

The European Association of Hospital Pharmacists EAHP

the association for all hospital pharmacists
in Europe

Hospital Pharmacists making the difference in medication use



www.eahp.eu

Presentation

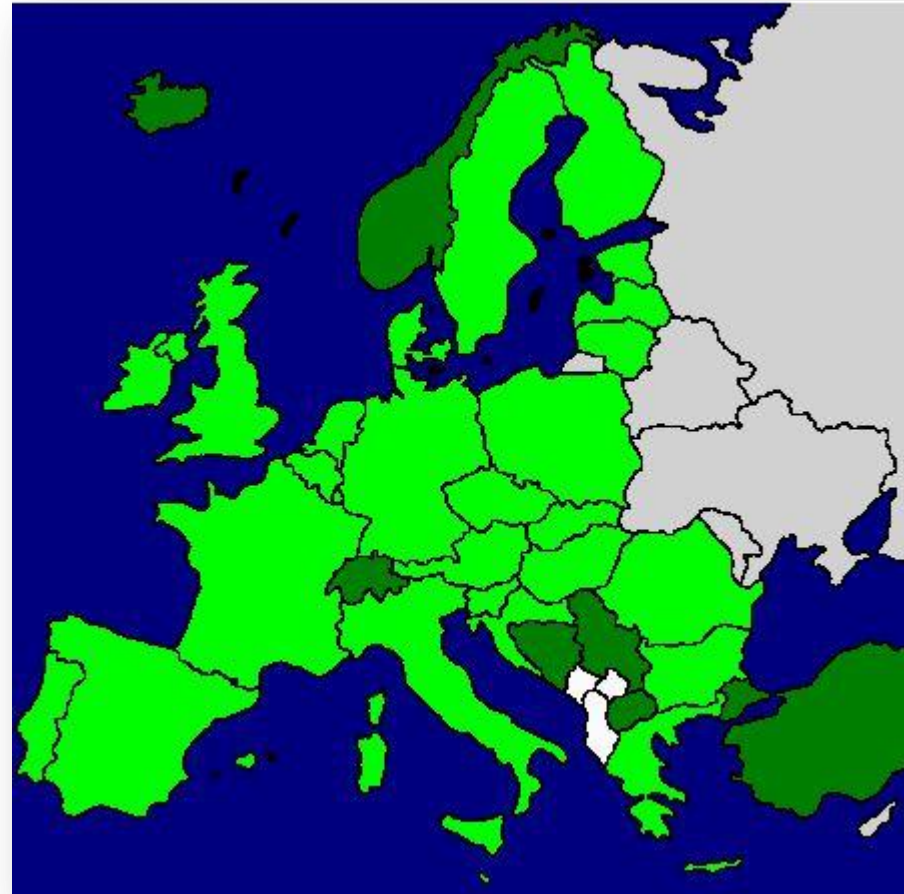
- Introduction to EAHP
- European Statements of Hospital Pharmacy
- Common Training Framework
- EAHP and IIOP in harmony
- Capability and Capacity in Irish Hospital Pharmacy
- Personal note

European Association of Hospital Pharmacists (EAHP)

- **Created in 1972 in The Hague (NL)**
- **Federation of National Associations of Pharmacists**
- **Members of the Council of Europe**
- **34 countries: 27 EU + 7 outside EU**
- **More than 21,000 Hospital Pharmacists working in hospitals and other healthcare facilities in Europe**

EAHP Members

Austria	Belgium
Bosnia Herzegovina	Bulgaria
Croatia	Czech Republic
Denmark	Estonia
Finland	France
Germany	Greece
Hungary	Iceland
Ireland	Italy
Latvia	Lithuania
Luxembourg	FYROM
Malta	Netherlands
Norway	Poland
Portugal	Rumania
Serbia	Slovakia
Slovenia	Spain
Sweden	Switzerland
Turkey	United Kingdom



34 members

EAHP relations with link-minded organizations

EAHP exchanges points of view and share projects with many European and international associations representing the healthcare professionals



To name a few:

