

# **EUROPEAN ASSOCIATION OF HOSPITAL PHARMACISTS**

## **OPERATIONAL STRATEGY 2016- 2021**

## Contents

Title	Page Number
Foreword	<b>3</b>
Introduction	<b>4</b>
The Mission of the EAHP	<b>4</b>
The Goals of the EAHP	<b>4</b>
Achievements of the EAHP	<b>4</b>
Context for the Development of this Operational Strategy	<b>5</b>
Challenges Facing the EAHP	<b>5</b>
Our Vision for the Future	<b>6</b>
Operational Strategy for 2016-2021	<b>6</b>
Our Values	<b>8</b>
Our Strategic Objectives	<b>9</b>
The Implementation of the Statements	<b>10</b>
Establishing an Effective Communications Platform	<b>10</b>
The Implementation of the Statements	<b>10</b>
A Competent and Sufficient Workforce	<b>11</b>
Challenges in Delivering our Strategy	<b>12</b>
Key Risks and Opportunities to Delivery	<b>13</b>
Our Key Enablers for Delivery	<b>14</b>
Governance Leadership and Implementation	<b>16</b>
Conclusions	<b>17</b>
Contributors to the Development of this Strategy	<b>18</b>
APPENDIX 1. Strategic Objective Leads	<b>19</b>
APPENDIX 2. Leads for EAHP Projects and Tasks	<b>20</b>
APPENDIX 3. SWOT ANALYSIS	<b>23</b>
APPENDIX 4. PESTLE ANALYSIS	<b>24</b>
APPENDIX 5. PROJECT PLANS	<b>25</b>

## **FOREWORD**

This 5-year Strategy (2016-2021) sets out the intent of the Board of the European Association of Hospital Pharmacists (EAHP) to improve the pharmaceutical care provided to all hospital patients across Europe. The strategy aims to build on the work of previous Boards. We have made good progress on several issues during the last five years, including:

- The development and approval of the European Statements on Hospital Pharmacy
- Achieving the opportunity to establish free movement of the hospital pharmacist across Europe
- Record attendances at the EAHP Annual Congress
- Changes to the EAHP Annual Survey
- Enhanced relationship with a new publisher for the EJHP

The work must continue, and this revised and updated strategy sets out the Board's renewed intentions. At its heart, this strategy is about improving health outcomes for all patients in European hospitals. It is ambitious and sets down a challenge for us all, including some changes in how we work as a Board, in how we deliver services to our members, and in our expectations of ourselves and of each other. In short, it sets out our commitment to delivering the aspirations of all our member countries that their populations will receive the best possible hospital care.

The EAHP Board held a strategy meeting in Brussels on the 17<sup>th</sup> and 18<sup>th</sup> October 2015 where we debated and agreed our high-level vision for the next 5 years. The vision is the desired future state and indicates what the EAHP wants to achieve within the time frame.

I personally want to thank all members of the EAHP Board and Office that have contributed to the development of the EAHP Strategy 2016-2021. Their input has been invaluable and has helped to shape the beginnings to a refreshed approach. We will continue to need help from our members, partners and all who participate in the development and delivery of pharmaceutical care in European hospitals to achieve our goals.

**Joan Peppard**  
**President**  
**European Association of Hospital Pharmacists**

## **Introduction**

The European Association of Hospital Pharmacists (EAHP) is a working community of national associations representing hospital pharmacists at European and international levels. The Association, dedicated to hospital pharmacy, was formed in 1972 of representatives of six European countries. In the intervening years membership has risen to 34 countries, all of which are members of the Council of Europe, though not all are in the European Union. The EAHP is an International Not-for-Profit Organization with an overarching mission and associated goals. The EAHP operates transparently to a published code of conduct and conflict of interest statements are publically available.

## **The Mission of the EAHP**

The existing EAHP mission and statements were adopted as the starting point for the strategy meeting. EAHP represents and develops the hospital pharmacy profession within Europe in order to ensure the continuous improvement of care and outcomes for patients in the hospital setting. This is achieved through science, research, education, practice as well as sharing best-practice and responsibility with other healthcare professionals.

## **EAHP Goals**

1. To develop hospital pharmacy in order to promote the best and safest use of medicines and medical devices for the benefit of patients in Europe
2. To create a platform for the education and training of hospital pharmacists to a level of specialisation and maintain continuing professional development (CPD)
3. To uphold the interests and advance the position of European hospital pharmacists within the healthcare systems, the EU and national associations

## **Our Achievements**

Since its establishment the EAHP has made significant progress in developing the profile of hospital pharmacy across Europe, and there is a growing recognition for its role in shaping and influencing policy.



