



HOSPITAL PHARMACY SPECIALISATION IN EUROPE:

ESTABLISHING RECOGNITION AND MOBILITY AT A EUROPEAN LEVEL;

This document is of a non-binding nature, and has been written primarily for the purposes of promoting discussion at the Members' Meeting on a European hospital pharmacy (HP) common training framework (CTF) at the 19th Congress of the EAHP. It is predicted it will provoke discussion and debate on the key topics, including:

- **Which EAHP member countries wish to provide leadership** in creating the a CTF for European HP specialisation;
- The **potential governance framework** to take forward the initial activity in forming the CTF; and,
- The **early timescales and processes** to achieve this.

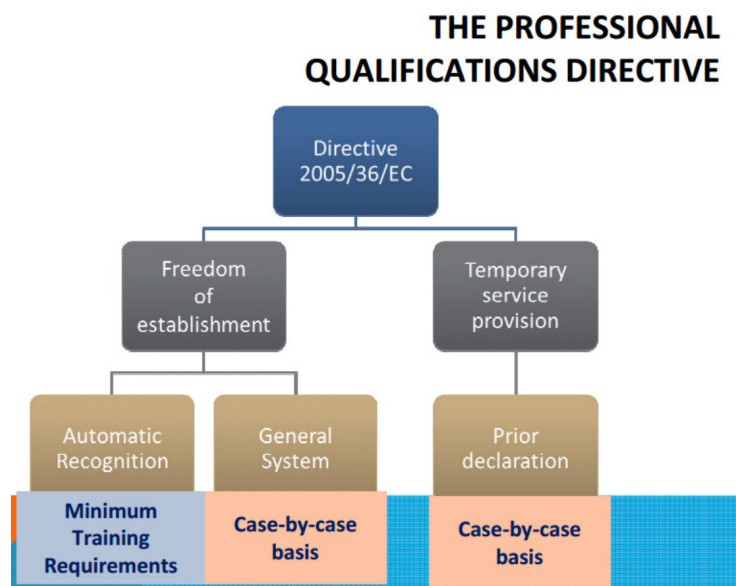
It is hoped at the end of the meeting a clearer picture can emerge of **who** 'the CTF leadership countries' (working title) might be, and **how** they wish to work together. Based on this, a formal proposal and methodology of working can be put before the 2014 EAHP General Assembly in June for scrutiny, approval and any required resource funding.

This document, and the Members Meeting at the 19th Congress at which it will be presented, should be considered as an invitation to EAHP member associations to reflect on their level of involvement in forming a European Common Training Framework for the hospital pharmacy specialisation, and what method of proceeding best suits their needs, experience and aspirations.

We look forward to the discussion in Barcelona on **Wednesday evening (1930 to 2100, Room 128)**, at which EAHP secretariat staff will outline the draft proposals set out below in more detail and an opportunity will be provided for open, (and we hope) frank and honest discussion on the way forward.

A presentation will also be made by the European Board of Veterinary Specialisation (EBVS) which will outline their approach to specialisation harmonisation, and a chance provided to ask questions and learn from their experiences.

How does professional qualification recognition in Europe work?



The EU is founded on the principles of free movement of goods, services, capital and persons, and on the belief that such free movement delivers mutual benefit to all participating countries and their citizens.

To promote the free movement of labour a suite of European legislation has developed to support these rights, the central Directive in the area of qualification recognition being [the Professional Qualifications Directive](#). In its current form, it is an amalgamation of previous directives and, importantly for pharmacists, guarantees that their MPharm pharmacy qualification will benefit from automatic recognition in any EU country, should a holder of such a qualification wish to exercise their right to work in another EU country. Pharmacy is thus, alongside medicine, dentistry, nursing, midwifery, veterinary and architecture, **1 the of the 7 'sectoral' or 'automatically recognised' professions** within EU law.

Other professions gain recognition across countries through a more ad hoc process called **the 'general system'**, which is not automatic, often requiring individuals wishing to conduct their profession in another country to undertake additional exams, and/or periods of assessed or supervised practice.

