

# Taking forward a Common Training Framework for Hospital Pharmacy Specialisation in Europe



*An initial discussion with EAHP members on ways of working*

Firstly....

CONGRATULATIONS!

*EAHP Member lobbying of national Governments worked!*

The new Professional Qualifications Directive allows specialisations of the pharmacy profession to form **pan-European automatic recognition procedures for the first time.**

This can take place via a new tool called 'a **Common Training Framework**'.



# Why would a CTF for HP be a good thing?

- Highly skilled professionals can take their skills to contribute to patient care **across Europe**
- **A benchmark standard** for HP education
- **Legal recognition** for the distinctiveness of the HP skillset, *(in line with EAHP Policy Statement 2011)*



## What is a Common Training Framework?

- A version of '**automatic recognition**' across countries
- Operates on a **voluntary basis**
- Minimum of 1/3 EU states (**currently calculated - 10**)
- **Professional associations** can take the lead (e.g. EAHP and its member associations)
- Based on **agreed knowledge, skills and competencies**
- Linked to the **European Qualifications Framework**

# Now the hard work really begins!

## **Purposes** of this evening's session:

- To start the conversation with members about how we can approach this task
- To increase member understanding
- To take your feedback on the current suggestions
- To enable informed discussion at a national level after Congress

***Feedback requested by Thursday 24th April***



## Running order for this evening

1. **HP specialisation in Europe** – a brief refresher (David Preece)
2. **The European Board of Veterinary Specialisation** experience (EBVS – Linda Horspool)
3. A presentation on the **initial proposed method of working** (Richard Price)
4. **Member feedback & discussion**

The logo for the European Board of Veterinary Specialisation (EBVS). The letters 'E', 'B', and 'S' are in black, while the 'V' is in blue and contains a white caduceus symbol. The letters are surrounded by small white dots. Below the text is a thick blue horizontal bar.



# Hospital pharmacy specialisation in Europe – a brief refresher

*David Preece, Research Assistant,  
EAHP*

*The following information has been taken from a number of different sources and we hope that any errors/misunderstanding can be corrected with your help.*



Within EAHP membership the definition of a “specialist hospital pharmacist” varies considerably with some important factors that need to be taken into consideration:

- Protected title (Legally)
- Additional training required (Content/duration)
- Mandatory to practice or not
- Required for specific roles/positions

## Clinical Pharmacy

normal practice or specialisation?

## Advanced training

not considered specialisation

## Sub-specialities including

Drug control and quality

Drug/Medicine Information

Pharmaceutical Technology

Clinical specialities

*There are have been attempts to better understand the situation in the past with the most notably being:*

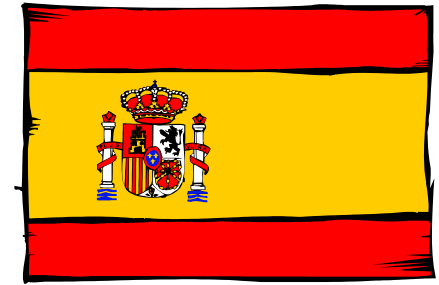
## **Pharmine (2011) EU Funded**

Including competences for Hospital Pharmacists ([WP4](#))

## **EAHP Member reports – EJHP and Annual**

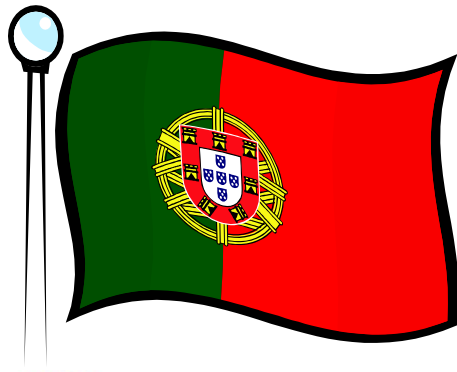
## **Published Literature**

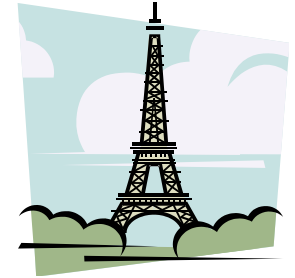
## Some country examples:



