

Taking forward a Common Training Framework for Hospital Pharmacy Specialisation in Europe



An initial discussion with EAHP members on ways of working

Firstly....

CONGRATULATIONS!

EAHP Member lobbying of national Governments worked!

The new Professional Qualifications Directive allows specialisations of the pharmacy profession to form **pan-European automatic recognition procedures for the first time.**

This can take place via a new tool called 'a **Common Training Framework**'.



Why would a CTF for HP be a good thing?

- Highly skilled professionals can take their skills to contribute to patient care **across Europe**
- **A benchmark standard** for HP education
- **Legal recognition** for the distinctiveness of the HP skillset, *(in line with EAHP Policy Statement 2011)*



What is a Common Training Framework?

- A version of **'automatic recognition'** across countries
- Operates on a **voluntary basis**
- Minimum of 1/3 EU states (**currently calculated - 10**)
- **Professional associations** can take the lead (e.g. EAHP and its member associations)
- Based on **agreed knowledge, skills and competencies**
- Linked to the **European Qualifications Framework**

Now the hard work really begins!

Purposes of this evening's session:

- To start the conversation with members about how we can approach this task
- To increase member understanding
- To take your feedback on the current suggestions
- To enable informed discussion at a national level after Congress

Feedback requested by Thursday 24th April



Running order for this evening

1. **HP specialisation in Europe** – a brief refresher (David Preece)
2. **The European Board of Veterinary Specialisation** experience (EBVS – Linda Horspool)
3. A presentation on the **initial proposed method of working** (Richard Price)
4. **Member feedback & discussion**





Hospital pharmacy specialisation in Europe – a brief refresher

*David Preece, Research Assistant,
EAHP*

The following information has been taken from a number of different sources and we hope that any errors/misunderstanding can be corrected with your help.

Within EAHP membership the definition of a “specialist hospital pharmacist” varies considerably with some important factors that need to be taken into consideration:

- Protected title (Legally)
- Additional training required (Content/duration)
- Mandatory to practice or not
- Required for specific roles/positions

Clinical Pharmacy

normal practice or specialisation?

Advanced training

not considered specialisation

Sub-specialities including

Drug control and quality

Drug/Medicine Information

Pharmaceutical Technology

Clinical specialities

There are have been attempts to better understand the situation in the past with the most notably being:

Pharmine (2011) EU Funded

Including competences for Hospital Pharmacists ([WP4](#))

EAHP Member reports – EJHP and Annual

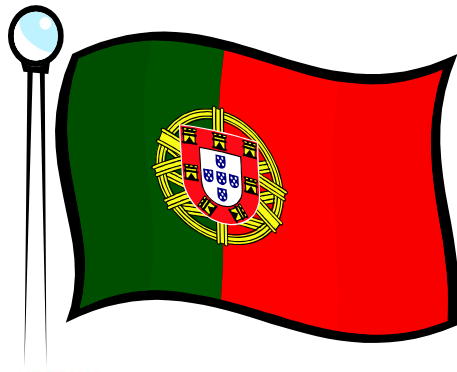
Published Literature

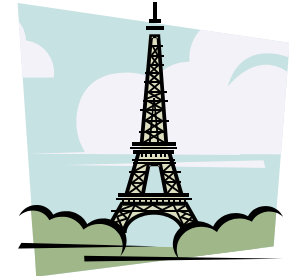
Some country examples:



Spain: 4 year HP specialisation training
(*Especialista em Farmácia Hospitalar*)

Portugal: After 5 years within the hospital the
pharmacist is a specialised HP.

