



20th April 2024

Re: Technical Report – Advanced Specialist Pharmacist (ASP)

Dear HPAI/Fórsa Members,

Please find enclosed a final version of the technical report developed jointly by the HSE and Fórsa to support the implementation of the Advanced Specialist Pharmacist (ASP) role.

Members should make themselves familiar with this document in advance of the Department of Health issuing the relevant circular. We expect that the circular will establish a validation exercise for current staff who wish to apply for Advanced Specialist Pharmacist (ASP). That validation exercise is grounded in the recommendations of the attached report. Upon publication of the relevant circular, we will progress to in-depth information meetings for you and your colleagues.

It must be recognised that the creation of a new staffing structure within Hospital Pharmacies in Ireland has been hard fought for, and hard won by you and your colleagues. Together, acting collectively, you have won an improved structure that will provide a better career ladder for staff but also embed an improved service for the patients you care for. An achievement to be proud of!

Yours in solidarity,

A handwritten signature in black ink that reads "Linda Kelly".

Linda Kelly

National Secretary – HSCP, Pharmacy and Statutory Regulation

Advanced Pharmacist Specialist Grade: Proposal for Phase 1 Implementation

Executive Summary

Hospital Pharmacists work with patients and other healthcare professionals to optimise the use of medicines and to deliver safe, effective and cost-effective care

The Review of Hospital Services (Mcloughlin, 2011) recommended a new grade, above Senior Pharmacist level, for pharmacists with advanced specialist knowledge and skills.

Advanced Specialist Pharmacists work in different areas of practice including clinical roles e.g. cancer care, antimicrobial stewardship etc., and pharmacy service roles e.g. medicines information, aseptic compounding etc.

Advanced Specialist Pharmacists are uniquely positioned to identify, plan, manage, and implement initiatives which optimise medication use, including cost-effectiveness, for complex patients and cohorts of patients, using their specialist knowledge and working closely with the multidisciplinary team.

This report proposes a method for validating when pharmacists in current posts in the HSE, Acute Hospitals, are working at advanced specialist level.

The requirements for demonstrating working at advanced specialist level were mapped to international standards (International Pharmaceutical Federation: Advanced Stage 2) which describe a pharmacist who is an expert in their area of practice. They are able to manage complex situations and are recognised as leaders locally.

The requirements take into account the current education landscape, where opportunities for appropriate post-registration qualifications are limited. They also take into account the impact of challenges to providing healthcare at advanced specialist level during the Covid-19 pandemic. The proposed method, therefore, provides some flexibility. There are minimum requirements to demonstrate the necessary expertise and opportunities to demonstrate particular strengths.

This report outlines requirements for the first phase implementing Advanced Specialist Pharmacists – recognition of pharmacists in posts, currently working at advanced specialist level Information gained from the implementation of phase 1 will help to inform future requirements.

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2023

Final Version

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Introduction

The Review of Hospital Pharmacy published in 2011 (McLoughlin Report) recognised the need for a revised structure for hospital pharmacy. This report is now 12 years old, and the HSE needs that informed this report continue to increase. Hospital Pharmacists work with patients and other healthcare professionals to optimise the use of medicines and to deliver safe, effective and cost-effective care.

Medication Safety is a priority in the HSE Patient Safety Strategy 2019-2024 and is highlighted as one of the common causes of harm to patients in Ireland¹. HIQA have undertaken a programme of Medication Safety inspections in public acute hospitals and one of their key recommendations emphasizes the importance of the *development of comprehensive clinical pharmacy services, and the appropriate resources to ensure consistency across hospitals*². The HIQA recommendations are consistent with priorities identified by the HSE, the State Claims Agency, the Department of Health and others nationally, as well as internationally.

The cost of medicines in acute hospitals is over €534m per year and there is increasing use of novel, complex and expensive medicines. The delivery of hospital pharmacy services and the optimisation of medicines are intrinsically interwoven and, from a value perspective, cannot be separated³. Investment in the pharmacy workforce is central to achieving optimal value and outcomes from the HSE drug spend.

