

Policy Brief

Guidance note for implementing flexible learning pathways into healthcare occupations

15 October 2026

Key messages

- To address workforce shortages and ensure resilient health systems, countries should adopt flexible, evidence-driven training pathways that expand talent pools, align skills with evolving care needs and integrate innovations in adult learning into national workforce strategies.
- Flexible training and career pathways can widen entry into healthcare occupations for under-represented groups. Creating modular and work-based learning and flexible training entry routes enables adults, especially informal carers, mid-career adults and women, to transition into healthcare roles and address persistent workforce shortage. Targeted financial aid enhances participation, improves equity and accelerates entry into healthcare employment.
- Robust skills intelligence is essential to design effective pathways. Policymakers need integrated, high-quality data on skill needs, shortages and gaps to align flexible training with real-life labour market demands and ensure that workers are trained for the skills most needed in the health and care sector.
- Strong enabling national frameworks and cross-sector co-ordination determine success. Clear mandates, stable funding, recognised standards and co-operation across health, education and labour ministries are crucial to ensure that flexible pathways are regulated, credible, accessible and scalable. Ongoing monitoring and evaluation of programmes should be embedded from the start to track outcomes, refine programme design and ensure that flexible pathways deliver both quality training and real improvements in workforce supply.

A central objective of training systems for the healthcare sector should be to create meaningful career opportunities for adults who may otherwise be excluded from formal and decent work in the sector, including underrepresented groups such as women with informal care experience and young people entering the labour market. In this note, flexible pathways refer to entry, training and progression routes that allow learners and workers to move into and within health occupations through modular, competency-based or work-based learning arrangements, including recognition of prior learning and other non-traditional routes (OECD/ILO, 2026^[1]). Achieving this requires an alignment of education, training, lifelong learning and employment policies, supported by appropriate governance and social dialogue, to ensure

that flexible and non-traditional career pathways are recognised, regulated and sustainable and that they strengthen, not dilute, professional standards, safeguard decent working conditions, ensure fair remuneration and support clear career progression. This guidance note provides an overview of the pillars for building a skill system for the healthcare sector which promotes entry to the healthcare workforce for new types of worker backgrounds and profiles. It complements findings in the joint 2026 OECD-ILO report on Flexible Pathways into Healthcare Occupations.

Pillar 1: Developing adequate healthcare skills intelligence

To ensure that flexible career and training pathways equip workers with the right skills, policymakers must first understand what skills are required by the healthcare sector. There is no standard approach in measuring skill shortages and gaps, and policymakers need to take advantage of existing data while building new and complementary information systems that will guide skill policies and map out potential flexible pathways. This includes identifying which occupations could benefit from such policies, what are the skill requirements for those occupations, and how to ensure that skill needs are addressed by existing education and training pathways. Four elements of skills intelligence systems are of particular importance:

- **Data availability and quality:** Reliable, timely and fit-for-purpose data on employment, education and migration are the foundation of skills planning. This requires systematic linking of often fragmented administrative datasets, labour market surveys and employment data, and health outcome indicators. For example, linking training completion data with licensure/registration and subsequent employment and retention outcomes can reveal whether newly trained workers are entering the workforce, where they are deployed, and where attrition is highest. Combining such different source of data requires co-ordination across institutions, both within the healthcare sector and beyond, supported by clear governance arrangements, common standards, and appropriate data-sharing frameworks at the national level.
- **Forecasting and modelling:** Where robust and integrated data systems are in place, forward-looking projections can identify likely gaps and shortages under different scenarios (e.g. ageing population, digital health uptake, new care delivery models). Quantitative forecasts should be supplemented with qualitative foresight methods.
- **Social dialogue and participatory governance:** Effective skills intelligence is not only technical but also participatory, anchored in social dialogue and tripartite governance arrangements.¹ Employers and workers' organisations, including health sector unions, should be represented in forecasting bodies, sector skills councils and qualification authorities, in addition to professional associations, education and training providers, and community actors to ensure that skills models reflect workplace realities and build shared ownership. This is particularly important for identifying ways that existing education and training pathways can be better aligned with the skills and labour needs of the health and care sector.
- **Policy feedback loops:** Data and forecasts must inform education and training planning, funding allocation and recruitment strategies, supported by formal review cycles, shared indicators and clearly assigned institutional responsibilities. Mechanisms should be put in place to review outcomes and adjust policies when mismatches persist. Where relevant, this should include tracking how recognition and admission frameworks affect the transition from training into

