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**Draft minutes – EAHP Board meeting**

26-27th September 2015

Saturday, 9.00 to 18.00 & Sunday, 09.00 – 13.00

Sheraton Hotel, Charles Square, Prague

**Attendees:**

Ms. Joan Peppard, President- RF

Ms. Tajda Miharija Gala, Vice President– TMG

Mr. Petr Horak, Director of Finance – PH

Mr. Cees Neef, Director of Education, Science and Research – CN

Ms. Aida Batista, Director of Professional Development – AB

Mr. Frank Jorgenson, Director of Professional Development – FJ

Mr. Robert Moss, Director of Professional Development – RM

Ms. Andras Sule, Director of Professional Development – AS

Mr. Juraj Sykora, Director of Professional Development – JS

Mr Roberto Frontini, Immediate Past President – RF

**Staff**

Mrs. Jennie De Greef, Chief Operating Officer – JDG

Mr. Richard Price, Policy & Advocacy Officer – RP

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**Saturday 26th September**

1. **Welcome**

JP welcomed all board members to Prague and reviewed the agenda with all.

1. **Approve agenda and notification of any other business**

All reviewed the agenda and approved after adding two points to AOB. 1) EAHP response to refugee crisis and a request received by the Spanish National Congress of Community Pharmacists.

1. **Approve minutes of June Board Meeting**

**Decision:** The board approved the minutes of the June board meeting.

1. **Structure of board meetings**

JP suggested that the structure and procedure for board meetings be reviewed. She suggested that the minutes be shortened by: including a summary and key points discussed versus a he said/she said approach. In addition, if a decision is made during a board meeting, the same topic should not be on the agenda for a set period of time. All discussed and agreed that unless new information, which would impact the decision, is made available; the same topic would not be on the following meeting agenda. Should the need arise to add the topic to the next agenda, the board member wishing to reopen the topic must send an email to the COO with the new information and request an amendment to the agenda. After further discussion, the board agreed with the suggested changes but added that should a decision be made that some board members were opposed to, they may choose to have their objections included in the minutes. In addition, once a topic is closed, further discussion may not take place during other topic discussions.

JP then suggested that board members not “copy all” when responding to emails for which other board members do not need to see the responses. (arrival/departure dates, minute comments, etc.) The reason being that the extreme flow of emails from EAHP could become a problem for board members for several reasons such as hospital server problems and general inundation of emails.

At this time, the idea was brought up to change the board member email addresses to include names versus acronyms. Reasons included the inability to respond to mails from the same email address where messages were received and that the acronyms were found by some board members to be offensive. JDG offered to contact the IT vendor and ask for options. (i.e. President.J.Peppard @eahp.eu or something similar) All agreed that further information be provided by JDG in time for the January board meeting and that the topic be added to the strategy meeting in October.

Finally, JP suggested that the board meeting minutes be received within 24-48 hours following each meeting, however, after discussion between board members and JDG, a compromise was reached with 1 week being the deadline.

**Decision:** Agreement was reached regarding shortened minutes with only summaries and key points of topics included and minutes would be provided to board within 1 week.

**Decision:** Al agreed that once the board has made a decision, the same topic may not be included in the next meeting agenda unless new information, which may impact the decision, is provided. Should this be the case, board members will send the new information and request an amendment to the agenda. In addition, once a topic is closed, it may not be discussed during other topic discussions.

**Decision:** The “copy all” function will only be used by board members when necessary.

Action: JDG will shorten minutes to include key points discussed, decisions and action items, as well as, provide minutes within one week of board meetings. The board will discuss the new structure if necessary during the January board meeting.

Action: JDG will contact IT vendor to request options related to emails (after October board meeting and before January board meeting)

1. **Update on finances, budget and 2015/16 financial report**

*a. Congress budget status*

PH reviewed the congress budget noting that industry seemed to be approving budgets later in the year and that the revenue was forecasted in a conservative manner for the time being. While the current result was less than the previous year’s result, it was expected that the figure would increase by the January board meeting. A question was raised regarding the costs associated with CTF related guest attendance to congress and it was agreed that the costs would be booked under the CTF budget instead of the congress budget.

**Decision:** Fees related to CTF related presidents guests will be booked under the CTF budget.

Action: JDG to review president’s guests to congress and book CTF related guests to CTF budget.

