



LABOUR MOBILITY

**HOSPITAL PHARMACIST ATTITUDES
AND PERSPECTIVES ON LABOUR MOBILITY**

**SURVEY
RESULTS
JANUARY 2018**

European Journal of Hospital Pharmacy

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Executive Summary



1039
responses

32
European
countries



ALL
of the
responses
from



Pharmacists
(including hospital, clinical
and community pharmacists)



50%
of the
respondents
have at least

8 years of
work experience



Why?

85%
of the
respondents
support a
CTF

“ ”

Development of the profession
Facilitation of exchange of expertise
Standardisation in education quality
Increase of mobility opportunities

If a CTF is created **84%** would
USE
the opportunity to
work abroad



90% of the
respondents
have

1 to 8 years of
work experience



88% DID NOT TRY

To get qualifications
recognised abroad

12% TRIED

WHY Family
Work abroad
Career development

63% Were in a position
of responsibility
for employment



20% Tried to employ a
foreign hospital
pharmacist

Executive Summary

The report summarises the findings of the survey activity on the attitudes and perspectives of hospital pharmacists on labour mobility by the European Association of Hospital Pharmacists (EAHP). The results collected from the 1039 participating hospital, clinical and community pharmacists in this document are descriptive and represent a snapshot of the current position. Nonetheless, they show that hospital pharmacists have an appetite for labour mobility which is currently not realised due to recognition barriers.

Overall, 85% of hospital pharmacists and heads of hospital pharmacy that participated in the survey would support the creation of a Common Training Framework for the hospital pharmacy specialisation. Development of the profession, facilitation of exchange of expertise, standardisation in the quality of education and increase of mobility opportunities are in their opinion benefits to be gained by creating a new tool for automatic cross-border recognition of the hospital pharmacy specialisation.

Moreover, the standardisation of professional training would not only lead to an overall enhancement of the hospital pharmacy profession, but also provide a tremendous improvement of patient care in Europe. Every patient deserves high quality and safe care. Accordingly, patient care needs to be supported by healthcare professionals who are qualified and knowledgeable to the required level in order to provide the patient with optimal treatment. In this sense, the hospital pharmacy specialisation could be achieved by means of a Common Training Framework, being a foundation stone for achieving the best care for patients in hospitals.

A Common Training Framework would potentially be used by 84% of the survey participants. Especially, young professionals (i.e. 90% of the hospital pharmacists with less than 8 years of work experience that participated in the survey) are interested in practicing in another EU Member State and would greatly appreciate a system that facilitates the recognition of their professional qualifications.

Only a small number of survey respondents had tried to seek recognition of their professional qualification in another EU Member State either for family or career development reasons. The difficult and lengthy recognition process faced by the applicants yielded a mostly positive outcome. It was however striking that the large majority (88%) of the survey participants refrained from moving abroad due to the difficulties presented by the current system.

The results of the survey make it clear that hospital pharmacists are interested in pursuing their free movement rights. A Common Training Framework for the hospital pharmacy specialisation would in the eyes of the survey participants loosen perceived barriers to labour mobility in Europe and make the comparability of competencies, knowledge and skills possible across the continent. In addition, it would set an educational benchmark for all European countries to strive for.

Foreword by Mrs Joan Peppard. President of the European Association of Hospital Pharmacists

Freedom of movement is one of the fundamental cornerstones of the European Union that has been driving European integration forward since the early 1950s. Strengthened further by the Single European Act in 1986 and the Treaty of Maastricht in 1992 the four freedoms, allowing for the movement of goods, capital, services and persons have become an integral part of the European Union.

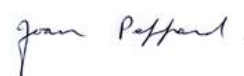
Labour mobility evolved from the establishment of a right to free movement for workers of the coal and steel industry available to members of the European Coal and Steel Community to a universal principle enshrined in Article 45 of the Treaty of the Functioning of the European Union applicable to all EU citizens.

Allowing workers to move freely within the Union promotes not only knowledge transfer but also fosters the development of human capital. The Europe 2020 strategy – the EU’s agenda for smart, sustainable and inclusive growth consequently advocated for the increase and promotion of intra-EU labour mobility.

Efforts by the European Commission to remove mobility barriers were intensified since the financial and economic crisis, with a leading action being the revision of the Professional Qualifications Directive. However, not all health professionals are able to fully profit from the rules and measures adopted by the European Union to foster labour mobility. In the area of professional recognition, there are still inequalities between professions/specialisations, limiting EU citizens’ right to free movement. Hospital pharmacists are directly affected by this inequality.

The European Association of Hospital Pharmacists (EAHP) has intensified its efforts to establish a hospital pharmacy specialisation since 2014, EAHP has been working towards a European-wide agreement on the competencies needed for the enhanced practice of hospital pharmacy. Research was undertaken regarding the need for the creation of a ‘Common Training Framework’ for the hospital pharmacy specialisation to allow and facilitate labour mobility of hospital pharmacists.

Mobility data on hospital pharmacists was scarce. With the public release of data connected to this pan-European survey on labour mobility in the hospital sector, EAHP seeks to respond to this information gap.



Joan Peppard
President of the European Association of Hospital Pharmacists

The Professional Qualifications Directive¹ is the enabling legislation fostering labour mobility in the European Union for healthcare professionals. It ensures that pharmacy alongside medicine, dentistry, nursing, midwifery, veterinary and architecture benefits from automatic recognition in the EU. Supported by the European Professional Card, pharmacists' MPharm qualifications are recognised in another EU country.

Other professions, including specialisations of the 7 automatically recognised ones, gained recognition prior to the 2013 amendment of the Professional Qualifications Directive through an ad hoc process. These ad hoc procedures required individuals wishing to conduct their profession in another country to undertake additional exams, and/or periods of assessed or supervised practice. The amendment of the Professional Qualifications Directive replaced this practice with recognition on the basis of common training principles, promoting a more automatic character of recognition of professional qualifications for those professions which do not currently benefit from it. This change provided EAHP with the possibility to put the idea of a European hospital pharmacy specialisation, existing since the 1980's, in to practice.

A Common Training Framework – in accordance with Article 49a of the Professional Qualifications Directive – outlines a common set of minimum knowledge, skills and competences necessary for the pursuit of a specific profession. The adoption process for a Common Training Framework may be triggered by professional organisations on European level, provided that the profession concerned is regulated in at least 1/3 of the Member States whose combined education and training programmes are reflected in terms of the knowledge, skills and competences in the framework. The preparation of the framework should follow a transparent process which aims at enabling more professionals to move across Member States and takes the levels of the European Qualification Framework² as a basis. The final Common Training Framework is adopted by means of a Delegated Act by the European Commission.

EAHP regards the Common Training Framework as a useful approach for the future recognition of the hospital pharmacy specialisation across borders, especially in view of the differing durations applying to national specialisation programmes. In sum, the construction of a Common Training Framework would advance labour mobility for hospital pharmacists and also set a European benchmark of what the hospital pharmacist specialisation consists.

In 2014 EAHP was instructed by its members to work towards reaching a European-wide agreement on the competencies needed for the enhanced practice of hospital pharmacy. The creation of a Common Training Framework for hospital pharmacy was proposed as a solution to achieve this goal. One of the first steps was to design a survey aimed at gathering opinions

¹ Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications. consolidated version.

<http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A02005L0036-20140117>

² Recommendation of the European Parliament and of the Council of 23 April 2008 on the establishment of the European Qualifications Framework for lifelong learning. OJ C 111, 6.5.2008, p. 1–7. <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32008H0506%2801%29>

not only about the initiative, but also on hospital pharmacists' attitudes and experiences with labour mobility.