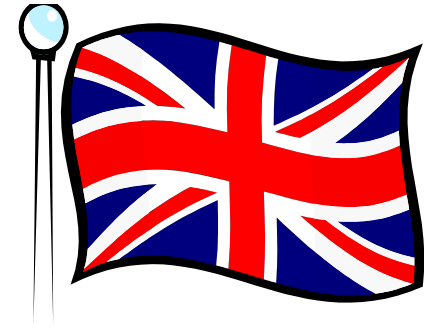




France - 4 Year mandatory specialisation – rotational between hospitals (*Diplome d'études spécialise en pharmacie hospitaliers*)

Italy: "Scuola di specializzazione in farmacia ospedaliera" for 4 years. 70% of time is spent in hospital (internship) and 30% in the Faculty of Pharmacy to follow academic classes.





UK – Foundation practice. Opportunities for post graduate study e.g. clinical diploma

Norway – Additional 2 year program after 3 year undergraduate degree. After 3 years of experience you become a HP.



Germany – 3 year specialisation,
provided by the chamber of
pharmacists



Czech Republic - nemocniční lékárníci
specialisatio (4 years).



The Netherlands – mandatory medical
specialist but not formal hospital
pharmacy specialisation.



20 out of 34 EAHP members have some form of specialisation.



EAHP Statement (2011 GA)

“The basic education of 5 years for pharmacists... does not provide sufficient competencies to work independently in the hospital environment.”

“EAHP believes that post graduate education in the hospital setting ... with a final assessment of individual competency is essential”

Organising a pan-European specialisation...



The veterinary specialist experience

Linda Horspool, European Board of Veterinary Specialisation



Linda Horspool BVMS, PhD, DipECVPT, MRCVS
Secretary



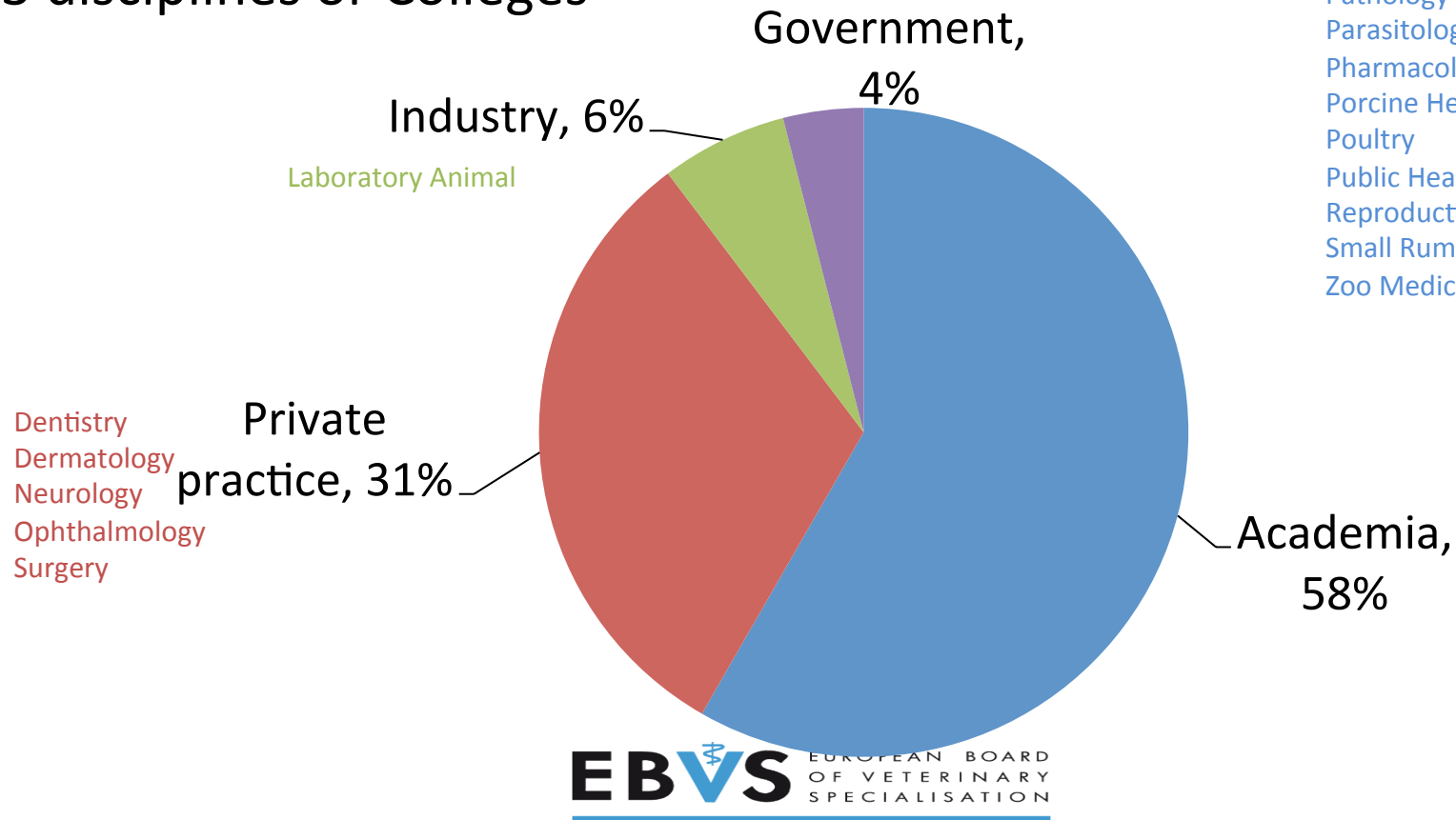
History of veterinary specialisation in Europe