*b. Overall budget status*

PH presented the overall budget and reported that currently all was looking positive. He reviewed the few line items that were over budget and provided explanations. With regard to salaries, JDG had contracted two EPSA interns instead of one to assist Richard. The long-term goal would be to hire an additional staff member to assist in policy but would be discussed at a later date. IT was higher than expected due to the new SharePoint feature being used for CTF.

*c. Membership fee payment status*

Past due membership fees for the previous French association were addressed and JDG reported that the fees had finally been written off the books, as it appeared that the funds would never be recovered. All agreed, however, decided that should the past French member join EAHP again, this topic would need to be reopened.

**Decision:** All agreed that should the same French member join EAHP in the future, the unpaid fee problem would need to be raised.

*d. Possible new member countries and resident members*

JDG raised the request from EAHP’s French member (EFP-SYNPREFH) to include residents in the French platform. All discussed and agreed that in many countries, members included residents in their overall membership and paid the resulting membership fees to EAHP. It was also noted that fees reduce based on the number of members in each association. All agreed that exception may not be made and that JDG should respond to EFP-SYNPREFH accordingly.

**Decision:** EAHP members may include residents within their own membership; however, EAHP membership fees will remain the same for all. Include the fee schedule to show the cost difference based on number of association members. In addition, should EFP-SYNPREFH add the residents association to their platform, they must provide EAHP with the revised statutes indicating the change.

**Action:** JDG will respond to EFP-SYNPREFH regarding board decision and include fee schedule.

**Action:** JDG will add membership definition of hospital pharmacist to strategy board meeting.

*e. Board member compensation*

All reviewed the current hospital contracts received by EAHP. KN informed all that EAHP would not be receiving further invoices from his hospital since he would be officially retiring during the autumn.

*f. Dutch textbook translation*

JDG reported that the Practical Pharmaceutics book had just been published and therefore, royalties had not yet been received but expected revenue to come in the beginning of the year.

*g. EJHP budget update and report*

All reviewed the budget and report provided by BMJ and agreed that the costs seemed to be moving in the right direction, however, the budget report should be provided in euro.

**Action:** JDG to request that BMJ provide EJHP budget report in euro.

*h. BMJ quality proposal for CTF and implementation*

Board members did not understand the proposal very well and suggested that the CTF steering committee review and comment.

**Action:** JDG to add BMJ proposal to next CTF steering committee agenda.

*i. EJHP contract renewal with BMJ*

PH reported that the draft contract renewal document had been received and that it was expected to be signed during the strategy board meeting. He asked all for comments and it was suggested that once the euro bounces back to a favourable rate, it may be beneficial to open a bank account in the UK to lessen the impact of the currency conversion problem. It was also suggested that the contract include euro figures, however, this had already been discussed and the UK in general will not or cannot contract in euro. It was decided that based on this fact, the budget reports should be provided in euro with the currency exchange rate at time of report be included. All agreed.

PH thanked all and advised that he and JP would be sending contract amendments to JDG, which would be relayed to BMJ. After acceptance/rejection by BMJ, and subsequent review by the president and director of finance, the contract would be sent to the EAHP attorneys for review before signing. All agreed.

**Decision:** JDG to send contract comments to BMJ and then to EAHP attorneys for review before signing.

**Action:** JDG to request that BMJ provide budget reports in euro with currency exchange rate at time of report.

**Action:** JDG will liaise with BMJ regarding contract amendments and send to EAHP attorneys before signing during strategy board meeting.

1. **Romanian association – issue regarding Paul as internal auditor**

JP shared the email exchange between Ioan Antiofe, the president of the Romanian association, regarding Paul Andrieu and his position as EAHP internal auditor. Ioan requested that Paul be removed and that he serve in his place. JDG had consulted the EAHP attorney and was advised that since the GA elected Paul, only the GA would be able to dismiss him. Paul would need to either continue in his role as internal auditor or resign, however, a replacement could not be made until the next GA. Further, Paul, should he wish to continue, could either ask one of the other auditors to give the report during the GA or attend the GA only during the time needed to give the report. Should he choose the latter, attendance would be at his own cost. In addition, it was suggested a third internal auditor be suggested to the GA in order to avoid the same situation in the future as currently, there is only one auditor should Paul step down.

