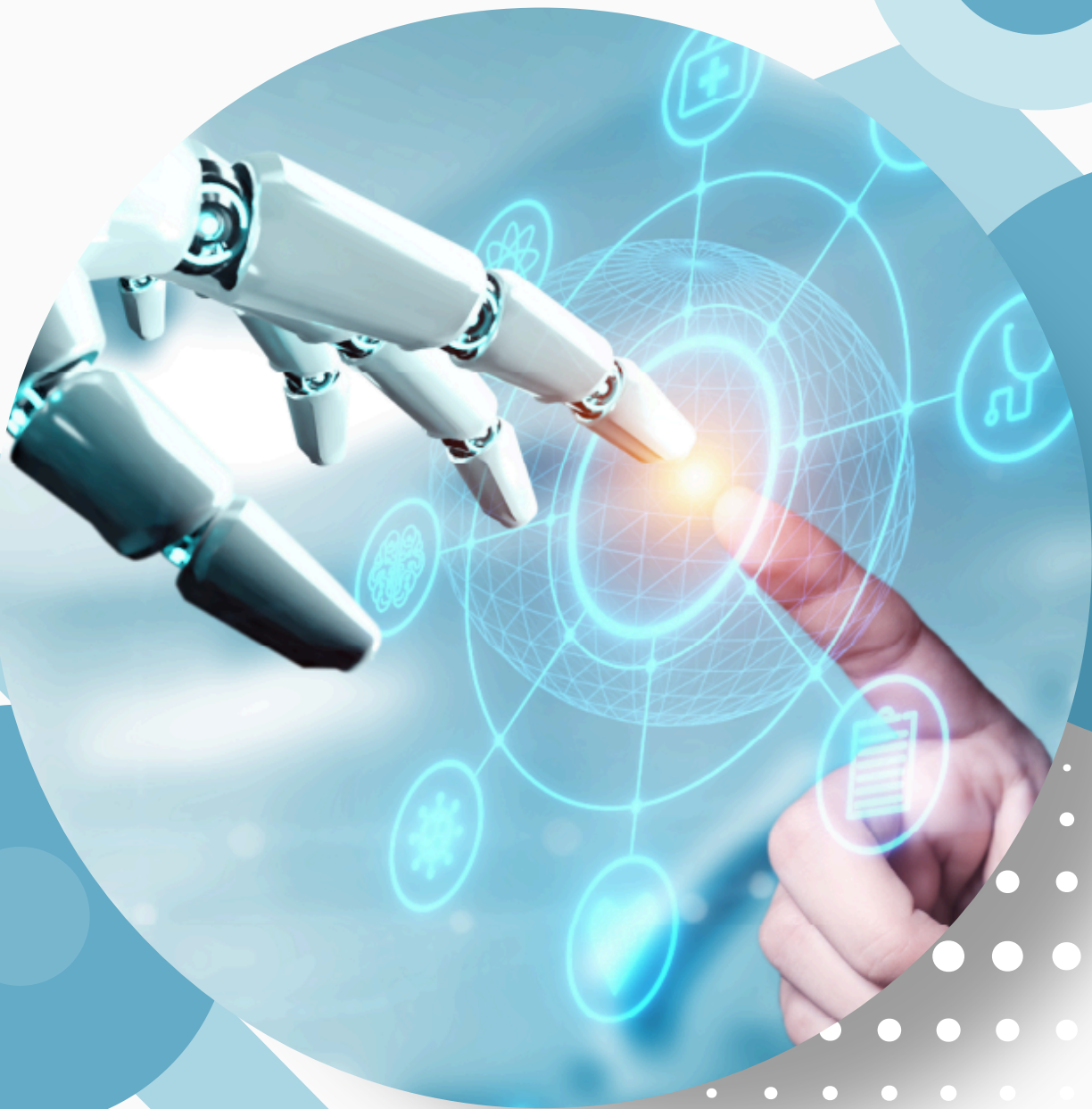




AI2MED



HOW TO ENGAGE DIFFERENT AI-IN-MED RELATED STAKEHOLDERS IN HEI AND VET ECOSYSTEMS



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HOW TO USE

HANDBOOK

This handbook is designed as a practical, step-by-step guide. Each main step includes:

- short explanations of key concepts
- practical tools and examples
- checklists to support implementation

Case study boxes highlight practical experiences from ecosystem-building activities, illustrating what worked well and what required adjustment. Readers are encouraged to adapt the tools and approaches to their local context.





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WELCOME

MESSAGE

This handbook is a comprehensive, practice-oriented guide for organisations, educators, healthcare providers, policymakers, and innovation leaders seeking to build, activate, and sustain innovation ecosystems in Artificial Intelligence (AI) applied to healthcare. It is designed for readers who are not looking for theoretical discussions or project descriptions, but for actionable guidance: concrete steps, proven approaches, and lessons learned that can be transferred across regions, sectors, and institutional contexts.

The handbook addresses a central challenge faced across Europe and beyond: while AI technologies in healthcare are advancing rapidly, their adoption and impact depend largely on the quality of collaboration between people and institutions. Innovation does not emerge in isolation; it emerges from ecosystems where trust, shared understanding, and aligned incentives are deliberately cultivated.



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ABOUT HANDBOOK

This handbook is grounded in hands-on experience from stakeholder engagement activities carried out within the AI2MED project, focusing on AI-enabled healthcare education and training ecosystems. The guidance presented here reflects approaches that have been tested in collaboration with higher education institutions, vocational education and training providers, healthcare organisations, industry actors, and public authorities. While the handbook is designed to be transferable across contexts, its recommendations are informed by practical challenges and lessons learned in the AI-in-MED domain

What You Will Learn

After working through this handbook, you will be able to:

- Systematically identify and prioritise stakeholders within a regional or sectoral innovation ecosystem
- Design and manage structured stakeholder engagement processes over time
- Develop and implement effective public outreach and awareness-raising campaigns
- Apply good practices and lessons learned from real-world ecosystem-building experience
- Select appropriate cooperation mechanisms, including informal arrangements, project-based collaboration, and optional Memorandums of Understanding (MoUs), to sustain partnerships

While the handbook draws on experiences from European collaboration in AI-enabled healthcare, its methods and tools are explicitly transferable. Readers are encouraged to adapt the guidance to their own technological focus, governance structures, and cultural contexts.



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WHY INNOVATION ECOSYSTEMS MATTER

Artificial Intelligence is increasingly shaping how healthcare systems diagnose disease, personalise treatment, manage workflows, and monitor patients. However, the introduction of AI into healthcare environments remains uneven and, in many cases, contested. Technical capability alone does not guarantee adoption, impact, or trust.

Healthcare is a **high-stakes, highly regulated, and deeply human-centred sector**. Decisions influenced by AI can affect patient safety, professional accountability, and public confidence in health systems. As a result, innovation in this domain depends not only on technological excellence but on coordination between multiple actors with different responsibilities, incentives, and risk perceptions.