Further to this, 2 of the 7 sectoral or 'automatically recognised' professions have enjoyed the ability to have specialty qualifications recognised automatically among those EU countries within which those specialties are established. That is, medical and dentistry specialisations (e.g. cardiology etc). None of the other sectoral professions however, including pharmacy, have been able to establish specialisations in European law in this way (**until now!**).

In view of the widespread development of hospital pharmacy specialisation programmes across Europe in the past 30 years, when the Professional Qualifications Directive came under a process of review and modernisation from 2010 onward, EAHP sought to address this anomaly.

What is the Common Training Framework?

The recent [review of the Professional Qualifications Directive](#) took place during the height of the post 2008 global financial crisis. This created a political context in which the Commission and national governments were enthusiastic to loosen perceived barriers to labour mobility in Europe, in the hope that this could be conducive to economic activity and growth, and relief of high unemployment figures.

Therefore, to improve the mobility of professions in the 'general system' the Commission designed a proposal for a new 'Common Training Framework' (CTF). Its key features were intended to provide for:



1. **a version of "automatic recognition"** across countries for professional qualifications not currently benefiting from this;
2. the framework to be applied only in those countries willing to take part (minimum of 1/3 EU member states, currently calculated by the Commission as 10) e.g. **a voluntary arrangement** between countries, not mandatory for all EU countries;
3. **professional associations to take the lead** in developing such frameworks and apply to the Commission for legal recognition; and,
4. the framework to be based on **agreed competencies/learning outcomes**, as opposed to needing agreement on duration periods for attaining the qualification, which has previously been the basis for older forms of European qualification recognition framework

On review of this proposal in early 2012, [EAHP identified the CTF as a useful approach](#) for the recognition of the hospital pharmacy specialisation across borders, especially in view of the differing duration periods applying across national HP specialisation programmes (see annex 1).

However, the proposed legislation from the Commission excluded the 7 sectoral/automatically recognised professions (including pharmacy) from making any use of the CTF. This was on the assumption that there were no problems for qualification recognition in this area, and any interference could disrupt the operation of existing mechanisms. To cut a very long story short, EAHP, alongside its member associations, the European Union of Medical Specialists (UEMS), European Specialist Nursing Organisations (ESNO) and European Board of Veterinary Specialisations (EBVS), and with much support from the European Parliament, **succeeded in amending the Commission's proposals**. More information [here](#).

The way is now clear for European hospital pharmacy to construct a common training framework to advance labour mobility for hospital pharmacists, and also to set a European benchmark of what the hospital pharmacist specialisation consists of, in order that other countries without specialisation programmes may opt in to the educational model.

The question now before EAHP and its members is ***'how do we form a common training framework?'***

How does one form a common training framework?

In short, there is no text book answer to this question, for the simple reasons that **a)** no one has ever created a common training framework before and **b)** it's a brand new tool, which was only signed in to European legislation in January 2014.

However, from the text of the legislation, and the experience of others who have formed frameworks for the recognition of specialisations at the European level (e.g. [UEMS](#) and [EBVS](#)), we can form a reasonable prediction of what is likely to be required.

Briefly speaking there are 5 rough elements to be taken forward before a common training framework for hospital pharmacy can be created. These are summarised and then explained below:

- 1) **Sign up at least 10 participating EU countries to form the basis of the initial framework.**
- 2) **Agree the set of knowledge, skills and competencies that make up what we would consider to be the European 'hospital pharmacy specialisation';**
- 3) **Achieve the support and buy-in of national competent authorities, health ministries, education providers, and governments in the participating CTF countries;**
- 4) **With the first 3 steps in place, make the application to the Commission for legal recognition of the framework**
- 5) **After recognition by the Commission, maintain an ongoing organisational architecture for updating the competency framework, quality assuring provision of the qualification, and admitting new countries**



1) Sign up at least 10 participating EU countries to form the basis of the framework's creation

Preamble: For the immediate period (April and May 2014), this is expected to be a clear area for member discussion in the run up to the 2014 EAHP General Assembly. What follows below is simply a suggestion for the purpose of promoting consideration of the topic. It reflects an assumption that, from a management perspective, to drive the process of CTF formation in an efficient manner, it may be necessary to draw on a core number of countries (i.e. those with EU membership, and formal programmes of education that could be adapted to reflect a European HP CTF). For the purpose of description, for the time being, we might call these “*HP CTF leadership countries*”.

