

Conflict of Interest

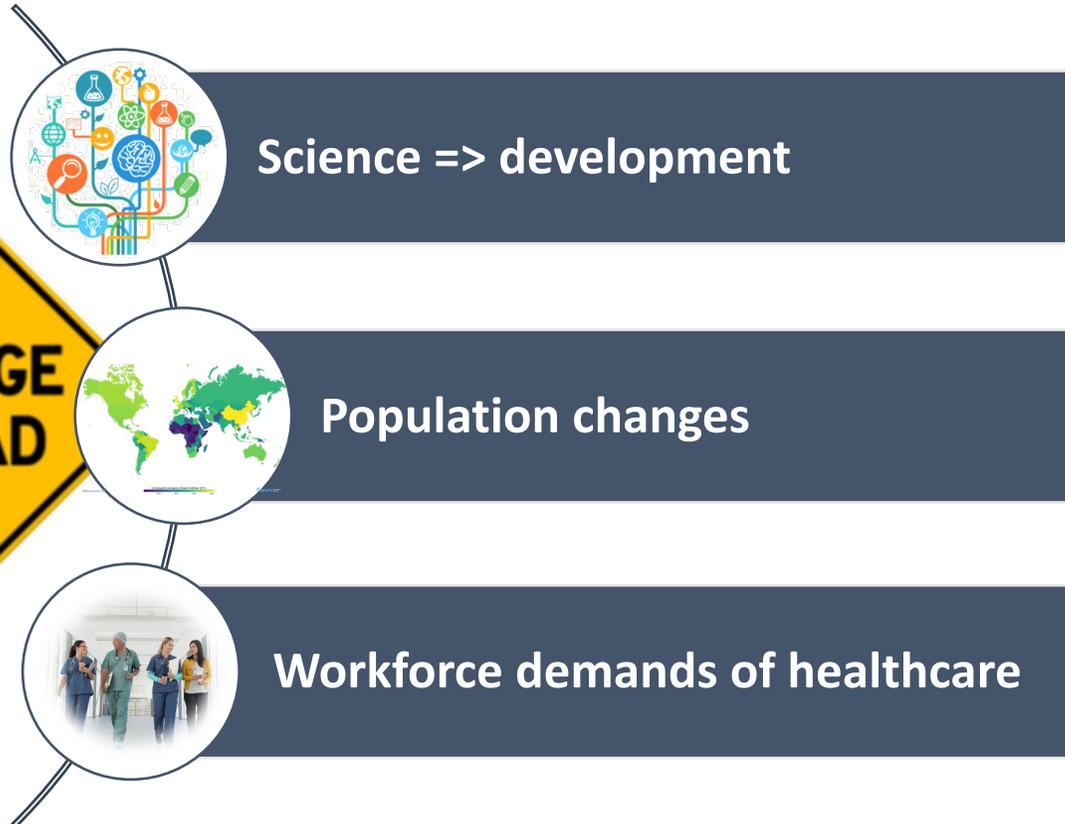
- Nothing to disclosure

Self- Assessment Questions

- 1) Do patients benefit from HP highest levels of expertise through post graduate education in hospital setting? (yes/no)
- 2) The major areas of competencies (CFT) are: Patient care and clinical pharmacy skills competencies; Medicines and their use related competencies; Management competencies and Professional competencies. (true/false)
- 3) The Portuguese government decreed the legal regime for the award of the title of Specialist to access the pharmaceutical career, whose residency program (4 years) must be submitted for approval, following a proposal from the Portuguese Pharmaceutical Society and under the opinion of the National Pharmaceutical Residency Commission. (true/false)



Environment



- Patient-facing roles (in the hospital and community)
- Medicine development
- Academic
- Regulation
- Scientific and leadership positions
- Others

..... no matter their specialist area, in the end it is person-centered – their role will impact the patient and the public.