THE CENTRAL CHALLENGE

This handbook responds to a practical and recurring question: **How can organisations bring together diverse actors, align their interests, and sustain collaboration long enough to achieve meaningful and responsible innovation in AI-in-MED?**

Rather than focusing on AI technologies themselves, the handbook focuses on the conditions that enable innovation to take root: people, skills, governance, trust, and cooperation



WHO THIS HANDBOOK IS FOR

The guidance presented here is particularly relevant for:

- Higher education institutions and vocational education providers seeking closer links with healthcare and industry
- Hospitals, clinics, and healthcare networks exploring AI adoption
- SMEs, startups, and technology providers working in digital health
- Public authorities, agencies, and policymakers supporting innovation and skills development
- Project managers, innovation intermediaries, and ecosystem facilitators



UNDERSTANDING THE INNOVATION ECOSYSTEM

An innovation ecosystem can be understood as a **network of interdependent actors** who contribute complementary resources, expertise, and authority toward shared objectives. In healthcare, these ecosystems are shaped by additional constraints, including regulation, ethical oversight, professional standards, and public accountability. Unlike linear innovation models, ecosystems are dynamic. Relationships evolve, new actors enter, priorities shift, and external factors such as regulation or labour market changes influence direction. Successful ecosystem building, therefore, requires continuous attention rather than one-off interventions.



KEY CHARACTERISTICS

Effective healthcare innovation ecosystems typically share three characteristics:

- **Diversity of actors**, ensuring that clinical, technical, educational, regulatory, and societal perspectives are represented
- **Structured interaction**, moving beyond ad hoc meetings toward recurring, purposeful engagement
- **Shared purpose**, anchored in public value such as improved patient outcomes, safety, or system efficiency





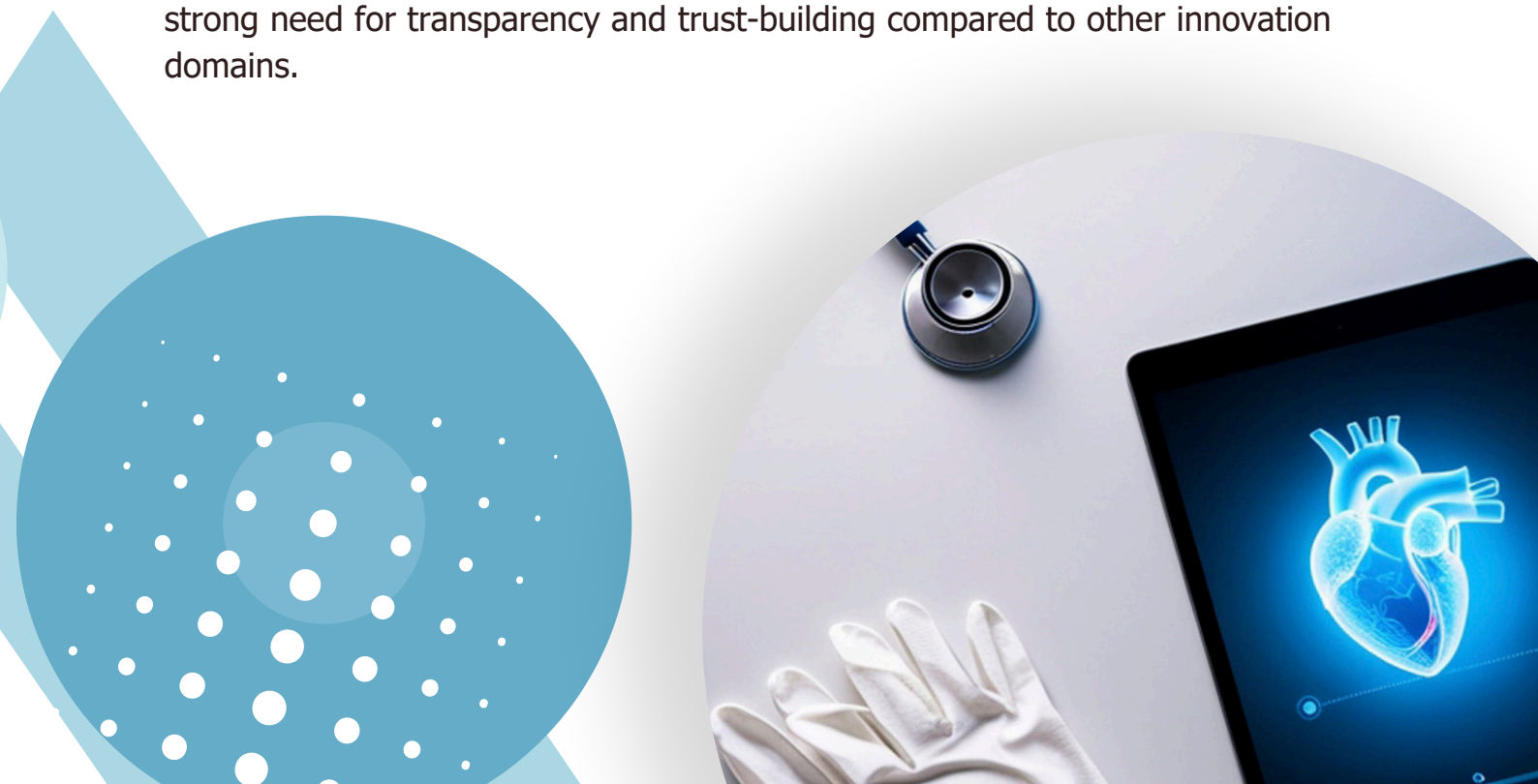
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SPECIFICITIES OF AI-IN-MED INNOVATION ECOSYSTEMS

Innovation ecosystems in AI-enabled healthcare differ from those in many other digital domains due to the sector's high-risk nature, strong regulatory frameworks, and direct impact on human well-being. Decisions influenced by AI systems may affect clinical outcomes, professional accountability, and public trust, which significantly raises the stakes of innovation and collaboration.

As a result, AI-in-MED ecosystems typically involve a broader and more heterogeneous set of stakeholders, including clinicians, educators, regulators, ethicists, and patient representatives. Engagement processes must therefore address not only technological feasibility but also issues such as clinical validation, data protection, ethical oversight, and alignment with professional standards.

These characteristics make early, structured, and sustained stakeholder engagement particularly critical in AI-in-MED contexts. Ecosystem builders should expect higher levels of scrutiny, longer decision-making cycles, and a strong need for transparency and trust-building compared to other innovation domains.