¹ In line with international labour standards, in particular the Human Resources Development Convention, 1975 (No. 142), the Nursing Personnel Convention, 1977 (No. 149), the Paid Educational Leave Convention, 1974 (No. 140), and the Occupational Safety and Health Convention, 1981 (No. 155) and consistent with Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87) and Right to Organise and Collective Bargaining Convention, 1949 (No. 98).

employment, including in cross-border contexts. Skills intelligence systems should incorporate migration trends and international recruitment patterns to ensure that flexible training investments contribute to domestic health system resilience. Policies should align with fair recruitment principles and include retention strategies, particularly in countries facing significant outward migration of health professionals.

The way skill anticipation exercises are designed matters. As flexible pathways rely on describing occupations in terms of smaller units of skills and responsibilities, skills intelligence systems should support this by identifying the skills and competences associated with different occupations. Breaking down shortages into units of skills, tasks or knowledges enables policymakers to design targeted and job-relevant training, thereby providing clearer signals for supply-side responses and ensuring new entrants into the healthcare workforce are being trained for exactly the tasks that are needed (task-based approaches may also require validation with professional regulators, particularly for regulated occupations). This can be achieved by analysing two types of skills imbalances:

- **Measuring skill shortages, not just occupational shortages:** Focusing on job titles (e.g. nurses, doctors) and the absolute number of workers in shortage can mask critical information about what workers can do. Skill surveys and task analyses are essential to identify what types of skills are in shortage and focus training and recruitment policies on those bundles of skills.
- **Measuring skill gaps:** Persistent deficits in digital literacy, teamwork and leaderships are observed among existing healthcare workers. Measuring such skills is vital to ensure integrated and patient-centred care yet is not always well captured in many skill intelligence systems and often requires complementary approaches beyond administrative data (e.g. structured self-assessments, supervisor assessments, competency-based appraisals or targeted facility surveys). Flexible pathways can be used to address the skill gaps of existing healthcare workers by either offering upskilling training or through task-shifting and enabling new entrants into the workforce that are trained in the in-demand skills.

Box 1. Country spotlight – using data and skill surveys to anticipate health workforce needs

Philippines

The Philippines has a long tradition of training health professionals, particularly nurses, many of whom migrate to work abroad. This creates a paradox: while the country is a major exporter of skilled health workers, domestic health facilities in rural areas continue to experience shortages.

Key features of the Philippines' skills intelligence efforts include:

- Graduate tracking and deployment data: Authorities monitor nursing graduates and deployment within the public sector, helping to identify where domestic shortages are most acute.
- International mobility data: Because a significant share of Filipino nurses seek work abroad, migration statistics are essential to understand the real supply available domestically.
- Skills mismatch evidence: Surveys show that many qualified health professionals either cannot find work in their field or work below their skill level when employed domestically. This data collection points to underutilisation of existing skills.
- Policy response: The government has trialled bonding schemes and rural deployment programmes to retain workers in underserved areas, as well as bilateral agreements with destination countries to manage outflows.

Source: OECD/ILO (2026), *Equipping Health Workers with the Right Skills: Skills Anticipation in the Health Workforce*, <https://doi.org/10.1787/9b83282e-en>.

Pillar 2: Ensuring national policy coherence and frameworks

Flexible pathways into healthcare occupations are more likely to succeed when supported by a coherent and enabling policy framework, particularly in the field of adult learning. This requires clear mandates, stable funding and co-ordination across education, health and labour systems. Without alignment between these sectors, training systems risk becoming fragmented, underfunded or disconnected from employment systems, and issues may arise concerning new forms of training and licensing requirements in the healthcare sector. National frameworks are essential to ensure that flexible pathways are recognised, regulated and sustainable.

Initiatives applying flexibility principles in education and training for healthcare workers are novel but expanding. As with any innovation in the field of adult learning, governmental support is essential in ensuring that such initiatives become scalable and can address workforce shortages on a national level, while ensuring quality care provision. Governmental support should also ensure that flexibility in training pathways translate into secure, well-regulated employment, not undermining workers' rights, professional standards or working conditions. If not, innovative solutions risk becoming one-off initiatives whose impact is relatively modest. To ensure implementation and scalability of such programmes, policy support is necessary on several fronts.