**Spain:** 4 year HP specialisation training  
(*Especialista em Farmácia Hospitalar*)

**Portugal:** After 5 years within the hospital the  
pharmacist is a specialised HP.

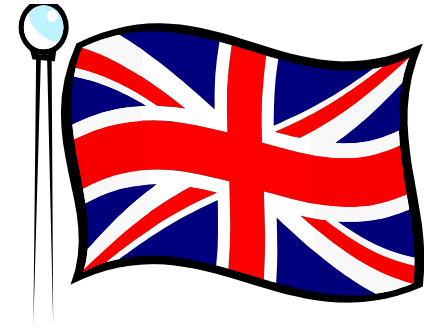




**France** - 4 Year mandatory specialisation – rotational between hospitals (*Diplome d'études spécialise en pharmacie hospitaliers*)

**Italy:** "Scuola di specializzazione in farmacia ospedaliera" for 4 years. 70% of time is spent in hospital (internship) and 30% in the Faculty of Pharmacy to follow academic classes.





**UK** – Foundation practice. Opportunities for post graduate study e.g. clinical diploma

**Norway** – Additional 2 year program after 3 year undergraduate degree. After 3 years of experience you become a HP.



**Germany** – 3 year specialisation,  
provided by the chamber of  
pharmacists



**Czech Republic** - Nemocniční lékárníci  
(Specialisation)



**The Netherlands** – mandatory medical  
specialist but not formal hospital  
pharmacy specialisation.



20 out of 34 EAHP members have some form of specialisation.





## EAHP Statement (2011 GA)

*“The basic education of 5 years for pharmacists... does not provide sufficient competencies to work independently in the hospital environment.”*

*“EAHP believes that post graduate education in the hospital setting ... with a final assessment of individual competency is essential”*

# *Organising a pan-European specialisation...*



## ***The veterinary specialist experience***

**Linda Horspool**, European Board of Veterinary Specialisation



# AN INITIAL PROPOSAL FOR WORKING TOWARDS AN HP CTF



*Richard Price, Policy and Advocacy Officer, EAHP*

# What should any approach to delivery include?

- Be manageable
- Be accountable
- **Make use of the right people** with the right skillsets
- **Deliver the desired objectives**, clarified and agreed at the start of the project



# 5 key objectives to be achieved

**1**

**Sign up at least 10 participating EU countries to form the basis of the initial framework**

**2**

**Agree the set of knowledge, skills & competencies that make up 'the European hospital pharmacy specialisation'**

**3**

**Achieve buy-in of education providers, national competent authorities, health ministries & governments**

**4**

**With the first 3 steps in place, make the application to the Commission for legal recognition of the framework**

**5**

**Maintain an architecture for updating the competency framework, quality assuring the qualification, & admitting new countries**

# 1

Sign up at least 10 participating EU countries to form the basis of the initial framework

## Who will be the countries driving this forward?

- Very key issue – strong interest from EAHP’s initial call
- In considering the manageability of the task the concept has developed of ‘**leadership countries**’ and ‘**consultative partner countries**’ – **Let’s discuss!**
- **Leadership countries** are those in the EU whom we might hope to have in the framework on ‘day 1’, and will ‘make things happen’ (e.g. with national competent authorities)

## Leadership countries (EU & existing basis to build on)\*

1. Austria
2. **BELGIUM**
3. Croatia
4. Czech Republic
5. Finland
6. **FRANCE**
7. Germany
8. Hungary
9. **ITALY**
10. Ireland
11. Netherlands
12. Poland
13. **PORTUGAL**
14. Romania
15. Slovakia
16. Slovenia
17. **SPAIN**
18. United Kingdom