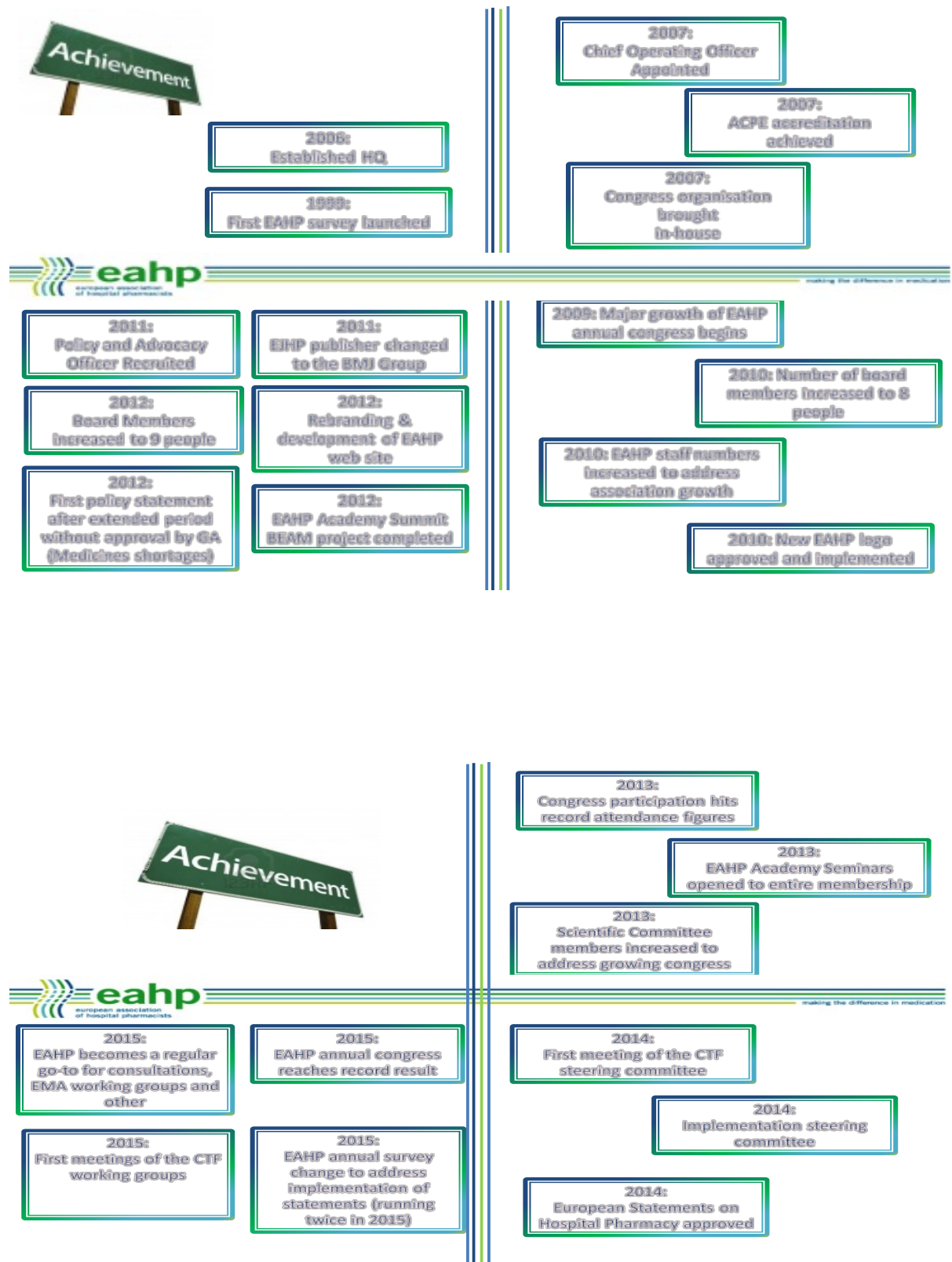
The EAHP Annual Congress is highly valued by the General Assembly and member countries and it is often the first point of contact between hospital pharmacists and the EAHP.

The production of the high quality journal, The European Journal of Hospital Pharmacy (EJHP) is also recognised as a valuable tool for the dissemination of specialist scientific knowledge and best practice.

A major achievement has been the development and approval of the European Statements on Hospital Pharmacy. This involved engagement not only with EAHP member countries but also with patient groups and other healthcare organisations. The EAHP has become a regular “go-to” for consultations, EMA working groups, European pharmacy organisations and other outside bodies.

Figure 1 demonstrates the significant achievements of the EAHP since 2006

Figure 1: Achievements of the EAHP since 2006



## **Context for the Development of our Operational Strategy**

The development of this operational strategy was initiated by the newly appointed president of the EAHP, Joan Peppard, who recognised that, in order to continue to deliver the EAHP goals, the organisation needed to review the current situation and make some necessary changes to the way things are done and by whom.