The survey results are presented in several sections:

- Background of survey respondents
- Common Training Framework
- Case studies
- Employment of foreign hospital pharmacists

The labour mobility survey was available online and distributed amongst EAHP's 34 member countries.³ A total of **1039** responses were received from 32 European countries and one non-European country (Algeria). The response of Algeria was not included in the analysis provided in the following pages. Responses from all European countries, including those of the 4 non-EAHP member countries (Andorra, Azerbaijan, Cyprus and Moldova) were considered. The survey opened on 16th September 2015 and closed on 7th April 2016.

Country	Responses	% of total	Country	Responses	% of total
Andorra	1	0.1%	Ireland	35	3.4%
Austria	7	0.7%	Italy	5	0.5%
Azerbaijan	1	0.1%	Malta	19	1.8%
Belgium	27	2.6%	Moldova	1	0.1%
Bosnia and Herzegovina	1	0.1%	Netherlands	5	0.5%
Bulgaria	25	2.4%	Norway	32	3.1%
Croatia	8	0.8%	Portugal	3	0.3%
Cyprus	2	0.2%	Romania	9	0.9%
Czech Republic	121	11.6%	Serbia	17	1.6%
Denmark	25	2.4%	Slovakia	16	1.5%
Estonia	12	1.2%	Slovenia	25	2.4%
Finland	18	1.7%	Spain	212	20.4%
France	29	2.8%	Sweden	14	1.3%
Germany	230	22.1%	Switzerland	28	2.7%
Greece	5	0.5%	United Kingdom	7	0.7%
Hungary	93	9.0%	Non-European	1	0.1%
Iceland	5	0.5%			

Table 1 – Table showing the number of responses and percentage (%). All countries included if at least 1 response was received. Number indicates responses received online.

³ EAHP's 35th member country, Montenegro, only joined in 2016 after the survey activities had already been concluded.

The majority of responses were received from Germany (22.1%), Spain (20.4%), the Czech Republic (11.6%) and Hungary (9.0%). Due to this uneven representation of Member States, the survey results presented in this document are not statistically significant. However, they provide an indication on the attitude of hospital pharmacists towards labour mobility within the European Union.

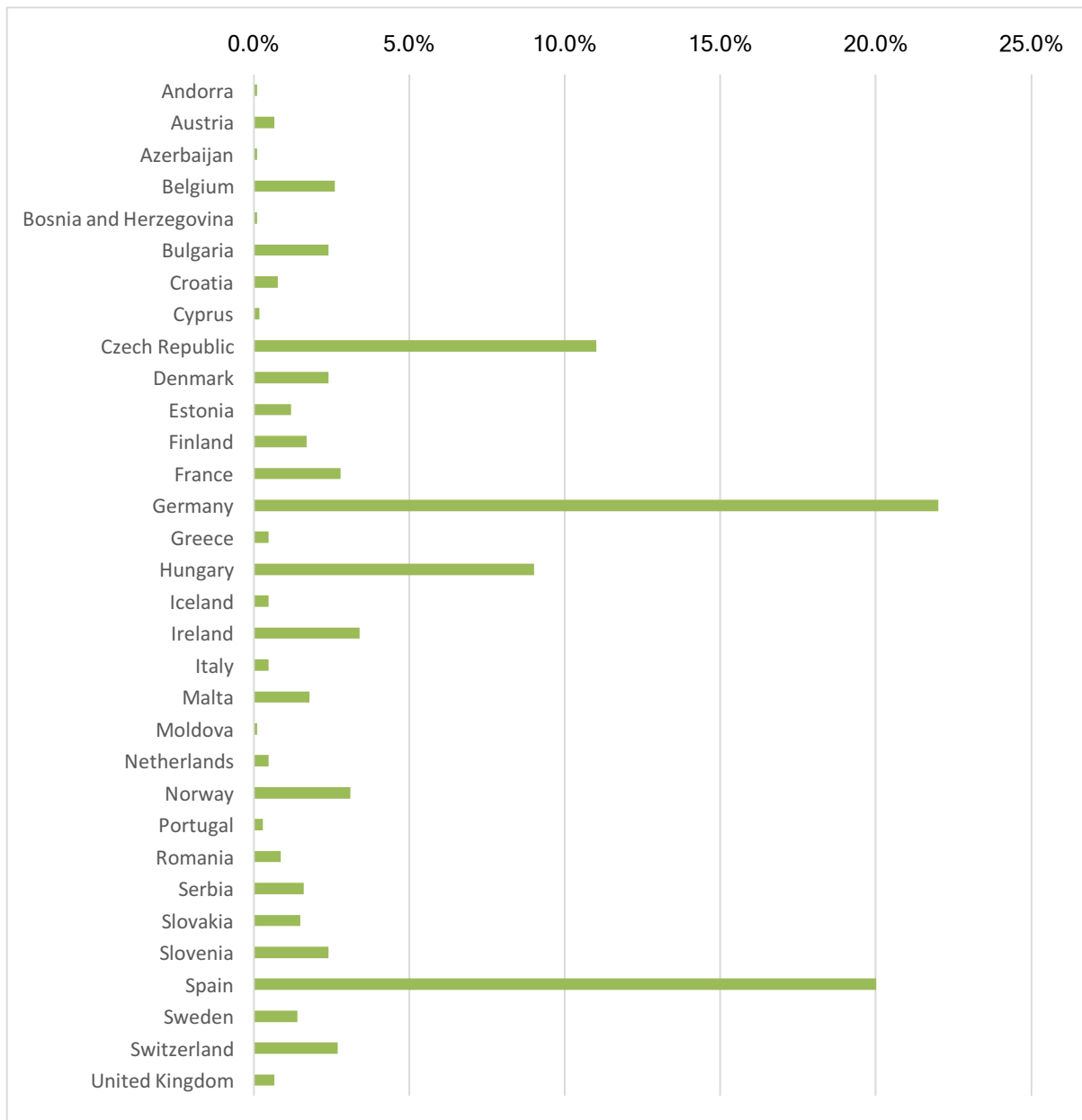


Chart 1 – Number (%) of responses by Member States of the Council of Europe. The highest numbers of responses were from Germany, Spain, Czech Republic and Hungary respectively. [n=656]

Background of the survey respondents

1) Distribution of professions answering the survey

Possible answers were: Head of hospital pharmacy; Hospital pharmacist; Other.

Respondents could select more than one answer. Additional comments could be provided.

The 1038 respondents were asked to indicate their profession. Multiple answers were possible resulting in 781 participants being hospital pharmacists, 244 being heads of hospital pharmacies and 62 opting for the category 'Other' due to their involvement in academia as well as in community and clinical pharmacy.

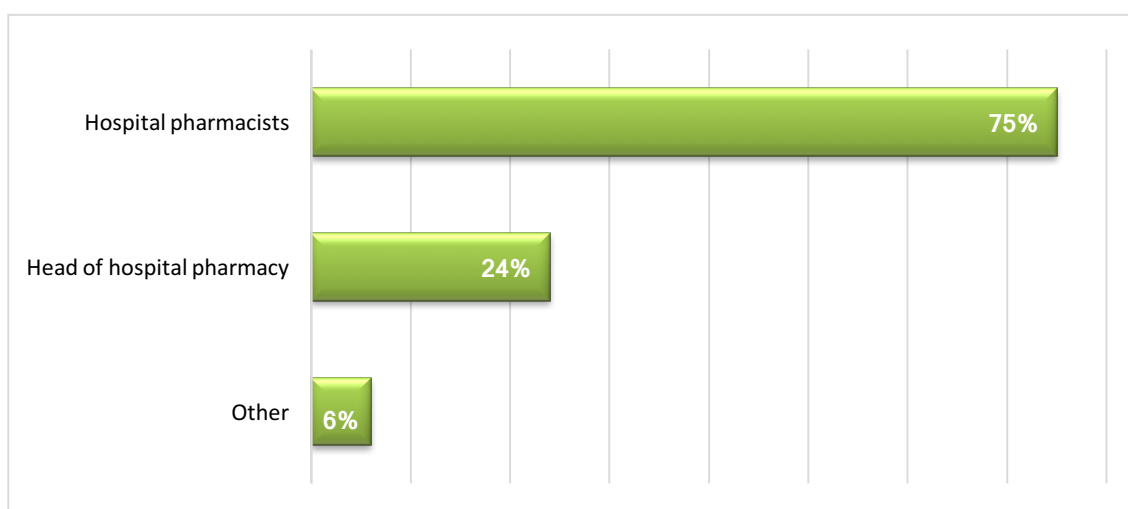


Chart 2 – Proportion of professions (%) answering the survey. [n=1038]

Residents (n=11), clinical pharmacists (n=9), members of academia (n=4) and community pharmacists (n=3) were for example amongst those respondents that have chosen 'Other'. To present valuable results, the answers from respondents that selected 'Other' were excluded from the rest of these survey results.