ChangeChance

The 21st century pharmacist

Lead the development of new medicines and their approval

Lead distribution and optimization in use, creating and using the best available evidence

Be recognized within the pharmaceutical industry, related sciences and the international regulatory governance of medicines, as a patient-focused leader of pharmaceutical research, drug development and the introduction of new medicines to the patient

- *Be recognized for the high level of education received and ongoing professional development and high degree of digital literacy*
- *Be recognized in workforce planning for their contributions and skills and their positive and cost-effective impact on healthcare delivery and the economics surrounding medicines*

- *Provide expert healthcare with a leading role in the clinical interactions with patients and in the **decisions surrounding the patient***
- *Be the pharmaceutical and medicines scientist within the multidisciplinary clinical team with the **knowledge and skills surrounding medicines and their use**, to be the focus for information and evidence in support of **decisions surrounding medicines***
- *Advise other healthcare professionals including medical doctors in **complex cases of diagnosis**, in cases of **initial medicine failure** and when **new therapies** become available*
- *Provide a **primary care and public health role** to reduce referrals to general practice, hospital readmissions and secondary care referrals.*
- *Take a leading role in the **prescription renewal** and others*





The vision



- Responsibilities to ensure that patients are achieving their therapeutic outcomes with safe and effective therapy
- To be more interventionists—identifying and resolving drug therapy problems, working collaboratively with other health care providers, counseling and educating patients, and documenting their patient care activities
- Integrated into the health care teams as medication managers to improve patient care and outcomes
- Involved in drug therapy selection, dosing, monitoring and vigilance.....
- The need to have similar knowledge and skills across the practice type continuum



Goals



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

Enhanced Clinical Care

Health Promotion
Disease prevention, detection and monitoring

Efficient support activities & services

Increase Pharmacist Attention

High Risk Medication
Polymedication/multi-disease
Vulnerable
Low health Literacy
.....

Better Connection



To know the goals, risks and needs of patientes = basis of care





Requirements



- Pharmacists need to have a mastery level of a complex set of knowledge and skills
 - It is challenging, if not impossible, for students to achieve this mastery level at the time they graduate
 - Residencies will need to become the norm for all graduating pharmacists
- ↳ *to ensure they develop the **clinical competence and mastery knowledge** to be successful in **evolving and complex health care systems** that are focused on **patient outcomes and quality measures***



Hospital pharmacist career - by design!



Hospital Pharmacy residency => Specialty

- Pharmacists are exposed to different facets of practice, activities and activity areas => 360° view
- Education and service are integrated, and few tasks in the clinical setting are devoid of opportunities to expand one's fund of knowledge and skills
- It is a time of intense learning and mentorship, as well as work and service
- Opportunity to teach residents
 - Commitment to professionalism, an adherence to ethical principles, and an engagement in the pursuit of continuous education and service
 - Apply the knowledge and skills learned to real patients, situations, and settings