CORE

STAKEHOLDER

GROUPS



While each ecosystem is context-specific, most AI-healthcare ecosystems include the following stakeholder groups:

- **Healthcare professionals and organisations:** clinicians, nurses, allied health professionals, hospital managers, and healthcare networks
- **Education and training providers:** universities, vocational institutions, professional training bodies
- **Technology and industry actors:** startups, SMEs, larger technology providers, and integrators
- **Researchers and research infrastructures:** academic researchers, applied research centres, data infrastructures
- **Policymakers and regulators:** ministries, agencies, regulators, and public authorities
- **Patients and the wider public:** patient organisations, civil society groups, and citizens

A central task of ecosystem building is not to involve everyone equally, but to determine who needs to be engaged, at what stage, and in what capacity.





STEP 1

IDENTIFYING AND MAPPING STAKEHOLDERS

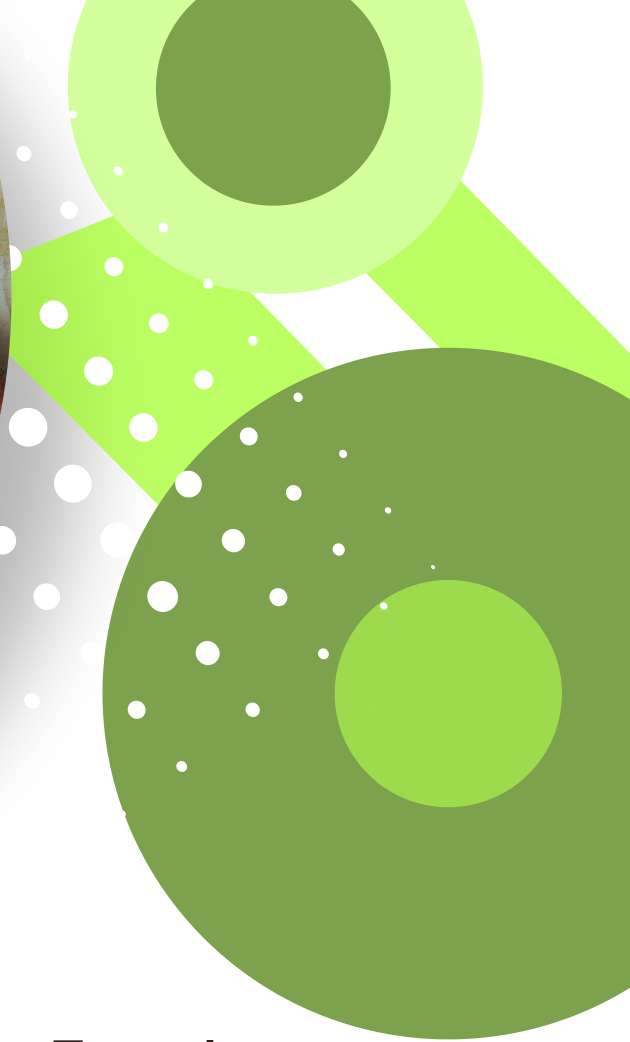
Preparing the Mapping Exercise

Stakeholder mapping should begin with a clear definition of the ecosystem's scope. This includes:

- The thematic focus (e.g., AI diagnostics, digital workflows, patient monitoring)
- The geographical level (local, regional, national, or transnational)
- The intended outcomes (skills development, pilot deployment, policy dialogue)

Without this clarity, stakeholder mapping risks becoming either too broad to be actionable or too narrow to capture relevant influence.





Preparing the Mapping Exercise

A practical and widely used approach combines three criteria:

- **Influence:** the stakeholder's ability to shape decisions, regulation, funding, or adoption
- **Interest:** the stakeholder's motivation to engage in AI-related innovation
- **Expertise:** the knowledge or experience the stakeholder brings (clinical, technical, educational, legal)

Stakeholders can then be grouped into categories such as:

- **Core partners:** essential for progress and decision-making
- **Active contributors:** providing expertise, feedback, or implementation capacity
- **Informed stakeholders:** requiring communication and transparency, even if not actively involved

These criteria form the basis for a simple stakeholder mapping matrix, which supports decisions on how different actors should be engaged

Applying the Stakeholder Mapping Matrix

Stakeholder mapping is most effective when translated into a simple visual or conceptual matrix that positions stakeholders according to their level of interest and relevance. This approach helps ecosystem builders prioritise engagement efforts and allocate resources strategically.

As a rule of thumb, stakeholders can be grouped into four categories:



1 MINIMAL EFFORT

These stakeholders have limited impact on the initiative and do not require active engagement in the short term. They should, however, remain visible in case their relevance changes.

2 KEEP INFORMED

These actors are motivated and supportive but currently have limited influence. Light but regular communication helps maintain alignment and monitor potential changes in their role.



Applying the Stakeholder Mapping Matrix

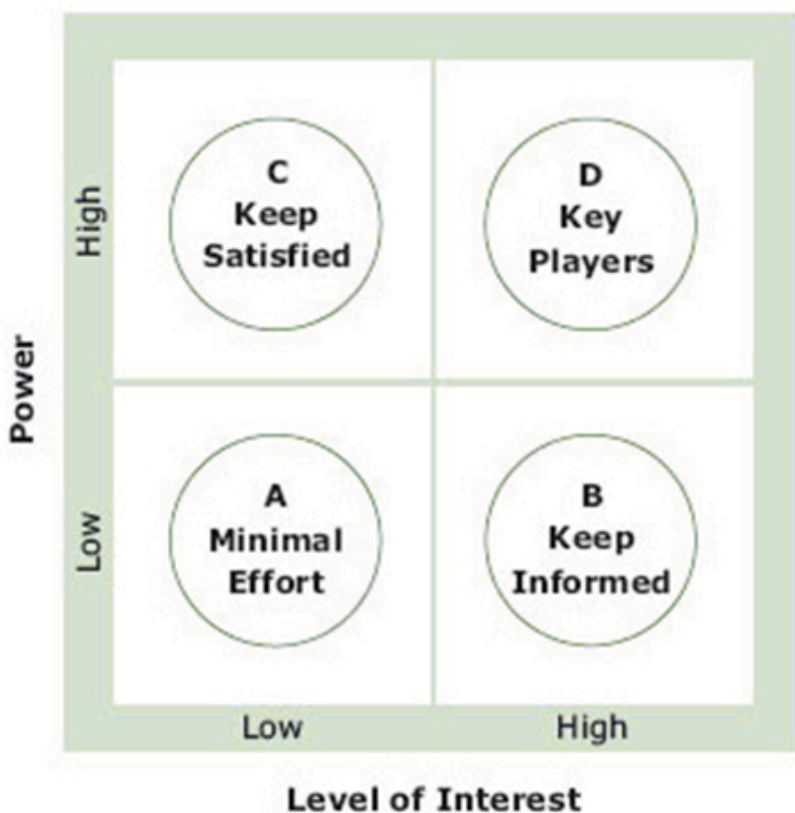
3 KEEP SATISFIED

These stakeholders may be critical for success but do not yet perceive the value of the initiative.