2) Distribution of experience in the hospital pharmacy setting

Possible answers were: 1-2 year; 2-4 years; 4-8 years; 8-15 years; 15-30 years; over 30 years.

Most of the 995 hospital pharmacists and heads of hospital pharmacy (28%) had between 15-30 years of experience. 24% (n=236) stated that they had between 8 and 15 years of work experience, while 5 % (n=51) had more than 30 years of experience. 20% (n=202) practiced between 4 and 8 years. Responses provided to this survey are based on solid information about the field. As 77% (n=764) of the participating hospital pharmacists had at least 4 years of work experience.

The remaining participants had between 1 to 4 years of experience, with 14 % (n=142) stating that they have been practicing between 2 and 4 years, and 9 % (n=90) for less than 2 years.

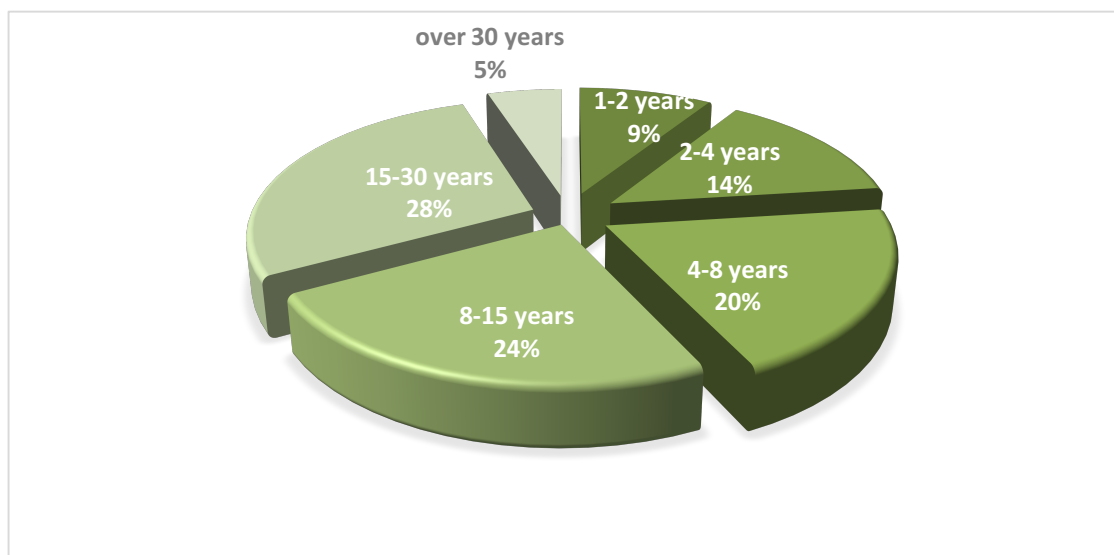


Chart 3 – Proportion of hospital pharmacy experience among the respondents. [n=995]

The overall proportion of hospital pharmacy work experience is distributed unevenly amongst the countries involved in the survey activity. All Portuguese and Cypriot participants had over 15 years of professional experience, while the majority of respondents from Romania (44%, n=4) and Slovakia (38%, n=6) had between 1 and 4 years of experience. Similarly, the responses of the United Kingdom (67% (n=4) with less than 4 years of work experience) came largely from younger professionals. On the other hand the ones from the Netherlands (60% (n=3) having either between 15 and 30 years or over 30 years of experience) were provided by more experienced hospital pharmacists.

Common Training Framework

The section inquiring about the concept of creating a 'Common Training Framework' considers the answers provided by the 904 respondents working as hospital pharmacists or heads of a hospital pharmacy.

3) Do you support the concept of creating a 'Common Training Framework' for the hospital pharmacy specialisation?

Possible answers were: Yes; No; Unsure.

The concept of creating a 'Common Training Framework' for the hospital pharmacy specialisation was supported by 764 (85%) out of 904 respondents. 37 respondents (4 %) did not support this idea, while 103 (11%) were unsure whether they support the creation of Common Training Framework or not.

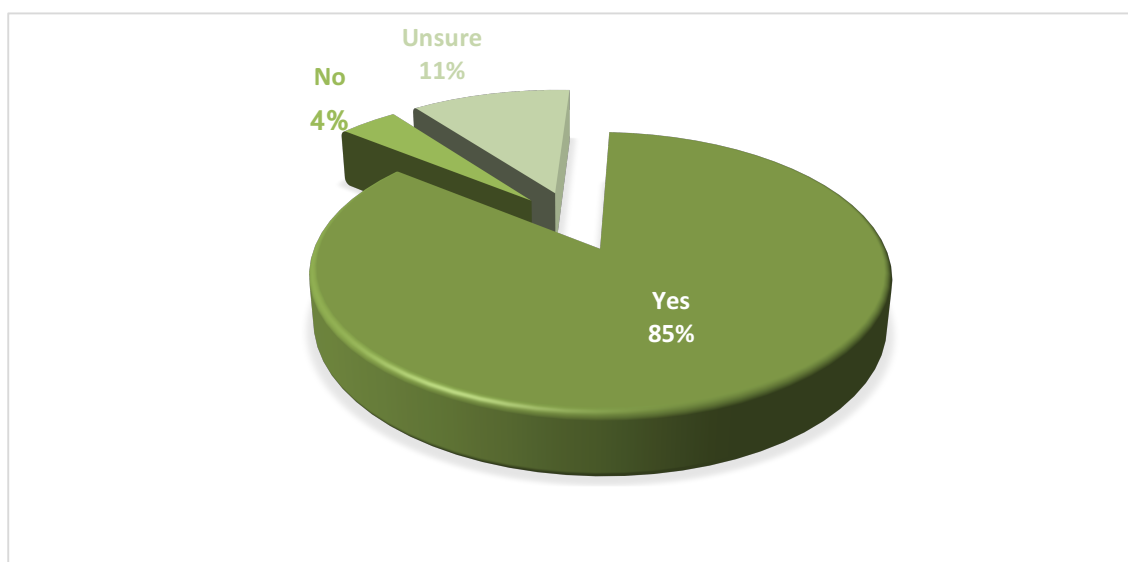


Chart 4 – Support for the creation of the Common Training Framework. [n=904]

100 % of the participants from Romania (n=9), Austria (n=7), Greece (n=5), United Kingdom (n=5), Iceland (n=5), Italy (n=4), Cyprus (n=2), Andorra (n=1) and Bosnia and Herzegovina (n=1) favoured the idea of creating a 'Common Training Framework' for the hospital pharmacy specialisation.

Strong support (above the average 85%) was observed among respondents from Spain (86%, n=160), Hungary (95%, n=74), Ireland (91%, n=31), France (96%, n=24), Belgium (92%, n=24), Switzerland (92%, n=22), Slovenia (86%, n=19), Bulgaria (95%, n=18), Malta (94%, n=15), Finland (88%, n=15), Serbia (85%, n=11), Estonia (91%, n=10).

