



# Skills Gap Analysis and Recommendations In Dental Technician & Health Care & Personal Assistance

Project 101128630



**Document Control Information**

Settings	Value
<b>Document Title:</b>	Skills Gap Analysis and Recommendations in Dental Technician & Health Care & Personal Assistance
<b>Description:</b>	Document summarizing the findings of the state of play of the companies needs and of the current VET Curricula in Armenia, highlighting the gaps in terms of skills and equipments. English language
<b>Document Author:</b>	SEPR and APRO Formazione assisted by CEPFA and GSMC
<b>Task:</b>	D 2.1 Skills gap analysis in dental technician & health care and recommendations T2.1 Study visits and in-depth analysis to identify the companies needs in Dental technician and Health Care fields T2.2 State of play of VET curricula in Armenia and benchmark with European framework
<b>WP:</b>	WP2
<b>Sensitivity:</b>	Public
<b>Date:</b>	08/05/2024

**Document history:**

The Document Author is authorized to make the following types of changes to the document without requiring that the document be re-approved:

- Editorial, formatting, and spelling
- Clarification

To request a change to this document, contact the Document Author or Owner.

Changes to this document are summarized in the following table in reverse chronological order (latest version first).

Revision	Date	Created by	Short Description of Changes
Version 1	22/05/2024	SEPR APRO Formazione	First draft version presented for feedback of the consortium
Version 2	03/06/2024	SEPR	Second version of the report based on the internal review
Version 3	22/07/2024	CEPFA SEPR	Revised version of the report based on observations from MKUZAK (National Centre for Vocational Education and Training Development that is a part of "NATIONAL CENTER FOR EDUCATION DEVELOPMENT AND INNOVATION"- Annex 9
Final Version	26/07/2024	SEPR	Final draft version to be submitted.



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# 1. EXECUTIVE SUMMARY

## 1.1 Purpose of the Document

The purpose of the present report is to provide a comprehensive analysis of the existing skills gaps in Armenia's vocational education and training (VET) curricula, specifically in the sectors of dental prosthesis and health care & personal assistance. This analysis aims to inform the development and enhancement of training modules for both Initial VET learners and professionals in Continuous VET in dental prosthesis and for professionals in Continuous VET in health care & personal assistance. The goal is to align the VET provision with the current and future needs of the targeted sectors, incorporating advancements in digital and green technologies to improve the qualifications and competencies of the workforce. This document is part of a broader effort under Work Package 2 CREATION OF INNOVATIVE TRAINING MODULES to support the health sector's development through creation of innovative training modules in Armenia.

## 1.2 The structure of the report

The report is structured into three main thematic sections. Section 1 provides a detailed background and contextual information about the project, an overview of the Armenian National VET system, and a brief presentation of the schools/VET centres involved. Section 2 presents the key findings derived from literature review, checklist questionnaires, interviews, field visits and focus group discussions. The final section, offers conclusion and recommendations that are aimed at informing the development of new and innovative training modules for both initial and continuing VET in the sectors of Dental Prosthesis, as well as continuing VET in Health Care and Personal Assistance.

## 1.3 Methodological approach

This report adopts a multi-method approach, integrating a review of pertinent documentation relating to Armenia's country context and VET system, with a specific focus on targeted sectors. To gather primary data, checklist questionnaires were developed for the private sector (companies/hospitals, VET centers and relevant stakeholders (VET policy makers)). These questionnaires were distributed in advance of the planned study visit and observation mission. In collaboration with project partners, an intervention plan was devised to outline the study's timeline and key milestones, which is presented in Annex 8.

The field phase of the study, conducted from March 18-22, 2024, enabled the collection of additional data, which helped in validating or revising initial findings derived from literature review and responses to the questionnaire. This phase included field visits and focus group



discussions with pertinent stakeholders as well as interviews to examine in-depth the sector-specific issues.

Subsequently, the findings were benchmarked against the European framework to ensure alignment and relevance. The findings gathered were then compiled into the current report "Skills Gap Analysis and Recommendations in Dental Technician & Health Care & Personal Assistance." This document was presented to all project partners, as including project associated partners the Ministry of Education, Science, Culture and Sports and the Ministry of Labor and Social Affairs of the Republic of Armenia, to align on the proposed recommendations and to define the scope of the training modules to be developed.

### 1.3.1 Checklist Questionnaires General Outline

Checklist questionnaires were prepared and shared for VET Centers, private sector/hospitals and relevant stakeholders (VET policy makers) prior the study visit and observation mission. The checklists combined questions regarding the target field and career guidance.

The questionnaires were compiled in February 2024, ahead of the study visit and initial observation mission that took place in March 2024; information provided was verified during the field visits (hospitals, dental clinics, companies, etc) and focus groups.

The aim of the questionnaires was to get key information from the Armenian private sector/hospitals and relevant stakeholders including two Armenian partner VET centers, project affiliated partner HOVAKIMYAN Lab and project associated partners the Ministry of Education, Science, Culture and Sports of the Republic of Armenia and the Ministry of Labour and Social Affairs of the Republic of Armenia on the target field and set the basis for the benchmark for future analysis and for the development of new training modules.

The detailed Checklist Questionnaires are attached to the present document - Annex 1, 2, 3.

#### ➤ Checklist for Dental Prosthesis

**VET Centers:** The questionnaire consisted of 81 questions and was divided into the following sections:

- AGE AND ADMISSION
- LEVELS AND QUALIFICATIONS
- CURRICULUM AND LEARNING ENVIRONMENT
- SAFETY AND RISK MANAGEMENT
- NUMBERS

In total, we received 6 responses from 6 VET Centers from different regions of Armenia including Lori, Shirak, Syunik and the capital Yerevan.

**Private sector/hospitals:** The questionnaire consisted of 32 questions. In total, we received 7 responses from different dental clinics, companies in Gyumri and Yerevan.



**Stakeholders:** The questionnaire consisted of 33 questions. In total, we received 4 responses from different policy makers.

### ➤ Checklist for Health Care & Personal Assistance

**VET Centers:** The questionnaire consisted of 82 questions and was divided into the following sections:

- AGE AND ADMISSION
- LEVELS AND QUALIFICATIONS
- CURRICULUM AND LEARNING ENVIRONMENT
- SAFETY AND RISK MANAGEMENT
- NUMBERS

In total, we received 5 responses from VET Centers from different regions of Armenia including Lori, Shirak, Syunik and the capital Yerevan.

**Private sector/hospitals:** The questionnaire consisted of 35 questions. In total, we received 4 responses from different care and medical centres, etc.

**Stakeholders:** The questionnaire consisted of 25 questions. In total, we received 2 responses from policy makers.

## 1.3.2 Focus Groups General Outline

The capacity building toolkit has been organized in order to analyse the opinions and views of the above mentioned groups of key informants: private sector/hospitals, VET centers and stakeholders. During the initial study visit and observation mission to Armenia, samples from the above mentioned categories were invited to join focus groups meetings with SEPR and APPO Formazione staff members. The participants were free to express their ideas and views, fostering discussion and debate over the target sector and VET policy in Armenia.

Detailed focus groups toolkit is presented in Annexes 4, 5, 6.

### ➤ Focus Groups: Dental Prosthesis

**Stakeholders held on 18.03.2024:** 5 representatives from the Ministry of Education, Science, Culture and Sports of the Republic of Armenia, Ministry of Labour and Social Affairs of the Republic of Armenia, National Center for VET Development.

**VET Centers:** There were 2 Focus groups organised for each project VET Center- CEPFA in Yerevan and GSMC in Gyumri. On 19.03.2024 we held a focus group with CEPFA with 10 representatives. On 20.03.2024 we held a focus group with GSMC with 9 representatives.



**Private Sector/Hospitals:** There were 2 focus groups organised for the private sector one in Gyumri which was held on 21.03.2024 with 6 representatives and one in Yerevan held on 22.03.2024 with different dental clinics and companies. All participants are leading the market in the target sector.



## 2. PROJECT SUMMARY

The IMPROVET-AM (IMProve and PROmote Vocational Education and Training in Armenia) is a European ERASMUS+ capacity building project involving 3 countries - France, Italy and Armenia and 5 partners.

1. **SEPR Coordinator:** A vocational education and training (VET) provider based in Lyon, France.
2. **APRO Formazione:** A VET provider situated in Alba, Italy.
3. **CEPFA:** An Armenian VET centre located in Yerevan, Armenia.
4. **GMSC:** An Armenian VET center situated in Gyumri, Armenia.

In addition to the full partners, the project involves an affiliated entity:

- **HOVAKIMYANLab:** An Armenian company specializing in dental prosthesis, serving as a representative of the working world. HOVAKIMYANLab plays a pivotal role in ensuring a comprehensive understanding of the industry's needs.