- **Policy mandate and cross-sectoral co-ordination:** National strategies for the healthcare workforce should explicitly support flexible entry and progression pathways into healthcare, backed by political commitment, and governance arrangements that include social dialogue and long-term planning. Effective governance requires collaboration between ministries of health, education and labour in co-operation with social partners. Co-ordination mechanisms should be institutionalised to align objectives and share data. Practical ways to promote stable inter-ministerial co-operation include the setup of joint steering committees, clear definition of roles, the adoption of competency-based licencing, shared data and joint monitoring and service-level agreements.² Co-ordination mechanisms should also ensure alignment between skills recognition systems, labour migration frameworks and healthcare recruitment practices, particularly in contexts where international mobility plays a role in workforce supply.
- **Stable funding mechanisms:** Public investment is needed to ensure that flexible training is accessible, high-quality and scalable. This includes effective and sustained funding for modular learning programmes, recognition of prior learning systems, and the enabling digital infrastructure. Investment should nevertheless be balanced in both flexible and traditional pathways, otherwise there is a risk that health systems may favour quicker, lower-cost workforce solutions and underinvest in education and training for occupations with more extensive regulatory and qualification requirements.

Flexible pathways should enable different routes to recognised occupations and qualifications, including traditional, full-length programmes as well as more modular or staged approaches, while upholding the same standards of competence, service quality, decent work and safeguard workers' rights, avoiding the creation of low-quality or exploitative forms of employment. Flexible entry pathways should not result in the creation of permanent second-tier occupational categories with limited career mobility or inferior employment conditions. New or restructured occupational roles should be integrated into established wage classification systems, benefit from collective bargaining coverage where applicable, and provide clear and transparent progression routes toward fully regulated professional qualifications. To enable this and maintain both a quality of training and quality of service, flexible training programmes need to have clear

² Service-level agreements refer to formal agreements between public services/agencies and independent regulators, which may set up joint programmes to train, certify, licence and deploy healthcare workers. Such programmes are supported by formal agreements that specifies roles, workflows, data-sharing rules, monitoring and evaluation etc.

learning outcomes that are addressing real-life skill needs in the sector. Three aspects of documenting learning outcomes should be kept in mind:

- **Competency-based standards:** Flexible pathways in health and care must not compromise quality or professional standards. Training and assessment should be based on clearly defined skills that are aligned with occupational standards and licensing requirements. If unavailable, such standards should be developed for all occupations in the health and care sector.
- **Updating qualification frameworks:** National qualification frameworks can incorporate modular and stackable, quality assured micro-credentials, through agreed changes supported by social dialogue, enabling learners to build toward full qualifications over time.
- **Linking to licensing:** If applicable, learning achievements, credentials and assessment mechanisms associated with flexible pathways should be recognised by professional councils and licensing bodies to safeguard professional standards, protect workers, and ensure that learners can transition into regulated and decent work roles.

Box 2. Country spotlight – ensuring national policy coherence

United Kingdom

The United Kingdom has developed a structured and transparent system to support flexible career pathways in healthcare through its national qualification framework and occupational standards. This system enables coherent planning, supports lifelong learning and ensures that flexible training pathways are embedded within national workforce strategies.

Key features:

- **Mapped career pathways:** The Healthcare Apprenticeship Pathways Tool groups occupations by sub-sector and skill level, from entry-level roles to advanced clinical roles.
- **Standardised qualifications:** Each role is linked to specific training requirements, assessment standards and recognised qualifications, ensuring consistency and portability across the system.
- **Accessible guidance:** Online platforms provide user-friendly information about career progression, training providers and qualification routes, helping individuals navigate healthcare careers.
- **Integration with licensing:** Qualifications are aligned with regulatory requirements, ensuring that flexible pathways can lead to recognised and licensed employment.

Pillar 3: Designing and delivering a flexible skills offer

Healthcare systems face growing pressure from demographic shifts, evolving care models, and technological innovation. Traditional education pathways play an important role in the supply of healthcare skills, but on their own are not sufficient to meet the urgent workforce needs. As a key component of flexible pathways, flexible training enables adults from diverse backgrounds to enter and progress within health and care occupations, especially in entry-level roles, enhancing equal opportunities to access decent work, including for domestic and community care workers. This can include, for example, modular learning, competency-based training, work-based learning, part-time and self-paced study, and blended delivery, combining in-person and online learning. It also supports upskilling and reskilling for existing workers, helping health systems adapt to change while promoting equity and inclusion.

