

# COMMON TRAINING FRAMEWORK STEERING COMMITTEE

18th November 2015, Sheraton Airport Hotel,  
Brussels, Belgium

## 1 Participants

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**Professor Ian Bates** (Chair) (**IB**)

**Dr Roberto Frontini** (EAHP President) (**RF**)

**Prof Dr Kees Neef** (EAHP Director of Education, Science and Research) (**KN**)

**Joan Peppard** (EAHP President-Elect) (**JP**)

**Juraj Sykora** (EAHP Director of Professional Development) (**JS**)

**Petr Horak** (Czech Republic representative, EAHP Board Member)

**Eduardo Echarri Arrieta** (Spain) (**EEA**)

**Fons Verbruggen** (Belgium) (**FV**)

**Paolo Serra** (Italy) (**PS**)

**Aurelie Guerin** (FNSIP observer) (**AG**)

*EAHP Secretariat:*

**Jennie De Greef** (EAHP Chief Operating Officer) (**JDG**)

**Richard Price** (EAHP Policy and Advocacy Officer) (**RP**)

*Observer:*

**Rob Moss** (FIP Hospital Pharmacy section)

## 2 Welcome to the meeting and introductions

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Professor Ian Bates welcomed all to the meeting and gave an introduction to the stated objective of the meeting: to exit with a clear set of next steps and plans for the project. To open the meeting, IB asked all present to share their reflections on the 10<sup>th</sup> November meeting, and current feeling and/or concerns around the project.

- JP expressed a hope that the conduct of the mapping exercise of hospital pharmacy education across Europe would be pivotal in giving further clarity to the nature of the project.
- FV foresaw a challenge in gaining acceptance within countries that it might be possible their hospital pharmacy education is not the best in Europe, or at least making a convincing case to national systems for making change, if this was something creation of the

framework required. IB thanked FV for this expression of view, and concurred that advocacy and communication was going to be a big part of the project's task.

- AG thought the project was coming at an appropriate time in France as the Government were making changes to the specialisation landscape, including de-regulating the requirements of holding specialisation qualifications. IB asked if it was labour market forces driving these changes and AG confirmed that it was related to shortage of positions for qualified pharmacists.
- JS emphasised the need to further clarify the extent and modalities of the mapping exercise. He also wanted to gain greater clarity in relation to the 'regulated profession' aspect of the common training framework requirements. For example, if free movement of hospital pharmacists in Europe isn't demonstrated to be a difficulty, might the Commission be unsupportive?
- KN thought the Commission speaker at the 10<sup>th</sup> November meeting had been particularly helpful, including the points she had raised about the difficulties likely to be experienced in persuading competent authorities to trust one another's education programmes as equivalent.
- PS suggested that to progress the mapping activity, the initial template needed to be considered, and the format used to describe the Italian hospital pharmacy specialisation may be instructive. Demonstrating patient safety benefit throughout the project would also be important, as well as finding ways to show that different education programmes across Europe, although provided in different ways, could still deliver the same service to the patient to the same standards. Day-to-day skills and practices of hospital pharmacists across Europe are broadly the same after education, and on this basis, the agreement of the framework should be theoretically achievable. The common training framework could be helpfully complemented and supported by a Commission-endorsed vision for what the hospital pharmacy profession is. PS saw that the pioneering aspect of the project gives EAHP freedom in respect of how to complete the mission. He advised the conduct of multi-centric research which is also helpful in dividing risk.
- EEA was optimistic about the project. EAHP surveys show the practice of hospital pharmacy is similar across Europe, if education provision may differ. However two questions in his mind were a) how to move from 7 countries to 10 and b) how to effectively persuade Governments around changing/confirming hospital pharmacy scope of practice, if needed by the project. IB appreciated this last point and shared his experience from FIP that he has been surprised that more countries have not codified scope of practice. He also reminded the meeting that the overall goal was not limited to forming a framework for 10 countries, but to achieve a European-wide consensus. This again is related to advocacy, in particular leadership and pro-activity.
- RP commented on the 10-country issue. He considered that the mapping exercise would give a good lens to view which other countries are well placed to make up the rest of the numbers. He reiterated the variety of communication challenges imbedded within the project, and hoped the day's meeting could help elucidate a suite of communication actions.
- RF reflected that mapping was not going to be an easy task. He also considered that the issue of accreditation of education would need to be addressed at some point in the project. On migration issues with the hospital pharmacy profession, RF was of the view that this be kept outside of scope at the initial stages of the project.