Targeted engagement is required to build trust and increase their interest.

4 KEY PLAYERS

These actors form the core of the ecosystem and should be actively involved throughout all stages of the initiative. Their input should directly inform decision-making.



In practice, each participating HEI or VET provider develops its own stakeholder map based on local context, priorities, and objectives.

Figure 1 illustrates a commonly used stakeholder mapping matrix based on interest and relevance.

Figure 1. Source: adapted from Johnson and Scholes (1999)



GOOD

PRACTICES

Practice	Description
Combine research methods	Use both desk research and short exploratory interviews to validate findings
Involve local actors	Engage regional stakeholders who understand contextual constraints and opportunities
Update periodically	Review and revise stakeholder maps as the ecosystem evolves

COMMON PITFALLS

Pitfall	Why to Avoid
Over-relying on hierarchies	Institutional hierarchies may not reflect practical influence on innovation
Underestimating frontline staff	Frontline professionals often have critical insights and implementation capacity
One-time mapping	Ecosystems are dynamic; mapping must be revisited regularly





CASE STUDY

STAKEHOLDER MAPPING IN PRACTICE

In one regional ecosystem, the initial stakeholder mapping exercise focused primarily on technology providers and academic researchers. While this group showed high interest, early engagement activities revealed limited clinical relevance and weak uptake by healthcare organisations.

A revised mapping exercise was conducted based on short interviews with hospital staff and VET trainers. This revealed that department heads and clinical educators had significantly higher influence on training adoption than originally assumed, despite expressing lower initial interest.

By repositioning these actors as high-relevance stakeholders and adjusting engagement strategies accordingly, the ecosystem was able to design pilot training activities that better matched clinical workflows and professional expectations.

Key lesson: stakeholder mapping should be treated as an iterative process, and frontline perspectives can substantially change initial assumption





Before moving to the next step, ensure that

- The scope of the ecosystem has been clearly defined (thematic focus, geography, objectives).
- Key stakeholder groups relevant to AI-in-MED have been identified.
- Stakeholders have been assessed based on interest, relevance, and expertise.
- A clear distinction has been made between core partners, contributors, and informed stakeholders.
- The stakeholder map reflects local realities and has been validated through at least one external input (e.g. interviews or consultations).
- A plan exists to revisit and update the stakeholder map as the ecosystem evolves.



TRY IT IN YOUR CONTEXT

1. List three stakeholders who are essential for AI-in-MED education or training in your region.
2. Assess their level of interest and relevance using the stakeholder mapping matrix.
3. Consider whether any stakeholder with high relevance currently shows low interest and may require targeted engagement.



STEP 2

DESIGNING STAKEHOLDER ENGAGEMENT STRATEGIES

Principles of Effective Engagement

Engagement strategies should be guided by clear principles:

- **Inclusivity:** ensuring engagement is not limited to established innovation elites
- **Transparency:** clearly communicating goals, constraints, and decision-making processes
- **Reciprocity:** recognising and responding to stakeholders' motivations and expectations
- **Continuity:** maintaining engagement across the full lifecycle of activities

These principles help prevent disengagement, fatigue, and mistrust.





HEI AND VET: COMPLEMENTARY ROLES IN AI-IN-MED ECOSYSTEMS

Higher education institutions (HEIs) and vocational education and training (VET) providers play distinct but complementary roles in AI-in-MED ecosystems.

HEIs typically contribute advanced expertise in artificial intelligence, data science, and research-based knowledge. They often lead curriculum development for higher-level competencies, support validation of AI applications, and provide access to research infrastructures.

VET providers, in contrast, are closely connected to professional practice and continuing training. They are well positioned to translate emerging AI concepts into practical skills, support upskilling and reskilling of healthcare professionals, and adapt training formats to the realities of clinical workflows.

Effective ecosystem building recognises these differences and designs engagement strategies accordingly, ensuring that both HEI and VET actors are actively involved and appropriately supported.





SELECTING

ENGAGEMENT FORMATS

Different objectives require different formats. Commonly used engagement formats include:

- Thematic workshops and roundtables focused on concrete challenges
- Co-creation sessions or design sprints for solution development
- Training pilots and demonstrations in realistic settings
- Policy dialogues and expert panels addressing regulatory and ethical issues

A combination of online and in-person formats often provides the best balance between reach and depth.





PRACTICAL APPROACHES

TO STAKEHOLDER ENGAGEMENT

Approach 1

Establishing Communities of Practice

Communities of Practice (CoPs) bring together professionals with shared interests to exchange knowledge, develop skills, and co-create solutions. In AI-healthcare ecosystems, CoPs can bridge the gap between clinical practice, technical development, and educational innovation.

Key success factors:

- Regular, structured meetings with clear agendas
- Mixed membership combining novices and experts
- Practical focus on real-world problems rather than abstract concepts
- Documentation and sharing of insights beyond the core group



Practical implementation steps

- 1** Identify a specific domain focus: For example, AI in radiology, AI in primary care, or AI ethics in clinical decision-making. A clear focus helps attract the right participants and maintain relevance.
- 2** Recruit a core coordinator: This individual or small team manages logistics, facilitates discussions, and ensures continuity between meetings. The coordinator should have credibility within the community and strong facilitation skills.
- 3** Establish a meeting rhythm: Monthly or quarterly meetings work well, depending on participant availability. Consistency is more important than frequency.
- 4** Design interactive sessions: Avoid presentation-heavy formats. Include case studies, problem-solving exercises, demonstration sessions, and peer learning activities.
- 5** These actors are motivated and supportive but currently have limited influence. Light but regular communication helps maintain alignment and monitor potential changes in their role.





Approach 2

Co-Design Workshops

Co-design workshops bring stakeholders together to collaboratively develop solutions, curricula, or policy recommendations. These workshops are particularly effective when:

- Multiple perspectives are needed to address a complex challenge
- Stakeholder buy-in is essential for implementation
- There are time and resources for iterative development

Critical success factors:

- Skilled facilitation to manage group dynamics and time
- Diverse participant composition to avoid groupthink
- Clear outputs (e.g., prototypes, action plans, recommendations)
- Post-workshop communication of results and next steps



Workshop design framework

Effective co-design workshops typically follow a structured process that balances creativity with focus. A proven format includes four stages:

STAGE 1 - PROBLEM DEFINITION

Participants collectively define and prioritise the challenge to be addressed. This ensures shared understanding and buy-in.

STAGE 2 - DIVERGENT IDEATION

Working in small, mixed groups, participants generate diverse ideas without immediate critique. Techniques like brainstorming, scenario planning, or persona development can be used.

STAGE 3 - CONVERGENT REFINEMENT

Groups evaluate, cluster, and refine ideas against agreed criteria such as feasibility, impact, and alignment with stakeholder needs.

STAGE 4 - ACTION PLANNING

Participants identify next steps, assign responsibilities, and agree on follow-up mechanisms. This ensures momentum beyond the workshop.