A picture of veterinary specialisation

- EBVS - A major regulatory body for veterinary specialisation
- c. 4500 members (including residents)
- 23 disciplines or Colleges

Anaesthesia
Behaviour – Welfare
Bovine Health
Clinical Pathology
Diagnostic Imaging
Internal Medicine CA
Internal medicine Eqione
Clinical Nutrition
Pathology
Parasitology
Pharmacology & Toxicology
Porcine Health
Poultry
Public Health
Reproduction
Small Ruminant Health
Zoo Medicine



Dentistry
Dermatology
Neurology
Ophthalmology
Surgery

Private practice, 31%

Laboratory Animal

Industry, 6%

Government,

4%

Academia, 58%

Who is EBVS?

- Board of Executive officers and representatives of 23 Colleges
- Each College has up to two board members
- 1 vote per College
- Observers representing
 - Veterinary education in Europe - European Association of Establishments for Veterinary Education (EAEVE)
 - Veterinarians - Federation of Veterinarians in Europe (FVE)
 - Non-EU specialist associations e.g. ABVS, ANZCVS

What are the objectives of EBVS?

Committed to leading and promoting veterinary specialist professional training and certification in Europe

- Focus on services provided by the veterinary profession to the public
- Ensure superior animal and public health and well being
- Create frameworks for training and qualifications
 - “professional specialist diplomas”
 - not directly related to the academic system

What does EBVS do?

- Recognises and coordinates veterinary specialty Colleges
- Assures the quality of specialists by monitoring College standards
- Furnishes advice and assistance to groups submitting applications for establishment and recognition of Colleges
- Maintains a register of EBVS specialists
- Provides information on veterinary specialisation in Europe to government bodies, private organisations, veterinarians and animal owners

What does EBVS do?

- As an executive member of ECCVT with EAEVE and FVE
 - Exchanges information on content, level, assessment & structure of undergraduate & postgraduate veterinary training
 - Promotes and implements QC of veterinary training
 - Establishes minimum requirements for postgraduate qualifications

How is veterinary specialisation coordinated by EBVS?

- New College application from interested party – letter of intent
- Appointment of liaison officers from EBVS Board
- College steering committee = foundation diplomates
 - Clear criteria on qualifications, publications, duration of experience
- Provisional recognition application once structures in place
 - Clear criteria on annual meeting attendance, committee structure, etc.
 - Open period to apply for de facto recognition (5 years)
 - Clear criteria on qualifications, publications, duration of experience
 - Residency programmes should start within 5 years
- Full recognition application
 - 2 EBVS Board reviewers

How is quality assurance addressed by EBVS?

