

**International Pharmaceutical Federation (FIP)  
United Nations Educational, Scientific and Cultural Organization  
(UNESCO)  
World Health Organization (WHO)**

**Pharmacy Education Taskforce  
Action Plan 2008 – 2010**

28 January 2008

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**The Pharmacy Education Taskforce:**

The Pharmacy Education Taskforce was established in November 2007 with the endorsement of FIP, UNESCO and WHO to undertake a collaborative tripartite programme of work via a Pharmacy Education Action Plan 2008 - 2010.

The aims of the Pharmacy Education Action Plan are to support wider efforts to catalyse country level responses to the pharmacy workforce crisis and provide evidence-based support to facilitate pharmacy education development.

This taskforce builds its validated recommendations in the Action Plan 2008 – 2010 from two global consultations held on pharmacy education in September 2006, Salvador Bahia, Brazil and September 2007, Beijing, China. The scope of the 2008 – 2010 Action Plan recognises the significance of the education continuum from pre-service education to continuing professional development in the development of a vision and competency framework. Pharmacy education in this proposal refers to the education continuum relating to the training of pharmacy workforce to be competent in providing the scope of required pharmaceutical services (including pharmaceutical care, research and development amongst others – refer to page 2). Overall emphasis is placed in this programme of work on the development needs of pre-service education with the intention of addressing issues relating to continuing professional development in more depth in the future.

The role of the Pharmacy Education Taskforce, comprised of an advisory group, project teams and partners, is to oversee the implementation of the Action Plan, identify resources, serve as a connection and conduit for stakeholders and provide strategic and technical guidance to facilitate achievement of the Action Plan outcomes. The Taskforce reports to the FIP Executive Committee, FIP Bureau, UNESCO and WHO.

**1988 – 2007 Global Pharmacy and Education Consultations Summary**

Global consultations and developments on the role of the pharmacist and education in collaboration with WHO spanned over 10 years from 1988 - 1997. In response to the WHO revised Drug Strategy Resolution in 1986, two WHO consultative meetings were held in collaboration with FIP in 1988 and 1993 on the role of the pharmacist. This resulted in the adoption of the resolution WHA 47.12 on the role of the pharmacist in support of the WHO revised drug strategy in 1994. Two further WHO consultations took place in 1997 and 1998 to discuss the preparation of the future pharmacist through curricular development and pharmaceutical care (1;2). The third WHO Consultative Group on the Role of the Pharmacist held in 1997, proposed the concept of a 'seven-star pharmacist' which defines the roles of the pharmacist as being a caregiver, decision-maker, communicator, leader, manager, life-long-learner, and teacher.

The first FIP global pharmacy education roundtable consultation was held in Salvador Bahia, Brazil, in September 2006 and led to the development of the Pharmacy Education Taskforce, domains for action and recommendations for an action plan.

The second FIP global pharmacy education consultation was held in September 2007 at the 67<sup>th</sup> World Congress of Pharmacy and Pharmaceutical Sciences in Beijing, China. The focus of the consultation was to build consensus on an Action Plan that would seek to facilitate comprehensive pharmacy education development and progress. The consultation working groups included representatives of WHO and UNESCO and built on discussions from the first 2006 roundtable on pharmacy education, reviewed and validated domains for global action, identified priorities and developed a framework for a Pharmacy Education Action Plan (3;4). The consultation facilitated key stakeholders (more than 40 national, regional and international leaders in education, practice and science) to reach consensus and shared commitment on a Action Plan encompassing four domains. These domains relate to developing a vision and framework for education development, quality assurance, building academic workforce capacity and developing a competency framework.

## **Rationale for a Pharmacy Education Action Plan**

### *Human resource for health crisis*

A shortage of human resources for health for the delivery of health care services in mostly low-income countries has been identified as a barrier to achieving the Millennium Development Goals. WHO estimates a current shortage of more than four million health care workers(5). Fifty-seven countries fall below the WHO threshold of 2.5 health care professionals per 1000 population. Pharmacists in many countries, particularly in sub-Saharan Africa are lacking in workforce and trained at a critically insufficient scale(6). For example, only 20% of public sector positions are filled in Zimbabwe and pharmacist availability is estimated at 30% of the required amount in Uganda(7;8). With regard to the interests of all partner organisations in the sustainable development of the health workforce, particularly in the African region, this Action Plan is particularly of relevance as a focal point for tripartite efforts. Appropriate investments and capacity building in education is required in education to enable sustainable solutions to the human resources for health crisis.