Participants from Denmark (74%, n=17), Sweden (73%, n=8) and Portugal (67%, n=2) showed modest support for the idea of creating a Common Training Framework.

The biggest uncertainties were observed among respondents from the following countries: Germany (21%, n=45), Czech Republic (14%, n=12), Norway (21%, n=6), Denmark (13%, n=3), Sweden (18%, n= 2), Finland (12%, n= 2), the Netherlands (20%, n=1), Portugal (33%, n=1) and Croatia (13%, n=1). The different needs of the Member States and the necessity of adapting the hospital pharmacy practice to local requirements were mentioned as reasons by participants from these countries for selecting 'No'.

"Too big difference in education and health system." – Hospital pharmacist, Denmark

"Practice requirements are too disparate. The health systems have differing requirements. Local training should reflect the need of each member state." – Head of hospital pharmacy, Ireland

Participants that were 'Unsure' specified that they had concerns over the implementation of the system. At the same time this group of respondents also favoured the encouragement of the mutual recognition of the specialisation between Member States.

"Seems to be a difficult task due to different systems and working environments." – Head of hospital pharmacy, Germany

"If I move to another country. I want to make new experiences. I do not expect or wish to do the same work as at home. However, if recognition of qualifications from abroad becomes a legal requirement for senior positions, this leaves no choice and there will be no way around a common training framework, although this sadly reduces the chance for really new exciting experiences and views." – Hospital pharmacist, Switzerland

"Specialization does not take place during our studies in Germany in contrast for example in France. I prefer studies without specialization as a broader basis to go into any chosen field, but I would greatly encourage mutual recognition between countries." – Hospital pharmacist, Germany

Those in agreement with the idea highlighted the advantages of a Common Training Framework. Increase in mobility opportunities, facilitation of the exchange of expertise, standardisation and enhancement of the quality of the education were mentioned as factors that would develop the hospital pharmacy profession further in the future. These reasons were cited by 85 % of the participants who would welcome the development of a Common Training Framework for the hospital pharmacy specialisation.

*“This would ensure standardisation of training, and thus recognition of the quality of such training amongst countries, allowing sharing of expertise as well as job mobility.” – **Hospital pharmacist, Malta***

*“If you are going to work with patients, it’s very important that you can speak the language in the country you visit.” – **Head of hospital pharmacy, Sweden***

*“I trained in Spain for 4 years and completed my 4-year specialty which was then not recognised when I moved to UK and I had to start all over again. It would be great if there was a way of getting our specialization recognised across the different European countries so we could make the specialty more dynamic and exchange of experiences possible”. – **Hospital pharmacist, United Kingdom***

The assumption that a Common Training Framework would facilitate the mobility of the hospital pharmacy profession was emphasised by the large number of respondents who responded positively to question 3. Being able to exchange experiences and good practices would in their opinion lead to a tremendous improvement of the overall patient care in Europe. In the interest of patients, the development of the profession by means of a Common Training Framework is encouraged. Even after the introduction of a Common Training Framework, hospital pharmacists willing to work abroad would still need to fulfil the language requirements of the host country.

4) If a Common Training Framework for hospital pharmacy specialisation in Europe was created, and the hospital pharmacy qualifications you have gained in your country were included in the framework, how likely do you think you would be to make use of this new opportunity to work in other countries?

Possible answers were: Not at all likely; Slightly likely; Moderately likely; Very likely; Completely likely.

84% (n=845) of the participants indicated a likelihood of making use of the Common Training Framework. Out of these, 30% (n=267) considered the possibility of working in another country slightly likely. 29% (n=262) stated that a relocation for employment purposes would be moderately likely while for 19% (n=173) this was very likely. 6.5% (n=59) respondents were almost certain that they would pursue a career abroad.

Only 16% (n=143) of respondents were unwilling to even consider moving and working in a different country. Respondents that selected the answer possibility ‘*not at all likely*’ pointed out that they would not consider moving right now due to their age or family commitments. At the same time, they underlined that it would have been more likely for them to move in the past if a Common Training Framework existed.

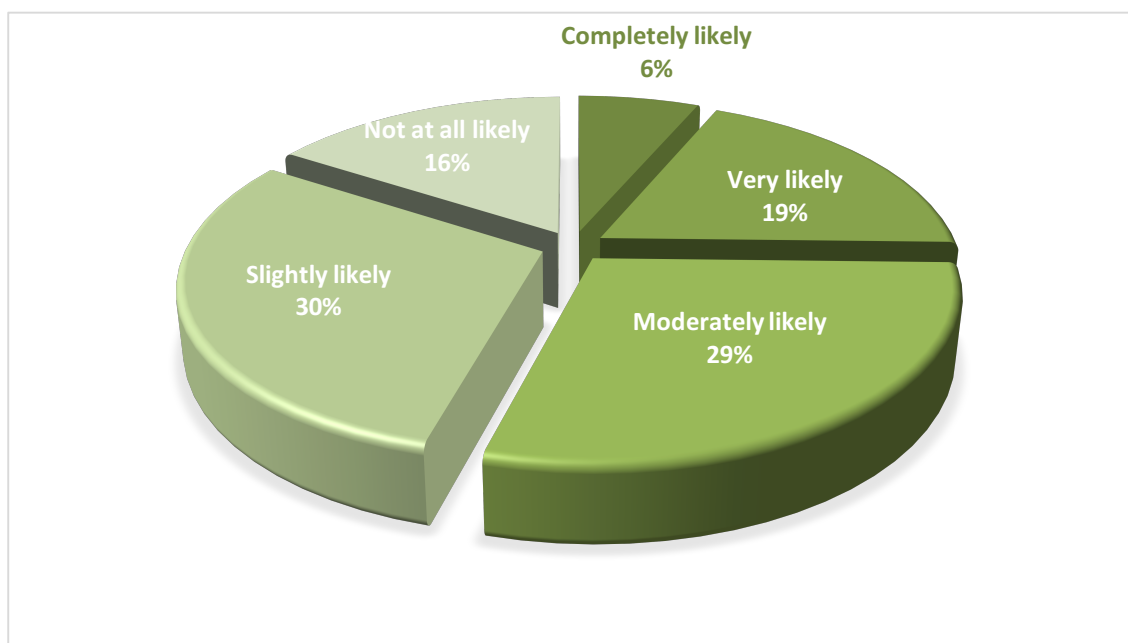


Chart 5 – Probability (%) of the respondents moving abroad if having qualifications recognised. [n=904]

As expected, the likelihood of moving abroad decreased with age. Nonetheless, out of the group of participants with more than 30 years of experience 11% of respondents stated that they would be very likely to move abroad, while for 22% this would be slightly likely. In comparison, the implementation of a Common Training Framework would positively impact the likelihood of 92% of hospital pharmacists with 1 to 8 years of experience to work abroad.

The duration of the stay was an aspect which was not investigated by the survey. Several respondents provided some insight on this topic in the comment field. In their answers they mentioned that they would only consider moving abroad for short periods in order to learn different techniques which they could bring back to their home country.

In terms of countries, the level of variation was quite broad. The countries with the lowest likelihood to engage in mobility opportunities were the Netherlands, where 60% (n=3) of respondents stated that it is not likely at all for them to move and work abroad, followed by Cyprus with 50% (n=1), Ireland with 47% (n=16) and Sweden with 45% (n=5). The countries which had the highest percentage of participants choosing the options completely and very likely were Andorra (100%, n=1), Romania (89%, n=8), Greece (60%, n=4), Serbia (69%, n=9), Portugal (67%, n=2) and the United Kingdom (60%, n=3).