Within the last 5 years there has been an unprecedented pace of change within the EAHP in terms of the increasing size of the organisation and the demands and expectations upon it from its members and outside bodies. There are also some very challenging tasks ahead. Board members work on a voluntary basis and have senior positions within their own organisations. Without a clear vision of both organisational priorities and personal responsibilities it is possible that the EAHP and the Board may be unable to fulfil its mission and goals. The changes and resultant pressures have affected all elements of the EAHP:

### **The EAHP Office**

- The recruitment of additional EAHP staff numbers to address the growth of the EAHP
- The appointment of a Policy and Advocacy Officer
- Rebranding and development of the EAHP web site and marketing materials

### **The EAHP Board**

- A new President of the EAHP took office in 2015
- An increase in the number of Board Members
- More frequent changes in the membership of the Board, due to the new maximum length of tenure
- Increasing competition from members of the General Assembly to be elected on to the Board of the EAHP.

### **EAHP Activities**

- The EJHP publisher has been changed to the BMJ Group making it more professional with high quality content requiring greater oversight and scientific rigour
- EAHP Academy Seminars are now open to the entire membership versus only eastern EU countries and new members as was the case previously
- The implementation of the European Statements on Hospital Pharmacy will represent a major commitment from the EAHP in all areas of its activities
- There are record attendances at the EAHP annual congress and this requires increased numbers of scientific committee members to support planning
- The drive to develop the Common Training Framework requires a steering committee and working groups as well as advocacy, lobbying EU representative bodies and using EAHP influence to achieve this major development
- The EAHP annual survey has been changed to address the implementation of the Statements (running twice in 2015)

The above is not an exhaustive list; however it demonstrates that the EAHP is committed to the delivery of an increasing number of ongoing long-term projects all of which require dedicated time from at least one member of the EAHP Board and/or Office.

## **Current Challenges**

While the EAHP has achieved much since it was originally formed, we recognise that there are many challenges which still need to be addressed. These challenges include:

- To raise the profile of the EAHP such that it is recognised by healthcare professionals and patient groups across Europe as the definitive voice of hospital and health-system pharmacy matters
- To continue to lead on policy, legislation, education and science
- To drive forward the implementation of the European Statements on Hospital Pharmacy
- To develop and lobby for the Common Training Framework
- To improve communications between the Board and members of the EAHP
- To promote the role of the specialist hospital pharmacist as a key partner in delivering safe and effective healthcare that results in best outcomes for patients.
- To work together with members who are representatives of their national associations
- To deliver this multi-faceted agenda within a defined and restricted budget

## Vision for the Future

**Patients consistently getting optimal pharmaceutical care to achieve the best clinical outcomes in all European hospitals**

This vision demonstrates that the EAHP is focused on serving the needs of patients rather than achieving any ambitions for our own organisational success. It is a very challenging and ambitious vision for a high quality pan-European hospital pharmacy service and its realisation will require significant effort.

Ultimately, the vision of the EAHP Board relates to the impact that specialist hospital pharmacists make on the quality of care provided to patients and their clinical outcomes. Specifically important is that patients have equal access to the same high quality standards of pharmaceutical care in every hospital in Europe.