### *Role and need for pharmacy workforce – making the most of resources, improving health outcomes and strengthening health systems*

The role of the pharmacist is to ensure the accessible, safe, appropriate and rational use of medicines. Other pharmacy cadres such as pharmacy technologists, technicians and assistants support functions relating to the medicines supply chain, preparation and dispensing. Spending on pharmaceuticals constitutes a significant proportion of health care costs and pharmaceutical care services provided by the pharmacy workforce are essential to ensuring cost-effectiveness and optimal patient outcomes.

Pharmaceutical care is a term used to describe the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve or maintain a patient's quality of life(9). Pharmaceutical care services encompass basic roles such as medicines procurement, medicines supply chain management, enhancing access to medicines as well as expert roles in ensuring rational use of medicines, optimising treatment efficacy and adherence and minimising risks to patient safety – ultimately improving health outcomes and strengthening health systems.

Pharmacists also have a public health role and there is strong international evidence for this in coronary heart disease, tobacco cessation and sexual health(10-13). The public health role of pharmacists using evidence based practice to ensure patient safety and the best use of medicines, including individual patient and population outcomes has been endorsed by the WHO(14;15). More broadly pharmacists are also involved in social pharmacy and pharmaceutical research and development, and formulation, manufacture, quality assurance and regulation of medicines.

Development and scaling up of pharmacy education in many countries is required to meet workforce demands across the scope of pharmaceutical services.

#### *Need for a concerted and collective global pharmacy education Action Plan*

There is a need to address the limited capacity of pharmacy higher education institutions, particularly in low-income countries, to ensure a sustainable pharmacy workforce relevant to needs (health, education and market). There is a scarcity of knowledge on the required pharmacy workforce levels, competencies and skill mix to provide pharmaceutical care and other services. Globally, a need has been established in the field of pharmacy for a plan that enables sharing of experiences, gathering of evidence and collaborative guidance to facilitate country level action and education development.

### **Pharmacy Education Action Plan**

#### *Aims:*

To develop evidence-based guidance and frameworks through which to facilitate development of pharmacy education and higher education capacity to enable the sustainability of a pharmacy workforce relevant to needs and appropriately prepared to provide pharmaceutical services.

#### *Objectives:*

1. To define pharmacy service competencies across all settings and levels of the health system.
2. To set educational objectives aligned with competencies and develop a framework that considers the entire pharmacy education continuum from undergraduate education through to continuing professional development at the post-graduate level.
3. To develop a global framework for quality assurance and the development of accreditation systems (e.g. development of standards for educational institutions and programs) in pharmacy education.
4. To gather and analyse data on academic/faculty workforce, and review and develop capacity development strategies that meet local, regional or global needs.
5. To guide stakeholders towards an accepted holistic vision for the entire continuum of pharmacy education at global, regional and local levels.
6. To provide advocacy and technical guidance to country level stakeholders and educational institutions.
7. To establish a global platform for ongoing dialogue, sharing of evidence, practices, lessons learned, resources and tools for pharmacy education and workforce planning.

#### *Education development process:*

The development of optimal educational systems should progress through a cycle that first seeks to assess and understand local needs. Upon determining local needs, the services (broadly speaking) required to meet those needs can be defined – such as research and development, production, distribution, patient care, public health. The competencies of the workforce should be aligned such as to enable optimal quality in the delivery of these services. Thus education should be geared towards preparing a workforce that is competent. The Action Plan seeks to provide guidance for competency and education development in these processes and engage stakeholders to reach consensus on a global vision for pharmacy education.

