

COMMON TRAINING FRAMEWORK - Working Group 3
Saturday 21st November 2015, Sheraton Airport Hotel, Brussels, Belgium

Attendees:

Joan Peppard (Chair) - JP
Elfriede Dolinar – ED
Petr Horak – PH
Speranta Petria Prada – SP
Juraj Sykora – JS
Despina Makridaki – DM
Anthony Sinclair - AS

EAHP Secretariat:

Jennie De Greef (EAHP Chief Operating Officer) - JDG
Richard Price (EAHP Policy and Advocacy Officer) - RP

Apologies received from...

Aida Batista
Maria Grazia Cattaneo
Gunn Fredriksen

CTF & Quality Management Systems [Joint session with CTF WG 2]

AS gave a presentation to a joint meeting of CTF WG2 and WG3 on a developed proposal relating to the future common training framework and quality management systems (QMS). The inspiration for the suggestion comes from the constant issue in all health systems as to how to really implement standards. The presentation examined the issue with reference to management literature on the importance of understanding workplace culture as a factor in respect to really embedding change.

Amongst the proposal developed within the Scientific Committee therefore, was the suggestion of a parallel session at the 2016 Academy Seminar in the autumn to focus on these issues of embedding common training framework notions within the workplace context. The two working groups then provided feedback and questions on the proposal.

Ian Bates (IB) queried if the proposal might run the risk of turning the common training framework project into something close to functional task lists, a development that could lead to academic resistance, which was generally opposed to such concepts, as competences are not felt to map directly to functions. As an example of the risks of such function based approaches, IB shared his experience of a 5 year pharmacy education project in the UK with ended up detailing around 1,500 items of knowledge with the end result of lost focus, very lengthy debate and discussion, and potentially lost value to the project. IB warned against the CTF project veering towards syllabus prescription or scope of practice definition.

AS agreed somewhat with IB's reflections, but emphasised the need for pharmacy education and workplace needs to not be as divorced as has sometimes been the case in the past. From a hospital pharmacy manager's perspective competency frameworks offer the possibility of greater reassurance that staff members have the right competences to conduct the tasks required of them. Other industries, such as the airline industry and their revalidation of pilot

competencies through simulated testing can provide examples for pharmacy to follow in respect to the question of quality management.

ED asked about who the target group of such a seminar would be. PH also considered this an important question in respect to ensuring value return from the entailed expenditure. JS wondered if the CTF project would be sufficiently advanced to conduct such an event in 2016. RP saw value in considering issues such as the CTF and quality management in respect of increasing the “sell” of the framework to other stakeholder i.e. that the framework has a life planned beyond its agreement and articulation by CTF WG1. Other legacy issues also need consideration at some point, such as quality assurance of CTF education at the national level, and how the framework will be kept updated.

ACTION: JDG advised all that she would relay the comments to the board at which time a decision would be made as the final decision lies with the board of directors.

General update on CTF political context [Joint session with CTF WG 2]

RP then gave a brief update to both CTF WG2 and WG3 on recent developments at the Brussels level in relation to the CTF more generally.

Commission guidance on CTF formation was now expected in February 2016 having initially been promised for October 2015. This perhaps reflected the CTF being a low priority within the small unit with the Commission that deals with professional qualifications issues. The European Professional Card, fitness to practice alert mechanisms, and the construction of a database of regulated professions appear to be higher priorities at the current time.

Beyond this, EAHP had recently learned that the engineering profession is likely to be prioritised for a CTF due to the large number of professionals involved. This would represent an important ‘win’ for the Commission, with apparent personal interest in the possibility from Jean Claude Juncker, Commission President.

Finally, recent conversations with specialist nurses, clinical and laboratory medicine practitioners and others suggest a willingness to hold some kind of event at which all health professions interested in the CTF might share the status of their work, experiences and make joint representations to the Commission. The suggestion is not more than idea at this stage however.

The meeting then broke for a tea and coffee break at 1030 and returned at 1100.

CTF WG 3

Preparing for rollout of national communications of CTF plans in 2016

JP presented to the group on the need to consider differing aspects of the communication imperative including the message, the audience, and the process for communicating. For the benefit of new members of the Group, RP outlined some of the initial work of the Group in May 2015, when a large series of key audiences were identified. AS suggested trade unions be added as a group. DM and RP concurred with the suggestion of trade unions being an important group for communication, especially in respect to matters such as salary implications from pharmacists completing the common training framework.

ACTION: Trade unions to be added to the list of key audiences for CTF communication.

The Group then considered the national countries in focus and the order in which to proceed with communication activities in 2016. After discussion, the group was of the view that an early imperative was communication with EAHP members. Whilst some initial

support for the general concept of the CTF from the EAHP membership was evident, it could not be safely predicted that all members had a rich understanding of what the framework was going to mean in practice. Further communication with national governments and competent authorities should not really occur before this heightened level of EAHP member understanding and support is achieved. DM counselled that some older individual pharmacists might be assumed to feel a sense of unease about the CTF if they considered it undermined already obtained qualifications and experience. The Group envisaged a need for a process of “grand parenting” arrangements to accompany CTF introduction to militate against this possibility. DM suggested that the national committees of each EAHP member association gain approval from their membership to further commit to the CTF process.

DECISION: In 2016, the first CTF project communication priority will be enriching EAHP member understanding and support for the project, especially in respect of CTF WG1 and WG2 outputs, and the March 2016 Congress in Vienna.

ACTION: To identify when each member country association will hold its AGM. It was believed that Ireland Austria and Germany hold their meetings in the Spring while the other countries conduct their annual meetings later in the year

The 7 EAHP member countries that are EU member countries and have legal forms of specialisation (Belgium, Czech Republic, France, Italy, Netherlands, Portugal, Spain) formed a priority group.