**\*To emphasise: this is an initial proposal for consultation with members!**

**\*\*Number may change with time.**

# Consultative partner countries

## HP CTF consultative partner countries (EU)

1. Bulgaria
2. Denmark
3. Estonia
4. Greece
5. Latvia
6. Malta
7. Sweden

## HP CTF consultative partner countries (non-EU)

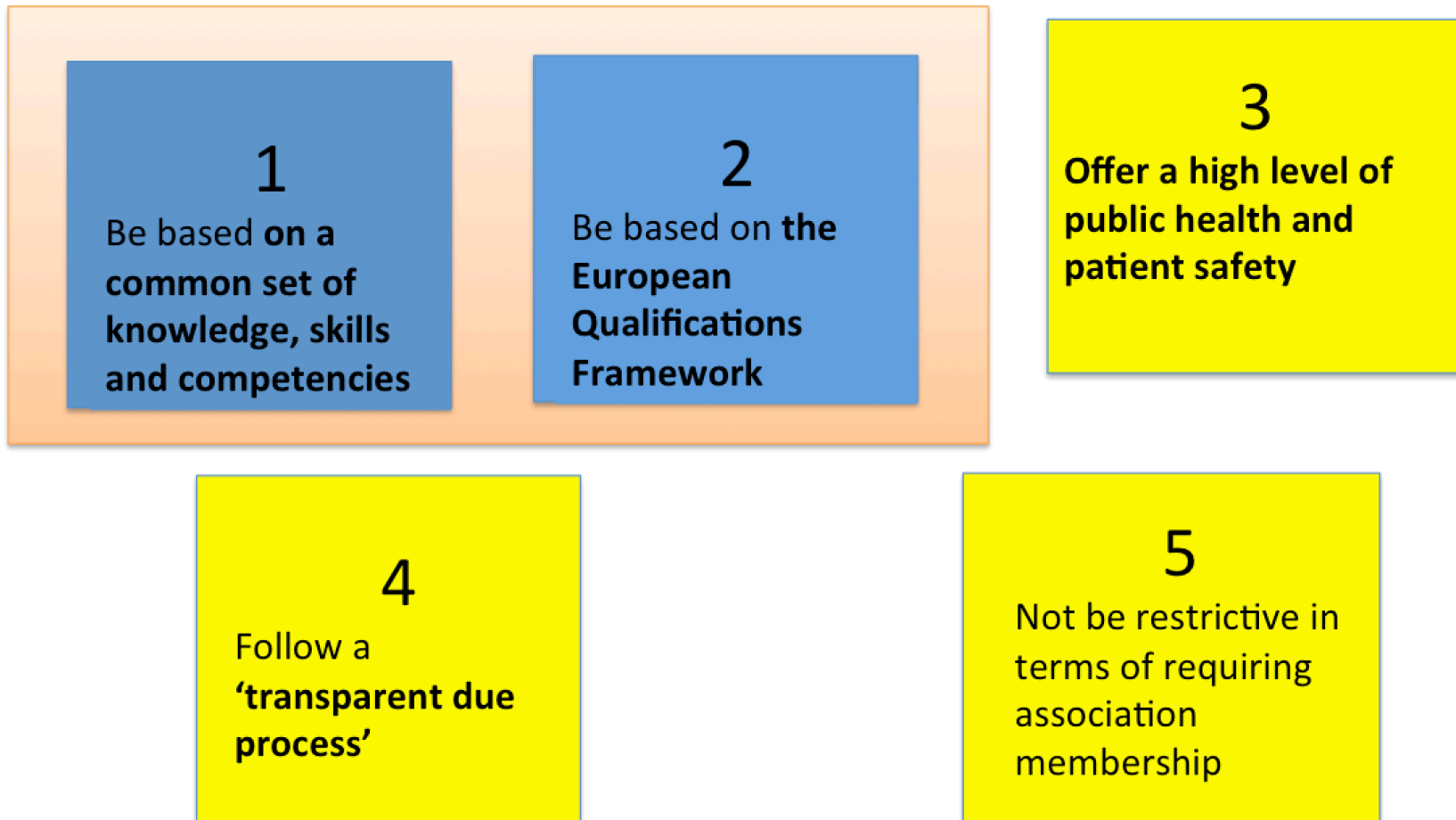
1. Bosnia and Herzegovina
2. FYROM
3. Iceland
4. Norway
5. Serbia
6. Switzerland
7. Turkey