- “Template” Constitution and Policies & Procedures
- College appraisal by peer review
 - Annual reports to EBVS Board
 - Number of residencies, active diplomates, pass rates
 - Detailed reports every 5 years to EBVS Board
 - Re-evaluation of Diplomates every 5 years using EBVS approved template
- Examiner (and resident supervisor) training
- External observers at examinations

Standardised Veterinary Specialist Training

- c.1000 residents in standard or alternative programmes
 - An alternative route must be provided for candidates unable or unwilling to follow standard training programmes.
 - Alternative programme is tailor-made for candidate
- Largest disciplines are CA internal medicine, diagnostic imaging, surgery, and pathology (c. 60% of residents)

Residency Programmes

- Entry requirements include an internship or equivalent of at least one year
- Detailed objectives
- Synopsis of number and type of patients required and emphasis and expected depth of study for each patient / subject area
- Minimum requirements for facilities, equipment, and laboratory capabilities
- Duration of training at least 4 years
(At least 1 year internship and at least 2.5 year residency)

What has EBVS achieved?

- Limited legal recognition
 - EU Directive 2010/63/EU - Protection of Animals used for Scientific Purposes - at several points, it refers to the engagement of veterinary specialists in Laboratory Animal Medicine, and also in the area of wildlife practice (ECZM).
- National recognition
 - EBVS College qualifications can be used in at least 11 EU MS (Belgium, Czech Republic, Denmark, Finland, Germany, Ireland, Latvia, Netherlands, Norway, Slovenia, Sweden, UK) plus Norway and Switzerland
 - EBVS College qualifications recognised officially in several (7) MS (Belgium, Denmark, Finland, Ireland, Netherlands, Sweden, UK)

What has EBVS achieved?

- Database of specialists
- Time-limited certification
 - 5 year recertification programme – for individuals and speciality colleges
- High standard of qualification
 - Tendency to phase out national specialist qualifications (e.g. UK)
- Establishment of best practices
 - Examiner training
- Learning from other associations for continuous improvement

What has EBVS achieved?

- European Skills/Competences, Qualifications & Occupations (ESCO)
 - Specialist practitioner listed as a key occupation of veterinarians in developing multi-lingual European classification scheme

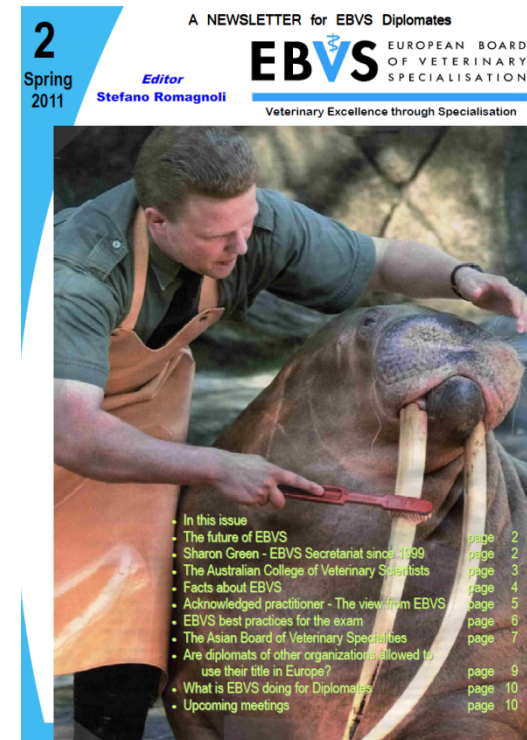
 The image cannot be displayed. Your computer may not have enough memory to open the image, or the image may have been corrupted. Restart your computer, and then open the file again. If the red x still appears, you may have to delete the image and then insert it again.

What is new / ongoing?

- Middle tier training for veterinarians (VETCEE)
- CTF
- National EBVS representative for each MS to work with national veterinary associations and competent authorities

What are the challenges ahead?

