teamcare

GUIDE TO MICRO-CREDENTIALS MODEL

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Contents

1. Purpose and Scope

These Guidelines set out how to apply the TEAMCARE Micro-Credential Reference Model when localising the TEAMCARE Curriculum for Community-Based Interprofessional Teams (CBIT) into a deliverable, assessable, certifiable training offer, in any country and at any institution.

The document is self-contained. It defines the policy basis, sets out the full structure and content of the four TEAMCARE micro-credentials (paragraph 4, 5), and describes — with worked, concrete examples drawn from pilot implementation — how to design delivery, assessment, quality assurance and certification for each micro-credential. Section 6 lists the small number of points that are still being harmonised across pilot countries and states the working default to use for each. No separate annex, report or reference model document needs to be read alongside this one.

2. What a Micro-Credential Must Document

The TEAMCARE model is built on the Council Recommendation of 16 June 2022 on a European approach to micro-credentials for lifelong learning and employability[1]. The Recommendation defines a micro-credential as "a record of the learning outcomes that a learner has acquired following a small volume of learning" — assessed against transparent, clearly defined criteria, owned by the learner, portable, and quality-assured. A certificate of attendance with no assessment does not qualify the achievements of learning outcomes, and therefore, the micro-credential.

Before localising any TEAMCARE micro-credential, the design should allow all eleven mandatory elements below to be documented (five further elements are optional but recommended where relevant):

#	Mandatory element
1	Identification of the learner (target group)
2	Title of the micro-credential
3	Country/region of the issuer
4	Awarding body
5	Date of issuing
6	Learning outcomes
7	Notional workload (in ECTS credits, where possible)
8	Level (EQF), and cycle if applicable

9	Type of assessment
10	Form of participation in the learning activity
11	Type of quality assurance used to underpin the micro-credential

Optional elements worth recording: prerequisites for enrolment; supervision and identity-verification arrangements during assessment; grade achieved; stackability options; and further information (e.g. a link to a public register).

3. The Model's Structure: Four Stackable, ECTS-Based Micro-Credentials

The TEAMCARE Reference Model groups the Curriculum's learning outcomes into four micro-credentials (MCs). Each is independently stackable except MC-04, which is a mandatory prerequisite for the other three. Completing all four leads to the certificate "Specialist in Community-Based Interprofessional Teams of the Social and Health Sector" (also reported in some pilots as "Advanced Training for Experts in Community-Based Interprofessional Teams (CBITs)" — see Section 6).

Partners may restructure the modules within each MC to fit local training needs, provided they keep MC-04 as the mandatory prerequisite for MC-01, MC-02 and MC-03, preserve its role as a standalone transversal micro-credential, and follow the design sequence set out in Section 5.

The table below shows the main structure of TEAMCARE microcredentials used in the Greek pilots.Code	Title	Module(s)	ECTS	Role in the model
MC-01	Collaborative Leadership and Teamwork in Healthcare	A, B	7	Stackable
MC-02	Person-Centered and Culturally Sensitive Care	C	5	Stackable
MC-03	Digital Health and Data Management	D, E	15	Stackable

MC-04	Baseline Competencies in Healthcare	F	3	Mandatory prerequisite for MC-01, MC-02, and MC-03; also stands alone as a transversal micro-credential

MC-04 ("Baseline Competencies in Healthcare") must be completed before MC-01, MC-02 or MC-03. Beyond the TEAMCARE pilots, MC-04 is deliberately designed as a standalone, transversal micro-credential — covering communication, teamwork and digital literacy — that other VET or HE courses can adopt as an autonomous training and certification package. Where this reuse route applies, coordination with Task T7.3 (Sustainability and Exploitation)[15] is advised, since that task jointly identifies which micro-credentials can be taken up beyond the project.