The transition of workers already in the labour market or informally working in care occupations into healthcare occupations is critical to help address shortages in the short term by boosting supply. This will require effective systems to assess and recognise the skills of the available workforce, to identify skills gaps and to provide services and support that will address the barriers to upskilling and reskilling, as well as shorten the training pathways into the healthcare sector.

- **Modular courses and micro-credentials:** Breaking qualifications into smaller, certifiable units allows learners to build skills progressively. Recognised, stackable micro-credentials may lead to full qualifications depending on the governance and awarding body. This may also facilitate and support lifelong learning, as well as allowing workers to branch into different specialisations and support horizontal and vertical mobility across healthcare roles when accompanied by the relevant licensing or regulatory requirements,
- **Task reallocation, new roles and competency-based training:** Where flexible pathways support task reallocation or the creation of new roles, clear scope-of-practice definitions should be established in collaboration with professional regulators and workers' organisations, and competency-based training should meet established professional standards and quality requirements. Task reallocation can support more effective teamwork and service delivery, but should be implemented with appropriate safeguards, clear roles and responsibilities, and due attention to staffing needs and professional support.
- **Apprenticeship and work-based learning:** Embedding training in real healthcare settings through internships, dual training systems or apprenticeships enhances job readiness and supports smoother transitions from training to employment.
- **Flexible entry points:** Training programmes should be accessible to adults with limited formal education, including those with prior care experience acquired in domestic, informal or community-based settings, offering clear and inclusive pathways into health and care roles.

Flexible delivery of adult learning is adjusted to the circumstances of adult learners, who often juggle work, family and other responsibilities while seeking to improve their skills. Unlike traditional, rigid education systems, flexible learning allows adults to move more easily between education, training, and employment throughout their lives combining periods of learning and employment. Providing training pathways that are an alternative from traditional multi-year, full-time classroom-based education programmes opens healthcare careers to a wider group of adults who face these barriers in training participation, particularly those who may be operating from rural areas.

- **Distance and hybrid learning:** Online and blended formats reduce barriers related to time, location and caregiving responsibilities.
- **Self-paced learning adapted to work contexts:** Training should be adaptable to learners' schedules and local realities, including rural and underserved areas. Asynchronous learning (e.g. pre-recorded lectures) allows learners to study at their convenience.
- **Digital platforms:** Leveraging technology such as telemedicine, e-learning platforms and AI-assisted learning can expand access, personalise learning and improve training results. To be effective and equitable, digital and hybrid systems should also address disparities in connectivity, digital literacy and affordability (particularly in rural and low-income contexts) and apply transparent data protection standards to safeguard privacy and prevent misuse of learner information.

It is essential that flexible policies contribute to building a workforce that reflects the diversity of the populations it serves. Gender disparities persist across many healthcare roles, many women are informal carers or community health workers who possess valuable experience that remains unrecognised. Increasing representation and validating existing skills is crucial to unlock new potential in the workforce. This can be achieved by, for example, implementing support measures to encourage recruitment and shorten training duration.

- **Gender mainstreaming:** Addressing gender disparities in healthcare education and training and employment is essential. Programmes should actively evaluate the barriers to participation, put in place mechanisms to address those barriers and recruit and support underrepresented groups, including men into care roles and women in technical roles, to access and stay engaged in learning and employment.
- **Recognition of prior learning (RPL):** Many experienced health and care workers, including informal carers and community health workers already possess relevant skills. RPL systems should validate these skills and reduce redundant training. RPL for community and informal care workers should be accompanied by pathways into formal employment relationships with access to wages, social protection and occupational safety and health protections. Flexible pathways should likewise be implemented with due attention to decent work principles, including fair remuneration and clear safeguards.
- **Career guidance:** Tailored guidance helps individuals understand healthcare career options, navigate training pathways and make informed decisions. Outreach efforts are especially important in underserved areas.
- **Targeted outreach:** Promoting flexible training opportunities through community organisations, employment services, women's groups, workers' organisations and social services is important to reach the ones who can benefit the most. Outreach should include career guidance, information on financial support and licensing pathways.

Box 3. Country spotlight – designing and delivering a flexible skills offer

Denmark

Denmark has implemented a flexible and modular approach to vocational training in the health and social care sector, enabling adult learners to enter health and care occupations at their own pace.