These differences could be explained both through the economical situations in the represented countries, or through age differences, as the Netherlands was one of the countries whose respondents had the highest work experience. Nevertheless, any interpretation on the basis of the responses received is limited due to their lack of statistical relevance and consequently can merely serve as an indicator.

"Less likely due to my age and family life commitments but as a younger pharmacist this would have been very attractive to me." – **Hospital pharmacist, Ireland**

"Country language must be spoken." – **Head of hospital pharmacy, Switzerland**

"Not for me, but for young pharmacists - that is good idea." – **Hospital pharmacist, Czech Republic**

"I would be interested in doing brief stays and learn techniques that I can apply back in my country." – **Hospital pharmacist, Spain**

"Because I am not far from retiring." – **Hospital pharmacist, Germany**

"In case my husband for example would have to go to another European Country for work, I surely would like to work as a HP in that country." – **Hospital pharmacist, Belgium**

"I would have taken up this opportunity readily when I was younger but with a young family and children at school I now have no wish to relocate." – **Hospital pharmacist, Ireland**

Case studies

Questions in this section took into consideration the individual experiences of hospital pharmacists seeking to have their certificate recognised abroad. Individuals who answered 'Yes' to question number 5 were requested to respond to follow-up questions. 904 hospital pharmacists/ heads of hospital pharmacies contributed to this section of the survey.

5) Do you have previous experience of trying to have your hospital pharmacy qualifications recognised in another country?

Possible answers were: Yes; No.

111 (12%) of the respondents had previous experience of trying to find recognition for their qualifications, whereas 793 (88%) did not have such experience.

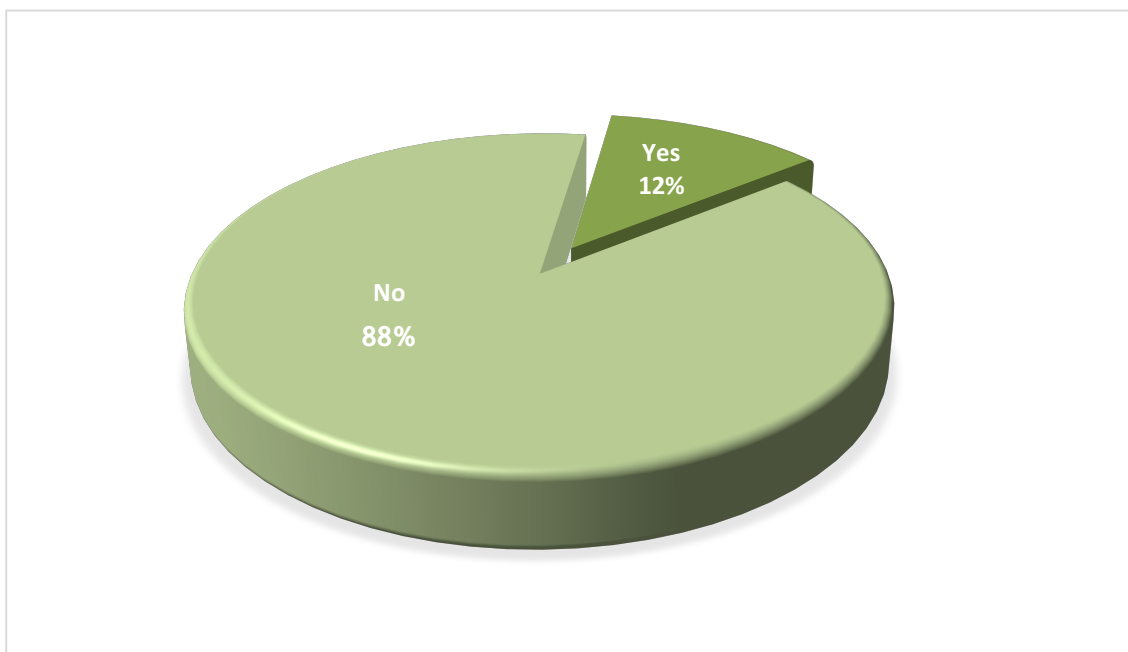


Chart 6 – Distribution (%) of the respondents having experience of seeking their qualifications recognised abroad. [n=904]

Only a small number of respondents had previous experience with trying to get his/her qualification recognised abroad. Individuals that had not tried to seek recognition abroad stated mainly that they had not undertaken such an endeavour, because it seemed impossible or too complicated.

"I have heard of many complications." – **Hospital pharmacist, Germany**

"I have not tried it due to information was given me it is impossible. Only degree is recognised."
– **Hospital pharmacist, Hungary**

Experiences of respondents who answered positively to question 5 were mixed. While some had experienced positive outcomes, the majority had faced significant obstacles when recognition was sought.

“Completely difficult. I wanted to do for working in Italy.” – Hospital pharmacist, Germany

“I’m now working in Switzerland but got my hospital pharmacy qualification in France.” – Hospital pharmacist, Switzerland

“This was not possible and I now have qualifications in both countries after studying for the Spanish specialty for a total of 5 years (which includes preparation of the state exam for a year + 4-year training in a hospital as resident. Then I started work at a UK hospital as a junior again. as my specialty was not recognised. and completed the 3-year Diploma in General Pharmaceutical Practice at University College of London which gives you options of working as a Senior Pharmacist in a Hospital Department in UK.” – Hospital pharmacist, United Kingdom

“Germany. Austria-they do not recognize Slovenian Aprobierung Certificates.” – Hospital pharmacist, Slovenia

“In France, not good experiences.” – Hospital pharmacist, Czech Republic

Respondents with personal experience in trying to get their qualification recognised originated mainly from Germany (n=23), Spain (n=17) and Ireland (n=14).

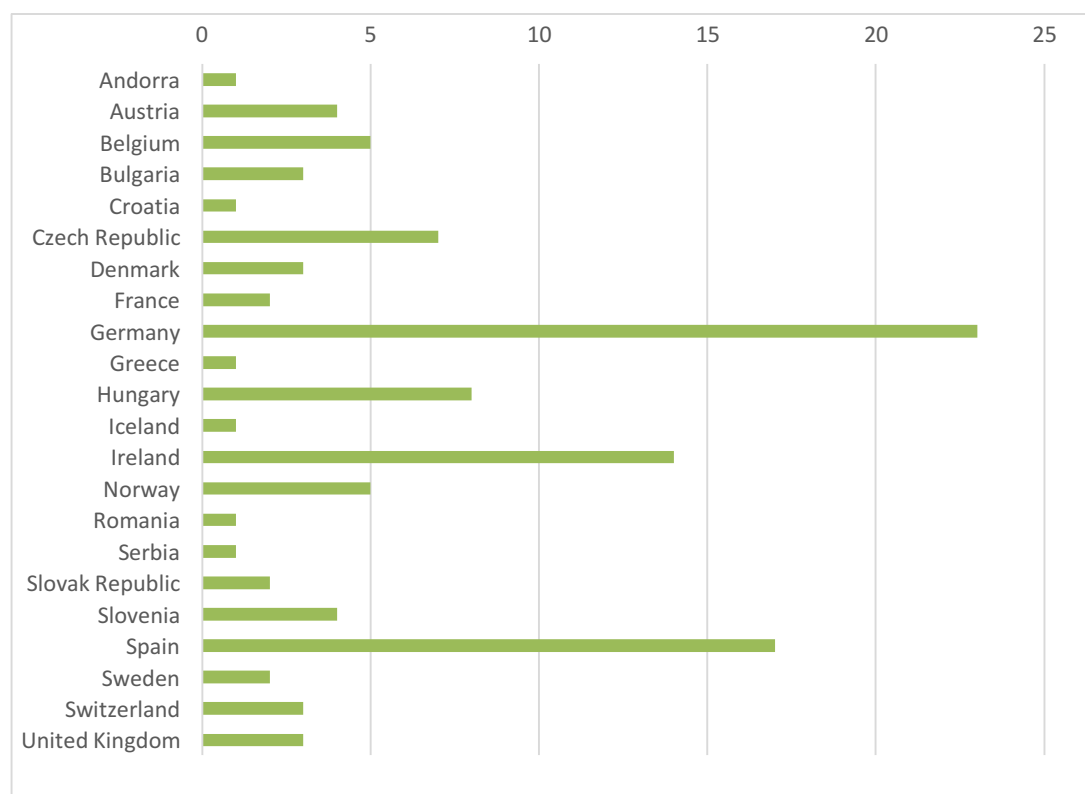


Chart 7 – Distribution of respondents who had sought recognition abroad by country. [n=111]

6) What was the main motivation for seeking qualification recognition in another country?

