



14th March 2011

Consultation on Recognition of Professional Qualifications,
European Commission,
Internal Market Directorate General, Unit D-4,
Rue de Spa 2,
1049 Brussels,
Belgium.

Consultation on the Recognition of Professional Qualifications Directive (Directive 2005/36/EC)

Response from the Guild of Healthcare Pharmacists

Thank you for the opportunity to respond to this consultation. The Guild of Healthcare Pharmacists represents UK wide around 4,000 pharmacists including the majority of hospital pharmacists, pharmacists employed by NHS Primary Care organisations and pharmacists employed by other public bodies such as Prisons and the Care Quality Commission. The Guild is part of the health sector of the union Unite.

We wish to make the following comments:

In responding to the consultation we have found it difficult to structure answers around the questions posed as we are no experts on EU legislation or processes, so what we have tried to provide is a narrative that tries to explain why we believe there are barriers to free movement of pharmacists, and in particular those who would see themselves as 'hospital pharmacists' and views as to how those barriers would be best managed.

The Guild of Healthcare Pharmacists (GHP) strongly supports the concept of free movement of professionals, but also believes that this free movement has to be in the interests of public and patients as well as the individual EU citizen that wishes to practice in another EU member state. Pharmacists are one of the professions already covered by the Directive. Although this is just for their primary qualification it does mean that one major barrier facing other professions has been removed in that pharmacists have the right to automatic recognition for their primary qualification.

As we see it there are then a number of barriers that mean movement impacts on a very small percentage

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of citizens with the primary qualification.

Language

There is little that the EU can do about this; it is for the individual citizen to address. What is critical for pharmacy practice is that professional recognition is still automatic for the primary qualification, it is only employment that is then governed by the ability to function as a professional, which does require a degree of competence in the language(s) spoken in the EU state where the citizen wishes to work.

Medicines Regulation

While there has been considerable harmonisation through the excellent work of the EMA, there is still a lot of regulation relating to medicines that is undertaken through derogation to member states. The way medicines are used and the approach taken to risk across the member states varies significantly, and as has been identified in the report there have been serious untoward incidents relating to medical staff practice, where practice was unfamiliar to them.

Pharmacy Practice Regulation

A significant number of member states have a 'specialisation' in hospital pharmacy, and approximately two thirds of EU citizens now live in states with some form of such specialisation. The reasoning is very simple, the recognition that knowledge and skills over and above the primary qualification was essential because hospitals tend to have the 'sickest patients' and the pharmacies are handling the 'riskiest medicines', and the level of such risk is consistently understood throughout the world (WHO / IHI). So those member states have identified that this is in the best interests of their citizens, leaving freedom of movement for those hospital pharmacists who have no recognised specialisation as just a dream. This also impacts on citizens that would like to practice and train in hospitals within the UK, but who feel they cannot because that training is then not recognised by their state of nationality.

Regulators of Pharmacy Practice

The points in the consultation concerning Continuing Professional Development (CPD) are well made, and the UK is moving to a model of revalidation. It simply would not be fair for a UK citizen to have to go through CPD and revalidation processes if a citizen from another member state could practice without such a requirement for evidence. Nor do we believe patients and public would accept such a variation in potential standards. It is worth noting that for the UK, unless a pharmacist is actually registered to practice with the General Pharmaceutical Council or the Pharmaceutical Society of Northern Ireland then they cannot use the title 'pharmacist' as it a restricted title in UK law.

The consultation puts forward a number of suggestions for improving movement of professionals. We have provided some general comments here on barriers or incentives that could help facilitate movement of professionals, and of course our interest here is pharmacists, and in particular hospital pharmacists:

- Greater opportunity for exchanges during the training leading to the primary qualification. Erasmus schemes assist with this but there is scope for the EU to support even more.
- The concept of a 'professional card' could be of particular value where professionals are looking for short placements to learn a new skill or experience a different way of practice. Almost by definition this will encourage freedom of movement as the professional has the opportunity to

- ‘sample’ practice in another member state and learn for themselves what extra knowledge (such as regulatory controls on medicines) might be needed for them to practice safely and effectively.
- Where member states use ‘subsidiarity’ to classify extra training, such as specialisation in hospital pharmacy, those states should also be required (if necessary through a Directive) to define in advance what extra knowledge, skills and qualifications would be required. It should also be the responsibility of that member state to facilitate the translation of those requirements in to any of the official EU languages so that citizens seeking to move can make a judgement on what compensatory training/experience might be required in addition to any extra language skills.
 - Where two thirds of member states (or EU population?) are covered by a specialisation within a Professional group, that specialisation should be recognised in a way that facilitates freedom of movement.
 - Further effort in harmonising regulatory processes relating to medicines will mean it is easier for pharmacists to practice in other member states, given that the diseases are generally common across the EU states.

We trust you find these comments helpful in your consideration. Hospital pharmacy in the UK is certainly indebted to those pharmacists from other member states who have on the challenge of practicing here, and they have certainly made both collective and individual contributions to delivering care to UK citizens. Provided the safety and efficacy requirements in relation to treating our patients is always seen as the highest priority, and therefore the individual citizen with healthcare professional qualification rights must always be second, the GHP would support measures such as the ‘professional card’ that could facilitate both movement and an understanding of what makes EU member states different.

We remain willing to discuss any of the points made above, either directly with us as GHP or through our membership of the European Association of Hospital Pharmacists (EAHP), which is based in Brussels’.

Our reply may be made freely available.

Yours faithfully

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