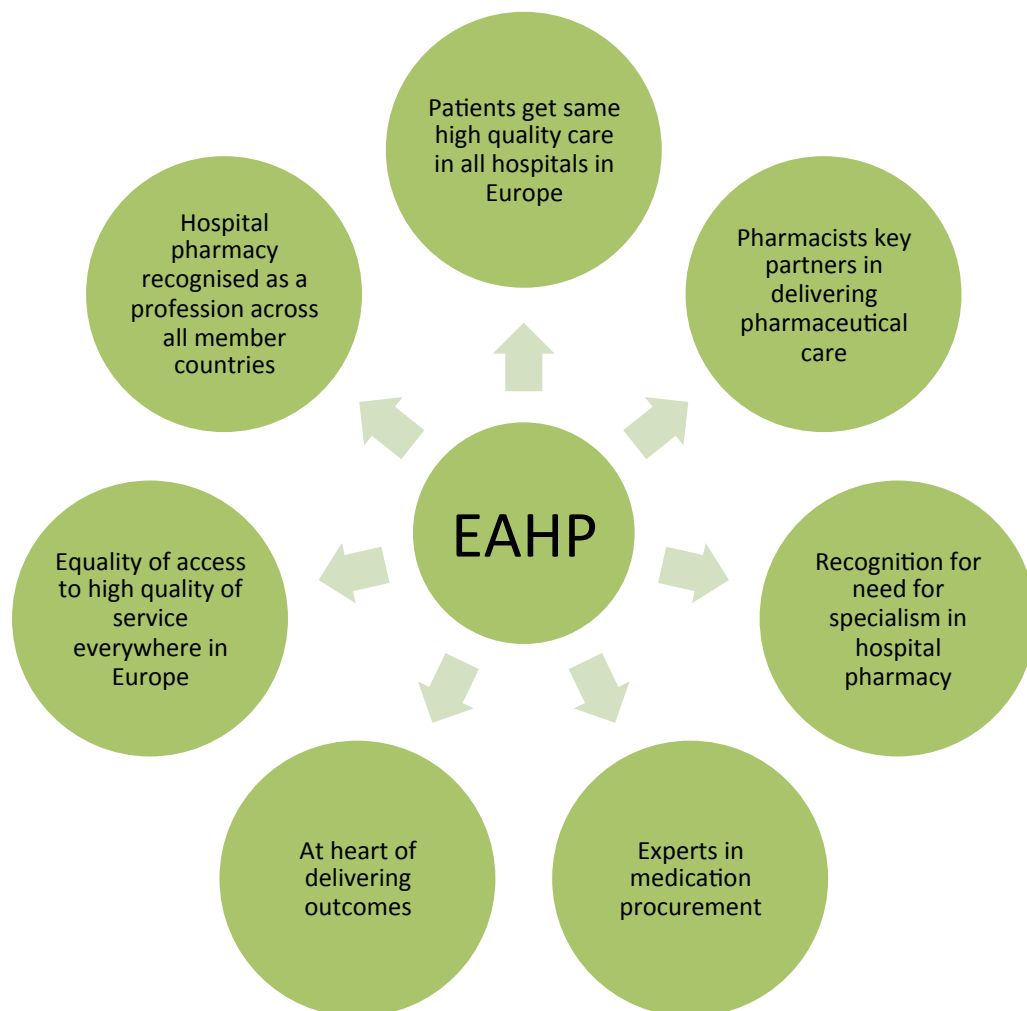
### Operational Strategy for 2016-2021

Board members are conscious of the progress that the EAHP has made since its formation and we want to build on this progress rather than dismantle anything and start afresh. We have many ambitions for the EAHP itself including that it will be recognized by the members and stakeholders as:

- Leading the development of the hospital pharmacy profession across Europe (the European statements on hospital pharmacy form the primary foundation for delivering EAHP's practice development mission and a charter for improving patient care in hospitals), with an informed awareness of other healthcare systems
- A good platform for the communication of the need for specialisation in hospital pharmacy
- A valued partner
- An organisation that is recognised by politicians as leading the way for the hospital pharmacy profession

Alongside our ambition for the development of the EAHP organisation, we are passionate that the value of the hospital pharmacy profession in improving patient care continues to be recognised across all member countries and that:

- The need for specialisation in hospital pharmacy is accepted across Europe
- Hospital pharmacists are recognised as key clinicians in all hospital teams
- Hospital pharmacists are key partners in delivering pharmaceutical care and optimising medicines to achieve good clinical outcomes
- Hospital pharmacists are advocates for high quality patient care



## **Our Values**

In order to deliver this vision, we (the EAHP Board and Office) will need to work together in a new way, with further development of the roles for office staff and Board Members ensuring that each individual contribution to the overall team achievement of the goals of EAHP is maximized.

This new way of working will require the adoption and demonstration of a key set of values by the Team. These values are:

- Being patient-focused
- Caring and compassionate
- Demonstrating determination, commitment and perseverance
- Positive partnership working

The Team and any newly elected members of the team should understand that each member should reflect the values by:

- Taking both personal responsibility and collective accountability
- Supporting each other and our members
- Respecting the roles of others in the Team
- Recognising of the value of diversity
- Encouraging constructive challenge
- Being open and transparent
- Demonstrating integrity and honesty
- Learning from and sharing with each other

## Our Strategic Objectives

Our strategic objectives are long-term goals that will help us to convert our vision into more specific plans and projects. We have identified eight strategic objectives that will enable us to realise our vision, these are listed in order of priority below. Objectives 2-8 in the list underpin delivery of the first strategic objective.

1. The 44 European statements on hospital pharmacy are implemented
2. Effective communication platform is established
3. A competent and sufficient workforce is in place
4. The position and influence of the EAHP is strengthened
5. General Assembly and EAHP Members are empowered and mobilised
6. Improved and sustained financial position
7. Effective operational platform is in place
8. EAHP is proactive and agile to recognise new challenges and opportunities through horizon scanning

Appendix 1 identifies the Board Member Leads for the strategic objectives. Further work to develop how the strategic objectives will be delivered will be undertaken at the January Board meeting. Time constraints at the October meeting impacted on the Boards ability to complete this.