Furthermore, four major institutions have shown interest and support, becoming associated partners:

1. **Auvergne-Rhône-Alpes Region.**
2. **Piemonte Region.**
3. **Ministry of Education, Science, Culture and Sport of the Republic of Armenia.**
4. **Ministry of Labour and Social Affairs of the Republic of Armenia.**

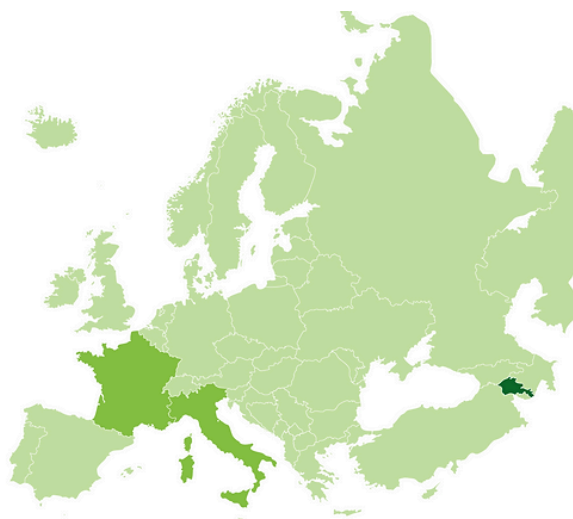


Figure 1 Map of IMPROVET-AM Partner Countries

IMPROVET-AM is a dedicated initiative aimed at improving qualifications within the health sector in Armenia, with a specific focus on Dental Prosthesis and Health Care & Personal Assistance. It seeks to contribute to the development of professional guidance for Armenian learners, families, and the public. Key objectives have been identified to guide the project's activities:

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- ✓ To strengthen cooperation between VET centres and companies for mutual fertilization,
- ✓ To improve the integration of Armenian learners into the world of work, thanks to a better matching between VET curricula and companies' needs,
- ✓ To support the development of the Health sector in Armenia, especially in dental prosthesis and health care & personal assistance, by improving the qualifications and integrating the digital and the green transitions,
- ✓ To allow all Armenian learners, even those from remote and rural areas, to access qualitative initial and continuous VET, in a lifelong learning process,
- ✓ To improve professional guidance for Armenian learners, families and for the general public.

IMPROVET-AM initiates its efforts with a thorough analysis of the current context to identify companies' needs and assess the state of VET curricula in Armenia within the Dental Prosthesis and Health Care & Personal Assistance sectors. Subsequently, benchmarking with the European framework will guide the development of new training modules for both Initial and Continuous VET in Dental Prosthesis and Continuous VET in Health Care & Personal Assistance.

Key project activities include:

#### **Creation of Innovative Training Modules**

- ✓ Development of new and innovative training modules for both initial and continuing VET in Dental Prosthesis and continuing VET in Health Care & Personal Assistance sectors.

#### **Implementation of Pedagogical Approaches**

- ✓ Integration of new training materials and pedagogical approaches, leveraging digital tools and sustainable practices.

#### **Capacity Building**

- ✓ Enhancement of capacities for teachers and management staff and policy makers through targeted capacity-building initiatives.

#### **Strengthening the Skillset of Guidance Operators**

- ✓ Equipping guidance operators with innovative practices and tools to effectively address diverse guidance needs for students and adults.



## 3. BACKGROUND AND CONTEXT

### 3.1 Overview of Armenia's National TVET System

#### 3.1.1 Background and Current Context

##### ➤ Recent Challenges and Government Response

In recent years, Armenia has faced numerous socio-political and economic challenges, including the 2018 Velvet Revolution, the COVID-19 pandemic, the 44-day conflict with Azerbaijan in 2020, and recent military actions in Nagorno-Karabakh in September 2023, which led to the displacement of over 100,000 ethnic Armenians. In response, the Armenian government and international partners have implemented various crisis-response measures to support the displaced population.

##### ➤ Ongoing Reforms and Strategic Goals

Despite these challenges, Armenia has continued to advance its reform agenda. The Government Programme for 2021-2026 emphasizes evidence-based policy and strategic planning across all sectors, highlighting the role of education in fostering sustainable and inclusive growth in accordance with the Armenian Transformation Strategy 2050.

#### 3.1.2 Main Elements of VET within the National Qualification Framework

##### VET Levels in Armenia

- ✓ General education qualifications correspond to NQF levels 1, 2 and 4.
- ✓ VET qualifications correspond to NQF levels 3 and 4, “Primary VET-Preliminary vocational (craftsmanship) education” in Armenia (initial VET), and NQF level 5, “Secondary VET-Middle vocational education ” in Armenia (higher VET).
- ✓ Higher education qualifications are allocated to NQF levels 6-8.

##### Access to VET Programs

Both preliminary and middle VET can be accessed through the basic general (9-year) and secondary (12-year) general education, as well as through preliminary vocational (craftsmanship) education in case of admission to middle VET institutions.

Level	Qualification	Education Degree (level), programme	Duration
1st	CERTIFICATE OF ELEMENTARY EDUCATION	1st Level of Secondary School	4 years
2nd	CERTIFICATE OF BASIC EDUCATION	2nd Level of Secondary School	5 years
3rd	CRAFTSMAN (with basic education) (Certificate of Master training qualification)	Preliminary Vocational (Craftsmanship) Educational Programme	6 months to 1 year
4th	CERTIFICATE ('Attestat') OF SECONDARY EDUCATION	3rd level of Secondary Education – senior school	3 years
	CRAFTSMAN (with secondary education) (Diploma of Craftsmanship Education)	Preliminary Vocational (Craftsmanship) Educational Programme	1-3 years
5th	SPECIALIST (Diploma of Middle Vocational Education)	Middle Vocational Educational Programme	2-5 years
6th	BACHELOR (Bachelor Diploma)	Bachelor's Educational Programme	Minimum 3 years
7th	MASTER (Master Diploma)	Master's Educational Programme	Minimum 1 year
	SPECIALIST WITH DIPLOMA (Diploma of Specialist with Diploma)	Bachelor's Educational Programme of Specialist with Diploma	Minimum 5 years
8th	(Certificate of PhD)	Post-graduate Professional Educational Programme	Minimum 3 years

General Education
  Vocational Education
  Higher Education

Figure 2 National Qualification Framework in Armenia Source: TORINO PROCESS: REVIEW OF POLICIES FOR LIFELONG LEARNING IN ARMENIA – 2024

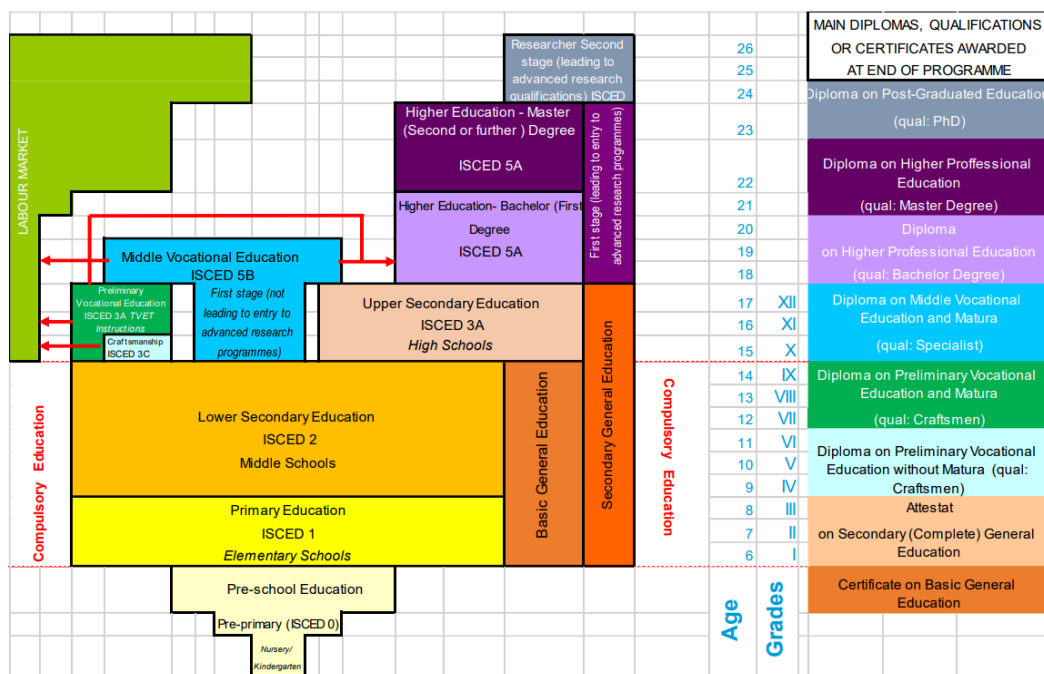


Figure 3 Education System in Armenia Source: ETF, 2020. Policies for human capital development Armenia: an ETF Torino Process assessment, p. 47.

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### 3.1.3 Supervision of VET Institutions

#### Educational Settings

- ✓ Preliminary vocational (craftsmanship) education is mostly implemented in craftsmanship schools, while middle vocational education can be implemented at middle vocational educational institutions, colleges.

#### Organizational Status

- ✓ All public VET institutions have a status of State Non-Commercial Organisations (SNCO) acting in accordance with the corresponding law.

### 3.1.4 Continuing VET and Policy Directions

#### Continuing VET

- ✓ Mainly organised in the framework of the labour market policies implemented by the Unified Social Services (USS) of the Ministry of Labor and Social Affairs (MoLSA), targeting specific population groups considered vulnerable (registered unemployed, disabled persons, young mothers without a profession, prisoners, demobilised soldiers, etc.),

#### Guiding Policies

The direction and priority actions of VET policies in Armenia are underpinned by several key strategic documents:

- ✓ Education Development Programme until 2030 of the Republic of Armenia.
- ✓ Programme of the Government of the Republic of Armenia 2021-2026.
- ✓ Action Plan for Implementation of Education 2030.