- **ASHP**, American Society of Health -System Pharmacists
- **CPME**, Standing Committee of European Doctors
- **EAFP**, European Association of Faculties of Pharmacy
- **EIPG**, European Industrial Pharmacists Group
- **EFN**, European Federation of Nurses
- **EHTEL**, European Health Telematics Association
- **ESCP**, European Society of Clinical Pharmacists
- **ESNO** European Specialist Nurses Organisations
- **ESOP**, European Society of Oncology Pharmacy
- **EPF**, European Patients Forum
- **EPSA**, European Pharmacy Students Association
- **HOPE**, European Hospital and Healthcare Federation
- **PGEU**, Pharmaceutical Group of the EU



European Statements of Hospital Pharmacy

STAGE 1 (2013)

EAHP brings HP profession in Europe together to agree aspects of a vision for future.

WG 1 constructs and prepares patient & public panel

WG 2 reinterprets Basel statements for both European HP understanding AND patient/ public understanding

WG 3 develops concepts of best possible practise in European HP

WG 4 develops metrics proposals for future HP in Europe

WG 5 considers the implementation aspects of Summit outcomes

STAGE 2

SUMMIT (May 2014)

Patient/Public Panel validate/amend /improve/clarify outputs of WGs 2-5 Statements via an

externally moderated, anonymous

Delphi-Process
World café
workshop

A vision that is shared by the profession and patients.

STAGE 3

Implementing the Summit outcomes (2014 and beyond)

Including raising awareness of the Summit outcomes and how they can be achieved.

European Summit on Hospital Pharmacy



Review and adaptation of FIP Basel Statements

44 statements - 6 sections

- **Introductory Statements and Governance**
- **Selection, Procurement and Distribution**
- **Production and Compounding**
- **Clinical Services**
- **Patient Safety and Quality Assurance**
- **Education and Research**



Highlights introductory statements

1.1 Level of agreement: **strongly agreed** (93.6% of max points)

The overarching goal of the hospital pharmacy service is to optimise patient outcomes through **working collaboratively within multidisciplinary teams in order to achieve the responsible use of medicines across all settings.**

1.7 Level of agreement: highly **agreed** (80.3% of max points, pharmacists 95.2%, patients 66.7%, HCP 64.3%)

Hospital pharmacists must be **involved in the design, specification of parameters and evaluation of ICT within the medicines processes.** This will ensure that pharmacy services are integrated within the general Information and Communication Technology (ICT) framework of the hospital including electronic health (eHealth) and mobile health (mHealth) procedures.

Highlights patient safety and quality assurance

5.5 Level of agreement: **agreed** (83.6% of max points)

Hospital pharmacists should help to decrease the risk of medication errors by disseminating evidence-based approaches to error reduction including **computerised decision support**.

5.10 Level of agreement: **strongly agreed** (93.0% of max points)

Hospital pharmacists should ensure that **medicines** stored throughout the hospital are packaged and labelled so to **assure identification, maintain integrity until immediately prior to use** and permit correct administration.



Education and Research

6.2 Level of agreement: **agreed** (80.8% of max points)

All those involved in medicines use processes must be able to **demonstrate their competency** in their roles. Hospital pharmacists should participate in the development of **European-wide competency frameworks** to ensure standards of best practice are met.

6.3 Level of agreement: **strongly agreed** (85.3% of max points)

A European-wide framework for initial post graduate education and training in hospital pharmacy with **an assessment of individual competence is essential**. In addition, hospital pharmacists should engage in **relevant educational opportunities at all stages of their career**

6.4 Level of agreement: **agreed** (79.5% of max points)

Hospital pharmacists should actively **engage in and publish research**, particularly on hospital pharmacy practice. Research methods should be part of undergraduate and postgraduate training programmes for hospital pharmacists.

Implementation of the statements

Measurement

- Annual survey of three sections of the statements each year
- Publication of the survey results

Good Practice Initiatives

- All posters (800+) linked to the Relevant section of the Statements at Annual Congress
- Presentations at Annual Congress

Policy

- Presentations and discussions at EU/national level

Relevance of the Statements to CPD



- Road map for role of hospital pharmacist
- Need for constant CPD to maintain capability
 - Increasing complexity of care
 - Changing role
 - Supporting the needs of patients as partners in care
- Capacity



Common Training Framework

Change to the Professional Qualifications Directive.

