

The voting system

Roberto Frontini^{1,2}

¹European Association of Hospital Pharmacists, Brussels, Belgium

²Universitätsklinikum Leipzig, Leipzig, Germany

Correspondence to

Dr Roberto Frontini,
European Association of Hospital Pharmacists,
Rue Abbé Cuyper, 3,
Brussels B-1040, Belgium;
president@eahp.eu

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The voting system for the summit was developed with two major aims: first to keep a balance between the groups and second to differentiate the levels of agreement in order to identify implementation priorities.

As the European Association of Hospital Pharmacists (EAHP) has 34 members, each with a vote, first it was necessary to weight the votes of patient groups and other healthcare professionals (HCP; ie, physicians and nurses) to achieve a 50:25:25 balance. Each association attending the summit had one delegate. Thus pharmacists had a total 34 votes, while patients and HCP had 17

each. The aim was to avoid one group overruling another through numerical superiority. As 31 EAHP members ultimately attended the summit, this proportion was changed to 31:15.5:15.5. The weighting factor was calculated with the formula:

$$\frac{N(\text{Pharm}) \times 0.5}{n}$$

As 12 patient groups attended the summit, their vote was weighted by

$$\frac{31 \times 0.5}{12} = 1.2917$$

And as seven HCP associations attended the summit, their vote was weighted by

$$\frac{31 \times 0.5}{7} = 2.2143$$

In this way it was impossible for pharmacists to overrule the decisions of patients and HCP just because they were in a majority.

Voting on a statement was only valid if at least 90% of the delegates expressed their opinion. Thus, out of the 31+12+7=50 delegates, at least 45 had to vote. A quorum was achieved for all statements and for 34 statements (77%) all delegates voted.

Table 1 Overview of levels of agreement by points and actual number of delegates at the summit

Level of agreement	Points	Threshold	Total points
Strongly agreed	2	85% of max 124 points (2×62=124 points)	≥105
Agreed	1	85% of max 62 points	<105 and ≥53
Disagreed	0		<53
Strongly disagreed	-1		

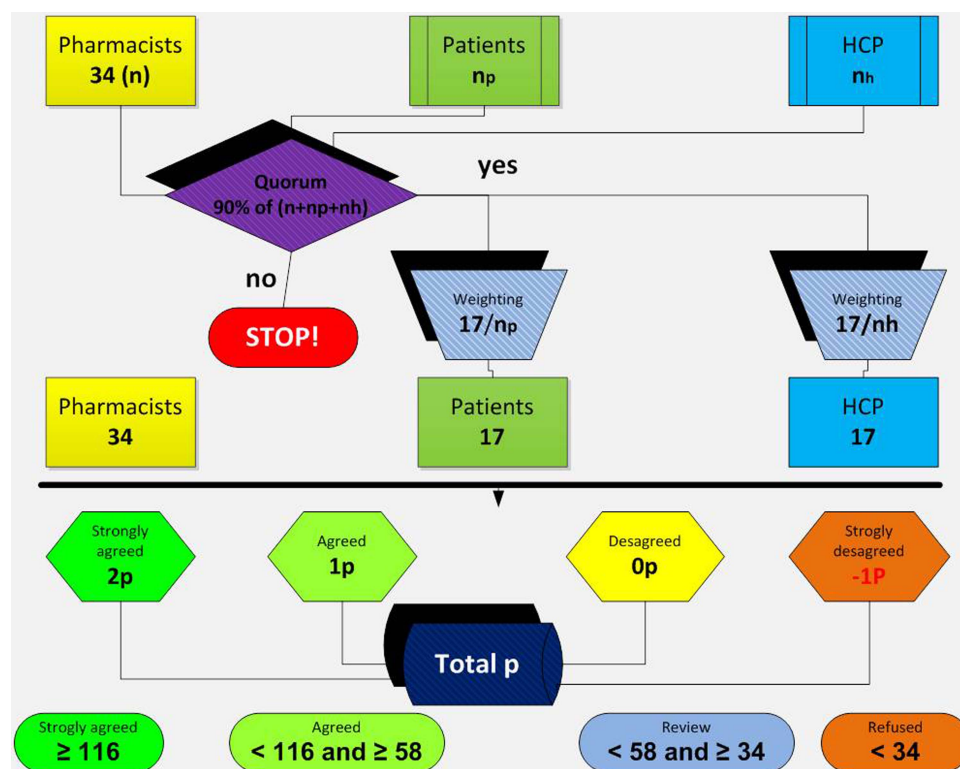


Figure 1 Overview of the voting system. The numbers of votes and points are in relation to the total number of member associations of the European Association of Hospital Pharmacists (EAHP). HCP, healthcare professionals; p, points.