Key features:

- **Modular learning structure:** The Adult Vocational Training Programme (Arbejdsmarkedsuddannelser, AMU) offers short, stackable courses grouped into modules. Each module leads to a certificate that is recognised by both employers and the education system.
- **Flexible deliver:** Courses range from a few days to six weeks and can be taken continuously or individually, allowing learners to tailor their training to personal schedules.
- **Recognition of prior learning:** Learners can undergo a formal assessment of skills, which may shorten training duration or validate entire modules.
- **Labour market relevance:** Training is aligned with national qualification frameworks and designed in collaboration with healthcare providers and workers' representatives to ensure job readiness.

Pillar 4: Effective sectoral governance and financing

Healthcare workforce challenges are often rooted in sector-specific dynamics such as occupational licensing, training bottlenecks and uneven geographic distribution of health and care workers. Addressing these challenges requires, beside effective national frameworks, stable and effective sectoral governance and co-ordinated, sector-wide strategies that bring together workers, employers and education and training

providers. Sectoral approaches enable targeted interventions, improve alignment between education and training and labour market needs and support the development of sustainable career pathways.

For policies on flexible pathways to adequately address shortages, they need sufficient buy-in from all parties involved. Securing employers, workers and education and training providers buy-in should be embedded in policy and programme design early on and inform the development and implementation of said policy or programme.

- **Inclusive governance:** Sectoral strategies, including education and training strategies should be developed through tripartite engagement, actively involving workers' representatives, employers, and education and training institutions.
- **Sectoral skills bodies:** Establish or strengthen sectoral skills councils, with representation from employers, workers' organisations, professional regulators and education providers to co-ordinate occupation and training standards, identify emerging skill needs and support curriculum development.
- **Labour market alignment:** Sectoral engagement in design and delivery of training programmes ensures that they reflect real labour-market skill demands and support decent work outcomes by increasing the likelihood of securing employment after training, as well as promoting career development pathways for employed healthcare professionals.

The value of flexible pathways lies in their potential to widen access to learning and health and care careers both as a short-term response to shortages and as a longer-term investment in skills and progression. However, without targeted financial support there is a risk that they may reinforce existing inequalities and benefit those who are already well-positioned to engage in lifelong learning while failing to engage those further removed from upskilling and reskilling. For low-income and low-skilled adults, the costs associated with training are not just the course fee, but also aspects such as the cost of travelling to and from training centres, the opportunity cost of forgoing paid work in favour of studying, and the cost of arranging childcare or other services. Financial incentives should reflect these realities. In low-resource settings, diversified financing approaches, including public investment, cost-sharing and external support, can help subsidise training costs and expand access to underserved areas.

- **Individual support:** Offer stipends, scholarships or benefit-linked training allowance to reduce financial barriers for learners, especially those from low-income backgrounds. The benefit of financial support for flexible training is that the worker is only undertaking training they actually need, shortening both training duration and lowering costs. In-service upskilling for existing healthcare personnel can be supported through paid educational leave arrangements.³ Continuing Professional Development (CPD) credits linked to progression, recognition of prior learning, and career step progression for certified skills.
- **Support to health education and training providers:** Governments can support accredited health training institutions and service providers to deliver CPD, bridging courses and entry-level programmes, through contracting, targeted subsidies or grants that expand access, strengthen quality, and facilitate progression into healthcare roles, particularly in underserved areas.
- **Apprenticeship grants:** Provide financial incentives to employers who host apprentices or trainees in healthcare roles, including compensation for paid training time and supervision costs. Intermediary organisations that support employers, apprentices and outreach for new candidates in underserved areas can also be supported.
- **Inclusion-focussed schemes:** Design targeted incentives for underrepresented groups such as women, rural populations or informal workers, to enter and remain in healthcare training and employment.

³ Consistent with Paid Educational Leave Convention, 1974 (No. 140).

Public-private partnerships (PPP) can be defined as a long-term contract between a private organisation and a government entity for the provision of a public asset or service. In this arrangement, the private organisation bears significant risk and management responsibilities, while compensation is tied to defined performance outcomes. PPPs may add significant value by addressing gaps in public service delivery through flexible and innovative solutions that the government may be less equipped to provide.