Clause 2.2 of Building Momentum provided for the implementation of the McLoughlin Report⁴. This agreement includes a new career grade, above Senior Pharmacist level, for Advanced Specialist Pharmacists. The specialist roles to be considered for Advanced Specialist Pharmacist were included in a joint report from HSE/IMPACT Steering Group in 2017 (Appendix 2)⁵

Advanced Specialist Pharmacists are uniquely positioned to identify, plan, manage, and implement initiatives which optimise medication use, including cost-effectiveness, for complex patients and cohorts of patients, using their specialist knowledge and working closely with the multidisciplinary team.

Current Status: Implementation of Advanced Specialist Pharmacist Grade

The scope of this report is to outline a mechanism to validate a required level of practice for pharmacists employed by the HSE, in Acute Hospitals, currently working at a level in line with Advanced Specialist Practice in their current post. Two phases of implementation have been identified and this document relates to phase 1. The final framework for phase 2 has not yet been agreed and may differ from the initial approach but information gained from the initial phase will

¹ HSE Patient Safety Strategy 2019-2024. Available from: <https://www.hse.ie/eng/about/who/ngpsd/patient-safety-strategy-2019-2024.pdf>

² HIQA Medication safety monitoring programme in public acute hospitals - An overview of findings 2018. Available from: <https://www.hiqa.ie/sites/default/files/2018-01/Medication-Safety-Overview-Report.pdf>

³ UK Government Operational productivity and performance in English NHS acute hospitals: Unwarranted variations. An independent report for the Department of Health by Lord Carter of Coles 2016. Available from: <https://www.gov.uk/government/publications/productivity-in-nhs-hospitals>

⁴ Department of Public Expenditure, NDP Delivery and Reform. Building Momentum - A New Public Service Agreement, 2021-2022. Available from:

<https://www.gov.ie/pdf/?file=https://assets.gov.ie/101537/d2abf15f-d504-4c8b-92a9-aa47ef1bd9ce.pdf#page=null>

⁵ Composite Report on HSE Pharmacy by Joint HSE/IMPACT Steering Group 2017

help to inform future requirements. Input from some Advanced Specialist Pharmacists in post following phase 1 may be incorporated into the final framework for future use.

Phase 1: Current Posts with post-holders working in a role which is in line with Advanced Specialist Practice

Phase 2: Advanced Practice Framework for future use.

Notes to the above:

Dates for eligible candidates will be defined. There will be a need for a process to manage vacancies arising following phase 1 prior to confirmation of the future requirements and parties are agreed that further discussion is required to confirm management on an interim basis.

Upon completion of this assessment of the current workforce any future growth in Advanced Specialist Pharmacist grade numbers would be in line with Pay and Number policy and/or Department of Health approved service development posts.

Communication with the Department of Health and the Pharmaceutical Society of Ireland (PSI) has confirmed that this will not be a regulatory process with governance from the PSI and there will not be associated specialist annotation on the PSI register (J Kissane, Personal Communication, August 10 2023).

Background: Advanced Specialist Roles for Hospital Pharmacists

The McLoughlin report outlines a new career grade, Advanced Specialist Pharmacist, which will offer pharmacists the opportunity to progress their career by specialising in an area of practice along with meeting patient and HSE service needs. The aims of this development include to:

- Deliver the highest level of clinical pharmacy services through expert practice and professional advice and to ensure the optimisation of patient safety initiatives
- Optimise the potential of pharmacy resources, skills and knowledge through research, evaluation and service development
- Strengthen professional leadership through effective communication with other clinical leaders, motivation of staff and stakeholders and challenging barriers to change
- Offer clear career pathways to promote the retention of highly skilled pharmacists within the service.

In line with literature on advanced practice among healthcare professionals, pharmacists working in these posts will also demonstrate competency in leadership, management, educating others and supporting evaluation and innovation in health service provision⁶.

The McLoughlin Report is consistent with the vision of the HSE People Strategy 2019-2024: An exceptional employee experience that engages the talent and nurtures the leadership capability of all individuals and teams working together to deliver safer better healthcare⁷.

⁶ International Pharmaceutical Federation (FIP) 2015. Advanced Practice and Specialisation in Pharmacy: Global Report 2015. The Hague: International.