Three high level objectives were synthesised and taken forward as it was agreed that they are all essential for the vision of the EAHP to be realised:

1. The implementation of the European Statements on Hospital Pharmacy
2. Establishing an effective communication platform [Empowering and mobilising the General Assembly members and strengthening the EAHP position further within the EU and non EU members are closely aligned and have been incorporated into this high level objective].
3. A competent and sufficient workforce in place



## The implementation of the European Statements on Hospital Pharmacy

Outcome	Priorities
To raises awareness of the statements	<ul style="list-style-type: none"> <li>• Survey results analysed</li> <li>• Survey results published and communicated widely</li> </ul>
Identify Country Champions	<ul style="list-style-type: none"> <li>• Engage with representatives from member associations</li> <li>• Identify country champions to support country implementation</li> </ul>
Implementation Groups Established	<ul style="list-style-type: none"> <li>• Establish statement implementation groups</li> <li>• Map statements to work plan</li> </ul>

### Establishing an effective communication platform

This strategic objective is a key priority as it provides the foundation to deliver all the other strategic objectives.

Outcome	Priorities
Effective partnerships with member countries	<ul style="list-style-type: none"> <li>• Stakeholder mapping at macro and micro level</li> <li>• Engage individual countries, ministers and professional organisations</li> <li>• Understand the needs of member countries</li> <li>• Support members' and patients' understanding of the role and goals of the EAHP</li> </ul>
Effective Communications Strategy in place	<ul style="list-style-type: none"> <li>• Review effectiveness of existing communications</li> <li>• Agree a process to sign-off all communications</li> <li>• All Board members trained in using communications</li> <li>• Develop a Frequently Asked Questions pack</li> <li>• Develop communications and marketing expertise</li> </ul>
Strategy and vision communicated and understood	<ul style="list-style-type: none"> <li>• Agreed messages, agreed audiences</li> <li>• Supporting members' understanding</li> </ul>

Effective targeted communication achieved	<p>Regular Messages to members</p> <ul style="list-style-type: none"> <li>• Newsletter</li> <li>• Updates on EHP projects and special messages related to events</li> <li>• Conference presentations</li> <li>• Reports on events</li> <li>• Use of social media where appropriate</li> </ul>
Effective use of social media	<ul style="list-style-type: none"> <li>• Training on use of Blogs, Twitter, Facebook</li> </ul>
Enhanced EHP website	<ul style="list-style-type: none"> <li>• More frequent refreshing of content</li> <li>• Analytics to monitor traffic to website</li> </ul>
GA attendants more engaged and actively participating- wider dissemination	<ul style="list-style-type: none"> <li>• Updates on EHP projects and special messages related to events</li> <li>• Conference presentations</li> <li>• Reports on events</li> <li>• Members Login</li> </ul>

## A competent and sufficient workforce in place

Outcome	Priorities
10 countries signed up to common training framework (CTF) by end of 2016	<ul style="list-style-type: none"> <li>• Engage with countries who already have competency frameworks</li> <li>• Agreement on how to assess competency</li> </ul>
Strategy to Deliver the Common Training Framework (CTF)	<ul style="list-style-type: none"> <li>• CTF signed off by EU</li> <li>• Identify countries interested in signing up</li> <li>• Encourage resistant countries to sign up</li> <li>• Messages to competent authorities and associations</li> </ul>
Training delivered by appropriate means	<ul style="list-style-type: none"> <li>• Link educational events to training and the Statements</li> <li>• Deliver training events and seminars</li> <li>• Utilise centres of excellence as training hubs</li> <li>• Develop e-learning modules</li> </ul>

## Challenges in Delivering Our Strategy

Successful delivery of our strategy is most likely to be achieved when there is a good understanding of the strategy's strengths and weaknesses, and also the risks that might threaten its success.

Many of the factors that increase the likelihood of successful delivery of our strategy and vision of the EAHP Board are related to the EAHP itself, and particularly the significant progress the organisation has made since its establishment. The vision is that of the EAHP Board itself and not a vision that has been imposed upon it. Members of the Board will therefore strive with enthusiasm to see the vision realised.

The structure of the organisation, including a professional office will be pivotal to promoting policies and facilitating the communications that will be required to ensure that the objectives are fulfilled. The development of the 44 statements has been achieved, forming the basis of common standards and common training requirements across Europe. The work that has already been done in developing relationships with EU representative bodies and liaising with national Competent Authorities, raising European public and political awareness and recognition of the hospital pharmacy specialisation and its links to patient safety has proved highly valuable and must be further developed.