- **Shared investment:** PPPs can mobilise resources to expand training infrastructure, including facilities, equipment and digital platforms with a share of the payments linked to delivered training places, completed modules or certified learners.
- **Geographic coverage:** Collaboration with private providers can extend training and service delivery into rural and remote areas with financing linked to service provision, completion or employment outcomes in underserved locations.
- **Licensed employment pathways:** PPPs can support the creation of formal employment opportunities for trainees, including through apprenticeship-to-job pipelines with payments linked to transitions into licensed roles, retention and decent work outcomes.

Besides outcome-based agreements, incentives can also be embedded within public sector human resource policies (see above, point on individual incentives for healthcare staff) and provider funding models to support uptake, quality and scale. Training providers can be funded to deliver modular programmes through grants that can cover curriculum development, instructor training, support to develop clinical capacity and supervision, and accreditation processes, with top-ups for underserved areas. Notwithstanding the role of PPPs in expanding training capacity, the government should retain primary responsibility for regulating quality, safeguarding labour standards and ensuring equitable access. PPP arrangements should include clear accountability mechanisms and transparent performance criteria taking into account service quality, equity and decent work objectives.

Box 4. Country spotlight – strategic sectoral approaches

India

India's National Skill Development Corporation (NSDC) exemplifies a strategic public-private partnership model aimed at expanding healthcare training and workforce development. Operating under the Ministry of Skill Development and Entrepreneurship, NSDC collaborates with private entities such as Apollo MedSkills, a healthcare education provider under the Apollo Hospitals Group. This PPP model mobilises funding, infrastructure and policy support to scale flexible training pathways, particularly in underserved regions.

Key features:

- **Shared investment:** NSDC and Apollo MedSkills jointly manage 42 training centres across 22 states, training approximately 6 000 candidates every three months.
- **Modular and flexible training:** Programmes are tailored to different career stages, offering short-term, skill-based courses for both new entrants and experienced professionals.
- **Industry alignment:** Curricula are co-developed with healthcare providers to ensure job relevance.
- **Scalability:** Over 112 000 students have been trained through this partnership, demonstrating its reach and sustainability.

Pillar 5: Adequate monitoring and evaluation

Flexible pathways into health and care occupations must be continuously assessed to ensure they are effective, equitable and sustainable. Without robust monitoring and evaluation, it is difficult to determine whether new programmes are achieving their intended outcomes, such as improving access, enhancing quality or supporting career progression and the learning and insights gained to drive improvements in approaches. Transparent evaluation systems also build trust among stakeholders and support evidence-based policymaking. Monitoring and evaluation responsibilities should be clearly assigned, either centralised at national level or co-ordinated through a designated sectoral body, to avoid duplication, ensure interoperability, and strengthen accountability.

Systematic evaluation mechanisms to assess access to and progression through flexible pathways as well as their impact on both individual employment outcomes and broader health system performance is also necessary, including measuring improvements in care quality, workforce stability, work quality and the effectiveness of task reallocation in alleviating shortages among higher-skilled health workers. Several indicators can be considered.

- **Uptake and completion rates:** Track enrolment and graduation rates in flexible training programmes disaggregated by sex, age, location and prior care experience to assess accessibility, inclusivity and learner retention.
- **Employment outcomes:** Monitor the employment status of graduates, including time-to-employment, and the quality of employment secured. Evaluate whether flexible programmes enable entry for vulnerable individuals and groups and lead to meaningful career transition, either into healthcare or within the sector.
- **Licensing and credentialing impact:** Assess how flexible pathways affect licensing processes, including time to license and recognition of prior learning, including for candidates with vulnerable backgrounds.
- **Training quality:** Collect feedback from employers and trainees on the relevance, quality and delivery of training programmes.
- **Impact on healthcare coverage and quality:** Measure the impact of training on healthcare service delivery, including improvements in coverage, patient outcomes and workforce distribution, particularly in underserved communities.
- **Work quality and working conditions:** Monitor job quality outcomes for graduates, including contract type, working hours, pay progression, access to social protection, occupational safety and health, and opportunities for progression into regulated roles, in line with international labour standards.
- **Transparency:** Evaluation results should be publicly available and communicated in accessible formats to policymakers, education and training providers and the public.
- **Stakeholder involvement:** Engage employers, workers' organisations, education providers, trainees, and community representatives in designing and interpreting evaluation frameworks.
- **Feedback loops:** Use evaluation findings to refine programme design, funding allocation and workforce planning.