- Standard setting and benchmarking
- Achievement of needed critical mass (small specialities)
- No monopoly on veterinary specialisation
- Reaching the 10 MS needed for CTF
- Applying for legal recognition



Thank you!

EBVS EUROPEAN BOARD
OF VETERINARY
SPECIALISATION

AN INITIAL PROPOSAL FOR WORKING TOWARDS AN HP CTF



Richard Price, Policy and Advocacy Officer, EAHP

What should any approach to delivery include?

- Be manageable
- Be accountable
- **Make use of the right people** with the right skillsets
- **Deliver the desired objectives**, clarified and agreed at the start of the project



5 key objectives to be achieved

1

Sign up at least 10 participating EU countries to form the basis of the initial framework

2

Agree the set of knowledge, skills & competencies that make up 'the European hospital pharmacy specialisation'

3

Achieve buy-in of education providers, national competent authorities, health ministries & governments

4

With the first 3 steps in place, make the application to the Commission for legal recognition of the framework

5

Maintain an architecture for updating the competency framework, quality assuring the qualification, & admitting new countries

1

Sign up at least 10 participating EU countries to form the basis of the initial framework

Who will be the countries driving this forward?

- Very key issue – strong interest from EAHP’s initial call
- In considering the manageability of the task the concept has developed of ‘**leadership countries**’ and ‘**consultative partner countries**’ – **Let’s discuss!**
- **Leadership countries** are those in the EU whom we might hope to have in the framework on ‘day 1’, and will ‘make things happen’ (e.g. with national competent authorities)

Leadership countries (EU & existing basis to build on)*

1. Austria
2. **BELGIUM**
3. Croatia
4. Czech Republic
5. Finland
6. **FRANCE**
7. Germany
8. Hungary
9. **ITALY**
10. Ireland
11. Netherlands
12. Poland
13. **PORTUGAL**
14. Romania
15. Slovakia
16. Slovenia
17. **SPAIN**
18. United Kingdom

***To emphasise: this is an initial proposal for consultation with members!**

****Number may change with time.**

Consultative partner countries

HP CTF consultative partner countries (EU)