#### Regulatory Framework

Pre-2030 Legislation: Prior to the new Education Strategy 2030, the Armenian education system was governed by three main laws:

- ✓ Law on Education (1999)
- ✓ Law on Higher and Postgraduate Vocational Education (2004)
- ✓ Law on Preliminary Vocational (Craftsmanship) and Middle Vocational Education (2005)
- ✓ Implementation Plan 2017-2023, approved in 2019

Post-2030 Strategy Changes:

- ✓ Following the introduction of the Education Strategy 2030, the Ministry of Education, Science, Culture and Sports (MoESCS) initiated a comprehensive review of the legal framework regulating education at all levels.
- ✓ New VET Legislation: The new law “On Vocational Education”<sup>1</sup> entered into force on 24 June 2024 involving several significant elements as:
  - harmonisation of concepts and definitions;
  - work-based learning and dual education mechanisms;

<sup>1</sup> [arlis.am/DocumentView.aspx?DocID=193918](https://arlis.am/DocumentView.aspx?DocID=193918)



- implementation of a cooperative model for education management;
- revised general requirements for VET programmes, including the opportunity for additional courses certifying learning outcomes obtained and providing the basis for micro-qualifications;
- revision of the VET financing system and promotion of entrepreneurial activity;
- review of recruitment and training mechanisms of administrative and teaching staff at VET institutions;
- regulation of rights and responsibilities of VET students and trainees

### 3.1.5 Management and Coordination of VET

#### State Level Responsibilities

VET in Armenia is centrally managed by the Ministry of Education, Science, Culture, and Sports (MoESCS), which oversees policy design, implementation, and day-to-day administration of the system. The ministry collaborates with several key entities to ensure a comprehensive and effective management of the VET sector:

#### *National Council for VET Development (NCVD)*

- ✓ Established in 2008, this tripartite consultative body includes representatives from government, employers, and trade unions in equal numbers.
- ✓ Its primary role is to provide advice to the MoESCS on decision-making and the development of VET programs.

#### *National Centre for Vocational Education and Training Development (NCVETD)*

- ✓ This main support institution for VET participates actively in developing policies and strategies, medium-term and long-term development programs, and action plans.
- ✓ Responsibilities include conducting research, analyzing and evaluating VET performance, ensuring communication between VET institutions and the labor market, and developing/updating qualification standards and curricula.
- ✓ It also provides professional expertise, adapts international best practices in VET, supports the development of the National Qualifications Framework (NQF), and ensures compatibility with the European Qualifications Framework (EQF), including the introduction of a credit accumulation and transfer system.

#### *National Centre for Professional Education Quality Assurance (ANQA)*

- ✓ Established in 2008, ANQA is mandated to implement and oversee quality assurance processes across preliminary, vocational, and higher education sectors.

#### *National Centre for Educational Technologies (NCET)*

- ✓ Since its establishment in 2004, NCET has been responsible for various aspects of integrating and utilizing ICT across all educational levels, including general, vocational, and higher education. This includes managing distance learning and developing the education management information system (EMIS).





**National Training Fund (NTF)**

- ✓ Created in 2011, the NTF aims to strengthen the connections between the VET system and the labor market. It focuses on involving employers and their organizations in various aspects of VET.
- ✓ The NTF's primary tasks include conducting labor market research, identifying skills needs, and organizing continuing VET for various categories of job seekers, including employed and unemployed adults.

**Institutional Management**

- ✓ School Governing Boards: These boards act as collegial management bodies in public VET colleges and craft schools, allowing for localized decision-making and administration tailored to specific institutional needs and contexts.

**3.1.6 Governance and Autonomy****Governing Boards**

- ✓ The governing boards of VET institutions comprise representatives from the student body, social partner organisations, local institutions, employment offices, and other stakeholders. The boards approve institutions' budgets, development (business) plans, tuition fees, and internal regulations, elect the directors, heads of both preliminary and middle VET institutions, etc.

**Financial and Academic Autonomy**

- ✓ VET institutions have a certain degree of autonomy; they approve their own budgets and curricula and decide on teaching methods. The main source of funding for VET is the state budget.

**Appointment Authority**

- ✓ The appointment of teachers and management staff is under the authority of the VET institution directors.

**3.1.7 Quality Assurance****Monitoring and Quality Assurance**

- ✓ The monitoring and quality assurance of education is carried out through three processes: licensing for the implementation of academic programs; internal quality assurance in institutions; and external quality assurance: state accreditation.

**Quality Assurance Bodies**

- ✓ The internal quality assurance system is of the utmost importance. Self-assessment reports issued by the internal quality assurance system for institutional accreditation are publicly available on the website of accredited institutions, while experts' reports are available on the site of the National Centre for Professional Education Quality Assurance Foundation (ANQA), an independent organisation founded by the RA government in 2008. A member of the European Quality Assurance Register for Higher Education (EQAR), ANQA implements quality assurance processes through institutional and programme accreditation in preliminary, vocational, and higher





educational institutions, as well as fosters continuous quality enhancement in the education system, promoting the autonomy and accountability of institutions.



## 4. BRIEF SCHOOL/VET CENTRE PRESENTATION

### 4.1 French-Armenian Vocational Education Center CEPFA

“French-Armenian Vocational Education Center” (CEPFA) is an educational establishment that provides vocational education in accordance with European standards. CEPFA was founded in 2001 in accordance with Memorandum of Understanding signed in 2000 within the frame of the Agreement between the Governments of the Republic of Armenia and the Republic of France on culture, science and technical cooperation signed on 04.11.1995. The founders of CEPFA are : SEPR, the coordinator of the current project, the City of Lyon, the City of Yerevan, the Ministry of Education, Science, Culture and Sport of the Republic of Armenia and RAFF (Rhône Arménie Formation Échanges), a non-profit organisation and Fondation Alliance Arménienne. CEPFA trains each year more than 200 VET learners in initial VET in cooking, pastry, hairdressing, fashion and Dental prosthesis; moreover, CEPFA collaborates with Armenian companies to upskill Armenian staff.

CEPFA benefits from the regular presence of SEPR teachers and the teaching of French is an integral part of the curriculum. The diplomas awarded by the CEPFA are state diplomas equivalent, in France, to the vocational aptitude certificate (CAP) and the vocational baccalauréat. The diploma obtained is delivered by the Ministry of Education, Science, Culture and Sports of the Republic of Armenia. The goal of CEPFA is to give proper vocational education and train craftsmen ready to compete in the contemporary labour market. The advantage of CEPFA is its well-equipped laboratories and workshops, rich educational and methodical resources: methodical manuals, textbooks, professional literature. CEPFA offers PRIMARY (CRAFTSMANSHIP) and SECONDARY VET courses of two to three years in the following professions: cooking, pastry, hairdressing, tailoring, dental prosthesis, water distribution (in partnership with Veolia Djur CJSC and Campus Veolia Rhin Rhone Méditerranée). CEPFA was elected a new member (and the only Armenian member) of EfVET (European forum of Technical and Vocational Education and Training) in 2021. Since 2022, CEPFA has also become a member of the European Training Foundation Network of Excellence (ENE). During its more than 20 years of experience, CEPFA has successfully implemented and is currently implementing number of local and international projects. CEPFA is in close partnership with the Municipality of Lyon, the Metropol of Lyon, the Regions of Auvergne Rhône Alpes, the French Embassy in Armenia, Yerevan Municipality, MoESCS, MoLASA and many others. Due to the partners’ support CEPFA takes part in student exchange programs at the vocational education schools in France. The students of CEPFA have an opportunity to be present at world skills festivals and competitions.

Historically in partnership with vocational training centres all over the world, SEPR is the main collaborator of CEPFA in Yerevan for more than 20 years. SEPR provides CEPFA with pedagogical assistance, regularly delegating its teams to help set up and monitor



training programmes. SEPR also contributes to the training of Armenian teachers and ensures the reception of young Armenians in France. Through the SEPR Horizon Fund, SEPR supports CEPFA's social policy, notably by financing scholarships for CEPFA students. Furthermore, on 3 February 2023, a cooperation memorandum was signed between the Ministry of Education, Science, Culture and Sports of Armenia, CEPFA and SEPR for the promotion and development of future projects, thus fostering Franco-Armenian collaboration and further improving the effectiveness of ongoing reforms in the field of vocational training.

## 4.2 Gyumri State Medical College GSMC

Gyumri State Medical College was founded in 1937. Since its establishment, the college has been and remains the main Public medical educational institution in the Shirak region of Armenia. During its lifetime, it has trained and educated about 12,000 junior medical staff. It collaborates with medical centres in the Shirak region and other regions of Armenia. The College implements continuing VET courses, provides teacher and professional development trainings, implements programmes that contribute to the development of secondary vocational education. Many grateful doctors, recognised in Armenia, have graduated and continued their training in the college. Training at the college is carried out on the basis of the secondary vocational education programme in the following specialties: nursing, dental technology, pharmacy, obstetrics. Currently 402 students are enrolled in the college, including: Nursing - 174 students, Dental technology - 56 students, Pharmacy - 106 students and Obstetrics - 66 students. There is traditionally a strong female representation in the college: at present 318 women and 79 men.



## 5. DENTAL PROSTHESIS KEY FINDINGS

Based on our focus group discussions with representatives from various ministries, VET policy makers, companies, and two VET Centers, along with information obtained from checklist questionnaires, interviews and field visits to dental clinics, companies, and hospitals, etc, we gathered the following insights about the dental prosthesis training program in Armenia:

### 5.1. VET Centers and Enrollment

- ✓ There are approximately 113 VET centers as of 2024 in Armenia, with 25 offering dental technician training programs.
- ✓ The minimum age to enter the training is 15 years, requiring at least a basic general secondary education.

### 5.2. Tuition and Duration

- ✓ The training is paid, with tuition fees varying between institutions (on average about 100,000 AMD for preliminary and 350,000 AMD for middle VET professions per year). For example, one surveyed institution charges 890,000 AMD (approx. 2,000 EUR) for a three-year course, while another charges 740,000 AMD (approx. 1,700 EUR).