Design and issuance principles

- An internal quality-assurance procedure should cover the micro-credential itself, the course leading to it, and learner and peer feedback (Section 5, Step 6).
- Learning outcomes must be assessed against transparent, published criteria — a certificate of attendance with no assessment does not qualify as a micro-credential.
- The certificate should be issued through an accredited body — a Higher Education institution or an external issuing authority — in line with ISO/IEC 17024[7] for the certification of persons (Section 5, Step 7).

4. The Four TEAMCARE Micro-Credentials — Full Content

This section sets out, for each micro-credential, its target audience, the competences it addresses, a summary of its learning outcomes, and how it is assessed and credentialed. This is the complete content needed to design a course against the model — no external annex is required. Partners may restructure the training modules within each MC to fit local training needs, provided they keep MC-04 as the mandatory prerequisite for MC-01, MC-02 and MC-03, preserving its role as a standalone transversal micro-credential.

MC-01 — Collaborative Leadership and Teamwork in Healthcare

Module(s)	Module A: Interprofessional Teamwork · Module B: Interprofessional Communication, Roles, and Conduct
ECTS	7

Description: builds the leadership and teamwork skills essential for healthcare professionals operating in interprofessional environments. Emphasises collaborative decision-making, conflict resolution and team dynamics, in order to foster an inclusive, high-performing team

culture, addressing core competences such as leadership principles, shared accountability and professional roles.

Competences addressed

- Module A — Collective leadership & interprofessional decision-making: applying collective leadership principles and styles; performing collaborative clinical decision-making; implementing interprofessional team reasoning.
- Module A — Team collaboration, performance, and dynamics: collaborating effectively and efficiently within teams; reflecting on and evaluating teamwork for development; proactively planning and coordinating individual and team goals.
- Module A — Interprofessional conflict management and resolution: managing conflicts constructively using appropriate strategies; analysing conflicts and applying emotional intelligence.
- Module B — Interprofessional communication: applying Closed-Loop Communication (CLC) techniques.
- Module B — Roles and professional conduct: identifying and applying shared values and goals; applying a shared professional and ethical code; recognising and respecting roles, responsibilities and expertise; adopting a mindset of continuous professional development.

Learning outcomes (summary)

- Module A: leadership principles, collaborative decision-making and team dynamics; conflict resolution, shared leadership and critical team evaluation.
- Module B: effective communication strategies, ethical codes and professional role recognition.

Assessment and credentialing

Learners are assessed through the common TEAMCARE examination mechanism (Section 5, Step 5): a theoretical examination drawn from the micro-credential's Question Bank and, where applicable, practical working scenarios. Upon successful completion, participants receive a certificate as a certified professional in "Collaborative Leadership and Teamwork in Healthcare". MC-01 is stackable with MC-02, MC-03 and MC-04.

MC-02 — Person-Centered and Culturally Sensitive Care

Module(s)	Module C: Shared Vision and Approach to Healthcare
ECTS	5
Target audience	Professionals working in interprofessional teams in the community-based social and health care sector, holding an EQF6-level degree

Description: equips healthcare professionals with the skills and knowledge to provide person-centered care that respects cultural diversity and promotes equity — comprehensive care planning, cultural sensitivity and user empowerment — so that care delivery aligns with the values, preferences and needs of diverse populations, alongside risk management and a culture of safety and trust.

Competences addressed

- Person-centered approach: applying the biopsychosocial model of health; conducting comprehensive assessments of user needs and preferences using the International Classification of Functioning (ICF); creating individualised care plans.
- Culture of safety and trust: recognising and minimising risks to users and teams; applying ethical standards and professional regulations; using tools to identify and report risks and errors; performing critical incident analysis.
- Cultural sensitivity: developing strategies for cross-cultural communication; assessing user needs with respect to diverse values and cultures.
- Health disparities: describing causes and consequences of health disparities in underserved populations.
- Service user empowerment: creating shared goals with care recipients; empowering service users in healthcare decision-making; building supportive partnerships with service users and families.

