



European Association of Hospital Pharmacists (EAHP)

A paper for IMCO Committee MEPs

The case for using the proposed common training principles as a tool for increasing the recognition and mobility of specialisations within the automatically recognised professions.

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HOSPITAL PHARMACY SPECIALISATION AND COMMON TRAINING PRINCIPLES

A BRIEF OVERVIEW

- There are over 21,000 hospital pharmacists, in 31 EAHP member countries in Europe, working in almost 5,000 hospital pharmacies. Addressing the medicinal care of patients in acute need, hospital pharmacists work with the sickest patients, preparing and dispensing high risk medicines, including off-label, cytotoxic and orphan drugs.
- Having daily interaction with the most novel drug therapies, hospital pharmacy is a constantly developing profession. In recent years this has included embracing great advances in molecular biology, biotechnology and gene therapies. As hospital pharmacists work at the cutting edge of medicine, it is increasingly considered that to practice safely now requires a specialised level of skills and knowledge in medicines and hospital practice above and beyond that attained in the standard pharmacy degree outlined in the Professional Qualifications Directive. To manage this risk, most European countries have put in place specialisation procedures for pharmacists in hospitals in order to safeguard patient care.
- The European Association of Hospital Pharmacists (EAHP) consider it in the best interests of high quality, safe and efficacious care to patients, and the future proofing of the Professional Qualifications Directive, that a mechanism be created to enable hospital pharmacy specialisation to become a readily transferable qualification across European countries. This will help to ensure the right skills are delivered to the right place, in a safe manner, across the European healthcare system, as well as facilitate advanced practitioners in taking their expertise across borders.
- The proposed Common Training Requirement is a clear means to achieve this. 9 Member States (or more) could voluntarily construct a framework for mutual recognition of a specialised qualification. EAHP are urging the Commission to amend their proposals to enable the common training principles to be applied to the sectoral professions. We do not consider this would create any greater confusion to mutual recognition procedures than its intended application to the general system professions, and could reduce the need for countries to apply aptitude tests or compensation measures for entry into a hospital pharmacy position, as can currently be the case (see case studies described below).

1) What is the need to recognise hospital pharmacy specialisation across countries?

In respect of its revision of the Professional Qualifications Directive, and particularly in relation to the health professions, the Commission has sought to establish a fair balance between the needs of labour market mobility, and the paramount need to ensure patient safety in respect of the healthcare sector. It appears to be now recognised, that when it comes to health, there can be such a thing as “too much” labour mobility: the welfare of patients depends on being treated and cared for by the right professionals with the right skills and experience, in the right practice setting (see section 3).

It is in this context that EAHP seeks to establish recognition procedures for the specialised practice of hospital pharmacy, and to avoid inappropriately qualified persons being able to take up positions beyond their competence through any unintended loopholes created by the Professional Qualifications Directive - now, or in the future.

Indeed, increasingly the recognition of hospital pharmacy as a particular qualification is being accepted and promoted by health ministries in many Member States, including:



THE NETHERLANDS



Number of Hospitals: c.100

Number of Hospital Pharmacists: c.450

Specialisation:

From 2002 the health professional regulator of the Netherlands has made it a requirement of practice as a hospital pharmacist that the individual holds a recognised advanced qualification. The step was seen as a natural evolution in that hospital employers were already seeking such qualifications to ensure patient safety and high quality practice.

Alongside the improved levels of relevant attained skills in the hospital pharmacy workforce, the specialisation of hospital pharmacy in the Netherlands has also enabled the construction

of a specific and tailored system of professional revalidation, and a more transparent system of professional regulation – all to the ultimate benefit of patients in hospitals.

However, a pharmacist seeking to work in a Netherlands hospital, with hospital pharmacy qualifications from another Member State, is not currently guaranteed to have that qualification recognised and may consequently be required to complete an aptitude test, or fulfil other compensation measures, in order to practice in a hospital without specific supervision arrangements.

A potential Common Training Requirement between Member States on recognising hospital pharmacy specialisation could therefore greatly improve hospital pharmacist labour mobility in this regard.



SPAIN



Number of Hospitals: c.800

Number of Hospital Pharmacists: c.1,600

Specialisation:

Hospital pharmacy specialism began to be introduced in the Spanish health system in the late 1970s and for more than twenty years has been a mandatory requirement for practice as a pharmacist in a Spanish hospital.

This has posed difficulties in terms of according with the terms of the Professional Qualifications Directive and in 2008 the European Commission successfully took a case to the European Court of Justice on the grounds that the Spanish Government had restricted freedom of movement in the way in which it had applied the mandatory requirement for possession of a hospital pharmacy specialisation to work as a hospital pharmacist.

Today, other compensatory measures are now used in cases of pharmacists from other EU countries seeking to work in Spanish hospital pharmacy. However, as in the Netherlands, the potential creation of a Common Training Framework for cross border recognition of hospital pharmacy specialisation, could be of significant assistance in improving the mobility of hospital pharmacists in relation to the Spanish health system.