Approach 3

Pilot Training and Demonstrations

Hands-on demonstrations and pilot training sessions allow stakeholders to experience AI applications directly. This approach is particularly valuable for engaging clinicians and healthcare professionals who may be skeptical of AI technologies.

Implementation approach:

- **Select realistic use cases:** Choose applications that address genuine workflow challenges or improve patient outcomes. Avoid purely technical demonstrations disconnected from clinical reality.
- **Provide hands-on access:** Ensure participants can interact with tools themselves rather than just watching demonstrations. This builds confidence and reveals practical limitations.
- **Address concerns directly:** Create space for participants to voice concerns about accuracy, liability, workflow disruption, or patient privacy. Respond with evidence and transparency.
- **Connect to professional development:** Frame training as professional development rather than technology adoption. Emphasise how AI can enhance rather than replace professional judgment.
- **Follow up with support:** Provide ongoing technical support, peer learning opportunities, and channels for feedback after initial training.



Approach 4

Expert Panels and Policy Dialogues

For engaging policymakers, regulators, and senior decision-makers, expert panels and policy dialogues provide appropriate formats. These events typically feature:

- Evidence-based presentations summarising research findings or implementation experiences
- Multi-stakeholder panels representing different perspectives (clinical, technical, ethical, regulatory)
- Focused discussion on specific policy challenges (e.g., data governance, liability frameworks, workforce planning)





CASE STUDY

ENGAGING CLINICIANS IN AI-IN-MED TRAINING

In one ecosystem, initial engagement activities relied on large, presentation-based events aimed at healthcare professionals. Attendance was high, but follow-up engagement remained limited.

A shift toward smaller, practice-oriented workshops focused on real clinical scenarios significantly increased participation and sustained involvement. Clinicians reported higher trust in the process and greater willingness to contribute to pilot activities.

Key lesson: engagement formats must align with professional realities and time constraints.





LESSONS LEARNED FROM PRACTICE

Experience shows that:

- Engagement is most effective when framed around real-world problems rather than abstract technologies
- Clinicians and frontline staff engage more readily when time constraints and professional realities are respected
- Small, well-facilitated sessions often produce more meaningful outcomes than large, generic events

Experience from AI-in-MED ecosystem activities also highlights what does not work well. Engagement initiatives that focus too heavily on technical features without addressing clinical relevance tend to face low participation. Similarly, involving healthcare professionals too late in the process often leads to resistance or redesign at advanced stages.

Successful engagement requires early involvement, realistic time commitments, and a clear articulation of benefits for each stakeholder group.



**LESSON
LEARNED**



Before moving to the next step, ensure that

- Engagement objectives are clearly defined for each stakeholder group.
 -
- Selected formats match stakeholder availability and professional context.
- Roles and expectations are transparent.
- Follow-up and continuity mechanisms are in place.



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TRY IT IN YOUR CONTEXT

1. Select one key stakeholder group from your ecosystem.
2. Identify one engagement format that matches their professional reality and time constraints.
3. Define what meaningful engagement would look like for this group after three months.



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STEP 3

DESIGNING AND IMPLEMENTING PUBLIC OUTREACH CAMPAIGNS

Why Public Outreach Matters

Public outreach plays a distinct role in ecosystem building. While stakeholder engagement targets active participants, outreach aims to:

- Raise awareness of opportunities and risks related to AI in healthcare
- Build transparency and trust among wider audiences
- Attract new actors into the ecosystem over time

In healthcare, public perception can directly influence political support, regulatory approaches, and readiness for adoption.





DEFINING OBJECTIVES AND AUDIENCES

Effective outreach campaigns start with clear objectives and clearly defined audiences, such as:

- Healthcare professionals unfamiliar with AI
- Students and future professionals
- Policymakers and public administrators
- Patients and the general public

Each audience requires tailored messaging, language, and channels.



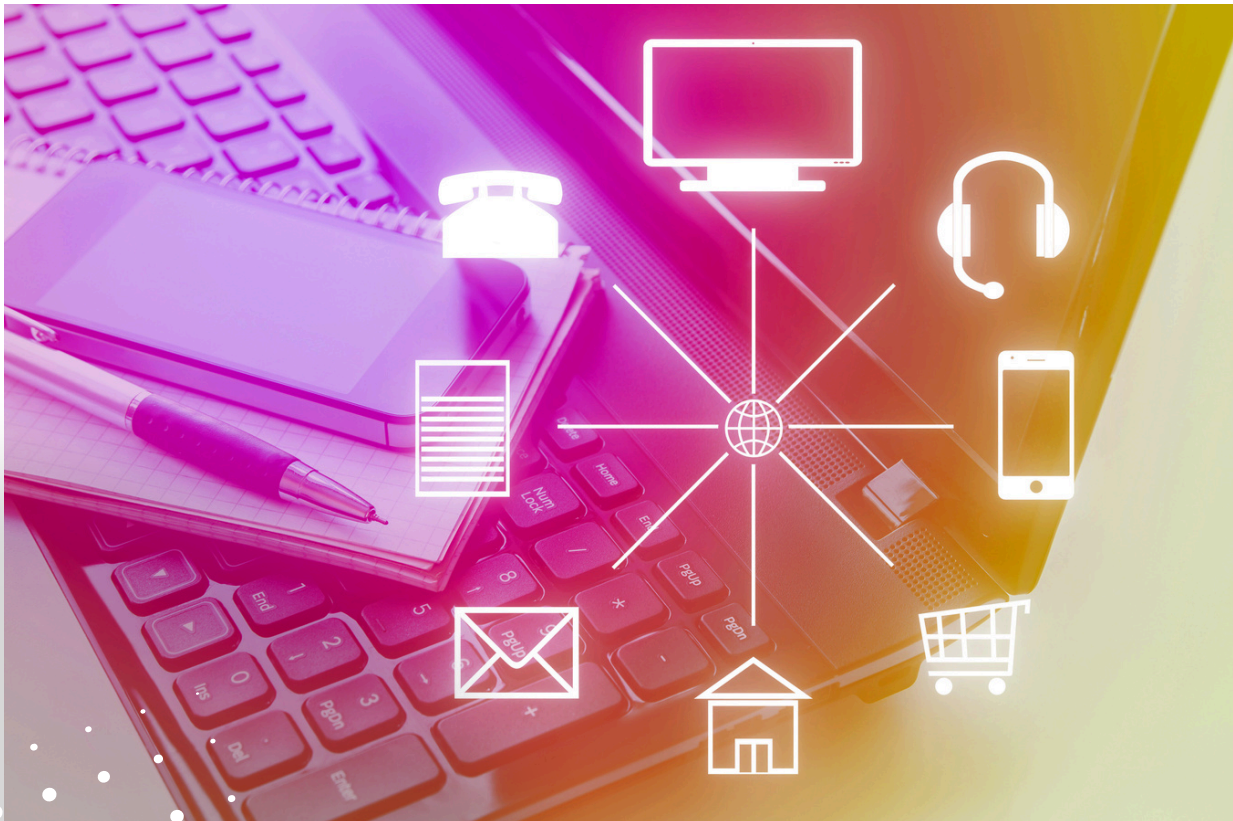


PRACTICAL OUTREACH

TOOLS AND CHANNELS

A structured campaign typically includes

- 1 Situation analysis:** Understanding current awareness levels, misconceptions, and information gaps
- 2 Objective setting:** Defining specific, measurable outcomes (e.g., 'reach 500 healthcare professionals in 6 months')
- 3 Message development:** Crafting clear, evidence-based messages tailored to each audience
- 4 Channel selection:** Choosing appropriate platforms and formats
- 5 Evaluation:** Monitoring reach, engagement, and impact