Box 5. Country spotlight – adequate monitoring and evaluation

Norway

Norway's Men in Health (Menn i helse) initiative offers an example of how monitoring and evaluation can be embedded into flexible training and career transition programmes. A nationally co-ordinated initiative, it is implemented through a collaborative governance model involving municipalities, the public employment services, county authorities, the Directorate of Health and the municipal employer organisations, as project lead. The programme is designed to recruit unemployed men into entry-level healthcare roles, particularly in the care sector where men are underrepresented. It combines career guidance, recognition of prior learning and work-based learning to create a flexible and inclusive pathway into healthcare employment.

Key features:

- **Embedded evaluation design:** A two-year follow-up evaluation was conducted by Østlandforskning at the request of the Ministry of Health and Care Services. It involved 67 interviews across participating regions, desk research and document analysis and stakeholder workshops.
- **Multi-phase assessment:** The evaluation examined organisational setup, implementation in practice and national scaling, identifying success factors and barriers at each stage.
- **Outcome tracing:** The outcomes were traced through a longitudinal, qualitative follow-up evaluation combining document studies, structured interviews with participants, and workshops. This approach allowed continuous data collection, reflection and feedback across three phases of the project, ensuring that both processes and impacts were documented and assessed in real time as the project evolved.
- **Quality assurance:** The evaluation highlighted variation in mentoring quality across municipalities and recommended standardised training for workplace mentors.
- **Policy feedback:** Findings informed improvements in recruitment, co-ordination and stakeholder engagement, and supported stronger institutional anchoring with national education and labour authorities. This includes formal recognition of training within Norway's vocational education framework, co-ordination with the public employment service (which refer candidates and support their participation) and stronger financial support from the Ministry of Health and Care Services.

Source: Lauritzen and Olsvik (2018) «... hadde jeg visst hvor interessant dette yrket er, så hadde jeg gjort det for mange år siden», https://www.ostforsk.no/wp-content/uploads/2018/06/072018_hadde_jeg_visst_hvor_interessant_dette_yrket_er_s%C3%A5_hadde_jeg_gjort_det_for_mange_%C3%A5r_siden.pdf.

What can policymakers do?

- Upgrade national skills intelligence systems by improving existing data quality, harmonising reporting standards and adding skill-based analysis alongside traditional occupational assessments. Pilot short-term forecasts for priority healthcare occupations while building longer-term models. Create a regular multi-stakeholder advisory group to validate evidence and ensure that findings are shared widely in clear, accessible formats.
- Strengthen sector-wide co-ordination for flexible healthcare training by mapping key actors across the health and training ecosystem to build effective co-ordination platforms, piloting targeted financial incentives in in-demand occupations before scaling nationally, leveraging existing public-private partnerships to expand training reach and ensure alignment with labour-market needs.
- Strengthen national governance for healthcare education and training by establishing an inter-ministerial task force to align workforce, education and health policies. The task force should prioritise embedding flexible pathways into national workforce and education strategies, updating qualification frameworks and occupational standards to incorporate modular learning, micro-credentials, competency-based approaches and recognition of prior learning, and engaging certification, regulatory and licensing bodies early to ensure that new training pathways are formally recognised and lead to employment in the healthcare sector. In countries experiencing health worker mobility, this should include reviewing the coherence between skills recognition arrangements, admission policies and healthcare recruitment systems to ensure that flexible pathways lead to effective job matching.
- Rollout flexible healthcare training by piloting modular programmes in high-need areas, integrating these pathways into existing vocational and adult learning infrastructure, and developing user-friendly digital platforms to deliver content, monitor progress and support remote learning. Engage employers and workers organisations early in the design and implementation of education and training programmes to ensure curricula are relevant, workplace-based learning opportunities are available and training pathways lead to jobs.
- Improve monitoring and evaluation of flexible training pathways by starting with simple, high-value metrics such as training enrolment, completion and employment outcomes. Embed learner feedback into quality assessments to ensure programmes remain relevant. Link funding to performance indicators to drive continuous improvement, under the oversight of a co-ordination body.

Further information

OECD (2026), *Flexible Training Pathways into Healthcare Occupations*, OECD Publishing, Paris, <https://doi.org/10.1787/a114f653-en>.

Webinar on Flexible learning pathways into healthcare occupations (16 December 2025) <https://www.oecd.org/en/events/2025/12/flexible-learning-pathways-into-healthcare-occupations0.html>.

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