Appropriate representatives from these countries could be asked to form the central coordination group of the CTF formation from June 2014 onwards.

Initial proposal of HP CTF ‘leadership countries’

In the annexes of this document, the EAHP secretariat outlines, in brief form, our understanding of the nature of hospital pharmacy specialisation across EAHP’s 34 member countries.

With this in mind, as well as the expressions of interest from member associations in being in the first application to form a common training framework, the countries that the EAHP secretariat initially suggest could be included with the HP CTF ‘leadership countries’ are below:

- | | |
|--------------------|----------------------|
| 1) Austria | 11) Netherlands |
| 2) Belgium* | 12) Poland |
| 3) Croatia | 13) Portugal* |
| 4) Czech Republic | 14) Romania |
| 5) Finland | 15) Slovakia |
| 6) France* | 16) Slovenia |
| 7) Germany | 17) Spain* |
| 8) Hungary | 18) United Kingdom |
| 9) Italy* | |
| 10) Ireland | |

All of these countries are members of the European Union and have some forms of hospital pharmacy specialisation in existence, or at least recognisable national programmes for developing hospital pharmacist education and training beyond MPharm and providing assurance of individual competences in areas described by Pharmine* as particular to hospital pharmacy.

The five countries marked in bold and with a star are those countries EAHP understands to have mandatory forms of specialisation.

*See Pharmine Work Package 4 on EAHP website [here](#). Also attached with accompanying email.

Thereafter, there are a number of countries that have expressed enthusiasm so far at the prospect of being a part of the European HP CTF. They should therefore be kept closely informed and consulted by the leadership countries of the developments taking place towards achieving this, in order that they may give views on the applicability of the emerging framework within their country, and keep education providers and health authorities informed of how approaches to hospital pharmacy education should potentially be amended to be part of the CTF, potentially by the time of its recognition by the Commission, or thereafter.

HP CTF consultative partner countries (EU)

- | | |
|-------------|-----------|
| 1) Bulgaria | 5) Latvia |
| 2) Denmark | 6) Malta |
| 3) Estonia | 7) Sweden |
| 4) Greece | |

HP CTF consultative partner countries (non-EU)

It should be noted that the operation of EU legislation enables non-EU countries to be part of automatic qualification recognition proceedings with the EU. However, their membership of the framework would not count towards the 10 countries required by EU law. For the purposes of forming an HP CTF, these can be considered to include:

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

It should also be noted that we understand Serbia, Switzerland and Turkey to have existing forms of specialisation and could potentially be part of the initial common training framework, albeit, not counting towards the formal 10 EU states required in EU legislation.

Lithuania and Luxembourg have not yet expressed an interest in being part of a European HP CTF.

FOR DISCUSSION WITH MEMBERS:

- Is this a fair categorisation of member countries and their role within forming a European HP CTF?
- Are there other models of organisation we should consider?
- What kind of supporting information would your national board require to make an informed decision about the above proposal?

2) Agree the set of competencies that make up the European ‘hospital pharmacy specialisation’

This is unlikely to be a simple task. However EAHP is assisted in the goal by three developments:

- The CTF does not require an agreement of qualification duration period;
- “it shall be irrelevant whether the knowledge, skills and competences have been acquired as part of a general training course at a university or higher education institution or as part of a vocational training course” (text from new Directive. See new Article 49a [here](#)); and,
- The 2009-2011 Pharmine project helped to develop knowledge and insight on the status of hospital pharmacy specialisation programmes across Europe