DEVELOPING EFFECTIVE MESSAGES

Messages should be tailored to the audience's knowledge, concerns, and information needs. Consider the following framework for different stakeholder groups:

For healthcare professionals	For students and future professionals
<ul style="list-style-type: none"> • Focus on clinical utility and patient outcomes • Address workflow integration and time efficiency • Acknowledge professional autonomy and the role of clinical judgment • Provide evidence from peer-reviewed research or clinical trials 	<ul style="list-style-type: none"> • Emphasise career opportunities and skill development • Highlight innovation and technological advancement • Connect to current curriculum and future practice • Offer hands-on learning opportunities
For policymakers and administrators	For patients and the public
<ul style="list-style-type: none"> • Focus on system-level benefits (efficiency, cost-effectiveness, quality improvement) • Address regulatory frameworks and compliance • Connect to health system priorities and strategic objectives • Provide international comparisons and policy options 	<ul style="list-style-type: none"> • Emphasise patient safety and quality of care • Address privacy, consent, and data protection • Use plain language and avoid technical jargon • Provide balanced information about both benefits and limitations





Common Outreach Tools

- **Public lectures and panel discussions** featuring expert speakers and interactive Q&A sessions
- **Case-study-driven presentations** demonstrating real applications and outcomes
- **Short videos, podcasts, or interviews** for accessible, shareable content
- **Dedicated webpages and social media campaigns** for ongoing engagement
- **Infographics and one-pagers summarising** key messages for quick comprehension
- **Interactive demonstrations and exhibitions** at conferences, public events, or healthcare facilities



Channel Selection Considerations

Different channels have different strengths. Effective campaigns typically combine multiple channels to maximise reach and engagement:

IN-PERSON EVENTS

- Best for building trust and enabling deep discussion
- Allows hands-on demonstrations and face-to-face interaction
- Limited by geography and capacity

WEBINARS AND ONLINE EVENTS

- Broad geographic reach at low cost
- Allows recording and on-demand access
- Requires strong facilitation to maintain engagement

SOCIAL MEDIA

- Wide reach and shareability
- Enables ongoing engagement and community building
- Requires consistent content creation and moderation

TRADITIONAL MEDIA

- Credibility through established outlets
- Reaches audiences who may not be active online
- Less control over final messaging





CASE STUDY

PUBLIC OUTREACH FOR AI-IN-MED AWARENESS

A regional outreach campaign initially focused on general AI innovation messages. While online reach was high, feedback indicated confusion and concern among healthcare professionals and the wider public.

Reframing the campaign around concrete use cases, patient safety, and professional support led to more constructive dialogue and increased interest in training opportunities.

Key lesson: outreach in healthcare must prioritise clarity, trust, and relevance over technological enthusiasm.

CASE STUDY





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IMPLEMENTATION

BEST PRACTICES

- **Partner with trusted institutions:** Collaborate with universities, hospitals, or professional associations to enhance credibility
- **Combine storytelling with evidence:** Use narratives to illustrate impact while grounding claims in data
- **Use accessible language:** Avoid jargon and explain technical concepts clearly
- **Collect feedback:** Monitor participation metrics and gather qualitative feedback to improve future campaigns





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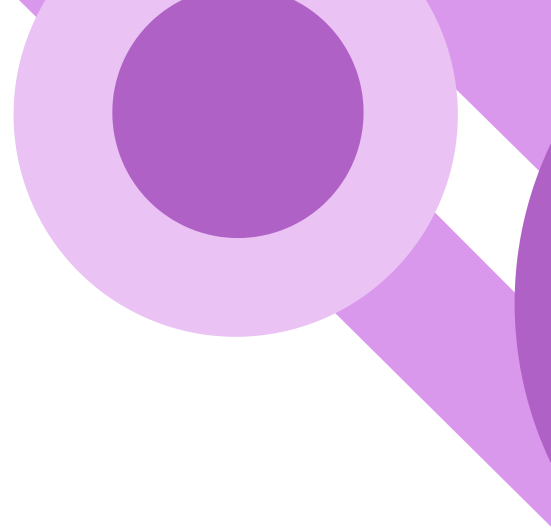
MEASURING CAMPAIGN IMPACT

Consider both quantitative and qualitative indicators:

-  **Quantitative:** attendance numbers, website visits, social media engagement, resource downloads
-  **Qualitative:** participant feedback, testimonials, follow-up engagement requests, media coverage



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Sample Outreach Campaign

Objective:

Increase awareness and basic understanding of AI applications among healthcare professionals unfamiliar with AI.



TARGET AUDIENCE

Nurses, allied health professionals, and clinicians with limited prior exposure to AI.

CHANNELS

- Short introductory webinars
- Case-based presentations during professional meetings
- One-page explainer materials distributed via hospitals and professional associations

TARGET AUDIENCE

AI is a supportive tool that can enhance clinical decision-making and workflow efficiency when used responsibly and transparently.

SUCCESS INDICATORS

Attendance numbers, follow-up questions, requests for training, and qualitative feedback from participants.





TRY IT IN YOUR CONTEXT

1. Identify one audience group that is currently underrepresented or skeptical.
2. Define one concrete message that addresses their main concern regarding AI in healthcare.
3. Choose one channel through which this message could be communicated effectively.



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STEP 4

TRANSLATING ENGAGEMENT INTO SUSTAINABLE COOPERATION

From Interaction to Cooperation

Not all collaboration needs to be formalised. Ecosystems benefit from a **portfolio of cooperation mechanisms**, including:

- Informal networks and communities of practice
- Time-bound, project-based collaboration
- Strategic partnerships

The appropriate mechanism depends on ecosystem maturity and objectives.





MEMORANDUMS OF UNDERSTANDING AS AN OPTIONAL TOOL

Memorandums of Understanding (MoUs) represent one possible form of cooperation among stakeholders. They are not a requirement, but rather an optional tool that can be useful in specific circumstances.