*Domains for action:*

The domains for action prioritised in the second FIP global pharmacy education consultation for inclusion in the Action Plan relate to preparing pharmacists, developing a pharmacy education vision and framework and quality assurance for pharmacy education. It is recognised that in many countries, the ability to scale up the pharmacist workforce and further develop pharmacy education is directly related to the capacity of the training institution and academic workforce. The domains for action included in the 2008 - 2010 Action Plan include:

- Quality assurance
- Academic and institution capacity
- Vision for pharmacy education and competency framework

*Implementation infrastructure:*

The Pharmacy Education Taskforce is comprised of recognised experts in education and the profession. The Taskforce advisory group is responsible for overseeing the implementation of the Action Plan and monitoring progress. Project teams in three streams of work, quality assurance, academic and institution capacity and competency and vision, will ensure the deliverables via an evidence based consultative and participatory approach. The FIP Headquarters is responsible for maintaining and operating the budget.

Advisory group: Professor Claire Anderson, University of Nottingham, FIP Board of Pharmacy Practice Executive Committee  
Professor Ian Bates, University of London, European Association of Faculties of Pharmacy (EAFP)  
Professor Diane Beck, University of Florida, American Association of Colleges of Pharmacy (AACP)  
Professor Billy Futter, Rhodes University, South Africa (Africa region)  
Professor Hugo Mercer, Human Resources for Health Department, WHO  
Mr Mike Rouse, Accreditation Council for Pharmacy Education (ACPE),  
FIP International Forum for Quality Assurance of Pharmacy Education  
Ms Tana Wuliji, FIP Project Coordinator  
Ms Akemi Yonemura, Division of Higher Education, UNESCO

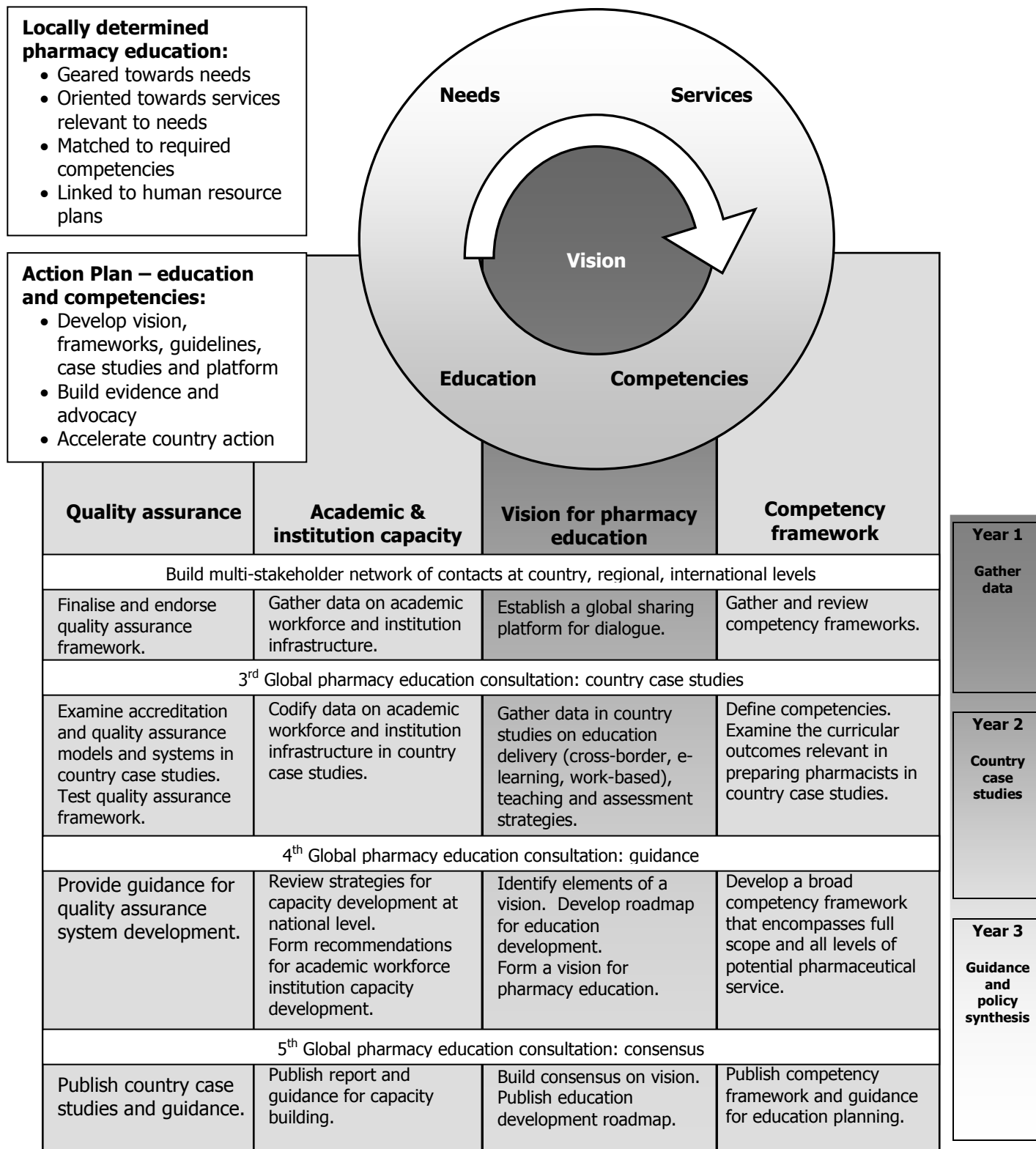
A broader active platform of partners including key country, regional and international stakeholders will be included in the relevant project teams to facilitate ongoing dialogue, data collection, input and feedback through the implementation of the Action Plan process.