Professional identity



Specialisation

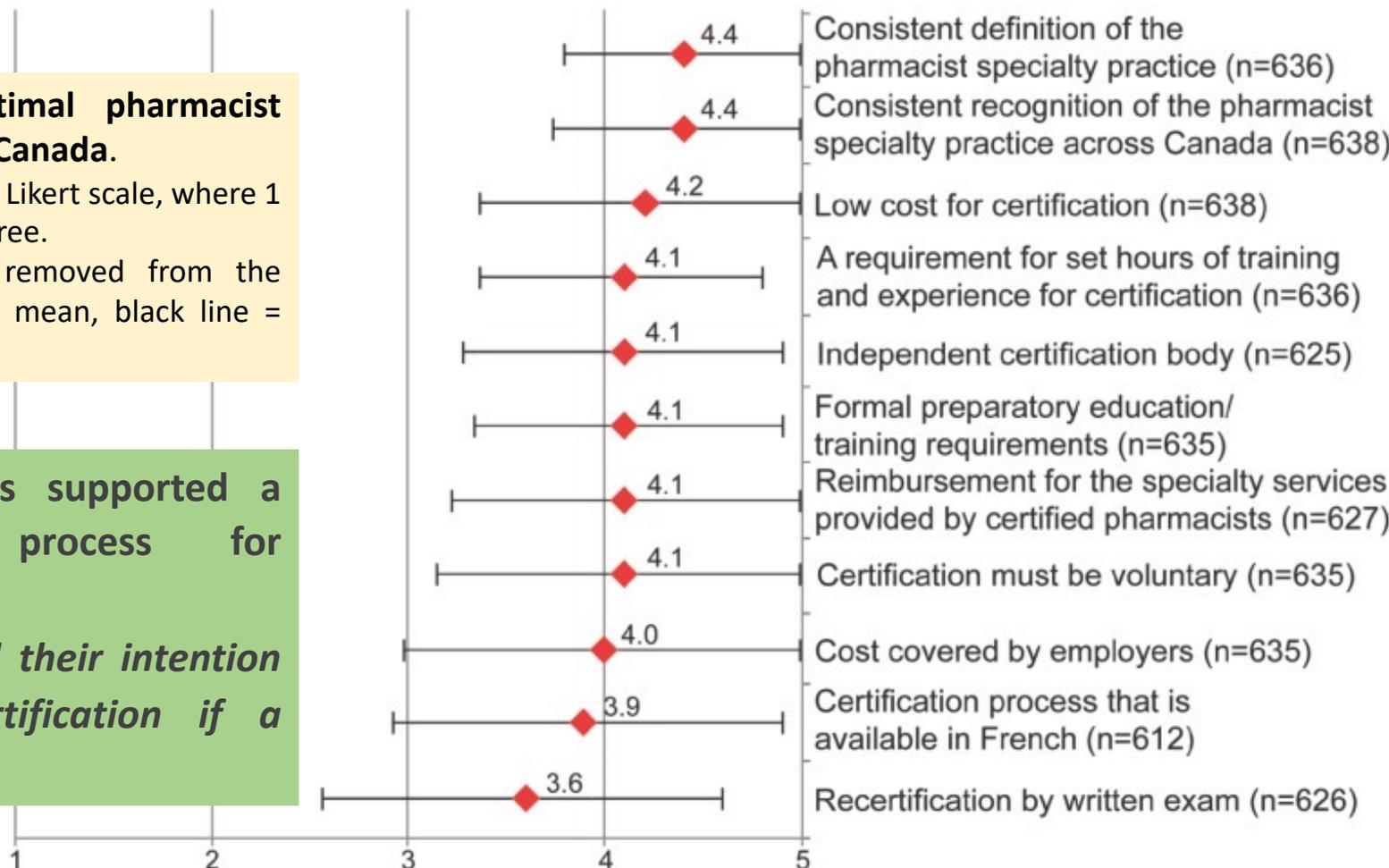


Important factors for an optimal pharmacist specialty certification process in Canada.

Responses were recorded on a 5-point Likert scale, where 1 = strongly disagree and 5 = strongly agree.

Responses of “don’t know” were removed from the analysis. For each factor, diamond = mean, black line = standard deviation

- 85% of the respondents supported a formal certification process for pharmacist specialization
- more than 70% indicated their intention to obtain specialty certification if a process were introduced





The impact of hospital pharmacy specialisation on patient outcomes

- *“Regarding the impact of HP specialization on patient outcomes, literature shows that only **qualified pharmacists with postgraduate education can provide the right services to improve patient outcomes and provide quality care... and competency in Clinical services are based on additional training**”*



Statement on Hospital Pharmacy specialisation

- ***“The basic education of 5 years for pharmacists does not provide sufficient competencies to work independently in the hospital environment.”***
- ***thus, “post graduate education in hospital setting (preferably, 4 years) with final assessment of individual competency is essential to ensure patients benefit from HP highest levels of expertise”.***
- ***“..... lack of EU mutual recognition of HP as structured specialization creates substantial differences in the qualifications of pharmacists working in hospitals across Europe Creates inequalities in patient access to the best possible care.”***



The statements were subject to weighted voting by:

- EAHP member country associations (50%),
- **European patient organizations (25%)**
- Associations representing doctors and nurses at the European level (25%)

A high **level of 85% agreement** or above was required for each statement to be confirmed

Patients' preferences:

- Most respondents wanted hospital pharmacists to provide a general **medication overview**, including **information** about **side effects** and **interactions**....
- The results suggest that *many patients are unaware of other potential clinical services* that pharmacists can provide.
- A future study could assess patients' willingness to select from a guiding list of potential clinical services.



SECTION 4: CLINICAL PHARMACY SERVICES

- **4.8.** Clinical pharmacy services should **continuously** evolve to **optimise patients' outcomes**.