When MoUs May Be Appropriate

- Collaboration is expected to be long-term and requires sustained commitment
- Roles and responsibilities require formal clarification
- Multiple institutions are involved and coordination structures are needed
- External reporting or accountability requirements exist





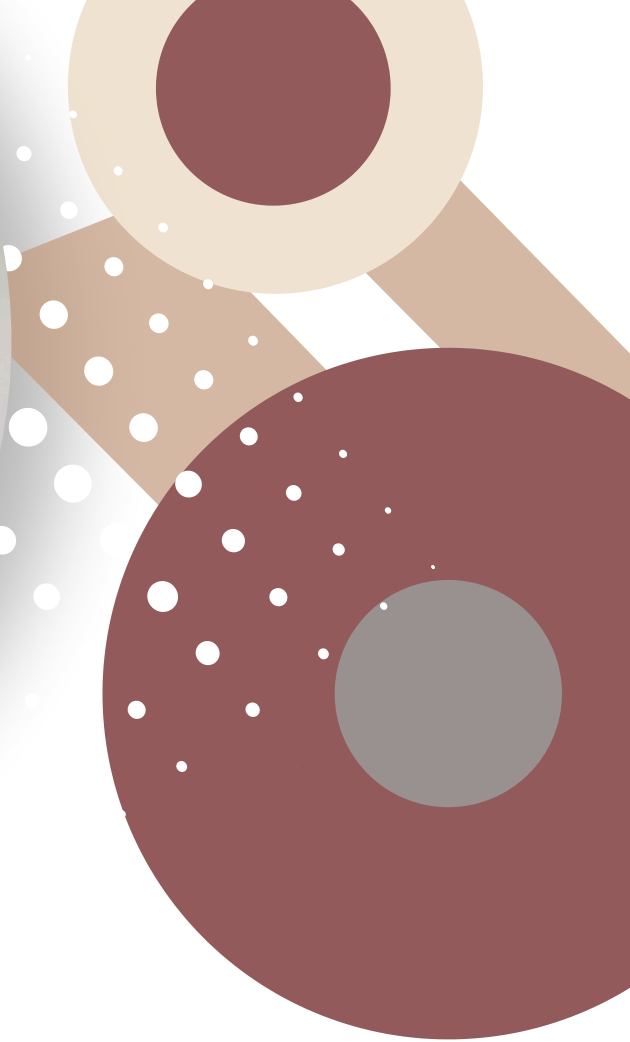
INDICATIVE SCOPE OF AN AI-IN-MED MEMORANDUM OF UNDERSTANDING

An MoU in an AI-in-MED ecosystem typically outlines:

- 1** The shared objective of cooperation (e.g. education, training, pilot implementation)
- 2** The roles and responsibilities of each partner
- 3** Areas of collaboration, such as curriculum development, pilot training, or knowledge exchange
- 4** Principles related to data protection, ethics, and regulatory compliance
- 5** The non-binding nature of the agreement and absence of financial obligations
- 6** Duration and conditions for review or termination

This level of detail provides clarity while maintaining flexibility and avoiding premature formalisation.





When Lighter Arrangements Are Preferable

In early stages of ecosystem development, lighter, more flexible arrangements often work better. These include:

- Letters of intent or statements of support
- Project-specific collaboration agreements
- Informal partnership arrangements based on mutual interest
- Participation in joint activities without formal documentation



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CASE STUDY

FROM INFORMAL COOPERATION TO STRUCTURED PARTNERSHIP

In the early stages of one ecosystem, collaboration between education providers and healthcare organisations was based on informal agreements and personal networks. While this enabled flexibility, it also created uncertainty regarding roles and continuity.

Introducing a light Memorandum of Understanding clarified expectations and supported longer-term planning without constraining collaboration.

Key lesson: formalisation should follow trust, not replace it.



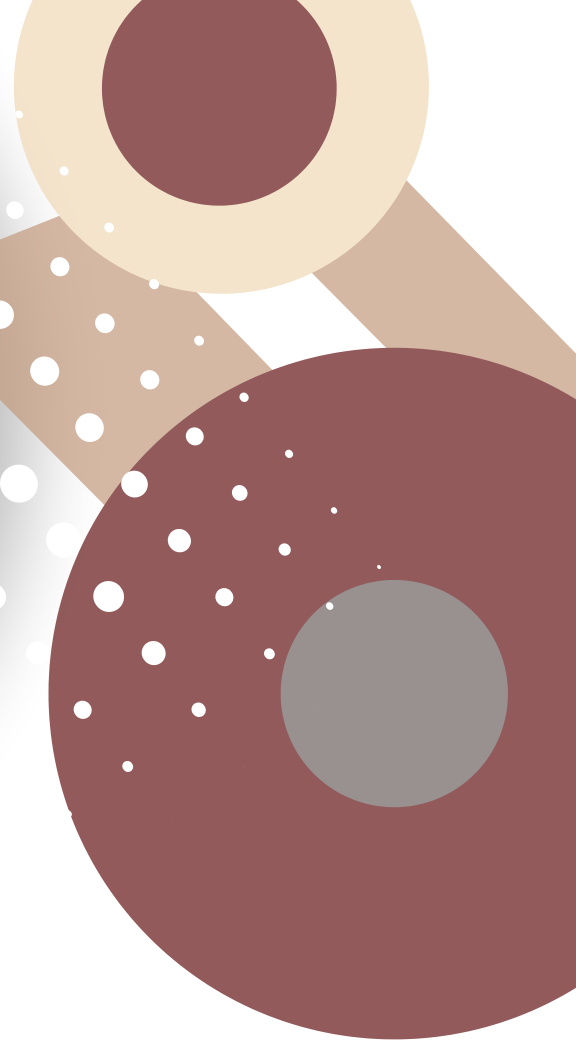
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ALTERNATIVE COOPERATION MECHANISMS

Messages should be tailored to the audience's knowledge, concerns, and information needs. Consider the following framework for different stakeholder groups:

Mechanism	Characteristics	Best Used When
Informal Networks	Flexible, low-commitment, relationship-based	Building initial trust and exploring opportunities
Project Agreements	Time-bound, specific deliverables, clear roles	Implementing specific initiatives or pilots
MoUs (optional)	Formal, long-term intent, general framework	Sustained collaboration requires institutional commitment
Strategic Partnerships	Deep integration, shared resources, mutual benefit	Mature ecosystems with proven track record





GOOD PRACTICES FOR SUSTAINABLE COOPERATION

- 1 Match formalisation to trust level:** Don't rush into formal agreements before relationships are established
- 2 Avoid premature institutionalisation:** Allow ecosystems to develop organically before imposing rigid structures
- 3 Review arrangements regularly:** Ensure cooperation mechanisms remain fit for purpose as the ecosystem evolves
- 4 Maintain flexibility:** Be prepared to adjust cooperation structures based on experience and changing needs