Learning outcomes (summary)

- Applying and describing the biopsychosocial model of health (referencing the ICF) and conducting comprehensive, needs- and values-based assessments and individualised care plans.
- Recognising and minimising risk, applying ethical standards, using error/near-miss reporting tools, and performing team-level critical incident analysis.
- Developing cross-cultural communication strategies and assessing needs with respect to diverse values and backgrounds; describing causes and consequences of health disparities in underserved populations.
- Creating shared goals with care recipients and building supportive, empowering partnerships with service users, caregivers and families.

Assessment and credentialing

Learners are assessed through the common TEAMCARE examination mechanism (Section 5, Step 5): a theoretical examination drawn from the micro-credential's Question Bank and, where applicable, practical working scenarios. Upon successful completion, participants receive a certificate as a professional in “Person-Centered and Culturally Sensitive Care”. MC-02 is stackable with MC-01, MC-03 and MC-04.

MC-03 — Digital Health and Data Management

Module(s)	Module D: Digital Health · Module E: Planning and Coordination of Integrated Care Services
ECTS	15
Target audience	Professionals working in interprofessional teams in the community-based social care sector, holding an EQF6-level degree

Description: prepares health and social care professionals to integrate digital technologies into their practice effectively — digital literacy, data security, and the use of telemedicine and electronic health records (EHRs). Emphasises ethical considerations, GDPR compliance, and innovative digital tools, enabling professionals to lead in modern, technology-driven healthcare environments.

Competences addressed

- Digital skills and digital literacy: evaluating digital technologies' benefits and limitations; searching, filtering and evaluating digital content; using computers, smartphones and productivity software effectively.
- Digital records, registries, and data security: maintaining patient privacy, confidentiality and data security; applying principles of data quality and ethical considerations.
- Resources and tools: using non-healthcare-specific digital tools for collaboration; leveraging telemedicine platforms, EHRs and healthcare apps; exploring artificial intelligence opportunities in healthcare.
- Module E — Planning and coordination of integrated care services: applying digital solutions to plan and coordinate integrated care services; managing resources and ensuring continuity of care.

Learning outcomes (summary)

- Module D: use of digital tools, telemedicine and EHRs; digital literacy, data management and GDPR compliance; planning and resource management leveraging digital solutions.
- Module E: strategies for integrated care, coordination of referrals and continuity of care; frameworks for evaluating service efficiency incorporating user feedback; innovation, sustainability and interprofessional collaboration in task delegation and integrated service delivery.

Assessment and credentialing

Learners are assessed through the common TEAMCARE examination mechanism (Section 5, Step 5): a theoretical examination drawn from the micro-credential's Question Bank and, where applicable, practical working scenarios. Upon successful completion, participants

receive a certificate as a professional in "Digital Health and Data Management". MC-03 is stackable with MC-01, MC-02 and MC-04.

MC-04 — Baseline Competencies in Healthcare

Module(s)	Module F: Baseline Competencies (mandatory / transversal)
ECTS	3
Target audience	Professionals working in interprofessional teams in the community-based social care sector, holding an EQF6-level degree

Description: covers foundational competencies in interprofessional collaboration, communication and cultural sensitivity, equipping health and social care professionals with the essential skills to work effectively in diverse interprofessional teams and to provide culturally competent care meeting the needs of varied populations. MC-04 is mandatory and must be completed before MC-01, MC-02 or MC-03.

Competences addressed

- Effective communication: applying effective communication techniques, prioritising active listening and empathy; adapting communication strategies in digital environments, considering cultural and generational diversity.
- Equity, Diversity & Inclusion (EDI): integrating EU guidelines on Equity, Diversity & Inclusion into daily practice; supporting EDI principles, fostering inclusivity within healthcare teams; recognising personal biases and stereotypes, and their impact on interactions with diverse individuals.
- Cultural sensitivity and overcoming barriers: identifying and applying resources to overcome cultural barriers to healthcare access; providing culturally sensitive and respectful healthcare services.
- Service users' orientation: facilitating service users' orientation in accessing regional/local social, social-health and health services; empowering service users to self-manage their personalised healthcare plans, incorporating digital tools.