Available from: <https://www.fip.org/file/1397>

⁷ HSE People Strategy 2019-2024. Available from <https://www.hse.ie/eng/staff/resources/hrstrategiesreports/health-services-people-strategy-2019-2024.pdf>

There is a cohort of Senior Pharmacists currently working at a level beyond that expected from senior pharmacist level and the new grade of Advanced Specialist Pharmacist offers the opportunity for this additional level of practice to be recognised.

While there will be an initial impact on payroll costs, there is strong evidence of substantial savings which can be achieved by advanced specialised pharmacists, in terms of direct care costs of medicines, improved patient outcomes, avoided cost of patient harm from medication errors, and reduced hospital resource utilisation including in-patient bed requirements⁵.

Staff Retention

Retaining experienced pharmacists working at this level is key to maximising the impact of pharmacy services in medicines optimisation through their specialised work with multidisciplinary teams.

A recent survey of all registered pharmacists by the PSI identified lack of career structure and progression as being one of the top three most significant challenges facing the profession. Of the Hospital Pharmacists surveyed, two thirds (67%) reported that they do not have clear career progression opportunities⁸.

The European Centre for Disease Prevention and Control (ECDC) and the European Commission's Directorate General for Health and Food Safety jointly carried out a country visit to Ireland in 2019. The visit was to assist in the development and implementation of the national strategy for tackling antimicrobial resistance (AMR). The report notes that there was a limit in career advancement possibilities for stewardship pharmacists. This has led to the loss of experienced and motivated staff to other areas where grade advancement is easier⁹.

International Experience

The International Pharmaceutical Federation (FIP) is the global body representing pharmacy, recognised by the World Health Organisation (WHO). FIP promotes a needs based development of the pharmacy workforce and has a toolkit and curricula to support development of advanced roles¹⁰. Their work emphasizes the importance of advanced roles, particularly in the management of complex and advanced treatments.

The development of advanced pharmacist roles has been supported in the UK since 2004. The Royal Pharmaceutical Society (RPS) in the UK have an Advanced Framework which outlines the Core Advanced Competencies¹¹. Credentialing is not mandatory and candidates are appointed to Advanced Clinical Pharmacist roles (Band 8a posts) based on a portfolio of practice and their ability to meet the required job specification.

⁸ The Pharmaceutical Society of Ireland Workforce Intelligence Report 2023. Available from: https://www.thepsi.ie/tns/Publications/Publications/Workforce_Intelligence_Report.aspx

⁹ European Commission Directorate-General for Health and Food Safety dg(sante) 2019 Final Joint Report in Respect of a One Health Country Visit to Ireland. Available from: <https://www.ecdc.europa.eu/sites/default/files/documents/antimicrobial-resistance-one-health-ireland-country-visit.pdf>

¹⁰ FIP Global Advanced Development Framework. Supporting the advancement of the profession version 1. 2020 The Hague. International Pharmaceutical Federation. Available from: <https://www.fip.org/gadf>

¹¹ Royal Pharmaceutical Society UK Core Advanced Pharmacist Curriculum 2013. Available from: <https://www.rpharms.com/resources/frameworks/advanced-pharmacy-framework-apf>

The RPS notes that *“the unique skillset of advanced level pharmacists is to optimise ongoing medication for complex, high risk patient cohorts, employing their undergraduate and postgraduate training. This contrasts with advanced roles for other healthcare professionals, which often involve managing a whole patient episode and may include diagnostics. In most cases, advanced pharmacists are working when the diagnosis is known”*¹².

The European Association of Hospital Pharmacists (EAHP) have recently published a position paper highlighting the urgent need for adequate pharmacy workforce planning. This includes the need to invest in continuing education for pharmacy staff and provide career development pathways, including well developed specialisation systems. A summary of their recommendations is provided in Appendix 3¹².

Advanced pharmacist roles are well established in other countries such as Canada¹³ and Australia¹⁴.

Assessment of Validation Requirements in HSE Acute Hospitals

The HSE has demonstrated the need for pharmacists with this level of expertise as some Senior Pharmacists have upskilled and are currently working at this level in practice. Phase 1 is intended to recognise this contribution to the Health Service and to establish a platform to develop a model for the future.

While there are many similarities between the FIP and RPS models, the work undertaken by the HSE to outline a validation model for this initial phase is based on the FIP Global Advanced Development Framework as it has a broader approach to all areas of specialist pharmacist practice, in line with the McLoughlin Report.