**Action:** JP to send letter to Paul regarding the situation and provide the options related to his role as internal auditor.

**Action:** JDG to add election of third internal auditor to next GA agenda.

1. **Status of Vienna Congress & future congresses**

KN reported that the congress preparations for Vienna were almost completed in regards to speaker selection and programming with the exception of Synergy satellites since sponsorship had not yet been secured. In addition, the structure and planning for the 2017 congress in Cannes was already underway and the SC was proceeding with the development of the session abstracts.

*a. Guest invitations to congress*

RP outlined the proposed organisations to be invited as guests of the President to the 2016 Congress in Vienna. A special emphasis was placed on attracting national competent authorities for pharmacy qualification recognition to the event in respect of common training framework project imperatives.

**Decision: Proposal for Congress guests accepted.**

**Action:** Invitations to Presidents Guests be sent by end of October 2015

**Action:** RF to supply contact details for Lebanon hospital pharmacist association

**Action:** JP to supply contact details for South Korea hospital pharmacist association

**Action:** JDG to supply contact details for China hospital pharmacist liaison

*b. Member roundtable meetings*

RP outlined the proposed maintenance of the Members Meeting the afternoon prior to the Congress, with a special focus on CTF and the Falsified Medicines Directive. It was suggested to invite speakers from the European Commission and European Medicines Verification Organisation to address these topics. The proposal was accepted.

**Decision: Proposal for the EAHP member meeting on 15th March 2015 accepted.**

**Action:** EAHP members to be notified of the meeting by the end of October 2015

**Action:** Invitations to Commission and EMVO to be sent by end of October 2015

*c. CTF meeting*

RP outlined the need to commence engagement with the competent authorities of key EU countries with legally mandatory specialisation programmes and gain their engagement in the CTF project. Therefore, after invitation to the Congress, the EAHP President’s extended timeslots in the Congress schedule should be used for longer meetings between the attending competent authority representatives, EAHP and the relevant national EAHP member. The Board agreed to this proposal.

**Decision: Proposal to use extended President time slots for CTF meetings accepted**

**Action:** To invite competent authorities to meetings by end of October 2015

*d. WebsEdge*

JDG explained the proposal made to EAHP from a company called WebsEdge in respect of online promotion of the Congress. The Board determined that the pre-existing ‘Web Group’ be asked for advice on this topic, as well as existing vendors with knowledge in the area.

**Action:** Web group and Berry of Farmamedia to be asked by JDG for advice on WebsEdge by end of October 2015 (project abandoned)

*e. CTF keynote*

The Board discussed a proposal from the Scientific Committee for a keynote speech at the 2017 Congress on the common training framework project. The Board indicated support and asked that the Scientific Committee contact the CTF Steering Committee for advice on this.

**Action:** Scientific Committee to ask advice from the CTF Steering Committee in respect of a 2017 CTF keynote. The committees will be put in touch with each other by the end of October.

1. **Update on 2015 Academy Seminar and additional seminar in 2016**

KN reported that the Academy Seminar had been very successful and well received by participants. The evaluations received showed extremely high reviews of the programme and speakers. One point that was raised to keep in mind for the future when implementing the world café into the programme was to provide experienced facilitators. The same participants were expected to attend the follow up Academy Seminar on medications review in 2016.

KN informed the Board that the Scientific Committee were considering development of a parallel 2016 Academy Seminar focused on the CTF. The Board discussed the purposes to be achieved, and the target group, of such a session. The Board determined that the concept be referred to the CTF Steering Committee for advice, and a decision on the matter be made at the January 2016 EAHP Board Meeting.

**Action:** SC suggestion on an EAHP section of the 2016 Academy Seminar to be discussed with the CTF Steering Committee by end of October. Decision to proceed or not to be made at January 2016 EAHP Board Meeting.

1. **GA 2015 review, workshop outcomes and action items**

The Board briefly shared thoughts in respect of the 2015 GA in Porto. No matters of decision or required action were identified.