BELGIUM



Number of Hospitals: c.120

Number of Hospital Pharmacists: c.850

Specialisation:

Specialisation in hospital pharmacy gradually became common throughout the health system in Belgium between the late 1970s and the late 1980s. Then, in the 1990s, the Federal Public Service of Belgium (Health, Food Chain Safety and Environment) made an assessment that it was necessary for safe and high quality hospital care, and in the public interest, to introduce as a legal requirement of hospital pharmacy practice that the individual possess a specialised qualification.

The benefits of the specialised qualification include the accredited knowledge by the individual of highly specific skills and experience in the particular areas of hospital pharmacy practice (as distinct to other forms of pharmacy practice) such as cytotoxic preparation, antibiotic use, good practice in hospital hygiene, the use of hospital-specific medical devices and clinical pharmacy.

For pharmacists from other EU states wishing to practice in Belgian hospitals it is necessary to demonstrate relevant and sufficient aptitude and experience to the regulatory authorities, a process in labour market access that could be greatly assisted, or even avoided, if the revised Professional Qualifications Directive enabled a Common Training Framework to be established between countries for hospital pharmacy specialisation.

KEY POINT:

AS THE PROFESSIONAL QUALIFICATIONS DIRECTIVE IS CURRENTLY WRITTEN, MECHANISMS DO NOT EXIST FOR THE EASY MOBILITY OF PHARMACY SPECIALISATIONS.

A SIMPLE AMENDMENT TO THE COMMISSION PROPOSALS IN RELATION TO THE COMMON TRAINING PRINCIPLES TOOL COULD RECTIFY THIS.

2) Could recognition of hospital pharmacy specialisation between countries occur without creating significant labour market burden?

Making recognition of qualifications easier – past efforts by the Commission

The Commission has carefully tried to create a regulatory framework for the recognition of qualifications across national borders that is not overly rigid. To this end, in 2005 a Directive created the concept of the Common Platform tool which was intended as a way for member states to voluntarily agree procedures for recognising new qualifications between countries. However, on review in 2010/11 it became clear the Platform had not operated as intended. The Commission now propose a reformed tool: common training principles.

Common training principles – a tool for flexible application in some Member States

It is EAHP's understanding that common training principles could be proposed by professional organisations and could be given force by a Delegated Act of the Commission provided the framework was recognised in 1/3 of member states and other conditions as laid out in article 49 (a) of the Directive are met. However, the Commission initially intend that the common training principles tool will apply only to general system professions.

Common training principles makes sense for both general AND sectoral systems

Enabling the automatically recognised professions to use the common training principles tool for the mutual recognition of specialisations could actually reduce burden and labour market barriers. It would negate the need for countries which require hospital pharmacy qualification to implement aptitude tests and compensation measures in relation to individuals who hold hospital pharmacy qualifications from another country.

Future proofing the Directive for constantly changing professional needs

In the Commission's proposal of December 2011, it cites as a principal reason for introducing the common training principles the aim of "*better responding to the needs of the professions*". The EAHP do not see a difference between the needs of general system professions to have specialised qualifications recognised, as against the needs of advanced practitioners in the automatically recognised professions to have specialised qualifications recognised.

EAHP do not believe that allowing the common training principles recognition tool to be applied to all professions would "confuse" the distinction between general system and sectoral professions. Indeed, there could be confusion generated from the lack of clear explanation as to why common training principles could **not** be used for the automatically recognised professions.

3) How would patient safety and patient care benefit from a cross-border platform for recognition of hospital pharmacy specialisation?

The right professional, with the right skills and experience, in the right field of practice

Medicines use in the secondary care sector grows ever more complex and the basic education of 5 years for pharmacists as required by the European Directive on Mutual Recognition of Professional Qualifications 2005/36/EC does not provide an individual with sufficient competencies to work independently in the hospital 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.

Indeed a recently completed project called Pharmine WP4, funded by the European Commission, undertook a wide-ranging study of hospital pharmacy across the European Union, and was able to define an up-to-date list of competencies particular to pharmacy practice in the hospital sector. These include special competencies in:

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

The implications from this study further suggest that employers in the hospital sector should seek to employ pharmacists in possession of more than the general described areas of pharmacy qualification described in Directive 2005/36/EC. Because of their setting, pharmacists in hospital should possess knowledge and competency in those areas particular to day-to-day practice in hospital pharmacy. It is recognised that unfamiliarity and lack of competence in the high risk area of medicines use and medicines management can have potentially fatal consequences.

Revisions to the Professional Qualifications Directive, as described in this paper, can assist patient safety and care by adding a new tool for employers to help ensure patients are always cared for by the right professional, with the rights skills and experience, in the right field of practice.