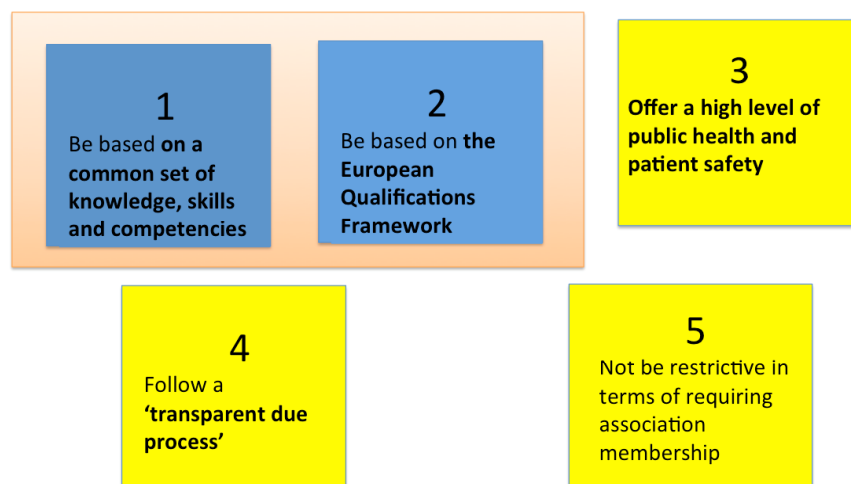
However, by the text of [the new Professional Qualifications Directive](#), the CTF must fulfil the following 5 criteria:

- 1) it must be based on a common set of **knowledge, skills and competences**
- 2) it **shall be based on the levels of the European Qualifications Framework for lifelong learning (EQF)**.

The EQF is a common reference framework which assists in comparing the national qualifications systems, frameworks and their levels. More information [here](#).

- 3) in the case of common training frameworks for sectoral profession specialties, these **“should offer a high level of public health and patient safety”**
- 4) The framework should be prepared *“following a **transparent due process**, including the relevant stakeholders from Member States where the profession is not regulated”*.
- 5) *“the common training framework permits nationals from any Member State to be eligible for acquiring the professional qualification under such framework **without first being required to be a member of any professional organisation** or to be registered with such organisation”*

5 CRITERIA OF THE CTF



Once we have confirmed the countries interested in providing leadership in creating a common training framework for hospital pharmacy specialisation in Europe, an early task of the formed group will be to work on agreeing between countries:

- a) **“the common set of knowledge, skills and competencies”** we believe to be central to the specialisation, and should be delivered by programmes in all participating CTF countries’ and,
- b) matching this to the European Qualifications Framework

This must all be done whilst simultaneously achieving the buy-in of national competent authorities for pharmacy qualification recognition, national pharmacy education providers and national health ministries. See a draft terms of reference in the Annexes.

3) Achieve the support and buy-in of education providers and national competent authorities

Following the agreement between CTF leadership countries on a proposed common set of knowledge, skills and competences for a European HP CTF, this should be taken to education providers, national competent authorities for pharmacy qualification recognition, health ministries, Governments and other stakeholders for formal consultation and input.

Of course, the working group, and its national members, should take all opportunities to engage such stakeholders in the framework development as they conduct their work in the initial stage (2014 onwards), but this would necessarily remain of an informal nature until a draft set of knowledge, skills and competencies can be agreed by EAHP members and shared publicly.

An early task of the leadership working group should also be to conduct a mapping exercise of all national authorities and associations who should be closely consulted and involved in the CTF development process, and the best mechanisms for securing their involvement and input.

The formal consultation is necessary, not only to assist informed buy-in from national stakeholders and gather their contributions, but to also enable demonstration of a transparent system of forming the European HP CTF, in line with the requirements of the Professional Qualifications Directive.

For illustration, some examples of competent authorities in the field of pharmacy qualification recognition are given below (source: European Commission Internal Market website):

Ireland: Pharmaceutical Society of Ireland

Malta: Pharmacy Council

Portugal: Administração Central do Sistema de Saúde

Slovenia: Ministrstvo za Zdravje

United Kingdom: The General Pharmaceutical Council

4) Make the application to the Commission for recognition

With agreement between CTF leadership countries on the framework, the jointly agreed common set of skills, knowledges and competences, and the buy-in by other relevant stakeholders at the national level, including competent authorities for qualification recognition and health ministries - EAHP and partners should be positioned to apply to the European Commission for recognition of the European HP CTF. The assumes as well that the ten (or more) participating countries are confident that their respective systems now provide a common outcome matching the draft framework's requirements.