### 5.3. Structure and Curriculum

- ✓ The Dental Technician diploma is part of "Secondary Vocational Education" in Armenia and corresponds to Level 5 of the National Qualification Framework, between Level 4 and 5 of the European Qualification Framework. Graduates can pursue higher education to become dentists.
- ✓ The program lasts 2 years for students with upper secondary education and 3 years for those with basic (lower) secondary education.
- ✓ The training frameworks are delivered by the Ministry of Education organised into modules, the curriculum is implemented by the training centers. Adjustments to curriculum can be made based on needs and student profiles, with each module having specific Learning Outcomes (theoretical and practical) with performance criteria.

#### 5.3.1 Detailed Curriculum Example from CEPFA

##### ➤ 2-Year Program

**Education Level Requirement:** Upper secondary education

**Duration:** 2 years

**Form:** Full-time

**Tuition Fee:** 350,000 AMD

**Admission:** Entrance exam in Biology

##### ➤ 3-Year Program

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**Education Level Requirement:** Basic (lower) secondary education

**Duration:** 3 years

**Form:** Full-time

**Tuition Fees:**

- Year 1: 300,000 AMD
- Year 2: 330,000 AMD
- Year 3: 350,000 AMD

**Admission:** Entrance exam in Biology

### 5.3.2. Program Structure

#### ➤ 2-Year Program

**Year 1:** humanitarian, social and economic sciences.

**Year 2:** humanitarian, general natural sciences, core competencies, general and specialized professional blocks

#### ➤ 3-Year Program:

**Year 1:** General teachings, final exam by teacher

**Years 2 and 3:** Professional theoretical and practical teachings, final exam evaluated by the jury commission appointed by the Ministry of Education.

## 5.4. Internship and Teaching Staff

- ✓ Internships: Final year students have 4 weeks of internship in companies.
- ✓ Teaching Staff: Courses are generally taught by professional dental prosthetists. There is a significant need for teacher training and upskilling, currently addressed by NCVD through methodological trainings focusing on pedagogy, module development, evaluation, and learning materials which doesn't include professional training.

## 5.5. Equipment and Facilities

- ✓ VET centers are typically equipped with dental laboratories. However, the overall condition of these labs varies significantly among centers, with the majority being largely outdated. Feedback from focus groups and responses from checklist questionnaires consistently indicate that the equipment available in most VET centers is significantly inadequate for current needs.
- ✓ Significant disparities exist between partner VET centers, particularly in terms of equipment and the quality and qualifications of instructors. CEPFA in Yerevan is well-equipped except for the lack of CAD/CAM facilities, while the training center in Gyumri has inferior equipment, and the instructors lack necessary training to use it effectively.

## 5.6. Market Needs and Curriculum Adaptation

- ✓ Most surveyed VET Centers evaluate their programs against job market demands using a comprehensive approach that may include:



- ✓ Regular audits to assess the relevance of current curriculum.
- ✓ Scheduled meetings with employers to discuss evolving industry needs.
- ✓ Distribution of questionnaires to both recent graduates and employers to gather feedback on the effectiveness of training and areas for improvement.
- ✓ Ongoing discussions with employer organizations to ensure that training aligns with broader industry trends and demands.
- ✓ A significant number of respondents (VET Centers, private sector and stakeholders) reported a noticeable increase in requests for dental technician training over the past five years. This trend underscores the need for continuous curriculum updates and the introduction of advanced training modules to meet the evolving standards of dental technology.

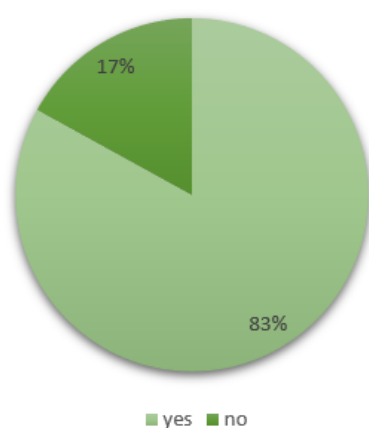


Figure 4: Demand for Dental Technician Training Over the Past Five Years - Checklist Questionnaire for VET Centers

- ✓ VET programs mandate that all students acquire a core set of skills: IT skills, first aid, work security, entrepreneurship, and communication are compulsory.
- ✓ There are no compulsory books; instead, manuals and academic textbooks from higher education are used, which can be challenging and not always adapted for VET learners.

## 5.7. Professional Connections and Real-World Training

- ✓ Learners mostly have links with professionals or partner companies as part of school projects. Partner companies organize training, seminars, and masterclasses for students for example.
- ✓ Upskilling and reskilling of teachers is a significant challenge. Teachers can update their skills in companies, but training, especially in digital technology, is expensive and certification is not always provided.



## 5.8. Gender Ratio and Military Service Impact

- ✓ Statistical data show a higher proportion of male students in the "Dental Technician" profession.

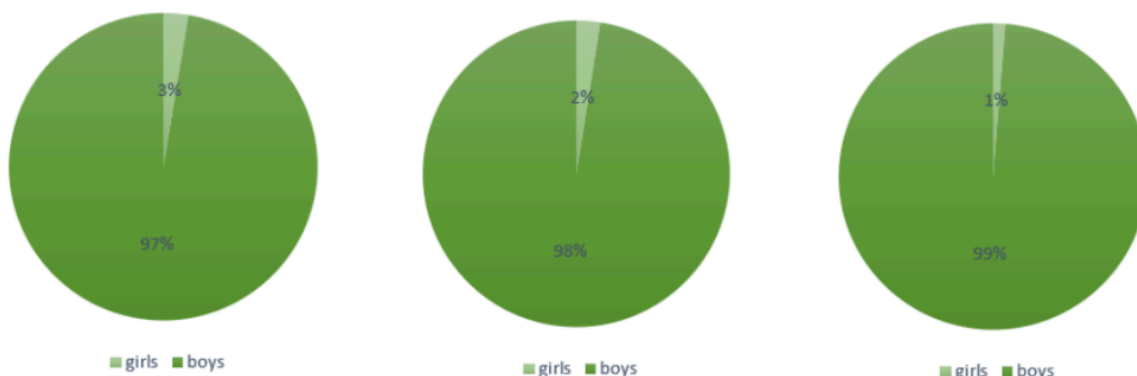


Figure 5: Gender Ratio (Boys/Girls) in 2024 in three Randomly Selected Respondents' Institutions - Checklist Questionnaire for VET Centers

- ✓ Mandatory military service at 18 poses a unique challenge for male students. Upon graduation, many must begin their military service, delaying their employment by two years and potentially leading to a loss of acquired knowledge and skills.

## 5.9. Employer Challenges

### Competency Gaps

- ✓ Employers express significant dissatisfaction with the competencies of graduates, particularly highlighting a pervasive lack of practical experience and digital skills.

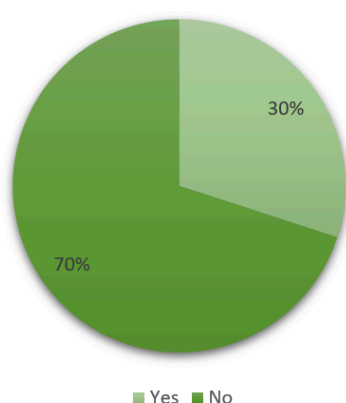


Figure 6: Satisfaction with the Competencies of Graduates- Checklist Questionnaires for the Private Sector

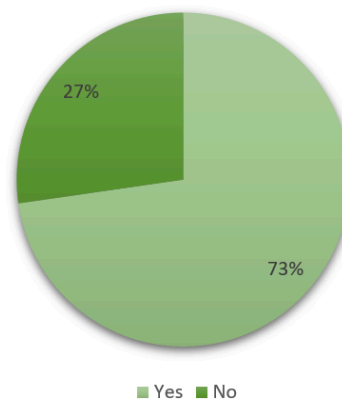


Figure 7: Difficulty Finding Candidates with the Required Digital Skills- Checklist Questionnaires for the Private Sector

- ✓ Due to these competency gaps, companies often undertake the training of new hires themselves, which incurs substantial costs for new hires. One example from focus groups with the private sector mentions approximately 6000 EUR per learner.
- ✓ The current curriculum does not provide enough hands-on and digital technology training.
- ✓ Employers report that these skill shortages negatively impact their operations in several ways, including loss of time, financial resources, productivity, clients, and overall quality of output.

## 5.10. Equipment and Technology

- ✓ Companies are mostly very well-equipped, utilizing the same high-quality materials and suppliers as found in France (e.g., IVOCAR, RENFERT, 3SHAPE).
- ✓ The majority of companies employ advanced digital technologies in manufacturing dental prostheses, underscoring the need for graduates who are proficient in these areas.

## 5.11. Need for Enhanced Digital Training

- ✓ There is a critical demand for expanded training in CAD/CAM technologies to meet the industry's evolving needs as it shifts towards digital manufacturing processes.

## 5.12. Salary and Working Conditions

- ✓ Salaries: Depend on productivity and hours worked, with high demand in December and during summer period due to dental tourism. Contracts typically stipulate 8 hours per day, but work often extends beyond this if tasks are incomplete.
- ✓ Unions: there is a non-formal club of companies in Yerevan; there are 5 laboratories which are leading the market. Each 2 months they meet to discuss the labour market needs.
- ✓ Insurance and Reimbursement: Medical insurance includes dental care except for dental prosthesis and implantation. The insurance sector is developing, with plans to introduce mandatory insurance.

