

EMERGING POLITICAL ISSUES

Where next for recognition of hospital pharmacy specialisation across borders?

Richard Price

For many years it has been an advocacy aim of the EAHP to improve the harmonisation and recognition arrangements of hospital pharmacy specialisation across Europe.

The purpose behind the aim is to help ensure that patient care and treatment from hospital pharmacy is delivered to common high standards of safety and efficacy, that increasing value be delivered by the hospital pharmacist in patient treatment and that the ever more demanding and complex requirements of medicines use in hospital settings continue to be met.

As stated in the EAHP's most recent 2011 policy on specialisation, the basic education of 5 years for pharmacists as set out in the European Directive on Mutual Recognition of Professional Qualifications 2005/36/EC does not actually provide an individual with sufficient competencies to work independently in the hospital pharmacy environment. Additional competencies are necessary to fully understand the processes in hospitals and to manage the specific requirements of certain patient groups that do not otherwise frequently present in other fields of pharmacy—for example, in paediatric, oncological, intensive care and rare disease treatment.

This contention has been supported by the 2011 Pharmine WP4 project, funded by the European Commission, which undertook a wide ranging study of hospital pharmacy across the European Union (EU) and was able to define an up to date list of competencies particular to pharmacy practice in the hospital sector. These include specific competencies in:

- ▶ Intensive care treatment
- ▶ Rare diseases
- ▶ Emergency treatment
- ▶ Practice interface management
- ▶ Clinical development and research
- ▶ Specialist practice in areas such as oncology, radiopharmacy, advanced therapies and paediatrics.

An opportunity to bring about improvement in the European framework for hospital pharmacy specialisation and recognition is now brought about

by proposed reforms to the Professional Qualifications Directive.

THE PROFESSIONAL QUALIFICATIONS DIRECTIVE: A BROAD INSTRUMENT

The Professional Qualifications Directive is the primary legislative instrument under which the recognition of qualifications of health professionals across EU countries takes place. It is currently in the process of formal review by the European Commission and the European Parliament as part of a wider effort to restimulate the single market and boost economic growth—in this case, by improved labour mobility.

What started with the publication of a conceptual green paper on suggested reforms to the directive last year is now in an official legislative process after the Commission unveiled its post consultation proposals in December 2011.

Certain matters have become the political headline issues for discussion and debate with MEPs and the stakeholder community, namely:

- ▶ the establishment of a new system of 'professional cards' to speed up the qualification recognition procedures

between competent authorities (eg, professional regulators). The proposed system would be voluntary in nature and based on the existing IMI system currently used by competent authorities to communicate with each other;

- ▶ the ability, responsibility and scope for competent authorities and employers to test the abilities of a migrating professional in the language of the host country;
- ▶ the prescribed length of educational years required to be eligible to be considered a qualified nurse; and
- ▶ the position of the notary profession within the directive.

THE COMMON TRAINING REQUIREMENT OPPORTUNITY

However, a more technical change included in the Commission's December 2011 proposals has elicited the particular interest of the EAHP and what it might mean for the harmonisation and recognition of hospital pharmacy specialisation.

In the existing Professional Qualifications Directive there is a tool designed to assist the



Figure 1 The European Parliament's Internal Market Committee is currently reviewing the Professional Qualifications Directive

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establishment of recognition procedures for qualifications called 'the common platform'. The Commission and stakeholders have acknowledged that, in its current format, it has not proved to be as adoptable as previously hoped and a new proposal now intends to reform the mechanism to something called a 'Common Training Requirement'.

While much of the detail of how this new instrument would operate is left to be defined in future secondary legislation to be drafted by the Commission (called 'Delegated Acts'), in short form, the Common Training Requirement would enable a minimum of a third of EU member states (currently nine) to collaborate in the construction of a common framework for recognising a qualification. Professional organisations and member state governments would be required to produce the proposal for the framework's operation, with the Commission giving the framework legislative status if all directive conditions are met.

EAHP see the new Common Training Framework mechanism as a potentially useful means by which nine or more

EU member states could theoretically come together to establish automatic recognition procedures for hospital pharmacy specialisation. The European Union of Medical Specialists (UEMS) has also identified this opportunity to improve the means by which specialties can be recognised, establishing a more flexible, adaptable and competency based framework than current mechanisms.

THE OBSTACLES TO OVERCOME

However, a difficulty presents itself in so far as the current Commission proposals will mean the new Common Training Requirement will not apply to the seven professions that benefit from automatic recognition under the Professional Qualifications Directive. These are medical doctors, veterinarians, dentists, nurses, midwives, architects and pharmacists. The primary reason being given against applying the framework to these professions is that regulatory confusion could emerge if two separate means were to exist for establishing a recognised specialism in the medical and dental professions.

At the time of writing, EAHP had met with the Commission to discuss

these points, and was briefing MEPs on the Internal Market Committee, which is leading the parliamentary scrutiny of the text to amend the directive.

The Internal Market Committee is due to establish a draft report outlining their combined views on the modernisation of the professional qualifications directive by July 2012. The coming months will see ongoing activity by EAHP to explore with legislators, policy makers and other stakeholders how the directive can best be improved to facilitate improved mobility for hospital pharmacists and their specialisation.

Richard Price, Policy Officer at the European Association of Hospital Pharmacists (EAHP), presents an update on EAHP advocacy efforts to establish a platform for cross border harmonisation and recognition of specialisation in hospital pharmacy.

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