There are also external factors that will be valuable in the delivery of the strategy. Notably, technological advances will enhance communications with members, the public and with European national governments. It will be important that the EAHP and member countries evaluate and embrace new technologies that will facilitate the delivery of their agenda. Appendix 2 outlines a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats ) and a PESTLE (Political, Economic, Social, Technological, Legal and Environmental) analysis.

It is of note that some of these factors could have both positive and/or negative effects on the progress of the strategy and members of the EAHP team will need to monitor these factors carefully and use EAHP influence to ensure that drive things forward in the right direction.

## **Key Risks and Opportunities to Delivery**

Many of the factors that might hinder the delivery of the EAHP strategy for the next 5 years are external to the organisation and therefore are not factors over which the EAHP has any control. For example, there are many political risks relating to the membership of the European Union as some countries, notably the UK, consider leaving the Union. There are also European elections in 2018 and this might have an impact on the timeframe for the delivery of the Common Training Framework.

There are risks associated with the sovereignty of member countries including potential reorganisations of health systems and differences between countries' production, prescribing and labelling regulations.

To a greater or lesser extent, all European countries are facing a period of financial austerity. The manner in which that austerity is imposed will differ between each country and there are potential risks that EAHP finances, which are already stretched, may be adversely affected. However the introduction of new standardised and value for money policies and procedures across Europe could also be very attractive to member nations.

The diversity of membership, different styles of approach and hospital pharmacy practice could also be seen as both a strength and a weakness in the drive for delivery of the vision of the EAHP. It is important that the diversity should not turn into fragmentation. The EAHP should empower and actively support its membership in dealing with potential shortcomings.

## **Our Key Enablers for Delivery**

We have considered seven different elements that, when put in place, will be enablers for the delivery of our strategy:

### **Strategy**

1. We have agreed our vision and developed our strategy for the next 5 years.
2. New members of the EAHP Board must own this strategy and be committed to driving it forward.
3. In light of the risks that threaten the delivery of the strategy it should be revisited and updated on a yearly basis

### **Structure**

1. We need clear roles for the Board as individual members and as a whole, and also for the EAHP office. A term of reference document will be created to define Board Member roles and responsibilities.
2. The President will provide a broad framework to which the Board should work
3. Each individual Board member should be accountable for their specific areas of responsibility and share collective responsibility for the activities of the Board.
4. There must also be freedom for members to be creative while ensuring that there is transparency and openness – and no “nasty surprises”.
5. There must be defined structures for the different committees of the Board, with clear roles and responsibilities for the Board members on those committees.
6. In light of the overall workload, for each work stream/project there should be one Board Member Lead and one Co-Lead as back-up. The Lead and Co-Lead are assigned on the basis of skills, capacity and appropriateness. The Lead and Co-Lead are accountable for delivery of the work stream and informing the Board of the ongoing position. The Co-Lead may be another Board Member or a member of the office where this is more appropriate (An updated list of the current work streams, and designated Leads and Co-Leads is shown in Appendix 1).

### **Systems**

1. Efficient and effective systems for monitoring and reporting
2. Leads reporting to the Board progress on work streams such that all members have an understanding of the status without necessarily needing to know the detail. (The Board will need to consider how this reporting will be achieved, whether it is through the system of reporting by exception or regular brief updates on progress. The key point is that Board Members are appraised of success and also of any issues, particularly recognising their impact on any linked work streams/projects).
3. The use of Information Technology should be considered for the purposes of making most effective use of the time available to Board members and the Office. Possible uses include remote working, video conferencing and webinars for technical updates

### **Shared Values**

1. Shared values are very effective enablers of success.
2. Particularly important will be mutual respect amongst Board Members alongside openness and transparency.
3. Whilst there is personal responsibility and collective accountability, this needs to go alongside a no-blame culture, accepting that individuals will make mistakes and that the whole Team needs to learn from them. The values of the EAHP Board have now been made explicit and this is the way it needs to function in reality.

### **Style**

1. The Board is working towards an atmosphere of trust which leads to creativity.
2. There needs to be an agreed mechanism for communicating with other Board members.
3. Whilst the agenda upon which the EAHP is working is multifaceted and challenging the Boards need to encourage the celebration of successes.

### **Skills**

1. Key to delivery of the strategy will be having “the right people with the right skills in the right place at the right time”.
2. The Board has expertise in pharmacy and members of the office team also have specific skill sets.
3. It will be important that any other individual skills are also recognised and utilised. An exercise to identify individual skills, experience and interests will help to ensure this.
4. It is recognised that communications skills, particularly in the use of social media, needs to be enhanced to deliver the strategy.