## 5.13. Prospects and Opportunities

- ✓ Future Prospects: The focus groups with companies come to prove that the future of the dental prosthetics sector in Armenia lies in digitalization, new materials, and technologies. Enhanced training programs and better alignment with market needs will be key to addressing current challenges and ensuring a competent workforce.
- ✓ Growing Sector: Medical tourism has become a significant aspect of the business for many companies within Armenia's dental sector.





## 6. DENTAL PROSTHESIS CONCLUSION AND RECOMMENDATIONS

Our findings clearly indicate that the training level does not meet market needs—it is too low to meet the demands of companies. Our conclusion is unequivocal: it is absolutely necessary to **raise the level of training** so that learners, upon completing their education, can independently integrate into a dental prosthetics laboratory without needing to pay for additional training.

We propose the following adjustments to enhance the relevance and flexibility of the educational offerings, making them more aligned with industry needs:

**Curriculum Adjustment:** Adjusting the existing curriculum for the second and third years by incorporating manufacturing processes/protocols and adjusting the hours/modules, providing a framework and structure for the content and its implementation. This adjustment will concern both CEPFA and GSMC.

**Capacity Building for Teachers:** Implement capacity building measures for teachers focusing on new materials, equipment, and software, organizing workshops and promoting digital teaching and innovative pedagogical approaches to enrich the educational experience.

Additionally, to align with market needs, we propose the creation of **an extra year** in the curriculum, structured into optional modules that learners can choose based on their interests. This component will be specific to CEPFA:

- ✓ **Modular Structure:** The additional year will consist of optional modules, not mandatory for all, allowing both **learners** and **working professionals** to tailor their education to specific skills and interests.
- ✓ **Funding and Instruction:** Modules will be fee-based, paid for by the learners, and delivered by industry professionals.
- ✓ **Compensation and Scheduling for Industry Professionals:** The salaries for these professionals will be covered by the training centers. The industry professionals will conduct classes based on their availability, which could range from single-day to multi-day sessions. Outside of these instructional sessions, participants will continue their usual responsibilities in their respective laboratories or workplaces.

**The proposed modules are:**

- ✓ Combined prosthetics with attachments (to be defined)
- ✓ Ceramic dental prosthetics
- ✓ Zirconia
- ✓ CAD/CAM



✓ Implant prosthetics

**Certification:** Upon completion of the additional year, participants will be eligible for certification, granted by a panel comprising dentists, dental technicians, and educators. This certification will only be issued if the participant achieves a highly satisfactory level, ensuring the integrity and quality of our credentials: no substandard diplomas.

**Pilot Implementation:** We propose that CEPFA in Yerevan, in collaboration with Hovakimyan Lab, serves as the pilot site for this innovative training model. This initiative will demonstrate our commitment to enhancing the skills of our employees and learners, meeting the expectations of all stakeholders, including training centers, companies, and the broader labor market.



## 7. HEALTH CARE & PERSONAL ASSISTANCE KEY FINDINGS

### 7.1 Checklist Questionnaires Key Findings

The questionnaire results show first of all that most of the VET offer in the country is addressed to youth and that very limited chances of up-skilling and reskilling adults are offered. Most of the training is frontal, with limited digitalization. Tuition fee may apply or not – both options are feasible. Laboratories are on average defined as average/obsolete, and not often updated/replaced. There are forms of cooperation with companies and private sectors, although a real and formal dual system/WBL is still lacking. Internships are regularly activated, but other forms of cooperation with companies (staff training, visits, project works, etc.) are limited and involve a small number of entities. While the drop-out rate is relatively low (below 5%) and the percentage of diploma success above 90%, the percentage of graduates working after 6 months is estimated only between 20% and 40%.

In terms of healthcare profession in particular, the main profile is nursing, with a centralised and fixed training program, not so frequently updated. Nursing is therefore a VET profile instead of a university profile, and access does not imply any diploma, nor physical requirements – a placement test is usually undergone by interested applicants. Almost the totality of students is female, very few male. The curriculum touches most of the standard topics with both theoretical and practical training, although no specific attention is given to people with special needs as such (home based care, elders, disables, etc.) – only a small module for elderly care is available for those who continue in the specialisation – 4<sup>th</sup> year. Teachers are professional practitioners (doctors, nurses, physiotherapists, etc.). No professional profile nor training is focused on *healthcare assistance* in specific.

Formal and especially non-formal competence recognition is very weak if not still lacking in the country.

Healthcare facilities feedback to the questionnaire confirms that it would be necessary to acquire specific professional knowledge – graduates' abilities partially meet their demands - in particular in the care of people with special needs. Moreover, they all declare that facilities are not fully compliant with accessibility standards for people with disabilities – some do not have wheelchairs available. Training for staff is limited and on an irregular/*ad hoc* basis – when promoted and financed by the line Ministries.

On the positive side, all the medical facilities confirm that they cooperate with VET schools and welcome interns. In addition, they do take part in the final state examination process.

### 7.2 Interviews Key Findings

After a short introduction and presentation of the project's scope, most of the interviews were focused on the figure of the sanitar – the only *general assistance worker* employed by



medical facilities, although not profiled nor trained. In other words, there is a whole ‘black hole’ below the nurse in terms of caregiving, and no lower healthcare assistance figures are disciplined. The curriculum and profile of *Healthcare Assistant* therefore proved to be of great interest and value for all the interviewees.

The sanitar can be identified as a minor healthcare staff/worker, and in order to be employed as sanitar the only informal requirements are to have the 12<sup>th</sup> grade – secondary school degree -, to be between 29 and 70 years of age, and to be in good health – blood test, physical capacity, compulsory vaccinations might be required. As this is not a real professional profile, criteria and selection processes are quite random, same as the competences of the people employed. No training is foreseen, apart from the learning-by-doing offered by the nurses – in 2022 an attempt by the Government was not very successful.

The scope of their work is to keep spaces and patients clean (shaving, etc.), to feed the patients, to move the patients – especially when facilities to lift them are not available. Among the most required skills are compassion/empathy, human relations even more than physical abilities. The average age is often around 45-55, they work maximum 48 hours a week (maximum by Law), they have a probationary period of 3 months and then they can get indefinite contract.

Depending on where they work, they take care of beds, cleaning, etc. – but in ICU they have additional tasks more similar to nurses – more sensitive patients, and need more physical strength to handle them. Hospitals provide some basic and mostly on-the-job training – learning by doing with the nurses. Sanitars do not give drugs, no injection and no responsibility for organising the shifts. Regarding general communication with patients and relatives, there are no special rules – either nurses or sanitars can give them (but not for CU patients) – in general, sanitars do not talk about conditions of patients with relatives.

Regarding disabilities, there is nothing dedicated - nurses and doctors can teach them how to deal with them – no rules or protocols on special attention, just common sense and experience.

Nurses are also involved in home care especially targeting refugees from war zones. Increased preparation of sanitars would also allow them to be more supportive of nurses in home care.

While the sudden introduction of a regulated sanitar profile and strict requirements could be a shock for the system - it will take time to train all of them and to have them certified, in addition they would most probably be entitled/ask for a higher salary – nevertheless *everyone agrees that some training would be needed, and that a piloting phase would be recommended in order to test the feasibility of a regulated healthcare assistant profile in the country.*



The need of profiling and training sanitars came out strongly especially from the facilities dealing with people with special needs – first of all people with mental disability, sometimes complicated by physical challenges, paralysis, lack of coordination, etc.

Especially in these cases, skills requested are willingness to help, kindness, empathy. Often there is a need for an individual care approach, especially in case of schizophrenia and dementia.

They are taken care of 24h, 7/7 days a week. Staff have to deal with many ‘heavy’ cases, and often they leave even before the end of the probationary period because the job is too hard! Having special training would be of great importance – sanitars are not trained, but they deal with persons with very sensitive diseases and high needs. Prior education would be very important – so far, no requirement is established by Law. Also, there is a need for practical training more than theoretical training.

There are around 65-70.000 people with mental problems in the country, only 2.000 are in dedicated health facilities –the others often are not even taken care of.

In terms of homecare assistance, particularly significant is the experience of CARITAS in Gyumri. Their program started in 2002, with the aim of assisting lonely people, elderly, and vulnerable at home, but they also provide cold meals in the premises. They realised that also young people can need homecare.

In 2002 they started training workers with the help of a German CARITAS book, focused on ‘care’. Now they have 14 centres, of which only 4 are homecare - They do not deal with mental disability. Between Gyumri and another neighbour centre, they employ 35 people – 8 are nurses and the other 27 are ‘care givers’ (similar to sanitars).

They have 2 groups of beneficiary:

- A group - need daily care including weekend, visited every week by a nurse;
- B group - assisted twice a week, visited twice a month by a nurse.

This is the basic care, but more can be added where needed.

Tasks of the caregivers are:

- Go out/shop;
- Cook/give food;
- Check pills taking;
- Cleaning;
- Personal hygiene

All these tasks can also be done by the nurses. Different is the role of the ‘social worker’ (giving info on pension, subsidies, etc. other kind of support). All the staff is full time and they get salaries which are at least equal to hospital salaries. Caregivers start at 10am and finish at 5.30pm. Training for caregivers is held in Caritas premises based on the German book – 18 modules plus final testing, nurses are delivering the training.



In order to have the training authorised, they wrote an official letter to the ministry asking for permission – Ministry reviewed the book and then approved the training, provided that it will not interfere with the normal curricula. Before homecare was only private, now the Government is giving some money as they realised the importance of this service.