1. Bulgaria
2. Denmark
3. Estonia
4. Greece
5. Latvia
6. Malta
7. Sweden

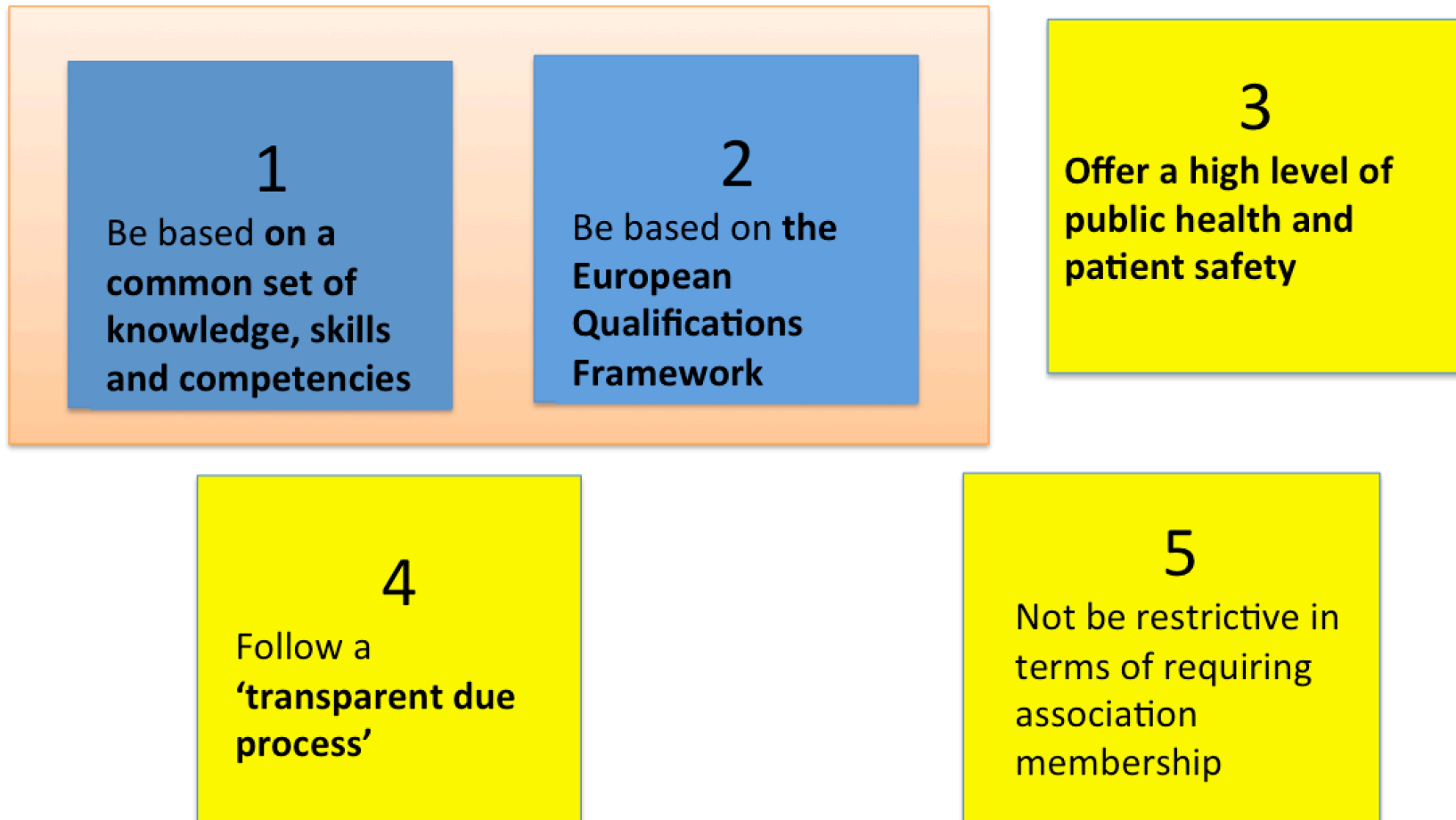
HP CTF consultative partner countries (non-EU)

