HOW TO QUALITY ASSURE AND MANAGE A Common Training Framework

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The Quality Assurance and content management issue

EAHP and its membership can vote and agree on the content of a common training framework (CTF) for hospital pharmacy at a post-registration (post license) level.

However, how does one gain an assurance that countries' systems for post-registration hospital pharmacy training are indeed meeting the developmental competencies set out in the framework?

This is a familiar problem for many specialties in sectors such as medicine and dentistry, to which differing responses have been developed. It is a new challenge for EAHP however, and one for which an answer is required especially as the CTF project moves closer to providing a common framework for hospital training.

Allied to this is the known need to implement a system for continual management of the content of the common training. The pace of development in practice and science in hospital pharmacy internationally appears to quicken and it would be a risk to assume the content of the common training framework - due to be agreed at the 2017 EAHP GA - will remain static. A governance architecture needs to be put in place to keep the CTF content under review and to make periodic updates when judged necessary.

Finally, an additional element of the discussion relates to quality assurance and accreditation services more generally. For a number of years an open question has been put as to whether EAHP provide accreditation of hospital pharmacy education and training events in Europe, or indeed, more globally.

The EAHP Board of Directors is at an early stage in its considerations of these topics and seeks to take the opportunity of the 2016 GA to take feedback from members on some of the available options under consideration.

Option 1: Use an external accreditation/QA provider to meet CTF & other needs

To an extent, this is the practice of EAHP already, in respect to quality assuring the content of its own primary education and training event, the annual March Congress. The USA-based body "The Accreditation Council for Pharmacy Education" (ACPE) conducts a review of the content of the Congress and set standards for delivery of the content to which EAHP must adhere in order to gain the ACPE accreditation.

A similar arrangement could be embarked upon in respect to accrediting/quality assuring the national training courses across Europe seeking to demonstrate they apply the common training framework in respect to their hospital pharmacy education and development provision.

Advantages include continuing a form of working arrangement with which EAHP already has experience. Disadvantages include low control on operations (e.g. the form of accreditation used), it is revenue negative for EAHP (only paying for services, not receiving revenue from others who use the service).

Option 2: EAHP becomes an independent accreditation/quality assurance provider via creation of its own accreditation council

Another option available to EAHP is to become an accreditation body itself. This is a path already taken by organisations such as the European Union of Medical Specialties (UEMS) via their European Accreditation Council for Continuing Medical Education (EACCME®) in place since 1999. More information here: http://www.uems.eu/uems-activities/accreditation/eaccme

This would involve creating a new internal architecture to support this new service provision (e.g. an accreditation council or similar) but should, in time, be financially self-supporting via accreditation fee collection. Not only could national hospital pharmacy courses be accredited by such an EAHP council, but also smaller events, conferences, exams etc at the national level.

An EAHP accreditation council could also be given responsibility for the ongoing management of the content of the CTF.

Advantages include independence of operation, and full control on such issues as revenue control. A disadvantage is entering a market place for service provision without prior record in the area, and the challenges that arise from embarking on any new activity for the first time.

An additional issue would be managing the movement towards integrated pharmaceutical care and the challenges of specialist-trained pharmacists who are located within primary care sectors. This could be advantage as the market for accreditation could be much larger in the future than just the hospital sector as countries shift health systems towards managing specialist care in community settings.

Option 3: Enter into a bespoke arrangement with another European healthcare professional organization conducting QA and accreditation services

The European Union of Medical Specialties (UEMS) has informally offered to collaborate with EAHP in development of accreditation services for hospital pharmacy within the ambit of its existing systems for providing quality assurance and accreditation services for 43 medical specialties. More information here: http://www.uems.eu/about-us/medical-specialties

This would likely take the form of creating a hospital pharmacy subgroup within UEMS that would take responsibility for both the ongoing content of the hospital pharmacy CTF, and its application (i.e. conducting quality assurance of programmes wishing to be publicly linked to the CTF).

Another option within this area could be to pursue a similar kind of arrangement with the USA's Board of Pharmacy Specialties, which is increasingly international in the scope of its activities. The question here would be the issue of USA oriented standards, or a USA-based organisation accrediting (in an independent way) European derived standards.

In both cases, an advantage is benefiting from the experience and existing structures already created for providing the nature of service EAHP identifies a need for (the "no need to reinvent the wheel" argument). A drawback is a loss of independence of operation, revenue control, and the challenges that can inevitably emerge from working across organisations. Additionally, organisations like UEMS are oriented specifically towards medical specialities and hence medical practitioners, which may be a drawback when trying to be a leading advocate for pharmacy and pharmaceutical care.

Key questions for answer from national delegations

- **Please provide your general feedback on the options set out**
- **Is your workshop group able to indicate an early preference amongst the options briefly described?**