*The meeting broke for lunch at 1230 and returned at 1400.*

1. **Surveys**

*a. 2015 Survey*

PH updated the Board on progress towards publishing the results of the 2015 survey. There was a discussion about the nature of the results achieved, and whether further consideration was required in relation to how questions are phrased. RF suggested questions more based around indicators, such as “do you have a qualified person within your pharmacy” as a measure for assessing if a pharmacy has GMP in place. CN suggested further explanation of the meaning of questions. The challenge of inspiring response rates was discussed and the need to provide results from the 2015 benchmark survey before the launch of the next survey. It was agreed the limitations associated with the 2015 benchmark survey should be acknowledged in its publication.

There was a discussion about translation of surveys and available technology to facilitate this. However, the 2015 GA had given clear direction that EAHP should refrain from expenditure on this.

It was noted that the survey is not of a scientific nature and that this should be made clear with the release of the survey report.

**Action:** JP and PH must include a clear statement that survey is not of a scientific nature but instead meant to provide a snapshot of the progress in the implementation of statements.

*b. Self-assessment software demo version*

JDG reported that the web developer used by ASHP for the PPMI software had agreed to provide a demo version within the budget approved by the GA, however, this had not been pursued pending the board strategy meeting. It was also suggested to confer with Tommy Eriksson as he had also offered his software as a possibility.

**Action:** JDG will add self-assessment software topic to strategy meeting topics and will contact Tommy Eriksson for more information.

1. **Update on CTF**

*a. CTF Working Group 1*

RP updated the Board on the progress of CTF WG1. A collection of information on hospital pharmacy competencies from 17 countries within the Group had taken place over the summer. This was now subject to assessment and review ahead of a physical meeting of the Group on 24th October. The Group should be in a position to have a draft CTF in place in order to share with members and others at the EAHP Congress in Vienna in March 2016.

*b. CTF Working Group 2*

RF gave a summary of CTF WG2’s activities over the summer, which included the commencement of a literature review on the impact of hospital pharmacy education for patient care. This was now in a stage of group review. A survey of hospital pharmacist attitudes and perspectives on labour mobility had also been launched.

RP gave an overview of results from that survey so far, remarking that responses remained slow and that further work would need to be conducted to encourage responses.

*c. CTF Working Group 3*

RP updated the Board on the activities of CTF WG3.

Drawing from both responses from members to the 2015 GA survey, and the European Commission’s official portal of regulated professions, an excel ‘map’ of the competent authorities for pharmacy qualification recognition across Europe had been created. This will be the main tool for tracking progress in relation to EAHP’s communication activities with the authorities.

Guidance was expected from the European Commission on the creation of common training frameworks at the end of October.

JP and RP had recently met with Maria Iglesia Gomez, head of DG SANCO’s health systems unit. This was at the initial suggestion of DG Growth, and connected to DG SANCO’s sponsoring of efforts to form a common training framework for healthcare assistants. A useful exchange was reported, and the positive interest of the unit noted. This included expressed interest in the results of CTF WG2’s labour mobility survey.

*d. Commission’s Regulated Professions Mutual Evaluation exercise*

RP described a requirement under the revised Professional Qualifications Directive for all EU countries to provide information to the Commission on the status of professional regulation in their labour market. This enhanced database would undoubtedly be used to shine a spotlight on employment sectors where the Commission might deem to be “overregulated”. However, separate consideration was typically made in respect of the regulatory needs to protect patients in the health sector. Added to this, RP identified a need to ensure that the information collection exercise was indeed accurate, in order to prevent false conclusions about hospital pharmacy regulation being made from the exercise. Finally, legal requirements of the CTF state the profession concerned must be regulated. Therefore, confirmation of the status of HP regulation within the CTF database was desirable. RP therefore proposed a communication to the EAHP membership advising them of situation and encouraging their proactive engagement with their Government on the topic if they had not already been approached. The proposal was accepted.

**Decision: Communication to be sent to membership on professional regulation mutual evaluation exercise, encouraging national engagement.**

**Action:** RP to submit communication to JP for final review. Communication to be issued by end of October 2015.

*e. Phar-QA*

RP updated the Board on the approach from Jeffrey Atkinson from the Commission-funded exercise called Phar-QA. The key actions from a teleconference in September included: EAHP contributing comments to a write up of Phar-QA’s Delphi Round 1 survey of hospital pharmacist views on key competences; support from EAHP in promoting the Delphi Round 2 survey; and, collaboration in writing up results from the Pharmine project in 2011 that are not yet within a citable Journal. CTF WG2 will discuss these matters at its physical meeting in November.

