceptable (no missing sections, missing references, unexplained arguments)	x
Usability is acceptable (deliverable provides clear information in a form that is useful to the reader)	x
Deliverable specific quality criteria	
Deliverable meets the 'acceptance Criteria' set out in the Quality Register:	x
Checklist completed and deliverable approved by Name: Silvia Bossio Date: 14/12/2023	