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The delegates voting had four choices: strongly agreed, agreed, disagreed and strongly disagreed. Each possibility was weighted by points ranging from +2 (strongly agreed) to -1 (strongly disagreed).

Strong agreement was defined as $\geq 85\%$ of the maximum number of points, that is, 85% of the points achievable if all voting delegates had strongly agreed:

$$(31 + 15.5 + 15.5) \times 2 = 124 \times 0.85 = 105$$

Agreement was defined as $\geq 85\%$ of the number of points achievable if all delegates had agreed:

$$(31 + 15.5 + 15.5) \times 1 = 62 \times 0.85 = 53$$

For both these levels of agreement, the maximum number of points was reduced for the 10 statements where some delegates abstained.

During the Delphi process, it was intended to review any statements with between 34 and 58 points, but in practice this system was not used as changes were also made by agreement in order to optimise the wording. At the summit, statements with less than 53 points would have failed but this did not happen due to the intensive Delphi process.

Table 1 summarises the levels of agreement and figure 1 the whole voting system.

Votes were anonymous, but the three groups (pharmacists, patients and HCP) were identified by the different frequency channels of the voting devices they used. This was necessary in order to calculate the results.

All detailed results and parameters are available online.¹ The voting system was explained to all participants by written information before the summit and was described again at the beginning of the summit to make sure that all delegates were aware of the system and understood it. No objections were made.

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.

REFERENCE

- 1 European Association of Hospital Pharmacists. Detailed results and parameters of the voting results. Available at <http://www.eahp.eu/sites/default/files/files/Final%20Summit%20Voting%20Results.pdf>

SUMMIT PARTICIPANTS LIST

EAHP MEMBERS

Austria

Gunar Stemer, Austrian Association of Hospital Pharmacists

Belgium

Claudine Ligneel, Vlaamse vereniging van ziekenhuisapothekers (VZA)

Sophie Lorent, Association francophone des pharmaciens hospitaliers de Belgique (AFPHB)

Bulgaria

Velina Grigorova, Bulgarian Association of Hospital Pharmacists

Croatia

Kota Miroslav, Croatian Pharmaceutical Society–Hospital Pharmacy Section

Czech Republic

Marek Lzicar, Czech Association of Hospital Pharmacists

Denmark

Kirsten Lykke Vorbeck, Pharmadanmark – Hospital

Estonia

Marika Saar, Estonian Society of Hospital Pharmacists

Finland

Carita Linden-Lahti, The Finnish Pharmacist's Association

France

Niccolo Curatolo, European Fellowship for Pharmacists

Former Yugoslav Republic of Macedonia (FY.R.O.M)

Biljana Lazarova, Pharmaceutical Chamber of Macedonia

Germany

Steffen Amann, ADKA – The German Society of Hospital Pharmacists

Greece

Despina Makridaki, Panhellenic Association of Hospital Pharmacists

Hungary

András Süle, Hungarian Society of Hospital Pharmacists

Iceland

Thorunn Kristin Gudmundsdottir, Pharmaceutical Society of Iceland, Hospital Pharmacy Section

Ireland

Nuala Doyle, Hospital Pharmacists Association of Ireland (HPAI)

Italy

Simona Creazzola, Società Italiana di Farmacia Ospedaliera (SIFO)

Latvia

Inese Sviestina, The Pharmacist's Society of Latvia

Luxembourg

Sylvain Rodenbach, Association des Pharmaciens Hospitaliers Luxembourgeois

Julie Schelinsky, Association des Pharmaciens Hospitaliers Luxembourgeois

Malta

Valerie Vella, Malta Association of Hospital Pharmacy

Norway

Frank Jorgensen, Norwegian Association of Hospital Pharmacists

Portugal

Maria Helena Farinha Martins, The Portuguese Association of Hospital Pharmacists (APFH)

Poland

The Polish Pharmaceutical Chamber awarded a proxy vote to the Czech Association of Hospital Pharmacists.