Additional Specialities such as hospital pharmacy now have an opportunity for recognition across borders in a similar manner to existing medical & dental specialities



Why would a CTF for HP be a good thing?

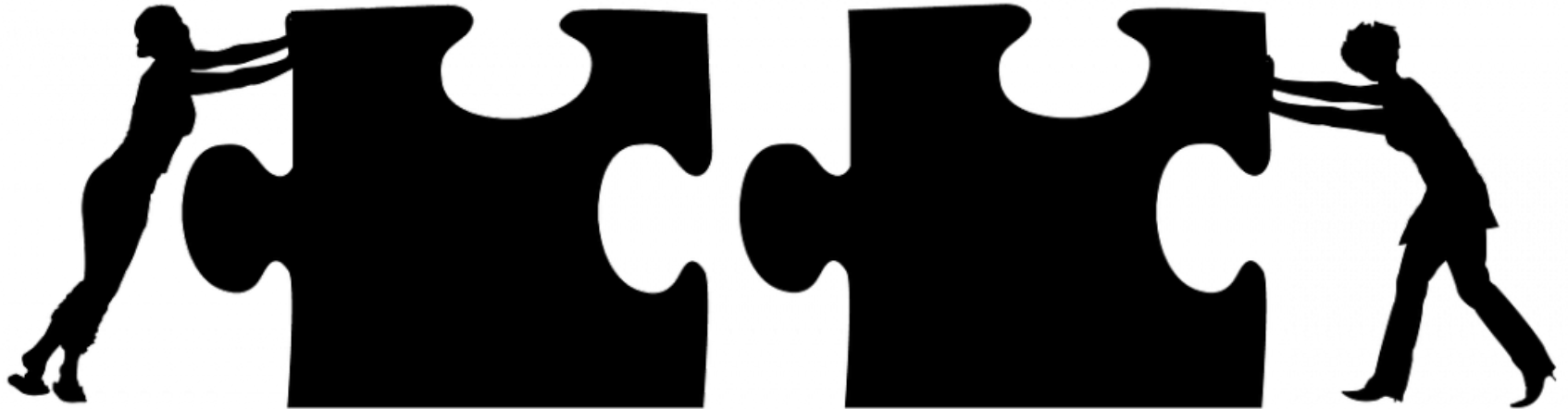
- Highly skilled professionals can take their skills to contribute to patient care **across Europe**
- **A benchmark standard** for HP education
- **Legal recognition** for the distinctiveness of the HP skillset
- **Most of all – potential for improvements in patient safety and patient care across Europe!**



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**

Progress on forming a common training framework for HP specialisation



Highlights of Initial Meeting

- **Commission:** advised a rigorous mapping exercise as a first step. Need for transparency in process.
- **Presentations:** Although difference in method, manner & history of HP specialisation, end product appears to contain many similarities
- **Workshops:** Highlighted Quality Assurance needs for CTF, as well as gaining political goodwill
- **Agreed a Steering Committee should be formed to manage project**



Mission Statement

The mission of the EAHP Common Training Framework Steering Committee is

“to oversee the formation of a common training framework for hospital pharmacy specialisation in Europe, in order to enhance the quality of, safety of, and equity of access to patient care in every European country.”

Working Groups

Terms of Reference also now agreed for three working groups

- Competency mapping group
 - Evidence of the role education plays in enhancing the care provided
 - Communication – developing the proposal in a transparent manner with all stakeholders
-
- Update in March 2016

EAHP and IIOP

EAHP mission and goals align with IIOP strategy

EAHP recognises expertise, capabilities and leadership within hospital pharmacy and seeks to enable the sharing of best practice

EAHP believe that hospital pharmacists have the potential to make even greater contributions to patient care.

EAHP recognises the need for inter-disciplinary work

EAHP collaborates with other organisations and disciplines including those working in areas such as economics and public policy.

Capability in Irish Hospital Pharmacy

Capability

Does the organisation have staff with the right skills and experience to support the change effort?