SECTION 6: EDUCATION AND RESEARCH

- **6.2.** 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.** 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** 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



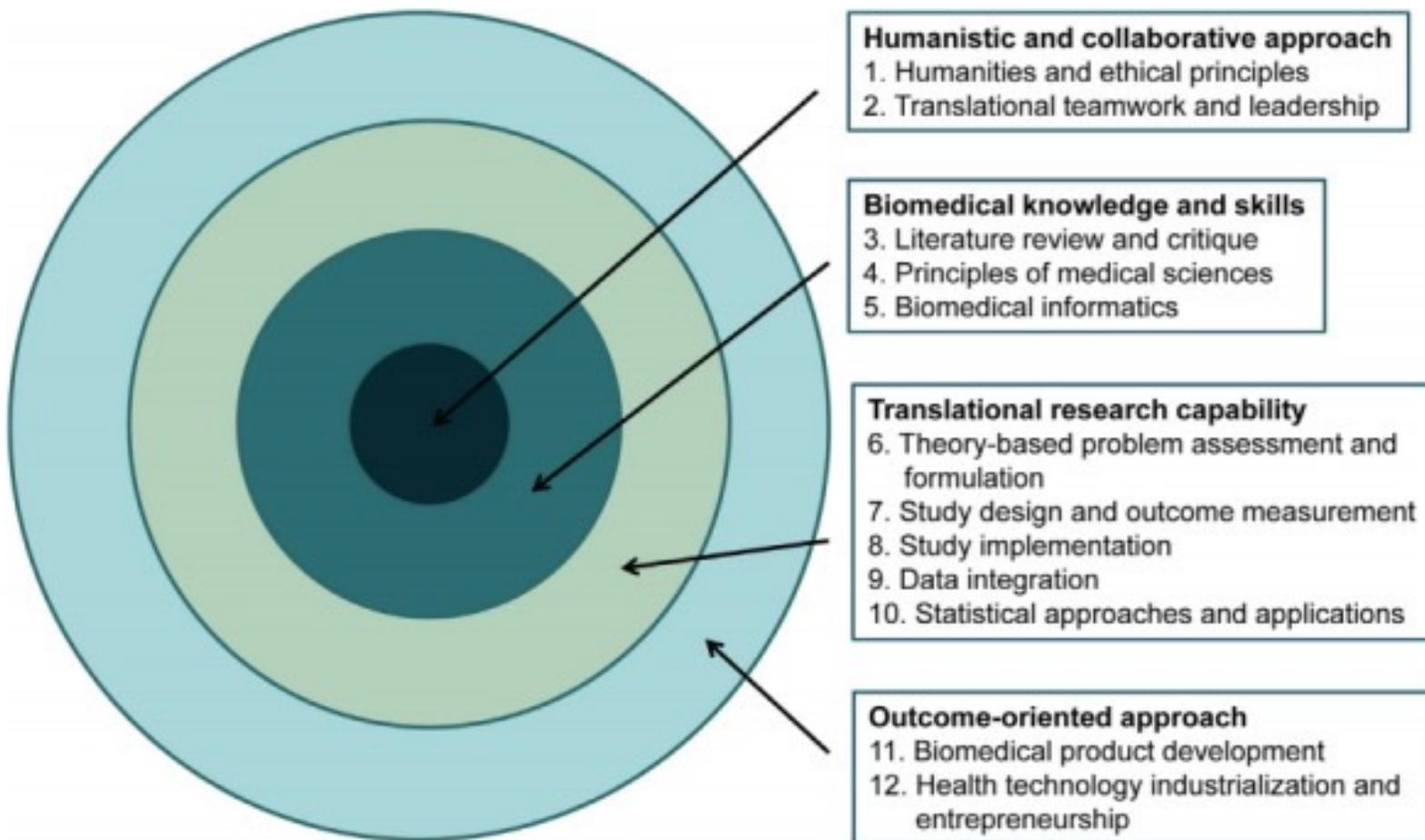
Table 1 Competencies for hospital pharmacists based on the competency framework of the Common Training Framework

Scientific knowledge	
Patient focus	Medicines focus
Patient care and clinical pharmacy skills competencies	Medicines and their use related competencies
1. Patient consultation	6. Development, production, analyses and control of medicines
2. Medicine, medication safety and medical devices issues	7. Provision of medicines and medical devices
3. Information and communication	8. Medicine and medical devices information and patient education
4. Providing information	9. Monitoring medicines therapy and medical devices
5. Expert practice	10. Interface management
Management knowledge	
System focus	Practice focus
Management competencies	Professional competencies
11. Procurement and management of medicines and medical devices	17. Professionalism
12. Hospital and medication safety management	18. Effective communication skills
13. Collaborative work	19. Team work
14. Clinical governance	20. Organisation
15. Staff management	21. Service provision
16. Development and research	22. Costs systems
	23. Training other healthcare professionals
	24. Leadership development