SUSTAINING THE ECOSYSTEM OVER TIME

● Shared Ownership

Ecosystems are more resilient when ownership is distributed rather than concentrated in a single organisation. This requires:

- Rotating leadership or coordination roles
- Encouraging initiative from multiple partners
- Creating governance structures that reflect collective interests

● Continuous Skills Development

As AI technologies and healthcare practices evolve, ecosystem members need ongoing opportunities to update their knowledge and skills. This can be supported through:

- Regular training sessions and knowledge exchange events
- Mentoring and peer learning programmes
- Access to emerging research and best practices

● Alignment with Labour Market Needs

Ecosystems remain relevant by continuously monitoring and responding to changing workforce requirements. This involves:

- Regular consultations with employers and professional bodies
- Tracking emerging roles and skill requirements
- Adapting training provision accordingly





THE ROLE OF CHAMPIONS

Local champions – individuals who champion the ecosystem within their own organisations play a crucial role in sustainability. Supporting champions involves:

- Recognising and valuing their contributions
- Providing resources and platforms for their work
- Creating peer networks among champions

Embedding in Existing Structures

Rather than creating parallel structures, successful ecosystems embed activities within existing institutional frameworks. This increases resilience and reduces dependency on project-based funding.



FROM BLUEPRINT TO ACTION

Building and sustaining innovation ecosystems in AI-enabled healthcare requires deliberate effort, patience, and a sustained focus on human factors. Technical innovation alone is insufficient; what matters is the capacity of people and organisations to collaborate, learn, and adapt together.



This handbook has presented a structured, step-by-step approach covering:

- **Stakeholder identification and mapping:** Understanding who needs to be involved and why
- **Engagement strategies:** Designing meaningful interactions that build trust and shared understanding
- **Public outreach campaigns:** Raising awareness and attracting new participants
- **Cooperation mechanisms:** Selecting appropriate arrangements, from informal networks to optional MoUs
- **Long-term sustainability:** Embedding activities in existing structures and maintaining momentum





KEY TAKEAWAYS

- 1 Start with people, not technology:** Innovation ecosystems succeed when they address human needs, build trust, and respect professional contexts
- 2 Map systematically:** Invest time in understanding stakeholder influence, interest, and expertise
- 3 Engage purposefully:** Design engagement strategies based on clear principles and practical formats
- 4 Communicate widely:** Public outreach is essential for building broader awareness and support
- 5 Remain flexible:** Cooperation mechanisms should evolve with the ecosystem; MoUs are one option among many
- 6 Think long-term:** Sustainability requires embedding activities in existing structures and cultivating local champions





ADAPTING THIS GUIDANCE

While this handbook is grounded in experience from AI-enabled healthcare in Europe, its principles and methods are transferable.

Readers working in different:

- Technological domains (e.g., robotics, digital health, medical devices)
- Geographic contexts (local, national, international)
- Institutional settings (education, healthcare, industry, government)

are encouraged to adapt the guidance to their specific circumstances while maintaining focus on the core elements: people, relationships, trust, and shared purpose.



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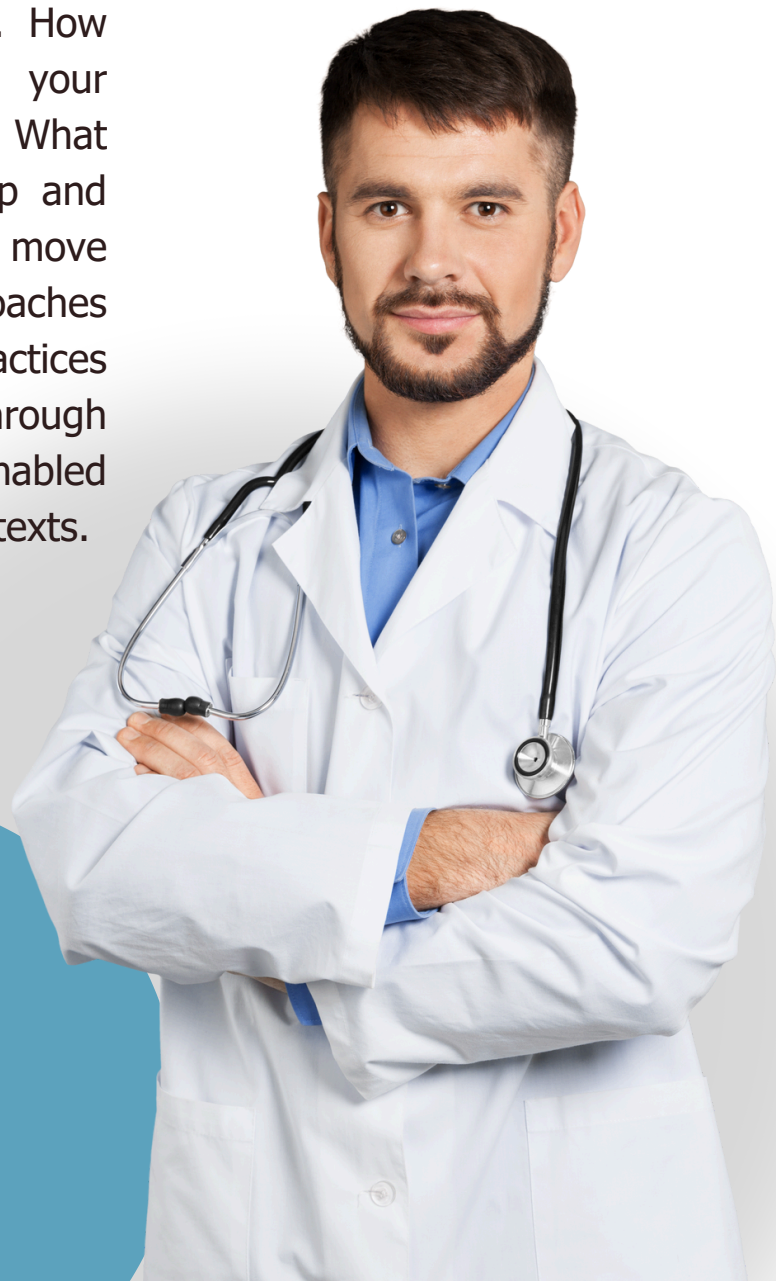
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MOVING FORWARD

Successful innovation ecosystems are not built overnight. They emerge from repeated interactions, shared experiences, mutual learning, and gradual trust-building. What distinguishes effective ecosystem builders is not the perfection of their initial plan, but their willingness to listen, adapt, and persist.

This handbook provides a roadmap. How you walk the path will depend on your context, resources, and partners. What matters most is taking the first step and maintaining the commitment to move forward together. The approaches presented in this handbook reflect practices that have been tested and refined through real-world collaboration in AI-enabled healthcare education and training contexts.





YOUR JOURNEY HAS BEGUN

Let's Grow Together



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January, 2026



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