The very earliest this might take place is mid-2016, if a June 2015 agreement on knowledge, skills and competencies was delivered, and transparent consultation took place thereafter.

However this could be ambitious, and the precise timelines and timescales for achieving the framework will, be very much in the ownership of the CTF leadership countries.

5) Maintain an ongoing organisational architecture for updating the competency framework, quality assuring provision of the qualification, and admitting new countries

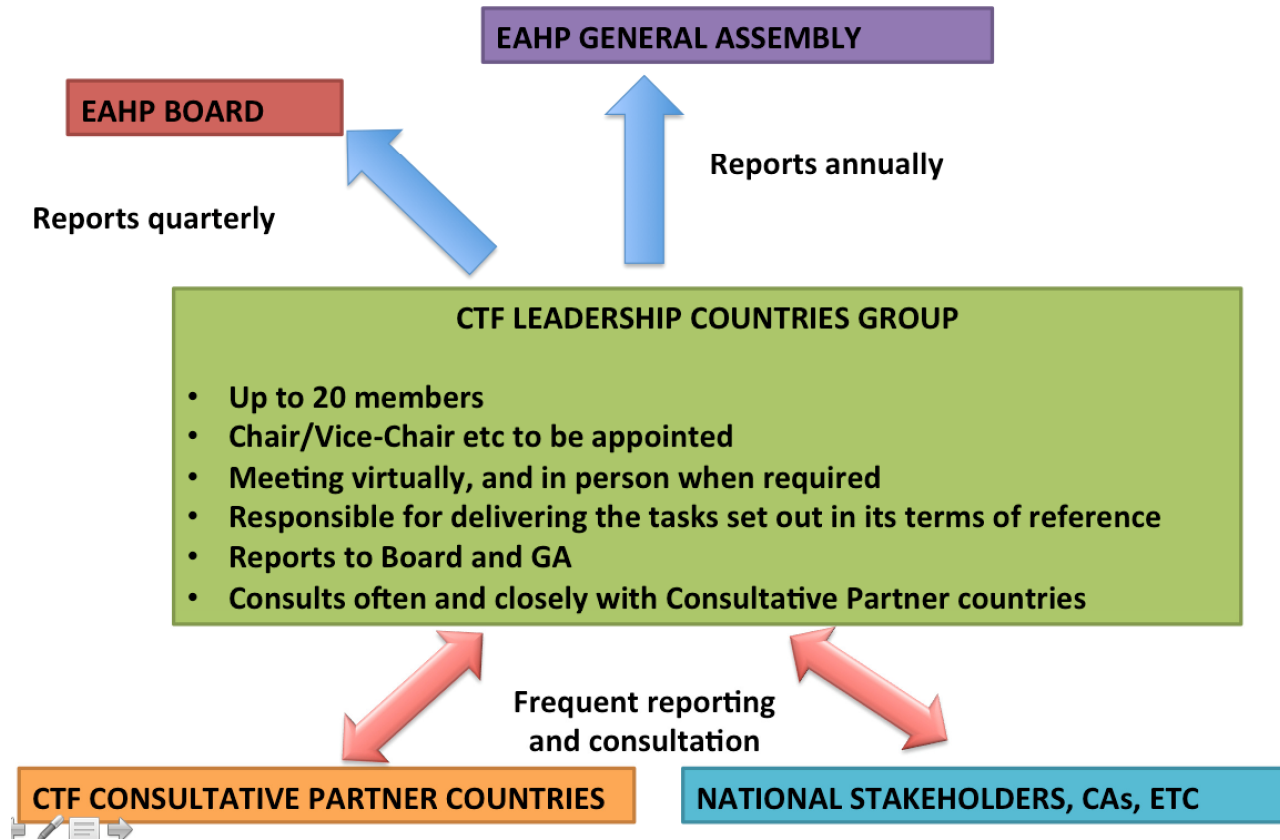
Science never stands still, and it can be predicted with a degree of certainty that the competencies considered as necessary to practice hospital pharmacy at a high level will not remain constant either.