# 2

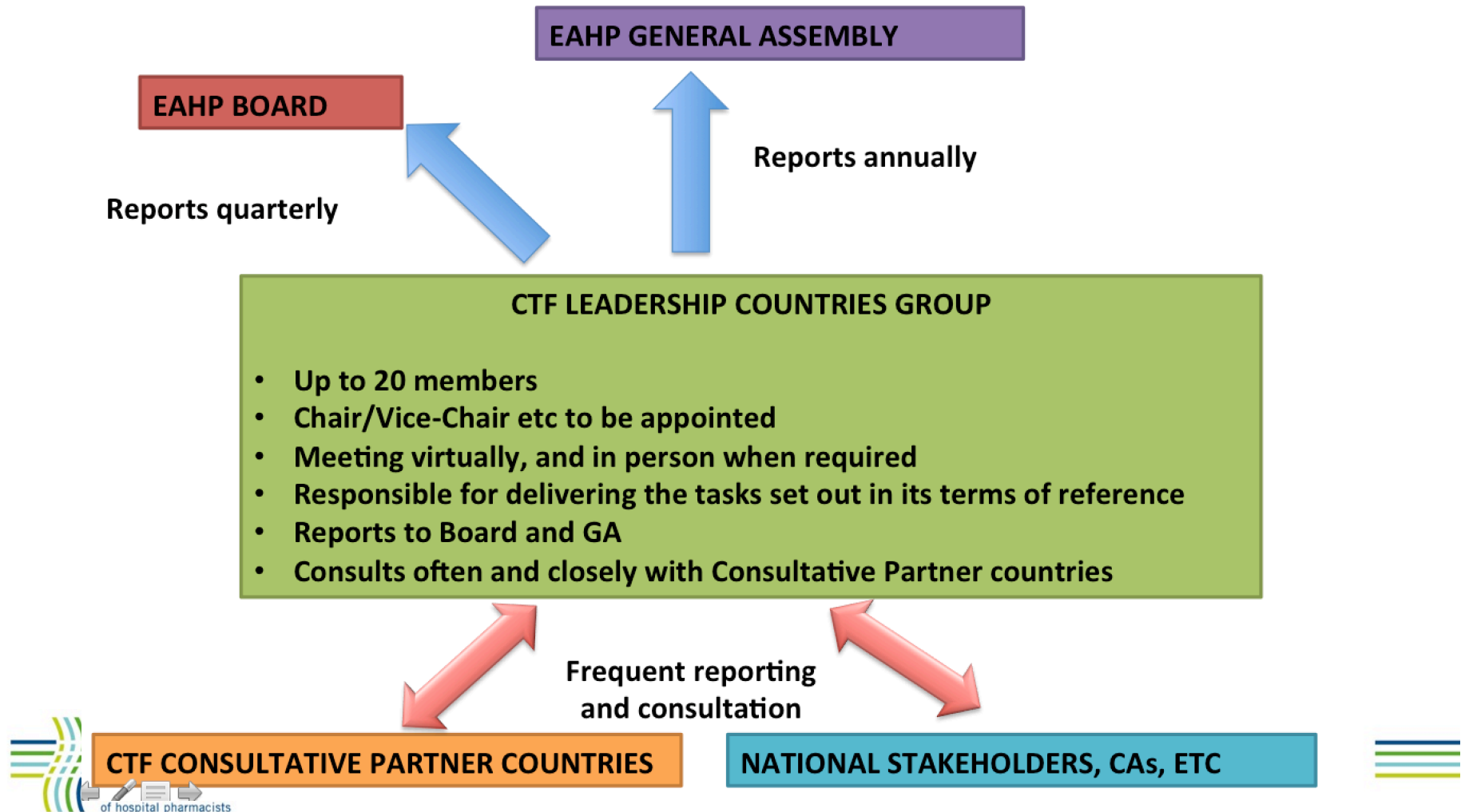
Agree the set of knowledge, skills & competencies that make up 'the European hospital pharmacy specialisation'

## 5 CRITERIA OF THE CTF



# 3

**Achieve buy-in of education providers, national competent authorities, health ministries & governments**



## And finally....

**4**

**With the first 3 steps in place, make the application to the Commission for legal recognition of the framework**

**5**

**Maintain an architecture for updating the competency framework, quality assuring the qualification, & admitting new countries**

# Key points from draft TOR of the leadership group

- It remains draft!
- 1 representative per country (substitute possible)
- Must be the right individual:
  - knowledgeable & experienced in HP education
  - knowledgeable vis-a-vis national competent authorities
  - available to commit time and give leadership

# Key points from draft TOR of the leadership group

- **Must consult and report regularly**
- **Ensure national CAs and partner countries are involved in the process**
- **Finalise agreement on the common set of knowledge, skills and competences for a European HP CTF to be achieved**



## Additional suggestions for TOR

- **Gather evidence** of the current status of mobility? (i.e. the evidence basis)
- Recommend the organisational **architecture for maintaining the framework**
- **Liaise with EAHP's partner organisations** on the progress of the work, and mutual learning (e.g. EBVS, UEMS, ESNO)



## CLOSING SLIDE: A kind request...

Please:

1. review these suggestions
2. take this discussion back to your national associations
3. return by email to the EAHP secretariat (richard.price@eahp.eu), by **Thursday 24th April**, the status of your association's interest in this project as outlined, and any other reflections on the proposals
4. if considering membership of the leadership working group, begin thinking of the best person to serve the group, reflecting point 6 in the draft terms of reference (annex 2)

# feedback