*f. Beyond March 2016*

RP shared thoughts with the Board on the strategic imperatives for the CTF project after March 2016, when CTF WG1 and WG2 are due to publish their early outputs. He outlined a suggestion of conducting a period of open consultation with all interested stakeholders on the draft framework, as a means of achieving active and meaningful engagement with dialogue, and potentially improving the framework through the open scrutiny process. However, the timescales of conducting such an exercise, as well as taking the opportunity of the June 2016 GA to ratify the framework via member vote, were acknowledged to be challenging. After discussion, it was agreed that a two-stage consultation should be envisaged: first with members, and then with the broader stakeholder community. The CTF Steering Committee should be informed of this opinion.

**Action:** To inform, by end of October 2015, the CTF Steering Committee of the Board’s opinion on CTF stakeholder engagement and consultation in 2016.

*g. SharePoint*

RP described and demonstrated the CTF intranet document sharing system. The Board requested that all board members be given access.

**Action:** To provide all Board Members with access to the SharePoint system by end of October 2015.

1. **FIP Congress**

The Board discussed the upcoming FIP Congress, and key agenda items of interest to EAHP, including the hospital pharmacy section General Assembly on the Thursday, and Jacqueline Surugue’s address on hospital pharmacy specialisation. JP agreed to investigate changes to her flight schedule to accommodate increased attendance. JP will liaise with Jacqueline Surugue on the content of her presentation to ensure no unintended conflicts with CTF communication imperatives. RM undertook to make use of his role on FIP’s hospital section to facilitate greater exchange of information between the section and EAHP.

**Action:** JP to investigate potential flight changes in respect of the FIP Congress

**Action:** JP to liaise with JS on the content of her specialisation address ref CTF communication

**Action:** RM to facilitate enhanced information exchange between EAHP and the FIP hospital pharmacy section

JP gave a general overview to the Board of meetings she had recently been attending on behalf of EAHP, and was due to attend in the coming months. She welcomed input from other Board Members to a presentation she was due to give to EDQM in November at an event themed on the topic of pharmaceutical quality indicators. RF informed the Board he would be presenting on the topic of the European Statements of Hospital Pharmacy in Lebanon in November. TMG will attend an ESCP event on 28th November.

**Presentation of the Programme for GA 2016**

PH described current intentions for the social programme of the 2016 GA, with evening options under consideration including a visit to a hilltop observatory, and a river cruise.

1. **AOB**

With time remaining before dinner, the Board determined to consider scheduled items of any other business.

*a. Vagn Handlos report*

Considering agenda item 13 d on medicines production still to be discussed it was decided to take the two issues together the following day.

*b. October Strategy meeting and Board portfolios*

JP updated the Board on some of the preparations for the day, including the appointment of Cheryl McKay and a colleague as facilitators and the need to rework the board portfolios so that all board members were involved in and responsible for the many EAHP projects. The current distribution and structure was not perceived to allow this.

*c. 2017 GA venue*

JDG informed the Board of the current status of the three EAHP members who had previously expressed interest in hosting the 2017 GA. Iceland had signalled that they would not now be positioned to host the GA in 2017. Malta was willing to host but experiencing difficulties around the required budget availability and had asked if this would be a problem or if EAHP could still agree to hold the GA in Malta. Romania remained interested and had expressed their ability to host. JDG will conduct further liaison with Malta and Romania ahead of a January 2016 Board decision.

**Action:** JDG to conduct further liaison with Malta and Romania ahead of a January 2016 Board decision on the 2017 GA host country.

*d. Request from Spanish National Congress of Community Pharmacy*

JDG reported that a request had been received for EAHP to provide information on its website about the Spanish National Congress of Community Pharmacy. The support would be reciprocated with promotion of EAHP’s Congress. The Board recommended advice be sought from EAHP’s Spanish member.

**Action:** JDG to refer request to EAHP’s Spanish member for advice.

*e. ADKA request for ATMP survey support*

Torsten Hoppe-Tichy had requested EAHP support in relation to a survey on ATMP regulation in countries across Europe. This prompted a wider discussion about how EAHP respond to requests for survey support from both members, and from external organisations. Concerns were raised about members suffering survey fatigue, and diminishing returns from repeated forwarding of surveys.