### **Staff**

1. We believe that most of the necessary skills are available to us using the current personnel.
2. However the loss of key members of the Team would currently have a significantly adverse impact on the delivery of the strategy and therefore a programme of training and appropriate succession planning will be important
3. There is specifically a lack of specialist communications and PR
4. There are some capacity issues and there is a danger that the Team will be overwhelmed with demands on their time.
5. Members of both Board and Office staff need to be given the freedom to say “No” if requested to take on pieces of work beyond their capacity

## **Governance Leadership and Implementation**

How do we make it work? This strategy has set out what the EAHP Board, together with the EAHP Staff, wants to achieve through harnessing the joint efforts of all our members and partners across Europe.

We will ensure that the Vision, Values and Objectives set out in this strategy are a prime driver of all of our activities.

Great strategies are of little value if they are not executed. The successful delivery of this strategy will require the engagement of all individual members and partners. Delivery of the strategy will be monitored through the EAHP Board and General Assembly which provide strategic leadership for the specialism of hospital pharmacy in Europe. We will work with other partner organisations to deliver the outcomes contained within this strategy and challenge accordingly to ensure its effective delivery. An initial implementation plan is included in Appendix

## **Conclusions**

Since its establishment the EAHP has made significant progress in raising the public and political profile of the specialism of hospital pharmacy across Europe. In collaboration with patient and other health care organisation we have developed the 44 statements and are working on their implementation as well as driving forward a Common Training Framework.

We, the Board of the EAHP, have agreed our vision of the future state – what European hospital pharmacy will look like in 5 years' time - and have developed this strategy to achieve the vision. Risks to the achievement of the vision have been identified and the EAHP Team will need to monitor these risks and review the strategy on an annual basis to make any amendments necessary in the event of risks being realised.



## **Contributors to the Development of this Strategy**

Joan Peppard	President of the EAHP
Tajda Miharija-Gala	Vice President of the EAHP
Roberto Frontini	Immediate Past President - (Board Advisor)
Petr Horák	Director of Finances
Cees Neef	Director of Education, Science and Research
Juraj Sykora	Director of Professional Development
Frank Jørgensen	Director of Professional Development
Aida Batista	Director of Professional Development
Andras Sule	Director of Professional Development
Rob Moss	Director of Professional Development
Anthony West	Past Director of Finance
Francesca Venturini	Past Board Member
Jennie De Greef	Chief Operating Officer

## APPENDIX 1- Strategic Objective Leads

High Level Objective	Priority	Lead/Co-lead
Effective Communication Platform	1	JP/JDG
Position and Influence of EAHP- EU	1*	RP
Empowerment & Mobilization of Members	1*	TMG
EAHP Statements Implemented	1	JP
Competent & Sufficient Workforce/ Education Framework	1	Existing CTF 4 board members already
Improve Financial Position	2	PH
Horizon Scanning, Proactive & Agile	3	ALL
Operational Platform & Structure Developed	3	JP/JDG

## APPENDIX 2. EAHP projects/tasks

Topic area	Time commitment	Current BM lead	Future
Finances	<b>Low to Medium:</b> Approval of expenditures, review of quarterly financial reports in preparation for GA, also in charge of staff salaries, benefits, SFIs, COD, Internal rules	PH	<b>Lead</b> - PH
General Assembly	<b>Low:</b> Chair of annual GA	TMG	<b>Lead</b> – TMG <b>Co-lead</b> - JP
EJHP (journal)	<b>Low:</b> Attendance to management committee meetings and decision making regarding journal changes	JP, JS and PH alternate if others cannot attend	JP, PH, FJ & JDG EAHP governance dictates above Plus appropriate board member as an alternate topic dependent
EMA representation	<b>Low to Medium:</b> Occasional meetings at EMA.	JP and others depending on topic	<b>Lead</b> - RF for next 12 months <b>Co-lead</b> JP And topic dependent Board Member (projects are all time limited)
FIP/WHO representation	<b>Low:</b> Occasional events and communications	JP	<b>Lead</b> – JP <b>Co-lead</b> - RM
Congress organizing committee (OC)	<b>Low:</b> Decision making only when new ideas presented	JP, PH, KN	JP, PH, KN & JDG According to internal rules/COD
Scientific Committee (SC)	<b>High:</b> Regular review of emails (each week) and tracking of multiple projects plus attendance to meetings and responsibility for congress/academy content	KN	<b>Lead</b> - KN <b>Co-Lead</b> - JDG KN to begin succession planning
Communications and web site	<b>High:</b> Only necessary when new ideas presented		<b>LEAD</b> JP <b>Co-lead</b> JDG comms objective
Recruitment & mobilization of members	<b>Medium</b> Only applicable as missing countries form their associations	TMG	<b>Lead</b> - TMG Support by all
Statement implementation steering committee	<b>Low to Medium but will become high:</b> Occasional meetings.	JP, JS, KN & JDG	<b>Lead</b> – JP <b>Co-lead</b> – Project leader Support all