Learning outcomes (summary)

- Verbal and non-verbal communication techniques prioritising active listening and empathy, including digital-communication adaptation for cultural and generational diversity.
- EDI policies and strategies ensuring ethical compliance in health and social care, and cultural sensitivity to overcome barriers and ensure inclusive services.
- Supporting service users' navigation of health and social care systems and self-management of their care plans.

Assessment and credentialing

Learners are assessed through the common TEAMCARE examination mechanism (Section 5, Step 5): a theoretical examination drawn from the micro-credential's Question Bank. For MCs focused on transversal, digital, soft or resilience skills — such as MC-04 — a theoretical-only assessment is acceptable. Upon successful completion, participants receive a certificate as a professional in "Baseline Competencies in Healthcare". MC-04 is stackable with MC-01, MC-02 and MC-03, and is their mandatory prerequisite.

5. Applying the Model: A Design Sequence

The nine steps below cover, in order, everything needed to take the model from definition to an operating, certifying training offer.

Step 1 — Confirm the target audience and entry level

The model targets professionals already working in interprofessional, community-based social and health care teams, holding an EQF Level 6 qualification or equivalent. A minimum attendance rate of 80% (no more than 20% absences) is the entry requirement used consistently across pilot implementation to qualify for assessment.

Step 2 — Adopt the four MCs and respect the MC-04 prerequisite

Section 3 sets out the reference-model allocation: 7/5/15/3 ECTS across MC-01–MC-04 (30 ECTS total), matched exactly by the Greek pilot[8]. Where a different split is needed for a given context, this would not be unprecedented — the Italian pilot runs a 3/7/11/5 split (26 ECTS total)[10,11] as an accepted national adaptation, as a formal reference model range rather than a one off exception). Whatever split is used, MC-04 must still come first.

Step 3 — Build learning outcomes from the four MCs

Section 4 sets out the full competences and summary learning outcomes for each MC. These form the basis for assessable, course-level learning outcomes: each competence listed should translate into one or more specific, measurable outcomes appropriate to the local course format and language.

Step 4 — Choose a delivery mode fit for the context

There is no single mandated delivery format — pilot implementation shows several viable options:

- Fully hybrid, online + face-to-face.
- Blended, with the online/face-to-face split varying by MC — e.g. more face-to-face for practice-heavy MCs, fully online for others.
- Hybrid and modular with optional face-to-face sessions, delivered as an extended postgraduate-style programme (e.g. 750 hours / 30 ECTS, split between direct teaching and independent study).

Step 5 — Set up the examination and assessment mechanism

The common TEAMCARE mechanism combines a Question Bank of graded theoretical questions per MC with, where applicable, practical Working Scenarios simulating real-world tasks. For MCs focused on transversal, digital, soft or resilience skills — such as MC-04 — a theoretical-only assessment is acceptable. Assessment quality should meet the following principles, drawn from Quality Assurance in the European Higher Education Area (ESG, 2015)[2]: published, transparent criteria; genuine demonstration of learning outcomes; constructive feedback; qualified assessors; and fair, consistent application.

A concrete, ready-to-adapt examination template, operational in pilot implementation:

- A 60-minute exam per MC, with 50 questions drawn from a 480-question bank, in a 20 (low) / 20 (medium) / 10 (high) difficulty split.
- A pass mark of 30/50 correct answers (60%) — the same 60% threshold is used consistently across pilot implementation.
- Remote, teleproctored delivery; results announced within 15 calendar days; a candidate may object within 5 working days; no limit on re-sits.