IB then wanted to explore with the Committee Members whether:

- the project was focused on 'advanced practice' or 'hospital practice'. For example, do the issues involved expand into primary care as well?
- Did the project seek mandatory regulation to underpin a European hospital pharmacy education framework, or something more founded on professional standards? Professional standards often had an advantage over regulation as regulation was often formed around a sense of 'minimum' requirements. Furthermore standards are within professional association control, whilst regulation can be harder to change. If the CTF project at its completion was a set of agreed professional standards, rather than a hard regulation, would the meeting participants be content? In the UK, as an example, hospital pharmacy specialisation is not a hard regulatory requirement by law, but had become a de facto administrative requirement.

JP gave her opinion that the project was necessarily hospital focused, as there are aspects to hospital pharmacy practice that are very difficult to apply in other settings (e.g. cytotoxic preparation etc). Considering the project as being about 'advanced practice' could create unrealistic expectations that this was something applicable for all pharmacists in all pharmacy settings, which was unlikely to be the case. However, she recognised the value in taking a 'professional standards'-based approach, and considered that it might be best to think of the project as having two stages: 1) agreement between EAHP member associations on the desirable framework for HP education in Europe (agreed 'professional standard'), and 2) submission to the Commission of a regulatory standard (the CTF).

RF believed regulation was required to make specialisation occur across Europe, as otherwise it was too easy for national health systems to shrug off the necessary changes as too aspirational i.e. they could convince themselves that it's just cheaper not to have specialisation (even if benefits gained could be demonstrated). FV shared this opinion that improvement and harmonisation of hospital pharmacy education all across Europe without some kind of regulatory foundation would be very difficult or even impossible. EEA also believed the project had an overall focus to achieve a CTF via a Commission Delegated Act.

RP wished to offer his opinion on the question of regulation. He viewed the Commission's definition of 'regulated profession' as quite broad, and need not mean that a profession is regulated by a specific piece of legislation e.g. "administrative provisions" were also included in the definition, in a manner that mean, as an example, hospital pharmacy education requirements to work within the UK's NHS could be included as a form of 'regulation' despite not being laid out in statute. In any case, the Commission appears enthusiastic to support EAHF in its endeavours, would be willing to review the Committee's action plan and give feedback. The Commission are also working with other professions interested in the CTF but that might not immediately be thought of as highly regulated e.g. construction workers, healthcare assistants etc. He concurred with the comments of JP and IB, that as a necessary part of the process, a 'virtual CTF' (e.g. voluntary agreed) would need to come into existence before an application for a CTF under a Delegated Act could be made. In this respect, decisions about a regulated versus voluntary approach would still be open to be made at a later stage in the project.

### 3 Matters of Steering Committee Governance

The Committee reviewed the draft Mission Statement. PH asked to see more reflection on the issue of equity of access within the statement. RP was asked to make a revision accordingly, outside of the meeting, and to send back to the Committee for approval.

RP outlined the draft Terms of Reference prepared for the Committee and circulated in advance of the meeting. He reminded that there was an overall need for the project to operate to high standards of transparency from start to finish. This was a stated requirement of the CTF in the legal text of the Professional Qualifications Directive so it was fair to assume evidence of transparent operation would need to be demonstrated at the point of application. The Terms of Governance were approved, with a suggestion made of adding some sentences on what should occur in the event of a Committee member needing to resign.

IB then turned to the issue of electing a chair and vice-chair of the Committee. RF asked IB if he would be willing to perform this role. IB indicated that he would. The meeting unanimously elected IB as its chair. There being no candidates for the position of Vice-Chair, the meeting broke for coffee at 11.00 and returned at 11.35.

### 4 Review of 10<sup>th</sup> Nov 2014 meeting, including proposed mapping exercise

IB asked the meeting to begin consideration of the Action Plan, and asked that the concept of 3 principal areas of work be considered:

- Mapping of competencies and programmes across Europe;
- Creation and consolidation of the CTF's evidence base; and,
- Advocacy, engagement and leadership.

The meeting workshopped these three themes as one group, adding comments and suggested via Xmind software. Following the completion of this exercise, the meeting broke for lunch at 13.15 and returned at 14.15.

Following lunch, IB asked the meeting to break into 3 working groups, according to the three described themes of activity. The groups were asked to place the ideas and points raised before lunch into the action plan template.

At the end of this exercise, each workshop group emailed their completed action plan templates to Jennie De Greef and Richard Price to be consolidated into a draft Action Plan for virtual discussion and agreement by the Committee after the meeting.