Possible answers were: Travel reasons; To get experience of working in another country; Family reasons; Career development; Salary improvement; Other (please specify).

Respondents could select more than one answer.

Respondents who replied positively to question 5 (n=111) were asked to provide answers to a further set of so that their situation could be better understood. In the comment fields for these questions they describe significant obstacles that were faced when recognition was sought. 94 hospital pharmacists/ heads of hospital pharmacy chose to provide an answer to question 6.

The main reasons for seeking recognition in another country were gaining experience of working abroad (55%, n=52), career development (41%, n=39) and family reasons (34%, n=32). Salary improvements were stated by 19% (n=18) of the participants as a main motivation, while 17% (n=16) would consider moving abroad for travel reasons.

Unemployment and the inability to find a similar position in their home country were indicated as examples by the 7.5% (n=7) that selected 'Other' as reasons for seeking qualification recognition abroad.

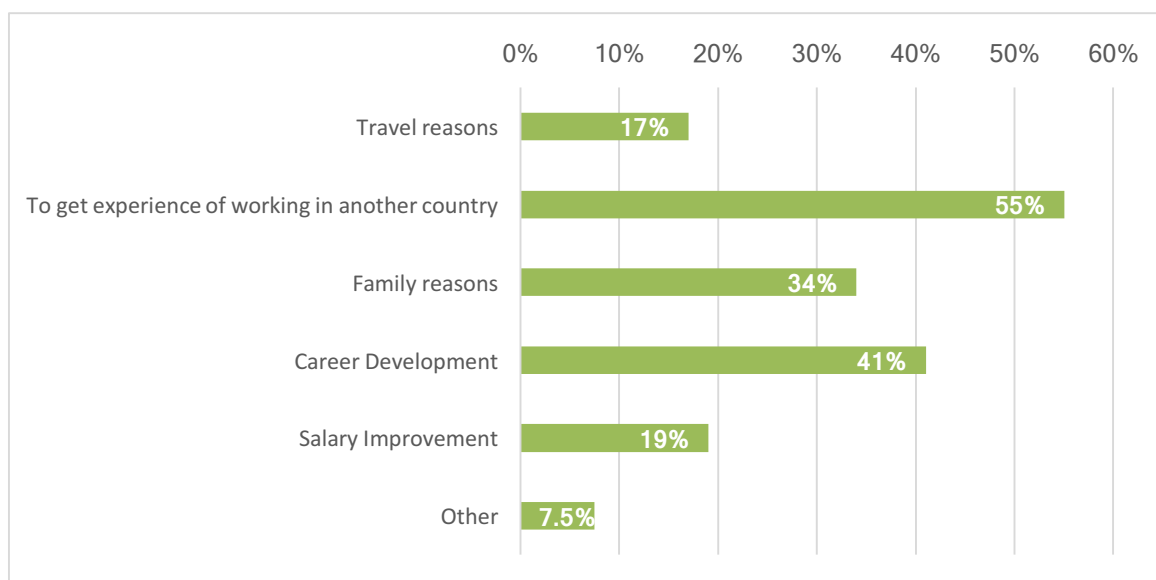


Chart 8 – Distribution (%) of the motivation for seeking qualifications recognised abroad. [n=94]

7) Was your experience of trying to have your hospital pharmacy qualification recognised in another country positive or negative?

Possible answers were: Positive; Negative; Neutral.

92 participants had tried to seek professional recognition and responded to question 7. Out of these, 46 (50%) had positive experiences, while 19 (21%) reported negative ones. The remaining 27 (29%) stated that their experience was neutral.

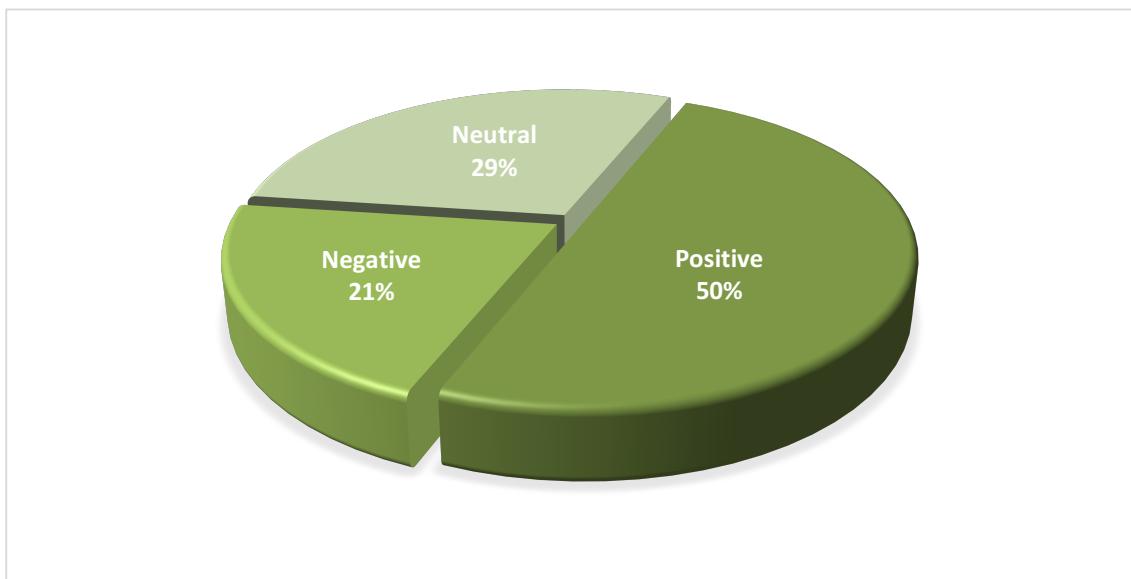


Chart 9 – Distribution (%) of the positive experience of seeking qualifications recognised abroad. [n=92]

Personal experiences varied depending on the country of origin of participants. Respondents coming from Norway (n=5), Austria (n=3), Croatia (n=3), Sweden (n=2), Denmark (n=1), France (n=1) and Romania (n=1) had 100% positive experiences. Participants coming from Hungary (n=7), Greece (n=1), Andorra (n=1), Serbia (n=1), Iceland (n=1) or Bulgaria (n=1) responded neutrally or negatively to question 7.

Individuals originating from other European countries (Belgium, Czech Republic, France, Germany, Ireland, Slovenia, Spain, Switzerland and the United Kingdom) had both positive and negative experiences, depending on the country in which they were seeking recognition.

8) Individual Feedback

To gather more in-depth knowledge about individual circumstances, respondents who confirmed experience in seeking qualification recognition in another country were asked to provide more details by answering the following set of questions:

- **Please provide as much information about your experiences as you are willing to provide.** (44 answers received)
- **If you feel comfortable doing so, please mention the country you gained your qualifications in and the country/ies you sought recognition in.** (54 answers received)
- **If your attempts were unsuccessful please describe what were the barriers to recognition.** (24 answers received)
- **Please also describe your feelings about professional qualification recognition before and after your attempts at gaining recognition for your qualifications in another country.** (25 answers received)

As the variability of the responses was quite high, no statistical analysis could be made. Nonetheless, a few exemplary stories were selected to showcase the struggles/successes of the hospital pharmacists that chose to provide individual feedback.