As well as the general meeting for members in Vienna, individual meetings with these national members should be planned, and potentially a meeting of all 7 as well.

ACTION: Separate EAHP-member meetings with “EU 7” specialisation countries to be arranged, as well as a meeting of all 7 as soon as outputs from WG1 and 2 are available

PH strongly advised the provision of robust information in advance of the meetings in order to maximise the value and engagement. This information should include a strong onus on “what’s in it for me” (i.e. benefits of CTF to that country), and an understanding of next steps to be taken by that member country association. AS supported this recommendation and further advised that the meeting aim to give a clearer sense of ‘vision’ about where the project is going.

ACTION: Clear and focused information about the CTF project to be sent to the member associations in good time ahead of the intended meetings.

The Group then discussed the need to make maximum value of upcoming EAHP member association national meetings for wider promotion of the CTF project.

ACTION: Calendar of EAHP member association meetings at the national level to be compiled and reviewed for potential enhanced promotion of CTF.

The Group then gave consideration to how each key country should enact its national level CTF communications to branches of their government, competent authorities and others. AS saw the need for a national level champion, supported by EAHP. JP wondered if EAHP should support this member communication activity by use of an contracted high level external figure who could speak to Registrars, Senior Civil Servants and Government Ministers, as well as, members. The contracted person should have strong credibility and background. By the end of the session, the Group considered that these matters would need further reflection, and that ultimately, each country would likely need to follow a very bespoke plan of communication, tailored to the general specifics of their national

landscape. In general, it was thought that securing a professional would be optimal pending financial considerations and board approval.

The meeting broke for lunch at 1230 and returned at 1330.

CTF communication toolkits

The Group considered the core components of any CTF communication toolkit for members. It should include:

1. The message – what we really mean by the CTF; the main argument; one page concise.
2. What's in it for me?
3. What is different about it from the current status quo?
4. Why is it needed?
5. Who is on board?
6. Further enquiries contact point

AS advised this toolkit should perhaps be distinct for each country, as the answers to the posed questions will likely be different for each country.

DECISION: Early CTF communication toolkits to be drafted along the lines determined by the 21 November 2015 meeting.

The Group then considered the key messages that need to be made to each stakeholder audience. Picking up on the suggestions of being nationally specific in approach JP asked all WG members to complete a template document of what they believe to be the essential messages they would provide about the CTF to the stakeholder groups in their country. WG3 members should also complete information on this template about the likely barriers; obstacles; and, points of resistance they suspect could be encountered. This group exercise could then inform the further development of the national CTF communication toolkits.

ACTION: All CTF WG3 members to complete the template form that will be sent to them about key messages to be given in their country.

The Group discussed the need to communicate well with the broader family of pharmacy about the CTF, including community pharmacy, industrial pharmacy, clinical pharmacy and other branches that one might identify. RP suggested an appropriate way of conducting such communication could be to work towards a sense of shared vision between all branches about where the various pan-European organisations see pharmacy in Europe developing to overall. This exercise could draw mutual support for each other's aspirations and ensure better mutual understanding of intentions and professional ambitions.

ACTION: Following campaign of EAHP member communications on CTF, to prepare an approach to PGEU about creating a "shared vision" document about the future of pharmacy in Europe.

RP made a suggestion of a consultation or validation exercise on CTF WG1's draft framework. This could be a mechanism for both promoting awareness of the CTF with a wide range of audiences as well as drawing out and dealing with stakeholder concerns at an early stage, and helping achieve a sense of ownership in the CTF beyond the EAHP membership. Problems in this suggestion were identified including potential mixed

messaging and creation of new uncertainties. The Group did not support this suggested approach.

The Group further discussed the timetabling of CTF communication activity throughout 2016. Following major initiatives with member communication January to June 2016, if the enhanced member understanding and buy-in to the CTF project is achieved, then formal communication with competent authorities can commence in Autumn 2016. This therefore impacted previous plans to begin communicating with competent authorities at the Vienna Congress in March.

DECISION: March 2016 too early to communicate with national competent authorities on the CTF. Congress engagement plans to be amended accordingly.

To support the Autumn 2016 communications with national competent authorities, new communication collateral should be developed including: a “have-in-your-hand” brochure to send before, take to, and leave behind at such meetings; an overhauled and updated website; and, potentially, cost and budget depending, video material.

ACTION: Range of new communication materials to be prepared before the Autumn 2016 round of meetings with national competent authorities.

RP left the meeting to attend a session of Working Group 2.

All agreed the below suggestions be added to the communications strategy:

- Promotion using national member journals
- Launch/press conference to be held perhaps in Malta 2017 to coincide with EU presidency
- Social media and press releases to be used in addition to all other marketing possibilities
- Formal information to be provided during the 2016 & 2017 GAs
- CTF brochure to be created and web site to be updated by September 2016
- CTF web site to have its own domain (hospital pharmacy Europe) and all content from the EAHP web site would be moved to the new domain
- 1 month follow up to take place following meetings with external bodies/members
- Web site to show countries who have committed to the CTF as they sign the memorandum of understanding
- Pre-message blurbs to be created in order to already plant the seeds externally

The meeting broke for tea and coffee at 1500 and returned at 1530.

Summary, conclusions and next steps [Joint session with CTF WG 2]

WG2 and WG3 fed back to each other the key items of discussion, decisions and actions they had determined during the day.

There was an agreed need for a coordination of all 3 groups ahead of the Members Meeting in Vienna in March, and to rehearse the information to be presented at the meeting to ensure the fullest possible clarity.

ACTION: Meeting of Working Group Leads to take place in February 2016.

The meeting closed at 1600