Development of Professional Competencies

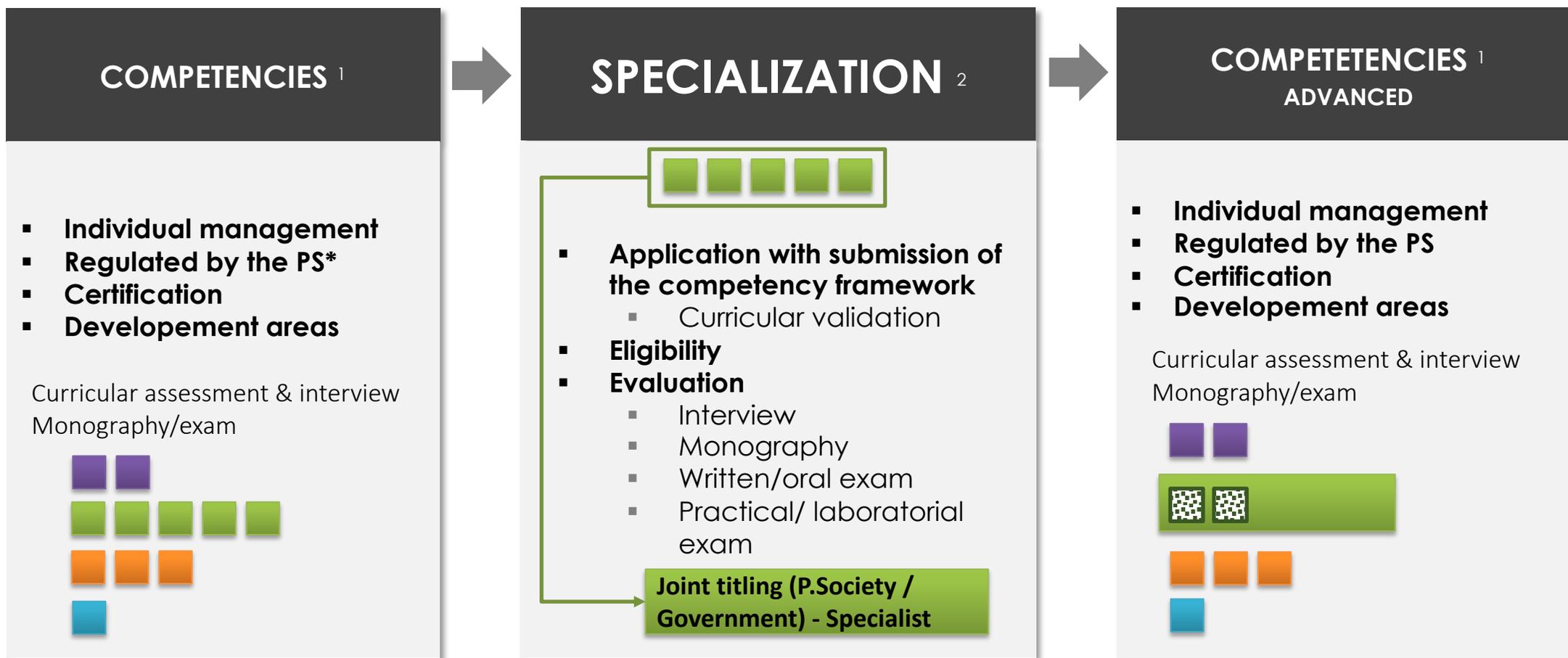




Portuguese Competencies Model



Ensuring Continuous Training in Pharmacotherapy in the 21st Century



Pharmacists in healthcare - hospital, community pharmacies, clinical analysis and human genetics - have a Specialty!

1) Curricular Assessment mandatory
 2) Assessment modalities specific to each Specialty





7 focus areas:

- Initial and early education
- Quality assurance and accreditation
- Educating for collaborative working
- Clinical practice
- Practice and science
- Educating for advanced practice
- Clinical research



- Decree-laws in 2017 (Portuguese NHS Pharmaceutical Career)
- Organizational model based on Specialization & Autonomy => greater accountability and professionals performance optimization (oriented towards patients' health needs)
- Multi-category structure with several distinct functional contents => 3 different Categories (assistant, advisor and senior advisor) and progression by merit
- Include/ describe the professional profile of the pharmacist act
- Access to the first category throughout the title of Specialist of the Pharmaceutical Society.
- Training programme (4 years) for the Specialist title is established in the law, defined as internship and named RESIDENCY.