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

2

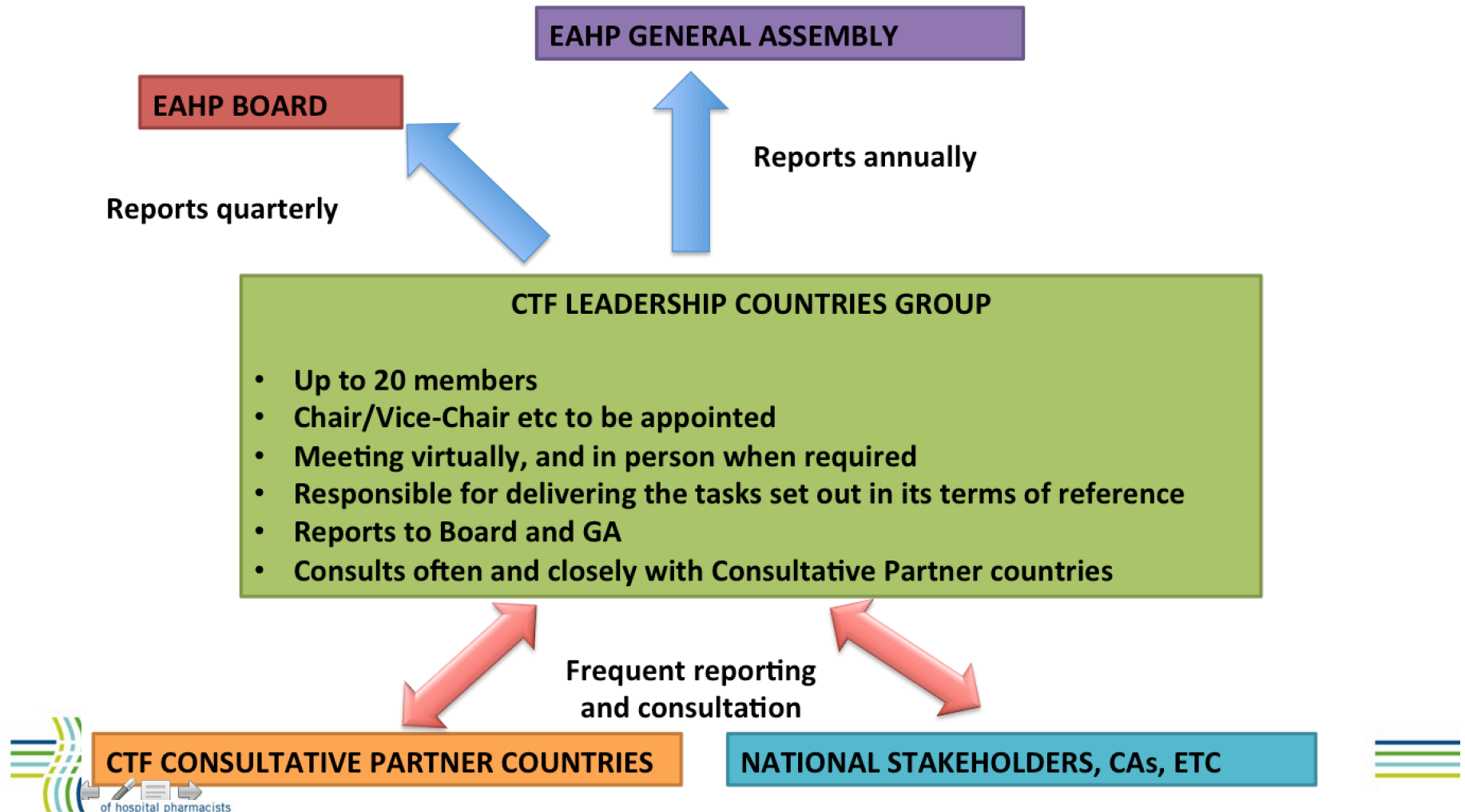
Agree the set of knowledge, skills & competencies that make up 'the European hospital pharmacy specialisation'

5 CRITERIA OF THE CTF



3

Achieve buy-in of education providers, national competent authorities, health ministries & governments



And finally....

4

With the first 3 steps in place, make the application to the Commission for legal recognition of the framework

5

Maintain an architecture for updating the competency framework, quality assuring the qualification, & admitting new countries

Key points from draft TOR of the leadership group

- It remains draft!
- 1 representative per country (substitute possible)
- Must be the right individual:
 - knowledgeable & experienced in HP education
 - knowledgeable vis-a-vis national competent authorities
 - available to commit time and give leadership

Key points from draft TOR of the leadership group

- **Must consult and report regularly**
- **Ensure national CAs and partner countries are involved in the process**
- **Finalise agreement on the common set of knowledge, skills and competences for a European HP CTF to be achieved**



Additional suggestions for TOR

- **Gather evidence** of the current status of mobility? (i.e. the evidence basis)
- Recommend the organisational **architecture for maintaining the framework**
- **Liaise with EAHP's partner organisations** on the progress of the work, and mutual learning (e.g. EBVS, UEMS, ESNO)



CLOSING SLIDE: A kind request...

Please:

1. review these suggestions
2. take this discussion back to your national associations
3. return by email to the EAHP secretariat (richard.price@eahp.eu), by **Thursday 24th April**, the status of your association's interest in this project as outlined, and any other reflections on the proposals
4. if considering membership of the leadership working group, begin thinking of the best person to serve the group, reflecting point 6 in the draft terms of reference (annex 2)

feedback