The Pharmaceutical Society of Ireland
Baseline Study of Hospital Pharmacy in
Ireland

➤ *76.6% with postgraduate qualifications*

Yes – be confident

Capacity

Capacity – within Ireland

Does the organisation have the sufficient number of people or time or technology to undertake the change?

The Pharmaceutical Society of Ireland Baseline Study of Hospital Pharmacy in Ireland

- The career structure, specialisation opportunities, and progression for pharmacists is a source of concern within the profession, and, in consideration of the above points, should be looked at in relation to the development of the profession as a whole
- The PSI and the regulatory framework are perceived to focus on community pharmacy; hospital pharmacists' concerns in this regard are significant.
- The technology supporting hospital pharmacy activity is largely inadequate.

- Pharmacist involvement in multidisciplinary patient care teams is limited and this should be addressed.
- Hospital pharmacy premises are in many cases unfit for purpose and limit the potential for future development of services, with no space for additional staff resources, automation, storage, etc.
- Many pharmacies could develop clinical pharmacy services with existing pharmacist staff if the technician role were to be expanded to take on work the pharmacists currently carry out

Capacity

Capacity Negotiations – for a different forum

- Have to progress
 - Clinical Specialist roles
 - Director of Pharmacy and Medication Management
 - Increased collaboration with Academia
- To optimise patient outcomes through the responsible use of medicines

HP are aware of and prepared for challenges ahead
Policy Support and Action for Change needed

Personal Note

Individual pharmacists are also on their own professional journeys.

Peaks and troughs

Learning for

a) Self

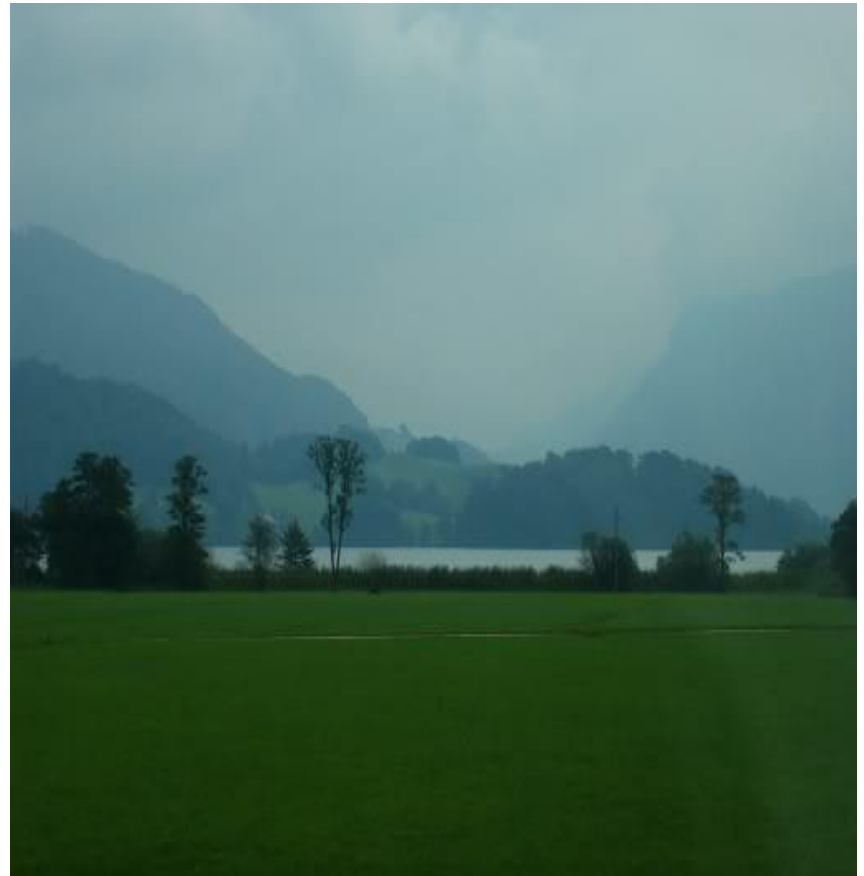
b) Role

c) Future

Structured formal

Learning 'moments'

- E portfolio



References

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