The Board determined that where an EAHP member requests survey support, they be provided with contact details of Member Presidents and delegates in order to initiate the contact. Where a request is received from an external organisation, and approved by EAHP, the external party be provided with the general email addresses of our members, publicly available on our website e.g. “info@”

**Decision:** The Board determined that where an EAHP member requests survey support, they be provided with contact details of Member Presidents and delegates in order to initiate the contact. Where a request is received from an external organisation, and approved by EAHP, the external party be provided with the general email addresses of our members, publicly available on our website e.g. “info@”

**Action:** RP to send response to Torsten Hoppe-Tichy in line with above Board determination, by end of October 2015

**Action:** Response to be sent to Jeffrey Atkinson in respect of his request for promotion of the Phar-QA Delphi Round 2 survey, in line with above Board determination, by end of October 2015

*f. EAHP response to refugee crisis*

The Board discussed the current European refugee crisis. It was determined that an EAHP response should be made, in correspondence with member countries most impacted. The statement should also give promotion to FIP’s initiative in developing pharmacy related pictograms with Arabic inscriptions.

**Action:** EAHP press statement on the refugee crisis to be prepared and issued by RP by the end of October 2015.

1. **Future Board Meetings**

The Board determined that the Board meeting after the 2016 EAHP Congress would take place on the 23rd and 24th April 2016.

**Decision:** EAHP Board meeting to take place on 23rd (09.00 – 18.00) and 24th April 2016 (09.00 – 13.00)

**Action:** JDG to make arrangements for EAHP April 2016 Board Meeting

*The Board meeting adjourned until 0930am on Sunday 27th September.*

1. **Policy update**

*a. Falsified Medicines Directive (FMD)*

RP gave the Board his analysis of the recently published Delegated Act setting out the modalities for the pan-European system of medicines authentification. Whilst it was pleasing to note that the Act gave all hospitals flexibility about when in the process between receiving and dispensing medicines they should conduct the authentification scan, the rule giving a maximum of no more than 10 days between checking out the medicine and being able to return the medicine would likely have negative impacts in respect of current practice in many hospital pharmacies. RM asked if the referenced impact assessment for the Delegated Act had been made public. RP did not believe that this was yet in the public domain but he would investigate.

**Action:** RP to investigate if the impact assessment for the FMD is publicly available, by the end of October 2015.

The meeting also determined that a final EAHP response to the Delegated Act should be prepared and issued in order that the Commission, stakeholders and the EAHP membership could have clarity on the EAHP position. It was particularly important that EAHP members once again understand the timelines and implications of the Directive, and understand that they should be proactively seeking consultation of their profession in the emerging developments of national verification. RM advised that EAHP ensure it is well positioned to answer emerging questions that associations might then have after receiving such communications. Communication to members could also include summaries of information EAHP receives from all provider organisations (e.g. Aegate etc.) and advice that most hospital pharmacies will have to review their workflows as a result of the Directive. The communication to members should be titled as an ‘alert’ in order to highlight the urgency of the issue. The office should also investigate the potential for explanatory videos to follow thereafter.

**Action:** EAHP communications on the FMD Delegated Act to be prepared and issued by the end of October 2015.

**Action:** Possibility of EAHP producing explanatory videos about the FMD to be examined by end of October 2015.

The Board then discussed recent communication from the European Medicines Verification Organisation (EMVO) about EAHP’s potential membership. Each represented constituency, of which EAHP would make up the hospital section, are expected to pay an annual subscription fee. This was estimated by EMVO to represent 80,000 euro in EAHP’s case. The Board decided that EAHP’s membership of EMVO could not and should not proceed. Further discussion might however take place in relation to the affiliate membership although this would be unlikely. The Board also asked for further clarity as to whether members of national medicines verification organisations were expected to pay similar subscription fees and that a very strong letter be sent to EMVO regarding the extreme fee being asked of a non-profit organisation.

**Decision:** EAHP will not join EMVO as a full member

**Action:** Decision to be communicated to EMVO and discussion to commence in relation to affiliate membership by end of October 2015.

**Action:** A strong letter should be sent inquiring as to whether national hospital pharmacist associations are also expected to pay MVO subscription fees and that the fees they are requesting of EAHP are of an extreme nature given the large amount requested. (October 2015).