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Pág. 2

PRESIDÊNCIA DO CONSELHO DE MINISTROS

Decreto-Lei n.º 6/2020

de 24 de fevereiro

Defines the legal regime for the award of the title of Specialist to access the pharmaceutical career

Os Decretos-Leis n.ºs 108/2017 e 109/2017, ambos de 30 de agosto, estabeleceram o regime da carreira farmacêutica e da carreira especial farmacêutica, respetivamente, aplicáveis aos trabalhadores que exercem funções nos serviços e estabelecimentos de saúde integrados no Serviço Nacional de Saúde, independentemente da respetiva natureza jurídica.

A integração nas carreiras farmacêuticas pressupõe a posse do título definitivo de farmacêutico, concedido pela Ordem dos Farmacêuticos, bem como o título de especialista na correspondente área de exercício profissional.



Pharmacists Residency in the Portuguese NHS

Shaping the future



Artigo 2.º

Objetivo da residência farmacêutica

- Objective: theoretical and practical training of pharmacists (title awarded by the Pharmaceutical Society) for the autonomous and technically differentiated practice in their area of professional practice
- The National Pharmaceutical Residency Commission (CNRF) is the pharmaceutical residence body and has the task of studying and consulting in the fields of design, organization and planning of the pharmaceutical residency program, as well as guidance, coordination and evaluation of its development and functioning
- The training program is approved by order of the Government member responsible for the health area, upon proposal of the Pharmaceutical Society, and under the opinion of the CNRF. The training program must be structured in a logical sequence of training competencies and it must include, namely: a) Total duration of specific training in the specialty; b) Sequence, mandatory and preferential, of training competencies; c) Characterization of training requirements, mandatory and optional; d) Duration of each training session.....
- The criteria for determining the formative suitability of health establishments and services are defined and reviewed by the Pharmaceutical Society, in collaboration with the CNRF, and its disclosure ensured by ACSS, I. P
- The residency program is preceded by an entrance test, to which pharmacists registered with the Pharmaceutical Society can apply.

3 — O tempo atribuído à frequência de valências de formação opcionais não deve ultrapassar 20 % do tempo total da formação específica fixada para a respetiva área de exercício profissional.



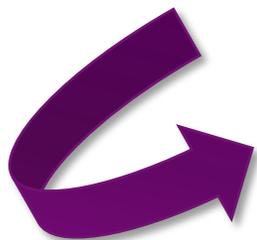


Pharmacists Residency in the Portuguese NHS

Shaping the future

Harmonized with
the standards
issued by the EAHP

Training Programme objectives



- Competencies related to patient;
- Competencies related to medicines and other health technologies;
- Management competencies;
- Professional competencies.

The achievement of these competencies throughout the residency results from the frequency of internships that form the basis of this program and that represent the functional areas of the hospital pharmacy and related activities.

Internships are organized under the terms of n.º2 of article 16 of the Residence decree-Law, namely:

- the total specific training lasts for 4 years;
- the sequence of the internships, mandatory and preferential, their characterization in mandatory and optional, their duration, the place of training and the respective performance and knowledge objectives are also listed.





Pharmacists Residency in the Portuguese NHS

Shaping the future

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Framework Competency

- # Medicines and other pharmaceutical products logistic processes
- # Distribution and dispensing of medicines/ other health technologies and associated clinical activities
- # Primary Health Care
- # Pharmacotechnics and process control
- # Radiopharmacy
- # Medicines and other pharmaceutical products Management
- # Epidemiology and Effectiveness
- # Professional Background and Qualification