- **The level of practice for Advanced Specialist Pharmacists in the HSE is proposed to be in line with FIP Advanced Stage 2 which describes a practitioner who is an expert in their area of practice. They are able to manage complex situations and are recognised as leaders locally / regionally.**

The six clusters of developmental advanced core competencies outlined by FIP are:

1. Expert Professional Practice
2. Working with others
3. Leadership
4. Management
5. Education, Training and Development
6. Research and Evaluation

¹² EAHP Position Paper on the Hospital Pharmacy Workforce 2023. Available from:

https://www.eahp.eu/sites/default/files/eahp_position_paper_on_the_hospital_pharmacy_workforce_june_2023.pdf

¹³ The Advanced Pharmacist Practitioner. Can J Hosp Pharm. 2019 Jan-Feb; 72(1): 42–48.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6391237/>

¹⁴ Recognition of Advanced Practice Pharmacists in Australia and Beyond Can J Hosp Pharm 2020 May-Jun; 73(3): 225–231.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7308161/>

Educational Requirements

Since September 2015, the five-year pharmacist qualification is a PSI-accredited five-year fully integrated Master's degree programme in pharmacy at NFQ level 9. On successful completion of the five-year programme, graduates are then eligible to apply to the PSI for registration¹⁵.

This is an entry-level requirement and does not meet the needs of Advanced Specialist Practice which requires additional competence and education in a relevant area.

Post Registration training opportunities are limited for hospital pharmacists. There is one MSc in Hospital Pharmacy in Trinity College Dublin with five funded posts every 2nd year in place since its inception in 1996, one in each of the Dublin Area Teaching Hospitals. More recently pharmacists from additional hospitals have enrolled in the course with a current intake of 13 every 2nd year. There are some locally funded arrangements to support course fees, while others are by necessity self-funded.

There is also an MSc in Clinical Pharmacy in University College Cork with three funded posts every 2 years. The intake is 22 per year with some variable local arrangements for course fees. Other pharmacists undertake other postgraduate courses relevant to the specialist area, including UK based courses. In some cases there may be local funding arrangements on an ad-hoc basis while others are, again, self-funded.

Many hospital pharmacists have built on a range of continuing professional development (CPD) activities to develop additional skills in their specialist area of practice. This, together with experience working in the given specialist area, has enabled them to perform their role at a more advanced level.

For those who have worked in the system with limited post-registration qualification opportunities, it is important to recognise pharmacists who have developed their career in this way to a level in line with advanced practice. However, not all experience delivers the required additional knowledge for posts at this level. Simply doing a job for many years may make the jobholder more proficient at doing the job, but does not always result in additional knowledge. The NHS job evaluation handbook notes at this level there should normally be evidence of *“additional theoretical or conceptual knowledge acquisition such as would be acquired through a taught postgraduate course”*¹⁶.

As the validation methodology outlined below has not been known to pharmacists ahead of time and they have not have time to plan and build their evidence in line with these requirements, some gaps may be expected. To address this, a number of points can be achieved across the range of advanced competencies. This allows staff to demonstrate particular strengths in some domains while also providing assurance of some expertise in all the domains of advanced practice.

It is notable that pharmacists are providing training to other members of the multidisciplinary team who already benefit from significant nationally agreed training supports while pharmacists have limited access to these opportunities.

The validation requirements outlined below are in line with FIP Advanced Core Competencies Stage 2 and with the McLoughlin Report, which was originally accepted in 2011 and again in 2020.

¹⁵ S.I. No. 377/2014 - Pharmaceutical Society of Ireland (Education and Training) (Integrated Course) Rules 2014

¹⁶NHS Employers. NHS Job Evaluation Handbook 2018. Available from:
<https://www.nhsemployers.org/publications/nhs-job-evaluation-handbook>

Revised Career Structure & Planning to Optimise Services to Patients

As part of workforce planning, it will be important to plan and invest in funded training opportunities to develop a future pipeline of advanced specialist pharmacists and other future leaders to the required level.

Hospital pharmacists' skillset takes time to develop within the acute hospital sector but, once established, is in high demand across all sectors of pharmacy including HSE community services, the private community pharmacy sector, pharmaceutical industry, academia and in national roles.