Romania

Paul Andreianu, The National Association of Hospital Pharmacists from Romania (ANFSR)

Serbia

Nenad Miljkovic, Pharmaceutical Association of Serbia

Slovakia

Adriana Durcanska, Slovak Pharmaceutical Chamber

Slovenia

Franci Tratar, Slovenian pharmaceutical society – Section of hospital pharmacists

Sweden

Sari Frigård, Swedish Association of Pharmaceutical Sciences Section for Hospital Pharmacy

Magnus Munge, Swedish Association of Pharmaceutical Sciences Section for Hospital Pharmacy

Switzerland

Priska Vonbach, Swiss Association of Public Health Administration and Hospital Pharmacists (GSASA)

The Netherlands

Arnold Vulto, Dutch Association of Hospital Pharmacists (NVZA)

Turkey

The Turkish Hospital Pharmacists Section awarded a proxy vote to the Panhellenic Association of Hospital Pharmacists

UK

David Miller, The Guild of Healthcare Pharmacists (GHP)

Graeme Richardson, The Guild of Healthcare Pharmacists

PATIENT REPRESENTATIVES

Laura Savini of the European Haemophilia Consortium attended the first day of the Summit and awarded a proxy vote to Rare Diseases Europe (Eurordis) for the second day.

Laurent Louette of the European Heart Network attended the first day of the Summit and awarded a proxy vote to the European Public Health Alliance (EPHA) for the second day.

European Patients' Forum awarded a proxy vote to Rare Diseases Europe (Eurordis)

Yves Brand of the European Multiple Sclerosis Platform attended the first day of the Summit and award a proxy vote to European Aids Treatment Group for the second day.

Luc Matthysen, Rare Diseases Europe (Eurordis)

Giorgio Barbareschi and Mariana Vicente, The European Aids Treatment Group

Mihaela Militaru, The European Cancer Patient Coalition

Cathelijne Van Doorne, The European Federation of Neurological Associations

Hildrun Sundseth, The European Institute of Women's Health

Heather Clarke, The European Parkinson's Disease Association

Sascha Marschang, The European Public Health Alliance

Katie Gallagher, The International Diabetes Federation (Europe)

HEALTHCARE PROFESSIONAL REPRESENTATIVES

Antony Bertrand, European Association of Senior Physicians

Marianne de Visser, European Federation of Neurological Societies

Dominique Bron, European Haematology Association

The European Nurses in Diabetes (FEND) awarded a proxy vote to European Specialist Nurses Organisations.

The European Oncology Nursing Society awarded a proxy vote to European Specialist Nurses Organisations.

Ber Oomen, European Specialist Nursing Organisations

Patricia Messmer, The Council of International Neonatal Nurses

SUMMIT FACILITATORS

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Lee Vermeulen

Andy Hutchinson

Emma Lowry

Jonathan Underhill

Cheryl McKay

Helen Stubbs

Louise Bates

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Apologies were received from *Petr Horák*, Director of Professional Development.

OBSERVERS (NON VOTING PARTICIPANTS)

David Witmer, American Society of Health Systems Pharmacists

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Serge Caillier, Employed Community Pharmacists in Europe

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Carlos Miguel Figueira, European Association of Pharmacy Technicians

Phil Wiffen, *European Journal of Hospital Pharmacy*

Björn Ellger, European Patient Safety Foundation

Tiia Metiäinen, European Pharmaceutical Students Association

Jorge Batista, European Pharmaceutical Students Association

Olga Kozhaeva, European Society of Paediatric Oncology

Marianne Ivey, International Pharmaceutical Federation (FIP)

Rob Moss, International Pharmaceutical Federation (FIP)

Jacqueline Surugue, International Pharmaceutical Federation (FIP)

Gysbrecht Goossens, Pfizer

Claus Hemmingsen, Pfizer

Yves Prevo, Pfizer

Jamie Wilkinson, Pharmaceutical Group of the European Union (PGEU)

Jan Smits, Pharmaceutical Group of the European Union (PGEU)

Constance Colin, The Standing Committee of European Doctors

Roberta Savli and Jelena Malinina, The European Federation of Allergy and Airways Diseases Patients' Associations

EAHP SECRETARIAT

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Richard Price, Policy & Advocacy Officer

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Taviana Caminiti, Events Coordinator

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