Status

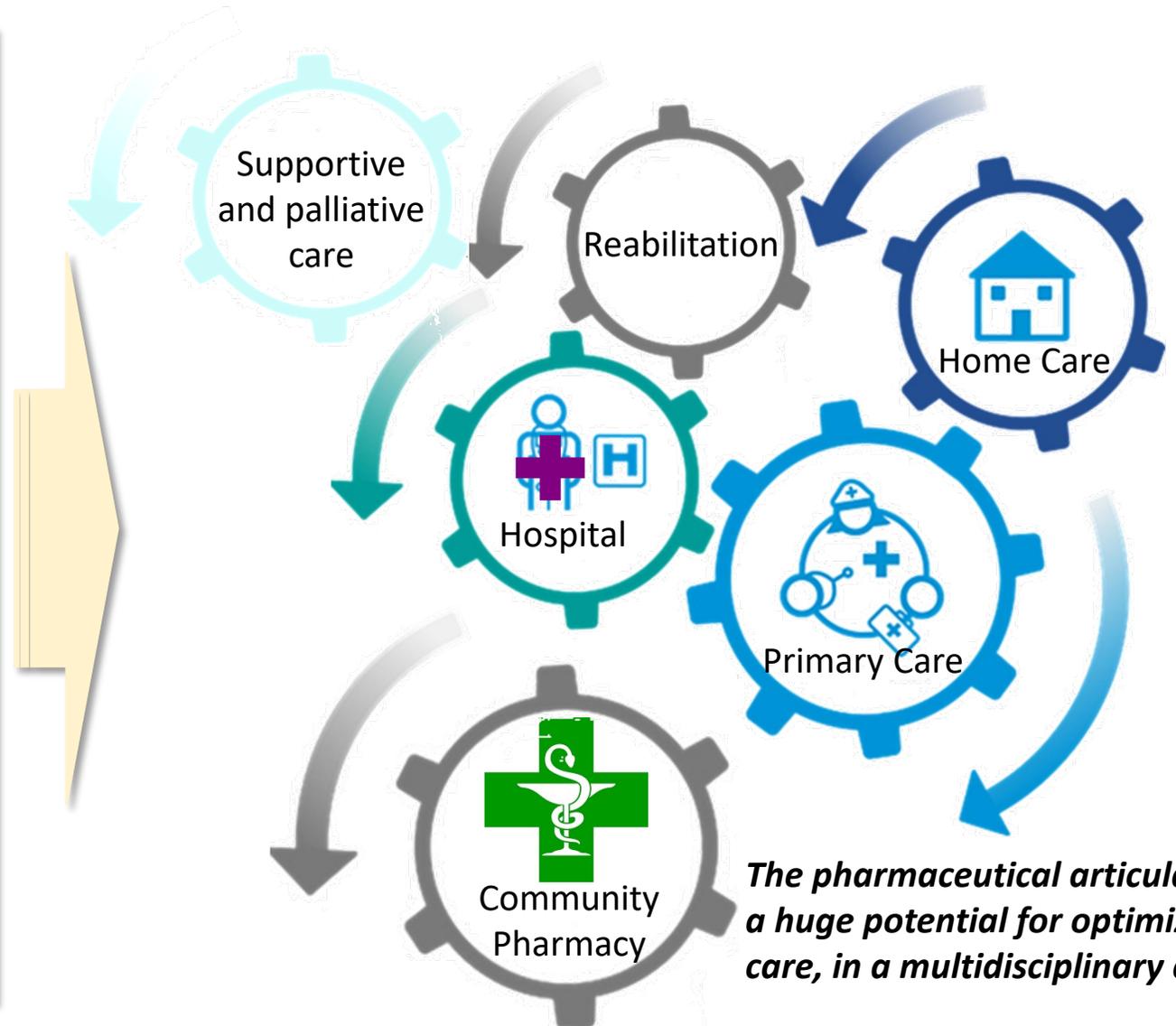
- 2 meetings of the National Pharmaceutical Residency Commission have occurred
- Residency program proposed by the Pharmaceutical Society was discussed and accepted, and sent to ACSS, IP. Next step => Government approval
- Formative suitability of health establishments, defined and reviewed by the Pharmaceutical Society, in collaboration with the CNRF, was accepted and sent to ACSS, I. P. Next step => national disclosure
- Pandemic situation has delayed the entire process



Continuum of Care

Shaping the future Shaping the future

HEALTH NEEDS ASSESSMENT
CONTINUOUS QUALITY IMPROVEMENT
DEONTOLOGY AND ETHICS



The pharmaceutical articulation has a huge potential for optimizing care, in a multidisciplinary context.





Take home messages

- 1) Specialization in hospital setting with final assessment of individual competency is essential to ensure patients benefit from HP highest levels of expertise.
- 2) Criteria for determining the formative suitability of health establishments and services, defined by each Pharmaceutical Society, are mandatory and should be established across Europe.
- 3) Mutual recognition of structured specialization qualifications of HP across Europe will narrow gaps in their qualifications, creating equality in patient access to the best possible care.