The implementation of the revised career structure offers an opportunity to review and strategically plan hospital pharmacy services. Services have developed in response to local need from the ground up in the absence of a national approach. There is a wide variation in staffing levels and skill mix in Irish hospitals.

HSE Validation Requirements for Advanced Specialist Pharmacist Grade: Phase 1

Competencies for Recognition of Advanced Specialist Pharmacist

1 Expert Professional Practice

- Registered pharmacist currently working in the post
+
- 4 years (48 months WTE) post-registration hospital experience, with a minimum of 2 years* in the specialist area
+
- Level 9 relevant post-registration qualification

Or

- Registered pharmacist currently working in the post
+
- 5 years (60 months WTE) post-registration hospital experience, with a minimum of 3 years** in the specialist area
+
- Evidence of CPD including relevant courses

Required

Note: It will not be possible to evaluate in depth specialist knowledge in the Validation Process in Phase 1.

**4 years post registration hospital experience (48 months WTE)*

2 years in the specialist area, of which a minimum of 0.5 WTE must have been in the specialist area for the duration of this time.

***5 years post registration hospital experience (60 months WTE)*

3 years in the specialist area, of which a minimum of 0.5 WTE must have been in the specialist area for the duration of this time.

2. Working with Others

- Evidence of working effectively as an acknowledged member of the team in the specialist area and development of effective relationships to encourage productive working and stakeholder engagement.

Required

3. Leadership

- Evidence of working in a leadership role, leading innovation and quality assurance / improvement including initiating, influencing and leading new service developments relevant to the specialist area.

Required

4. Management

1. Evidence of risk management / medication safety initiative within the specialist area
2. Evidence of cost effective use of medicines initiative(s) within the specialist area
3. Evidence of leading, managing and supervising other staff members assigned within the specialist area
4. Evidence of development and implementation of standard operating procedures, guidelines, protocols within the specialist area
5. Evidence of practice development initiative to optimise the potential of pharmacy resources, skills and knowledge within the specialist area
6. Evidence of being a pharmacy department representative at relevant hospital and / or external committees or evidence of another initiative which falls under the category of Management you may wish to provide.

Minimum Score Required: __3__

Maximum Score _____6_____

Note: Minimum Score Required Across Competency Areas 4, 5 and 6 = 12

5. Education, Training and Development

1. Identify own training needs and provide evidence of maintaining and updating specialist and general pharmacy knowledge **(Required)**
2. Evidence of supporting and assisting in training of pharmacists in the specialist area
3. Evidence of supporting and assisting in training of pharmacy students and / or technicians in the specialist area
4. Evidence of developing and / or delivering structured teaching sessions for NCHDs in the specialist area
5. Evidence of developing and / or delivering structured teaching sessions for nurses and / or HSCPs in the specialist area
6. Participate in education and training in an external environment e.g. teaching responsibility in a university or delivery of workshop at a conference.

Minimum Score Required __3__

Maximum Score _____6_____

Note: Minimum Score Required Across Competency Areas 4, 5 and 6 = 12

6. Research and Evaluation

1. Evidence of evaluating the service or clinical audit
2. Evidence of contribution to quality improvement initiative(s)
3. Evidence of contribution to implementation of evidence-based practice within the specialist area and /or organisation
4. Evidence of contribution to research and its application within the specialist area and/or organisation
5. Presentation of research or evaluation findings at research or professional symposium e.g. poster or oral presentation, or publication of a paper
6. Evidence of collaboration to conduct research or quality improvement project(s)

Minimum Score Required 3 **Maximum Score** 6

Note: Minimum Score Required Across Competency Areas 4, 5 and 6 = 12

Overall Minimum Score Required (#4,#5,#6) 12 **Overall Maximum Score (#4,#5,#6):**
 18

Scoring for Competencies 4 (Management), 5 (Education, Training and Development) and 6 (Research and Evaluation)

- Applicants are required to provide evidence for a minimum cumulative 12 out of the 18 elements listed under competency 4, 5 and 6. Evidence must be provided for a minimum of 3 out of the 6 elements in each individual competency.
- Evidence should all be relevant to the current role and must relate to work undertaken within the last 5 years.
- A successful submission for each element of the competency is given a score of 1.
- For example, the cumulative score of 12 can be achieved with a score of 5 for Management, 3 for Education, Training and Development and 4 for Research and Evaluation.
- It is not necessary to submit an entry for each element of the competency provided the minimum requirements are met.
- A candidate can provide evidence for more than the minimum requirements if they wish.