Therefore, the working group developing the European HP CTF will also need to make recommendations on the long term management of the CTF, including aspects such as enabling processes for:

- quality assuring that CTF countries are indeed delivering qualifications that match the agreed CTF requirements;
- allowing new countries to join the CTF (or indeed leave the CTF);
- updating the CTF's common set of knowledge, skills and competencies;
- reforming the CTF's governance framework.

EAHP NOW WELCOMES DISCUSSION WITH OUR MEMBER ASSOCIATIONS ABOUT THIS PROPOSED WAY OF MOVING FORWARD IN THE CREATION OF A EUROPEAN COMMON TRAINING FRAMEWORK FOR HOSPITAL PHARMACY SPECIALISATION AND LOOKS FORWARD TO FURTHER CONVERSATION ON THE MATTERS RAISED AT THE MEMBERS' MEETING IN BARCELONA

Annex 1: How Governance might look



Annex 2: Draft Terms of Reference and Membership criteria for CTF leadership group

General

1. A working group of EAHP member countries interested in forming the initial application of a European common training framework for hospital pharmacy specialisation shall be formed, reporting to the EAHP Board on a quarterly basis, and to the General Assembly of the EAHP on an annual basis, so long as the working group is in existence.

Membership

2. Member countries wishing to participate in this Working Group shall be able to justify to the satisfaction of the EAHP Board that, as well as being member countries of the European Union, they have in place either programmes of hospital pharmacy specialisation, or, recognisable national programmes for developing hospital pharmacist education and training beyond the MPharm that provide assurance that an individual has competences in areas described by Pharmine* as particular to hospital pharmacy
3. A participant country may put forward a maximum of one representative to the leadership group.
4. Provision may be made for substitute membership
5. The Working Group should appoint a Chair and Vice-Chair from amongst its membership following its constitution.
6. Individual members of the working group should be selected by their EAHP member association, with due consideration given to the individuals:
 - a. knowledge and experience in the area of hospital pharmacy education
 - b. knowledge and experience of working with national competent authorities and other important stakeholders at the national level (e.g. the national health ministry, education)
 - c. availability to commit time to the project, including providing leadership at a national level in consulting national competent authorities for pharmacy qualification recognition, health ministries, pharmacy education providers and others
 - d. competency in conversing with fellow working group members in English

Terms of Reference

7. The Terms of Reference of the Working Group are:
 - a. To lead in the development of an agreed common set of skills, knowledge and competencies for the hospital pharmacy specialisation in Europe that will form the basis of an application to the European Commission for legal recognition of a common training framework for this qualification
 - b. To match this common set of skills, knowledge and competencies to the European Qualifications Framework, in keeping with requirements under European legislation for qualification recognition and the criteria of the common training framework mobility tool
 - c. In developing the agreement of an agreed common set of skills, knowledge and competencies for the hospital pharmacy specialisation in Europe, the Working Group should:
 - i. consult closely and frequently with other EAHP member countries
 - ii. make reference to the results of the Pharmine project (2011), in particular work package 4 on hospital pharmacy competencies
 - iii. make reference to the results of the European Association of Hospital Pharmacists European Summit on Hospital Pharmacy, including the European Statements of Hospital Pharmacy, and other related projects such as Good Practice Initiatives, EAHP survey and practice benchmarking activities, and the development of the New Academy.
 - iv. Ensure all participant member countries are conducting close consultation with their respective national competent authorities for pharmacy qualification recognition, health ministries, pharmacy education providers and others
 - v. Conduct liaison with the European Commission on developments
 - vi. Report annually to the EAHP General Assembly, and quarterly to the EAHP Board, on the progress of its work
 - vii. Ensure “a high level of public health and patient safety” is being offered by the agreement
 - viii. Manage its activities in a way that does not place undue costs upon either EAHP or its member countries
 - ix. Explore opportunities for external resourcing of its activities, including by European Union funding sources, and national funding source.