IB reflected that there was likely to be overlap between some of the activities of the working groups (e.g. the communications working group would have some dependency on the outputs of the evidence base working group; the mapping working group could require the communications working group to help in the conduct of their exercise etc). Some defined ways of working would therefore be required.

RP gave his view that the 2014 Summit project had indicated that 'cross-pollination' of the groups (e.g. having some persons working with all 3, e.g. the secretariat) can help.

FV suggested that each Working Group should be led by a Steering Committee member to ensure good reporting back of progress and issues. He also thought it necessary to recruit working group members from outside the profession, such as those in academia. RF suggested the Steering Committee members leading each working group be charged with the responsibility of recruiting the right persons.

The meeting did not wish to agree the Working Group chairs immediately whilst two countries of the Steering Committee were not present at the meeting. He therefore requested this be coordinated after the meeting by the EAHP secretariat by email and/or teleconference if necessary.

There was some discussion about the drawing in of external expertise to support the project, such as expert communication advice, or funding for research commissioning. The meeting felt a clearer sense of available budgets was therefore required. IB asked the EAHP secretariat to respond on this point as soon as possible as the Working Group chairs will need to be able to have a clear sense of what the resource limits and resource opportunities are.

IB also asked the secretariat to prepare a schedule of initial teleconferences and Steering Committee meetings in order that members could plan their diaries accordingly.

FV kindly indicated his willingness to serve in the role of Vice-Chairman of the Committee and was unanimously elected to fill this position.

IB wondered whether a launch event for the CTF project could be considered. JDG undertook to review the possibilities within the Congress programme.

Coming towards the close of the meeting, IB reminded that from a governance point of view, it must be understood that the responsibility for success or failure of the project lies with the Steering Committee. He then asked for final reflections from the meeting participants:

- RP thanked all for the contributions and believed that the meeting had left things well placed to be able to describe the Committee's Action Plan to EAHP Members at the EAHP Congress. Some finessing would be required after the meeting to finalise the Action Plan from the template sheets received, and a February teleconference may therefore be helpful for sign off purposes.
- AG considered that the vision for how the project will be conducted had been developed by the day's discussions.
- PH considered another step on the journey had been made.
- FV would like to see some further guidance after the meeting about the timeframes for creating the working groups, how membership and leadership would be selected, and what briefs and instructions would be given to the groups.
- JP felt the day had made matters clearer but was keen that, at this early stage in the project, Committee persons get to know each other well as her experience was that this then made teleconferencing and virtual exchanges easier. She reminded that whilst the project will likely get into the depth of issues such as scope of professional practice and elements of education, sight should not be lost of the labour market mobility element, as this was what was of most interest to the European Commission.
- EEA gave his opinion that ongoing liaison with the European Commission was important, as well as seeking to build on the Pharmine work.
- RF was pleased with the day, and expressed some hope that he could be able to maintain an engagement with the project beyond the end of his term as EAHP President.

IB thanked all for their participation and wished Committee members safe return travels.

**The meeting closed at 1600.**

## 5 Agreed Next Steps and Timetable of Actions

ITEM OF ACTIVITY	RESPONSIBILITY	TIMESCALES
<b>1. Amend Mission Statement to include equity of access reference</b>	EAHP secretariat (RP), to circulate to Steering Committee for virtual approval	By end of January
<b>2. Amend Terms of Reference to include provisions and process for committee member resignation</b>	EAHP secretariat (RP), to circulate to Steering Committee for virtual approval	By end of January
<b>3. Template sheets submitted by workshops to be consolidated into a Draft Action Plan for Steering Committee approval</b>	EAHP secretariat (RP), to circulate to Steering Committee for virtual approval	By end of January
<b>4. EAHP secretariat to give an outline of ways of working for the 3 working groups (to avoid overlap, duplication, poor communication etc), as well as process for appointment, leadership, timeframes and budgets</b>	EAHP secretariat (RP and JDG), to circulate to Steering Committee for virtual approval	By end of January
<b>5. Draft budget/paper on finances for overall project to be shared with Steering Committee</b>	EAHP secretariat (RP and JDG), to circulate to Steering Committee for virtual approval	By end of January
<b>6. Teleconference to be held in February to sign off on the above and move towards agreement on working group chairs</b>	EAHP secretariat (RP) to organise	To be organised by end of January (date of teleconference according to availability)
<b>7. Draft schedule of meetings and teleconferences for the year to be created</b>	EAHP secretariat (RP and JDG)	By end of January
<b>8. Outline and scope of CTF project launch event to be scoped</b>	EAHP secretariat (RP and JDG)	By end of January