Note on requirements for number of years post-registration experience: The eligibility criteria for Senior Pharmacist Grade is 3 years WTE post registration hospital pharmacy experience. Advanced Specialist Pharmacists are employed at a level above Senior Pharmacist therefore additional experience is required.

HSE eligibility requirements are for the required number of years to be full time (or an aggregate of the required number of years full time) e.g. 4 years full time is equivalent to 5 years at 0.8 WTE.

Submission of Evidence

Pharmacists may self-identify for application in consultation with their manager and/ or Pharmacist Executive Manager

Evidence must be verified by the Pharmacist Executive Manager prior to submission.

Please see further instructions on the application form.

Appendix 1 List of role specialties to be considered for Advanced Specialist Pharmacist¹⁷

Clinical (patient facing) specialties	Non patient facing specialties
<ul style="list-style-type: none"> • ITU • Antimicrobial • ED/AMU • Hep C • ID (HIV) • Care of the Elderly • Paediatrics • Renal • Transplant medicine • Anticoagulation • Oncology/Haematology • Perioperative • Mental Health • Maternity • NeoNatal care • Neurology/stroke • Palliative care • Respiratory/CF • Cardiology • Acute medicine • Pharmacotherapy 	<ul style="list-style-type: none"> • Aseptic compounding • Medication Safety • Medicines information • Dispensary • Informatics • Education • Research • Formulary/Guideline development

¹⁷ Composite Report on HSE Pharmacy by Joint HSE/IMPACT Steering Group 2017

Appendix 2 European Association of Hospital Pharmacists Position Paper on the Hospital Pharmacy Workforce. June 2023¹⁸

Actual and future needs of the pharmacy workforce

Actions at the local level (pharmacists and their professional organisations, including the chamber of pharmacists)

- Promote the changing roles of pharmacists
- Emphasise the necessary cooperation between healthcare and social authorities, education system and payers
- Showcase the profession to make it more attractive
- Cooperate with universities on working with students

Actions at the national level (authorities & universities)

- Train a sufficient number of students each year to robustly grow the pharmacy profession in each country
- Invest in both the profession and the pharmacy infrastructure
 - use automation whenever possible and support the development of new IT technologies (artificial intelligence, machine learning) to help pharmaceutical teams in their decision-making and enable them to focus on the activities that require the most pharmaceutical expertise
 - promote task shifting and changing roles of the pharmacy profession

Short-term measures for managing workload and improving pharmacy staffing and recovery

To maintain appropriate staffing levels, hospital administrations need to

- support the continuing education of pharmacists and pharmacy support staff that aims at task shifting and further implementing the changing roles of the pharmacy profession, and
- hire more supporting staff to ensure that the capacity of pharmacy personnel is used most efficiently.

In a labour market as interconnected as in Europe,

- invest in the free movement of the pharmacy workforce to support its flexibility, and
- increase attraction to the profession by setting clear career development plans and manageable workload, and improve (where needed) salaries and benefits

are paramount for the retention and recruitment of pharmacy staff.

Long-term plans for securing an adaptable, versatile and resilient workforce

Pharmacy workforce plans of European governments should

- continuously expand the training capacity for pharmacists and invest in undergraduate education that gives basic professional knowledge in hospital pharmacy and ensure that pharmacists can acquire the required competencies in hospital pharmacy when entering the profession
- establish clear career development pathways for the entire pharmacy workforce, including well-developed specialisation systems
- increase the support for experience-based training and exchange within Europe
- adapt the curriculum to integrate the changing roles of the profession to match the evolution of pharmacy roles over time.

¹⁸ EAHP Position Paper on the Hospital Pharmacy Workforce 2023. Available from: https://www.eahp.eu/sites/default/files/eahp_position_paper_on_the_hospital_pharmacy_workforce_june_2023.pdf