Costs

1. EAHP will provide secretariat services to the Working Group as required, and on agreement between the Chair of the Working Group and the EAHP Board.
2. Overall costs of the Working Group activities should be managed via a budget submitted to the EAHP Board and General Assembly for approval, according to the Standing Orders and procedures of the EAHP
3. Expenses relating to meeting attendance will be expected to be borne by the participant member countries.

Annex 3: A 'To Do' List for EAHP national member associations after Barcelona

1. **Review this document**, consider your initial responses and come to the meeting in Barcelona with a willingness to be frank and honest with EAHP about your first thoughts!
2. Return to your national association **reporting your thoughts from the Barcelona meeting**, sharing this document, and your thoughts from the meeting, and facilitate a discussion within your association to take place on the proposals
3. Return by email to the EAHP secretariat (richard.price@eahp.eu), **by no later than the close of Thursday 24th April**, the status of your association's interest in this project, and any other reflections on the proposals contained within this document
4. If considering membership of the leadership working group, begin consideration of the person best placed to serve the group, reflecting point 6 in the draft terms of reference (annex 2).

This will enable EAHP's 2014 General Assembly in Sofia to review an updated methodology of working on this project, reflecting member feedback.

Annex 4: An overview of hospital pharmacy specialisation across Europe

EAHP welcomes feedback from members about whether the bellows creates an accurate picture of the status of specialisation in their country, and if more information should be added or amended.

In any case, a predicted early task of the group of countries forming the CTF will conduct this analysis in greater depth.

Country	Form of Specialisation?	Mandatory	Name/Title/Description	Duration
Austria	Yes	No	Weiterbildung zum Krankenhausfachapotheker / Approved Hospital Pharmacist (aHPh)	3 Years (Including 240 hours additional study)
Belgium	Yes	Yes	Master of Hospital Pharmacy - Flemish (2013), French(unknown)	3 (Flemish), 2 (French)
Bosnia/Herzegovina	No	No	Master in de Ziekenhuisfarmacie (Post grad course available)	1.5 months during study
Bulgaria	No	No		
Croatia	Yes		Klinička farmacija- bolničko ljekarništvo	3 Years Clinical Pharmacy Specialisation
Czech Republic	Yes		Nemocnicni lekarenstvi	4 years
Denmark	No		Cand.pharm	
Estonia	No			
Finland	Yes	No	Msc (2 years) and BSc in Pharmacy (3 years)	2 years - Msc
France	Yes	Yes	Diplôme d'Etat de Docteur en Pharmaci	4 year Internship
FYROM	No			
Germany	Yes	No		3 year Specialisation provided by chamber
Greece	No			3 months training
Hungary	Yes	No	kórházi szakgyógyszerész	4 year Specialisation
Iceland	No			
Ireland	Yes	No	Msc in Hospital Pharmacy	
Italy	Yes	Yes	Scuola di specializzazione in farmacia ospedaliera	4 year postgraduate
Latvia	No	No		2 year (Clinical Pharmacy)
Lithuania	No			

Luxembourg	No			
Malta	No			
Norway	No		Prescriptionist (3 years)/ Manager (5 years)	
Poland	Yes		specjalizacja z zakresu farmacji szpitalnej	
Portugal	Yes	No		5 years specialisation
Serbia	Yes	No		3 year Specialisation
Slovakia	Yes			
Slovenia	No			Optional training in HP
Spain	Yes	Yes	Especialista em Farmácia Hospitalar;	4 year (after exam)
Sweden	No		Prescriptionist (3 years) - but 5 years Masters designed more for Hosp	
Switzerland	Yes	Yes	Programme de formation postgraduée FPH en pharmacie hospitalière	3 year specialisation - 50% of salary
Romania	Yes		Rezidentiate	Residency possible for 2-3 years (funded)
The Netherlands	Yes	No	Ziekenhuisapotheker	4 years
Turkey	Yes		Hastans cizciligi - Uamu Eczacisi	
UK	No, not formally	No	Foundation training provided post qualification as a pharmacist. Various sub-specialisation thereafter.	
Total	20/34			