The Board discussed a meeting with IT system provider Aegate about its pilot project in a set of hospitals in Oxford. The Board determined that the other two preferred IT system providers should now be approached to represent their position in respect of the hospital sector. Communication to be sent to Aegate ensuring they understand that EAHP does not wish to favour one provider at this stage.

**Action:** Other system providers to be invited to present to EAHP by end of October 2015.

**Action:** Communication to be sent to Aegate about current neutrality.

*The Meeting broke for coffee at 1030 and returned at 1100.*

In view of time constraint, the Board meeting reordered the agenda to hear items containing Board response and direction first.

*c. Medicines shortages*

RP presented recent developments in the policy area of medicines shortages, seeking Board response in particular to the development of a joint position paper on medicines shortage information. The Board decided it would not support the use of EMVO as a tool for gathering information about medicines shortages unless provided with further detail about how this would operate in practice. JP and RP would represent this position at the upcoming ‘Summit’ of the stakeholder organisations on 14th October.

**Decision:** The Board could not give support to use of EMVO for purposes of acquiring information on medicines shortages.

Action: JP and RP to present the board decision and request further details during the 14 October meeting.

RP reported that the Netherlands had placed an embargo on one-to-one meetings with stakeholder organisations in respect of its upcoming Presidency of the EU. Although RP would attempt to represent the issue to the Presidency by other avenues, he recommended work now commence in reaching out to the Slovakian Presidency on this topic.

**Action:** RP to make shortages representation to the Slovakian Presidency by the end of 2015.

*g. Other policy issues*

The Board reviewed current consultations and gave direction.

**Action:** Francesca Venturini to be approached in respect of reviewing current clinical trials related consultations

**Action:** RP to work with RF and Vagn Handlos in respect of reviewing current GMP related consultations

**Action:** RP to work with Leonidas Tzimis in respect of reviewing current Digital Standards consultation

*f. Clinical trials and EMA issues*

RP gave an update on developments in the policy area of clinical trials over the summer period, which related mostly to on-going development of the EMA’s new trials portal, and developments in the USA in respect of the AllTrials campaign.

Under the discussion on EMA issues, RM raised the question of potential EAHP support for a Netherlands candidacy to the CAT committee. It was determined that EAHP could support if relevant information could be circulated to the Board for review in time. JDG will coordinate communications and provide the signed letter of support and other documentation as necessary.

**Action:** RM to circulate details of proposed Netherlands candidate for EMA CAT in time for EAHP to provide formal support.

**Action:** JDG to work with RM regarding EAHP support letter and documentation to the EMA.

*b. Medicines Production*

RP drew Board Members’ attention to the results of ECJ Abcur case decision, which potentially could have major implications for the ways in which hospitals conduct production of medicines in Europe. The meeting discussed the most appropriate form of response to this issue. The Board called for more information to be gathered in respect to matters such as available opportunities to influence developments, and recommended a teleconference with Vagn Handlos on the topic.

**Action:** More information to be gathered on available opportunities to influence developments arising from the Abcur case, by 14 October 2015

**Action:** Teleconference to be organised with Vagn Handlos on the topic, and to coordinate strategic response by end of October 2015.

*d. Medicines pricing*

RP explained an approach from Gesundheit Österreich GmbH to give comment on a report it is finalising on the operation of external reference pricing and the potential operation of a system of differential pricing in Europe, based on GDP of the participating countries. RP’s suggested points of response were largely supported, except the suggestion of EMVO being used to provide information on parallel trade. The pharmacist role in achieving better use of medicines should be promoted to the first point.

**Action:** RP to send response to Gesundheit Österreich GmbH by 14 October 2015.

*e. Barcoding and devices*

RP updated members on the commencement of initiatives in the area of medicines barcoding, namely: the initiation of a response to EFPIA on market readiness for single unit barcoding in selected national hospital sectors; a joint paper with EGA investigating how generic company investments in single unit bar coding can be made sustainable, amongst other issues; and, one-to-one advocacy with individual companies at a forthcoming GS1 conference in Budapest. AB considered Portugal a country that could also be included in the market readiness exercise. A short update on the commencement of trilogue discussions on the new medical devices regulation was also provided to the Board.

**Action:** RP to involve Portugal in market readiness exercise by 14 October 2015.