A practical/behavioural layer can be added on top of the shared theoretical mechanism — for example an interprofessional-collaboration assessment rubric scored practical component with pass/fail barriers[13,14], plus a short mandatory reflective diary. Some pilots use such a rubric only for formative, non-certifying feedback rather than as a pass/fail criterion; whether to adopt a practical layer as the shared, project-wide mechanism is still an open decision to be based on local needs (Section 6).

Step 6 — Build in quality assurance

The internal quality-assurance procedure should align with EQAVET (the European Quality Assurance Framework for VET)[6], covering the overall quality of the micro-credential, the quality of the course leading to it, and learner and peer feedback on the learning experience. Where a Technical Committee governs the examination mechanism, it should meet at least annually to reassess the question bank, weighting and sector developments.

Step 7 — Establish the certification pathway

Certification must be issued by an accredited body for such purpose. Two routes are validated in pilot implementation[8,9]:

- **External ISO/IEC 17024[7] certification body, distinct from the training provider** — an accredited certification body, itself accredited by the relevant national accreditation authority and a full member of the European Co-operation for Accreditation (EA), gives certificates EA-wide mutual recognition.
- **Institutional-recognition route, training provider (HE) = certifying body** — confirmed in practice in several pilots, where the training institution itself acts as both provider and certifying authority. A separate certifying body is therefore not required in every case.

Whichever route is chosen, planning should cover:

- Prerequisite verification before an exam slot is offered — qualification level, attendance, and, in some pilots, a minimum period of relevant prior work experience (treated as a context-specific refinement pending wider confirmation, Section 6).
- An issuance timeline — certificates issued within 30 calendar days of the final assessment is the pattern used consistently across pilot implementation.
- A validity period and recertification route — recertification without a new examination, given a minimum period of relevant experience in the preceding cycle; otherwise the examination must be reset. . (The validity period itself is still an open figure across pilots, six or seven years depending on the country; see Section 6.)
- A Code of Conduct for certified professionals[8], covering: acting fairly, professionally and ethically according to the code of conduct of the specific profession; undertaking only the professional obligations for which the individual is certified, within their competence and authorisation; safeguarding human life, safety, property and the environment in professional judgement; not undermining the reputation or reliability of another certified professional; keeping professional knowledge, skills and abilities continuously up to date; informing the certification body of any change affecting the ability to meet the scheme's requirements; and cooperating fully with any investigation into a possible violation of these commitments.

Step 8 — Consider transversal reuse for sustainability

Where part of a design could stand alone outside the CBIT context — MC-04 is the model's built-in example — this should be flagged for a sustainability assessment, to identify whether it can be taken up by other VET or HE providers, potentially formalised through a Memorandum of Understanding by which providers and regulatory bodies commit to integrating the TEAMCARE micro-credential model beyond its originating context.

Step 9 — Feed user experience back into the model

The model is not static and should be refined as delivery experience accumulates. For each cohort run, the following should be recorded: pass rates and, where available, item-level Question Bank performance; learner and peer feedback on the learning experience; and any country- or institution-specific adaptation made to the model, so it can be reconciled with other implementations over time.

6. Quick-Reference Summary

Code	Title	Module(s)	ECTS	Prerequisite	Certification
MC-01	Collaborative Leadership and Teamwork in Healthcare	A, B	7	MC-04	Exam (Question Bank) + Working Scenarios
MC-02	Person-Centered and Culturally Sensitive Care	C	5	MC-04	Exam (Question Bank) + Working Scenarios
MC-03	Digital Health and Data Management	D, E	15	MC-04	Exam (Question Bank) + Working Scenarios
MC-04	Baseline Competencies in Healthcare	F	3	None (mandatory first)	Exam (Question Bank), theoretical only

Total workload across all four micro-credentials: 30 ECTS — the reference-model allocation, matched exactly in one pilot's implementation. Other totals observed in pilot implementation (e.g. 26 ECTS) reflect a national adaptation, not an alternative default.

7. References

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