Successful attempts of professional recognition were observed in cases in which hospital pharmacists moved to neighbouring countries. For instance, a Swiss hospital pharmacist (1-2 years of experience) currently working in his/her home country had his/her French qualification recognised. Both countries have agreed to a mutual recognition system. Nonetheless, the process was quite costly since the authorities required a payment of 1700 EUR for the recognition of professional qualifications via this system.

When it came to transferring qualifications between Ireland and United Kingdom, an Irish hospital pharmacist (8-15 years of work experience) reported no significant problems. After having initially qualified in the United Kingdom the Irish national found the processes of relocating to his/her home country very straightforward and easy, making it possible for him/her to successfully take up employment within a reasonable period of time.

Another Irish survey participant (8-15 years of experience) also succeeded in having his/her British qualification recognised. The process was however overly bureaucratic. Despite having to obtain a “letter of good standing” – which was both time consuming and costly – the Irish national decided to move twice, first from England to Northern Ireland and then from Northern Ireland to the Republic of Ireland.

A Czech hospital pharmacist reported that the process of having one’s qualification recognised abroad takes time and patience. He/she (4-8 years of work experience) qualified in his/her home country, before it acceded to the EU, and sought recognition in the United Kingdom. He/she succeeded, however pointing out that recognition was only granted by the British

authorities after going through a pre-registration adaptation period. Having to wait until the entry to the Pharmacist Registry was completed prolonged the recognition process by an additional 5 months.

High educational standards were mentioned as a potential barrier to labour mobility by a Spanish hospital pharmacist (8-15 years of experience). He/she succeeded to have his/her Spanish qualification recognised by Germany. However, he/she mentioned that the process would probably not have been successful the other way around due to the perceived higher standard required in Spain.

*“Recognition in Andorra was very easy, as they don’t have specific qualifications and are in need of hospital pharmacists.” – **Spanish hospital pharmacists working in Andorra***

*“It was no problem to get recognition.” – **Hungarian hospital pharmacist working in Norway***

*“My degree was recognised in Denmark without any problems when I moved there 15 years ago.” – **British hospital pharmacists working in Denmark***

Another Spanish national who had studied and worked in Ireland as a hospital pharmacist (8-15 years of experience) and wanted to move back to Spain for family reasons had a different experience. His/her home country refused recognition of his/her Irish qualification since Ireland, unlike Spain, did not regulate the hospital pharmacy specialisation.

A third hospital pharmacist from Spain (8-15 years of experience) felt disappointed by his/her home country, as it was very difficult to obtain the Spanish hospital pharmacy specialisation. He/she chose to interrupt his/her residency specialisation in Spain to gain experience abroad. After practicing for 3 years as a clinical pharmacist in the United Kingdom, he/she returned to Spain to finish his/her specialisation. However, the title of ‘hospital pharmacist’ was only awarded to him/her upon completion of an additional 2-year period working in a hospital in Spain. The Spanish authorities justified this decision by highlighting that the job title ‘clinical pharmacist’ is different from ‘hospital pharmacist’, wherefore professional experience gained in the United Kingdom could not be taken into account for the Spanish hospital pharmacy specialisation.

Bureaucratic hurdles were the most common barrier mentioned by hospital pharmacists that have unsuccessfully attempted to relocate abroad. A hospital pharmacist from Belgium (2-4 years of experience) mentioned that he/she tried seeking employment in the UK, France, Netherlands and Canada, and was faced with administrative burdens and a reluctance by employers to offer his/her solicitation a chance.

The lack of recognition of his/her qualification by the French authorities forced a Czech hospital pharmacist (4-8 years of experience) to work as a technical/laboratory assistant. He/she is however not sure if recognition was refused for legal reasons or due to a lack of trust in his/her Czech qualification.

A Slovenian national (hospital pharmacist, 4-8 years of experience) described his/her experience as completely negative. He/she attempted to get his/her Slovenian qualification recognised in Austria and Germany. Both the Bavarian and the Austrian Chamber of Pharmacists informed him/her of the need to obtain the national approbation. Feeling discouraged by this answer he/she did not continue to attempt to have his/her qualification recognised in Switzerland.

*“Lots of work. No centralised system.” – **Belgium hospital pharmacist seeking recognition in the United Kingdom***

*“I didn’t pursue it very far as I realised that working abroad would be a retrograde step.” – **Irish hospital pharmacist seeking recognition in Belgium***

*“I did not get the approval from Royal pharmaceutical society.” – **Bulgarian hospital pharmacist seeking recognition in the United Kingdom***

Those that were still awaiting a response, like the German hospital pharmacist (8-15 years of experience) who had worked in the United Kingdom and was now in the process of obtaining recognition of his/her qualification in Switzerland, hoped for a positive outcome.

9) Please provide any further comments or perspectives you would like to share on the topic of hospital pharmacy labour mobility

At the end of this section hospital pharmacists/ heads of hospital pharmacies were asked to share additional perspectives on labour mobility. 132 individuals responded by providing comments. Some of the issues which were brought up related to the difficulty in the transfer of the qualification for hospital pharmacy in comparison with other fields of pharmacy practice. Others conveyed the view that a Common Training Framework would contribute to ensuring a high quality of education throughout different countries and foster the development process of the profession. Especially for small countries with a low number of professionals such an instrument could facilitate the spread of best practices throughout Europe.

"I agree with labour mobility across Europe. In our hospital, we do have foreign pharmacists working with us. Having a recognized and EU harmonized education platform would ensure that labour mobility does not compromise patient care." – **Hospital pharmacist, Malta**

"It's a good idea to have such an education. Norway is a small country and I believe that international education will help more rapid development of important pharmacist healthcare services." – **Hospital pharmacist, Norway**

"Labour mobility is at the moment much more difficult in hospital pharmacy than in other pharmacy fields." – **Hospital pharmacist, Finland**

"It is important and relevant that pharmacists can travel and work freely as many other professions." – **Head of the hospital pharmacy, Denmark**

"It would be a great opportunity to move easily between countries and learn from each other as well as improve investigation and/or techniques." – **Hospital pharmacist, Spain**

"For young colleagues and the future of the European Spirit the Common Training Framework is essential." – **Head of the hospital pharmacy, Germany**

"I think that hospital pharmacy labour mobility could increase the level of quality of hospital pharmacy labour because knowledge could spread easier all over Europe." – **Hospital pharmacist, Germany**

"I would like to encourage every pharmacist to live and work abroad for a while. It has been an absolutely worthwhile experience, personally as well as professionally. If I had stayed in my home country I would have had much less broad experience and gained fewer skills." – **Hospital pharmacist, Switzerland**

"Standardisation of training would ensure not only the opportunity for job mobility amongst countries but would also ensure the best possible training throughout all countries." – **Hospital pharmacist, Malta**

Employment of foreign hospital pharmacists

The last set of survey questions addressed the employment of hospital pharmacists by inquiring about experiences and motivations of respondents to hire foreign hospital pharmacists.

10) Are you, or have you previously been in, a position of responsibility for the employment of pharmacists in a hospital?

Possible answers were: Yes; No.

The question was answered by 864 respondents, while 131 chose not to respond to this question. 316 (37%) respondents stated that they were responsible for the employment of pharmacists in a hospital, whereas 548 (63%) said they were not. Those with recruitment responsibilities were asked to consider question 11.