Regarding employment, they advertise announcements for vacancies, they receive applications, set up commissions (different specialists) and manage interviews. They are in contact with USS for vacancies. Once employed, they undergo a 3-months probationary period. There is a mandatory 2-weeks full time training on the German book – then the overall 3 months to fully learn what is included in the book. This is mainly training on-the-job, going together with other caregivers and nurses and learning from practice.

Another kind of recently established care institution is the inclusive school – schools that agree to have also disabled students, while before they were separated. Each class/teacher has one ‘assistant’ who is also a teacher to deal with the extra/special workload.

All that above shows that *there is interest and scope for piloting an improvement of the sanitary figure throughout the health care offer in the country, especially from the training point of view*. There are cases of success stories (see CARITAS) where relevant authorities have facilitated the establishment of assistance services and staff preparation; moreover, there is a general perception in the country that more professional services are needed in a rapidly evolving society, and local authorities are committed to support this evolution.

The final meeting with Unified Social Services in Yerevan at the end of the visit was very timely and informative. They expressed appreciation of IMPROVET scope in terms of strengthening healthcare assistance in the country and confirmed that, *if needed, and if no proper system is in place and schools lack instruments and resources, international organisations can deliver training, especially short-term training*.

## 7.3 Focus Groups Key Findings

The first focus group with key stakeholders was very informative and useful to understand Armenian social context. While the traditional family care system still prevails and people with special needs (elderly especially) prefer to be taken care of by relatives at home, the social model is evolving – working women, expansion of the private sector, etc. fostering a slow process of externalisation of certain services. On the other hand, care professions are not considered very appealing in general, even more by youth, therefore there is a generally low interest for these kinds of works, often not even profiled.

Although challenging, this context opens up many opportunities for the development of new figures, for the improvement of the existing ones, and for a general review and modernization of the health care system in the country.



The focus groups with Gyumri State Medical College (GSMC) staff and with local hospital/clinics staff confirmed to major extent the data collected with the checklist questionnaires.

Regarding healthcare courses, there is only 1 short course on elderly care, but there has never been much demand from students/professionals to attend (250 hours/3 months). One of the reasons is because in Armenia you don't need to have a diploma to do this kind of activity in healthcare facilities! It is suggested that Ministries and USS should raise the need for such a profile/training. 'Health home care' training is only offered by CARITAS that issues a certificate at the end of the course.

In terms of how the state VET school works, they do not have financial autonomy – they cannot hire teachers/trainers, only admin staff. Teachers are employed only by national competition and centrally assigned. There is a Council composed of students, teachers, trade unions, etc. all financial/important decisions are to be taken by the Council. Vulnerable groups and low income families can get deduction by the State but also by the school itself.

Regarding exams at the end of the courses, there is a Committee composed of doctors/companies, the director of Medical Centre, internal teachers, etc.

Regarding inclusion, there is a general special attention in dealing with students with special needs (i.e. missing fingers/s, etc.) but not special dedicated training. No policy at college level for waste management/green sustainability. There are specific organisations collecting special things that can be recycled – one deals specifically with drugs.

If they have to point out what could be improved:

- Drug dosage training;
- Communication skills.

Regarding hospitals/clinics in town, they have caregivers/sanitors who mainly do basic tasks and feed the patients. They get sporadic training by the Red cross 5/6 times a year, 3/5 days each, delivered by a specialist. Key topics of the training are: - no harm patients; - no harm themselves. If needed, they are sent to rehabilitation centres for additional training.

## 8. SWOT ANALYSIS

All the above mentioned findings and data can be summarised in the following SWOT matrix:





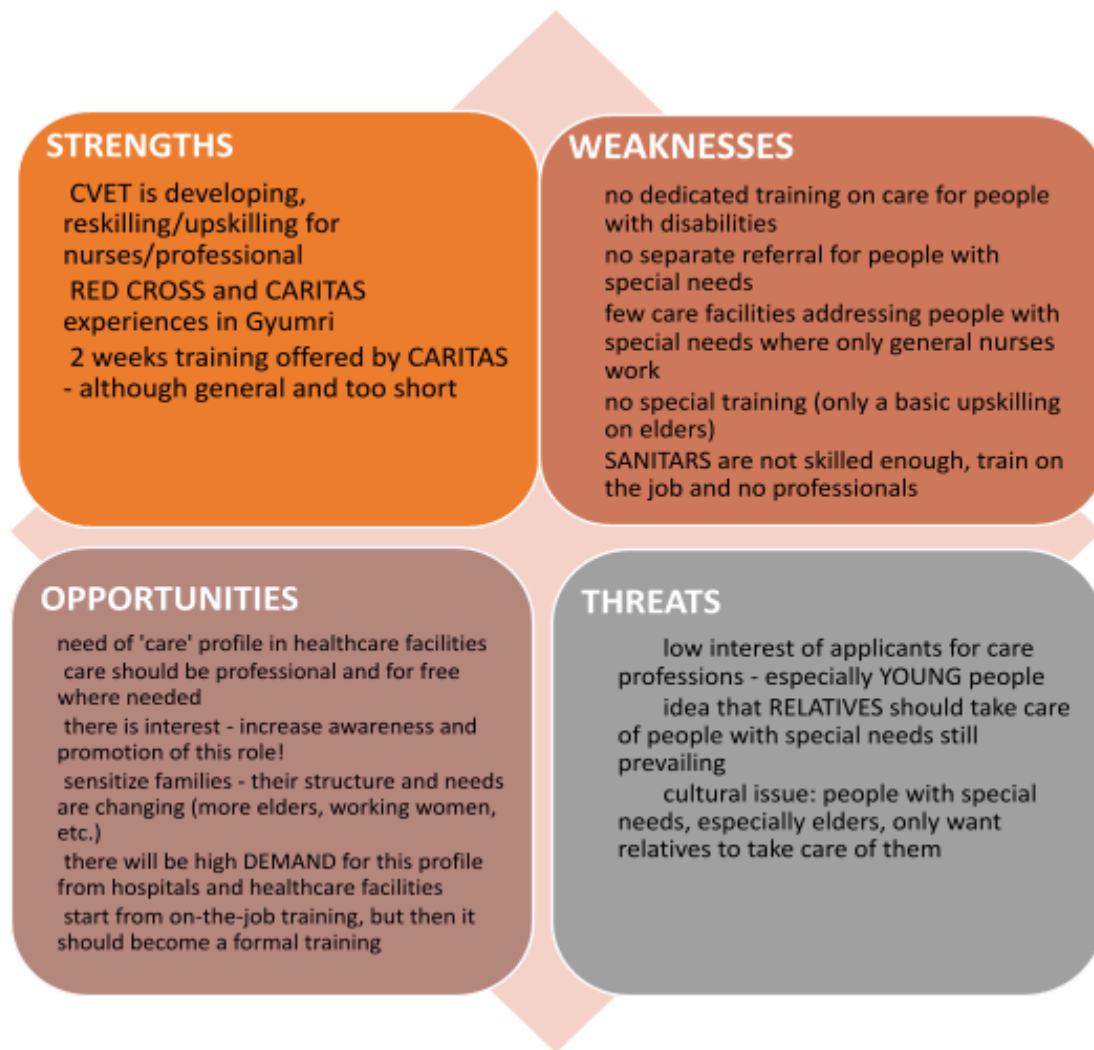


Table 1: SWOT Matrix of Findings





## 9. HEALTH CARE & PERSONAL ASSISTANCE CONCLUSION AND RECOMMENDATIONS

### 9.1 Value Model Canvas - Healthcare Sector

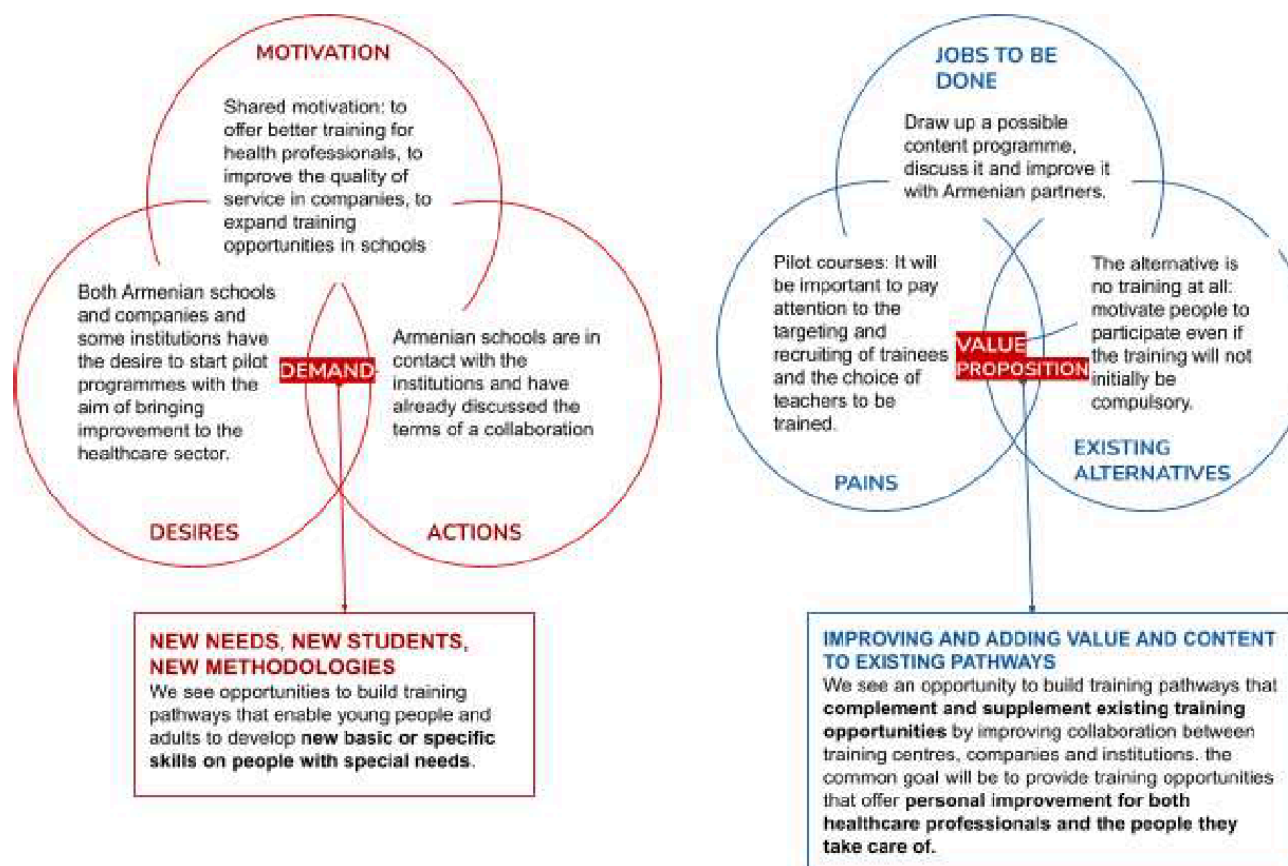


Figure 8: Value Model Canvas

## 9.2 Recommendations



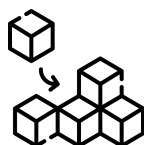
### 1 -Valorise teachers in the healthcare sector

- develop skills in teaching adults
- develop skills in specific fields (people with special needs)
- identify which core subjects of the nursing pathways can be reduced and adapted for the training of sanitars



### 2- Develop a culture of person-centred care:

- courses concerning the care relationship
- courses regarding the motivation of the health worker: safety, stress management, burnout, teamwork
- developing competences on specific patient type



### 3 - Develop modular courses

- enhancing the structure of courses already present in Armenian and Italian schools
- that can be offered to different target groups according to the needs and outcome of the pilot programme
- that disseminate European values and principles and enhance the reflection on the right to care developed in recent years.



### 4 - Develop communication strategies for adult learners

- explain the importance of retraining (re-skilling/up-skilling) for adults (employment possibilities, personal satisfaction,...)
- bring examples of good practice in retraining adults
- motivate new trainees to participate in the courses offered



### 5 - Continue to develop collaboration with institutions and companies to build and structure training that lasts and is adapted to the local labour market



## 9.3 Models Of Patient Centred Care

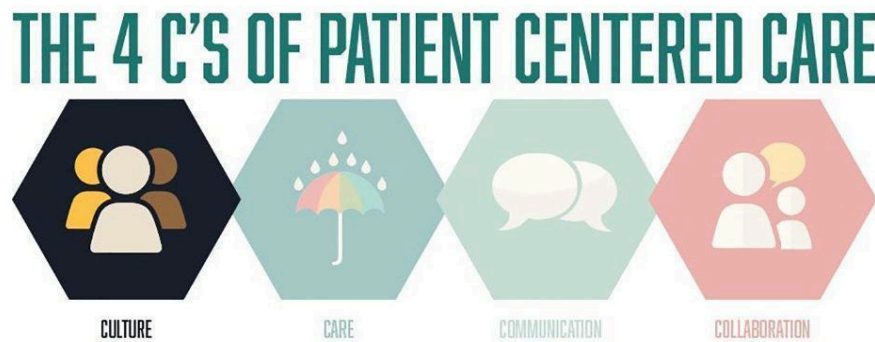


Figure 9: The 4C's of Patient Centred Care

### Organisations:

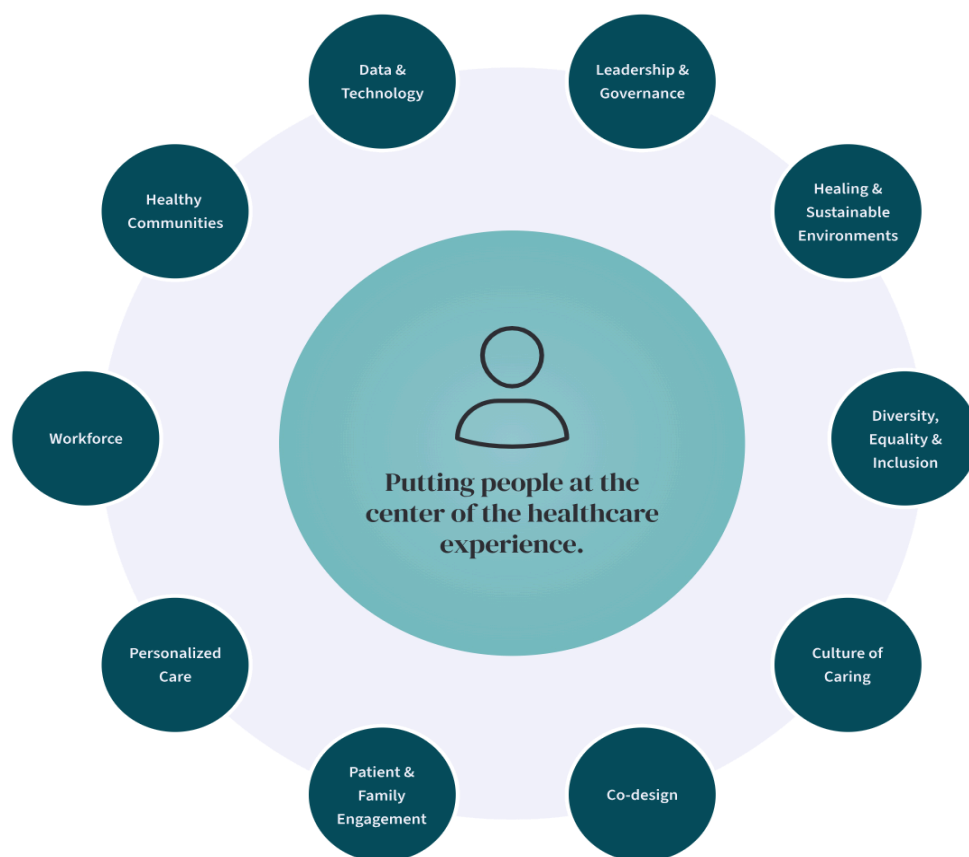


Figure 10: Organisations of Patient Centred Care



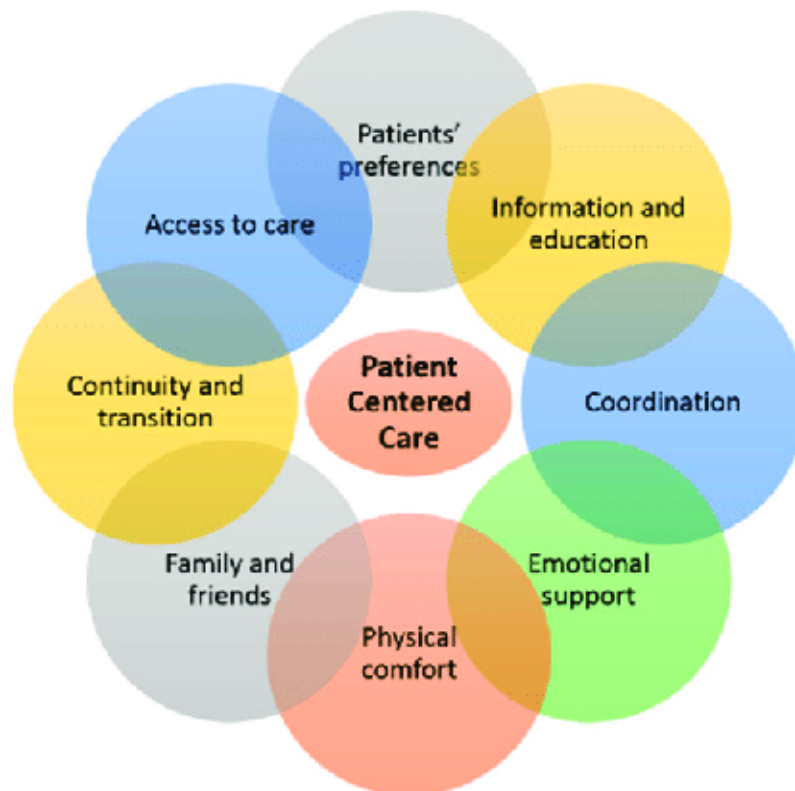
**With people:**

Figure 11: Patient Centred Care - With People



## 9.4 Suggested Topics And Modules

As a result of all the above mentioned analysis, it is suggested to focus on the following **training-of-trainers' modules**:

MAIN TOPICS	Health and safety and personal skills	Relationship of care	theoretical and operational skills
<b>1 MODULE: Assistance at various stages of life - BASIC</b>	basic health and safety	Concept of care (care of self, care of other)  personal motivations and previous experiences  communication skills and teamwork in different environments: hospital and nursing home	Food and Personal Hygiene Practices  Dressing Assistance  Bed and Wheelchair Transfers
<b>2 MODULE: Assistance at various stages of life -ADVANCED</b>	health and safety in healthcare environments (hospital)	Communication with the patient's family  burnout prevention	Dealing with emergency  Post surgery care, specific patient care...
<b>3 MODULE: The elderly person</b>	safe behaviour with elderly people (es. mobilisation)	Concept of active ageing and European Charter of the rights and responsibilities of older people in need of long-term care and assistance  communication skills with the elderly person	The main pathologies of the elderly person and methods for dealing with them
<b>4 MODULE: The disabled person</b>	Safe behaviours with disabled people (es. mobilisation)	Concept of disability and the United Nations Convention on the Rights of Persons with Disabilities  Concept of inclusion	Main models of disability (medical/social)  Strategies to support people with disabilities
<b>5 MODULE: The person with mental distress</b>	Safe behaviour with people with mental health problems (communication)  Strategies for maintaining personal mental balances as healthcare worker	The EU comprehensive approach to mental health  Overview of actions on mental health at all ages.	Main models of mental health diseases (medical/social)  Strategies to support people with mental health` problems

Table 2: Suggested Topics and Modules



The following **flow chart** (Figure 8) was submitted in order to better identify how to structure the training (to whom, where, by whom, etc.). Results are summarised in 3 possible paths, **Option 1**, **Option 2** and **Option 3** (Figure ).