Topic area	Time commitment	Current BM lead	Future
Student internship programme/EPSA involvement	<b>Medium:</b> Decision making only when new ideas presented, follow up on progress, maintain student internship programme		<b>LEAD</b> - AB <b>CO-LEAD</b> - OFFICE
Policy and advocacy – weekly update with president	<b>High:</b> Regular review of emails (sometimes several times per week) and tracking of multiple projects plus attendance to meetings and content	JP	<b>Lead</b> – JP <b>Co-lead</b> - RP
Surveys	<b>High:</b> Regular review of emails (sometimes several times per week) and tracking of projects, meetings, publications of results		<b>LEAD</b> - PH <b>CO-LEAD</b> - AB & JS
Coordination with other European pharmacy organisations? (PGEU, EIPG, ESCP, PCNE, EAPT etc.)	<b>Low to Medium:</b> Occasional meetings.		<b>Lead</b> - JP <b>Co-lead</b> – RP & office TMG - PCNE
CTF steering committee, specialization, professional card	<b>High:</b> Regular review of emails (each week) and tracking of multiple projects	JP, KN, JS, RF & Office	JP, KN, JS, RF & Office
CTF Working Groups	<b>High:</b> Regular review of emails (each week) and follow up on action items	JP, KN, JS, RF & office	JP, KN, JS, RF & office
Falsified Medicines Directive	<b>Medium to High:</b> Regular review of emails (each week) and developments		<b>LEAD</b> - RM <b>CO-LEAD</b> - AS
Medicines shortages	<b>Medium to High:</b> Regular review of emails (each week) and tracking of multiple projects. If COST bid successful, topic will certainly become high in time commitment.		<b>LEAD</b> - AB <b>CO-LEAD</b> - OFFICE
Medicines barcoding/bedside scanning issue	<b>Medium to High:</b> Regular review of emails and tracking of multiple projects		<b>LEAD</b> - RM <b>CO-LEAD</b> - OFFICE
Clinical trials	<b>Low:</b> Issue mostly now involves tracking of EMA clinical trials regulation implementation activity and occasional international development		<b>LEAD</b> - FV + EMA REP AS APPROPRIATE

Topic area	Time commitment	Current BM lead	Future
Medical Devices	<b>Low:</b> Issue mostly now involves tracking of ongoing device regulation debates in Parliament and trilogue negotiations		<b>LEAD-</b> AS <b>CO-LEAD-</b> AB
eHealth/mHealth/IT/IHE	<b>Low:</b> Occasional Commission events and consultations		<b>LEAD-</b> RM <b>CO-LEAD -</b> AS
Antimicrobial resistance	<b>HIGH:</b> Occasional ECDC, WHO and Commission events. Scope for EAHP to raise its profile further on this topic however.		<b>Lead -</b> TMG <b>Co-lead -</b> KN
Medicines pricing & Austerity	<b>Low to Medium:</b> Occasional industry and Commission events. Scope for time commitment to rise if any solid EU initiatives in the area emerge.		<b>LEAD-</b> JS <b>CO-LEAD -</b> FJ
Ageing society	<b>Low:</b> Occasional Commission events.		<b>LEAD –</b> AS <b>CO-LEAD -</b> OFFICE
Biosimilars	<b>Medium:</b> Commission, industry, EMA and some patient groups very interested in the area		<b>LEAD-</b> FJ <b>ScCo-lead:</b> Antonio Gouveia
Cancer	<b>Low to Medium:</b> Plenty of events and initiatives on this topic should EAHP wish to take up such opportunities.		<b>LEAD-</b> JS <b>ScCo-lead :</b> Antonio Gouveia <b>TO BE ASKED</b>
Rare Diseases (incl orphan drug issues)	<b>Low to Medium:</b> Orphan drug regulation (EMA, Commission) and cross border healthcare directive (e.g. establishment of European Reference Networks of specialized hospitals) main topics in this area that EAHP could become more present within.		<b>LEAD -</b> TMG <b>ScCo-lead-</b> FV
Patient safety	<b>Low:</b> Occasional Commission or Parliament event. European Patient Safety Foundation appears to have gone quiet.		<b>LEAD –</b> RF <b>CO-LEAD -</b> AB
Personalised Medicines	<b>Low to medium:</b> European Alliance for Personalised Medicine, some Governments (e.g. Luxembourg) and patient and healthcare professional groups keen to engage EAHP on this topic.		<b>LEAD –</b> FJ <b>Co-lead –</b> TBD?