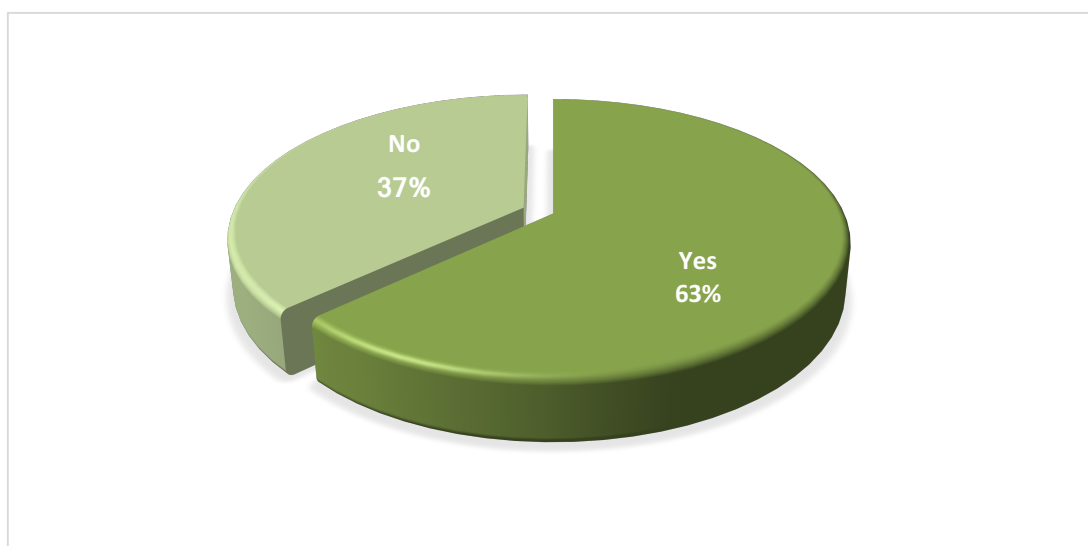


Chart 10: Distribution (%) of the respondents if it comes to being responsible for employing pharmacists in a hospital. N=864

11) Have you ever employed (or tried to employ) a pharmacist with hospital pharmacy qualifications gained in another country?

Possible answers were: Yes; No.

Replies were received from 309 respondents. Out of these, 62 (20%) had employed (or tried to employ) foreign pharmacists in their hospital, while 247 (80%) were never faced with the decision to hire a foreigner.

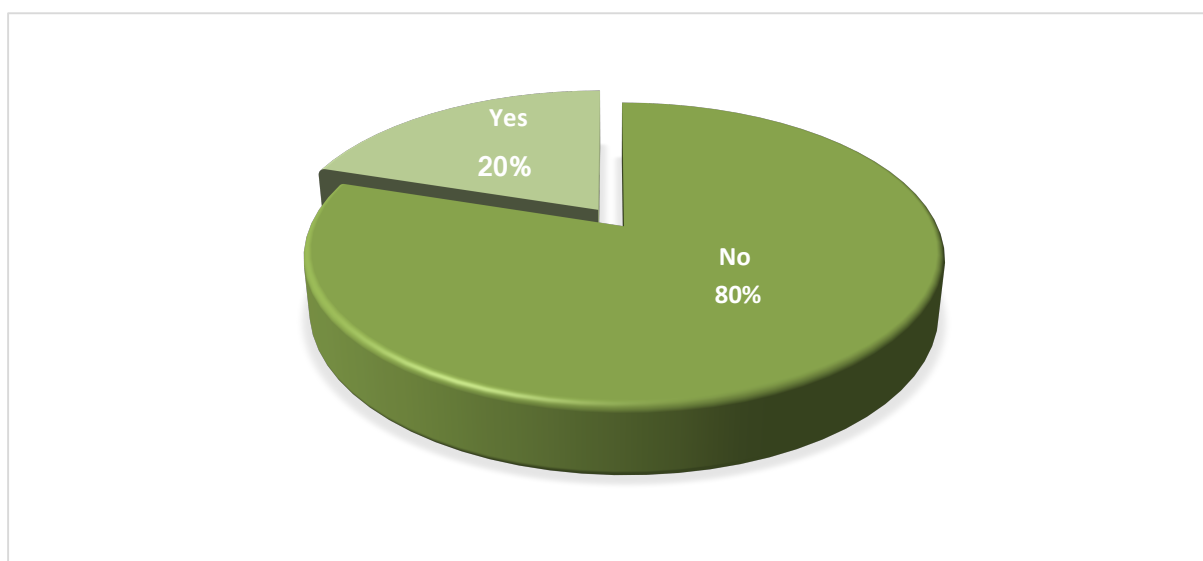


Chart 11 – Distribution (%) of the respondents if it comes to trying to employ a foreign hospital pharmacist. [n=864]

The 20% of those that had to take decisions on the employment of a foreign national provided positive comments. They had decided to hire a foreign national due to a shortage of skilled workers or unavailability of the specialisation in their country. For others, their decision was motivated by the wish to add new perspectives to the team.

“We wanted to try pharmacists from other European countries. We have good and positive experience.” – Hospital pharmacist, Norway

“From UK, Portugal and Italy. All very positive experiences. We take qualified pharmacists and then train them to work in accordance with the practices in this hospital.” – Head of the hospital pharmacy, Ireland

“Possibility to find clinical pharmacy skills in a time, where these skills were not common in Denmark.” – Head of the hospital pharmacy, Denmark

“Employed a Portuguese pharmacist (10 years ago), who has remained in Ireland and was promoted to a managerial post in another hospital. The experience was extremely positive.” – Hospital pharmacist, Ireland

“Both positive and negative. Availability of candidates was a key factor. Building a team with different backgrounds and perspectives adds to the whole team.” – Head of the hospital pharmacy, Ireland

“Excellent experience with a pharmacist from France. Full member of the team for many years.” – Hospital pharmacist, Germany

“Until recently there was no university on Cyprus offering a Pharmacist degree therefore all pharmacists were trained abroad.” – Head of the hospital pharmacy, Cyprus

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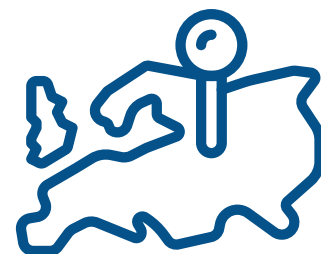
Further information

This report was produced by the EAHP secretariat. EAHP would be delighted to provide further information on the results of the survey on request and/or to have discussions with other interested stakeholders/individuals in relation to partnership activities that promote labour mobility of hospital pharmacists.

EAHP would like to thank its members for the time given to distribute and respond to the 2016 survey on attitudes and perspectives on labour mobility.

What is the self-assessment tool?

Developed by EAHP, the self-assessment tool that will help hospital pharmacists understand the level of Statement implementation within their pharmacies as well as where they are within their own countries and others.



Why is the tool important?

The tool provides the means for hospital pharmacists to address the areas needing improvement with a tailor-made action plan and evidence-based resources. The tool will allow pharmacies to show progress as it can be updated at any time. Thus, this is a key tool to move towards the implementation of the European Statements within European hospitals.

How can I assess my pharmacy?

You can access the self-assessment tool at: <http://sat.eahp.eu> and please remember that official assessments need to be done with the Chief of Pharmacy/Director of Pharmacy!

What is the Statement Implementation Learning Collaborative Centre programme?

The Statement Implementation Learning Collaborative Centre (or SILCC) is the latest initiative developed by EAHP. The SILCC programme will allow hospital pharmacists to visit hospitals from other EAHP member countries while receiving training in procedures related to the European Statements of Hospital Pharmacy.

How can I apply?

Do you want to integrate the network of SILCC Host (hospital providing training) or apply to become a SILCC Fellow (hospital pharmacist receiving the training)? Visit our website to get the latest developments.



The SILCC initiative will be launched during the 23rd EAHP Congress in Gothenburg (21-23 March, 2018)



LABOUR MOBILITY

**HOSPITAL PHARMACIST ATTITUDES
AND PERSPECTIVES ON LABOUR MOBILITY**

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