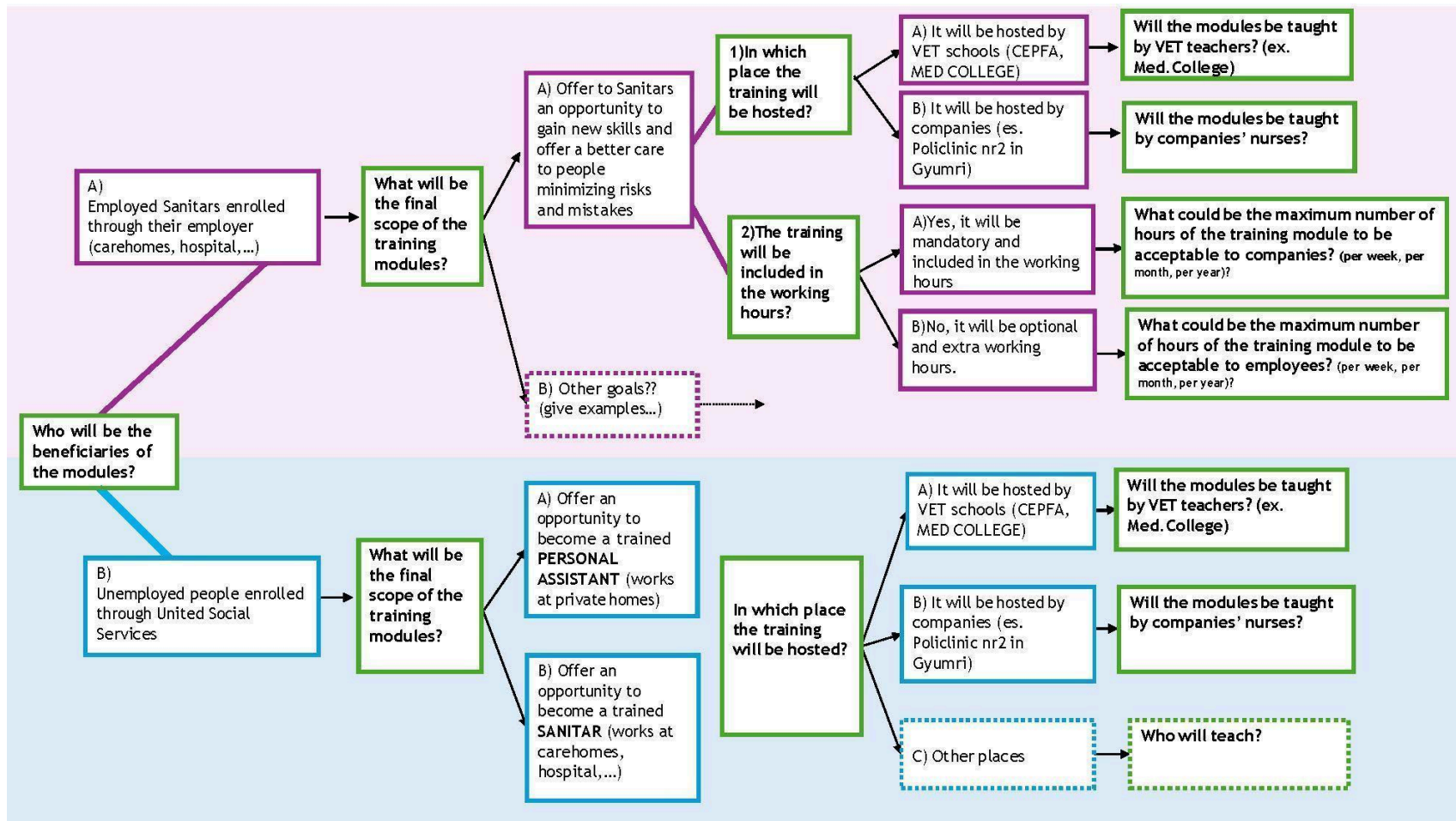


Figure 12: The FlowChart to Identify the Structure of the Training



	Option 1
<b>Final scope:</b>	Offer to Sanitars an opportunity to gain new skills and offer a better care to people minimising risks and mistakes
<b>Beneficiaries:</b>	Employed Sanitars enrolled through their employer (care homes, hospital,...)
<b>Teachers:</b>	Modules be taught by VET teachers (i.e. GSMC)
<b>Duration:</b>	The training will be mandatory and included in the working hours. The duration of the training has to be discussed with companies.
<b>Place/time:</b>	It will be hosted by VET schools (GSMC, CEPFA)
<b>Additional notes:</b>	Taking the internships in the centre for elder people or other healthcare facilities

	Option 2
<b>Final scope:</b>	Offer an opportunity to get high quality training in Healthcare assistance (students might have the opportunity to work at care homes, hospitals, private houses...)
<b>Beneficiaries:</b>	Unemployed people enrolled through United Social Services  People (Sanitars, caregivers,...) with experience in healthcare assistance who want an additional training
<b>Teachers:</b>	Modules will be taught by nurses/VET teachers
<b>Duration:</b>	to be discussed
<b>Place/time:</b>	It will be hosted by VET school
<b>Additional notes:</b>	Some practical lessons/fact-finding visits/internships/other might be hosted by companies

Table 3: Suggested Options

### OPTION 3

Training modules for trainers could be delivered to both VET teachers and nurses; after, they will be

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able to train sanitars already employed, and/or unemployed people. Further discussion with the companies and VET centres will be necessary to determine the more operational details: number of hours of each module, methodologies, teaching materials, etc.



## ANNEXES

Documents	Source or Link/Location
Annex 1 Checklist Questionnaire for VET Centers	<a href="https://drive.google.com/drive/folders/1q9jaCxDLXzKeFrVYhdIFAqFKC9Fk3Lxf">https://drive.google.com/drive/folders/1q9jaCxDLXzKeFrVYhdIFAqFKC9Fk3Lxf</a>
Annex 2 Checklist Questionnaire for Private Sector/Hospitals	<a href="https://drive.google.com/drive/folders/1vJRIswCXd8GRUuLCtnjPn46O8_uYbbh8">https://drive.google.com/drive/folders/1vJRIswCXd8GRUuLCtnjPn46O8_uYbbh8</a>
Annex 3 Checklist Questionnaire for Stakeholders	<a href="https://drive.google.com/drive/folders/1mbmzg hhoHLcAMc9Q9-nPMlxYAbw6ykMI">https://drive.google.com/drive/folders/1mbmzg hhoHLcAMc9Q9-nPMlxYAbw6ykMI</a>
Annex 4 Focus Group Toolkit VET Centers	<a href="https://drive.google.com/drive/folders/1ynegJxBOfovWhjXk9M_D8hsG_UDhZr9e">https://drive.google.com/drive/folders/1ynegJxBOfovWhjXk9M_D8hsG_UDhZr9e</a>
Annex 5 Focus Group Toolkit Private Sector/Hospitals	<a href="https://drive.google.com/drive/folders/1RH--0aKaakhvZz6t-IPoVkfP9yL4v26e">https://drive.google.com/drive/folders/1RH--0aKaakhvZz6t-IPoVkfP9yL4v26e</a>
Annex 6 Focus Group Toolkit Stakeholders	<a href="https://drive.google.com/drive/folders/1jFI6USrgaIT4WzmZKa4_TYAH7h92KabE">https://drive.google.com/drive/folders/1jFI6USrgaIT4WzmZKa4_TYAH7h92KabE</a>
Annex 7 Interview Guidelines	<a href="https://drive.google.com/drive/folders/1SYvQoyxk5ayejAgM6mMyA97n1ZvcktSh">https://drive.google.com/drive/folders/1SYvQoyxk5ayejAgM6mMyA97n1ZvcktSh</a>
Annex 8 Study Visit Agenda	<a href="https://drive.google.com/drive/folders/11loPO29OK8Ap8y8kSSPC3AKcKFernNs">https://drive.google.com/drive/folders/11loPO29OK8Ap8y8kSSPC3AKcKFernNs</a>
Annex 9 Agreement on the Skills Gap Analysis and Recommendations in Dental Technician and Health Care & Personal Assistance to Upgrade the Curricula	<a href="https://drive.google.com/drive/folders/1e3uZnGTeiO58UQDQHRqkFBobW9rTq9-9">https://drive.google.com/drive/folders/1e3uZnGTeiO58UQDQHRqkFBobW9rTq9-9</a>
Annex 10 Armenian Translation of the Report Presented to Ministries	<a href="https://drive.google.com/drive/folders/1uu767f-5ikzE8Nb4t6-7SuI2sEFiazQJ">https://drive.google.com/drive/folders/1uu767f-5ikzE8Nb4t6-7SuI2sEFiazQJ</a>



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