*Action Plan Overview:*

Year 1: Research phase – gather data  
Year 2: Country case study phase – develop evidence  
Year 3: Policy synthesis phase – develop consensus, guidance and policy

A global consultation will be held each year to feed into the development of each phase. A review of the taskforce's progress will be presented at each consultation with a final independent review conducted at the end of the three year period. A summary of the Action Plan 2008 - 2010 process is described on page 5.

## Pharmacy Education Action Plan 2008 – 2010



#### Reference List

- (1) Statement of policy on good pharmacy education practice, International Pharmaceutical Federation (FIP), (2000).
- (2) World Health Organization. The role of the pharmacist in the health care system. Preparing the future pharmacist: curricular development. Geneva; 1997.
- (3) Claire Anderson, Ian Bates, Diane Beck, Henri R Manasse J, Hugo Mercer, Mike Rouse, et al. FIP Roundtable Consultation on Pharmacy Education: Developing a Global Vision and Action Plan. *International Pharmacy Journal* 2006 Dec;20(2):12-3.
- (4) Claire Anderson, Ian Bates, Diane Beck, Billy Futter, Hugo Mercer, Michael J Rouse, et al. The Pharmacy Education Taskforce: FIP and WHO move forward in developing pharmacy education. *International Pharmacy Journal* 2007 Jun;22(1):3-5.
- (5) World Health Organization. The world health report 2006: working together for health. 2006.
- (6) Chan XH, Wuliji T. Global Pharmacy Workforce and Migration Report. International Pharmaceutical Federation (FIP); 2006.
- (7) Chikanda A. Skilled health professionals' migration and its impact on health delivery in Zimbabwe. University of Oxford; 2004. Report No.: 4.
- (8) Matsiko CW, Kiwanuka J. A review of human resources for Health in Uganda. *Health Policy and Development* 2003;1(1):15-20.
- (9) Hepler CD, Strand LM. Opportunities and responsibilities in pharmaceutical care. *Am J Health Syst Pharm* 1990 Mar 1;47(3):533-43.
- (10) Ward K, Butler N, Mugabo P, Klausner J, McFarland W, Chen S, et al. Provision of syndromic treatment of sexually transmitted infections by community pharmacists: a potentially underutilized HIV prevention strategy. *Sexually Transmitted Diseases* 2003;30(8):609-13.
- (11) Blenkinsopp A, Anderson C, Armstrong M. Systematic review of the effectiveness of community pharmacy-based interventions to reduce risk behaviours and risk factors for coronary heart disease. *Journal of Public Health Medicine* 2003;25:144-53.
- (12) Mayhew S, Nzambi K, Pépin J, Adjei S. Pharmacists' role in managing sexually transmitted infections: policy Issues and options for Ghana. *Health Policy and Planning* 2001;16(2):152-60.
- (13) Brock T, Taylor D, Wuliji T. Curbing the global tobacco pandemic: the global role for pharmacy. International Pharmaceutical Federation (FIP) and School of Pharmacy, University of London; 2007. Report No.: 5.
- (14) World Health Organization. Preparing a workforce for the 21st century: the challenge of chronic conditions. Geneva; 2005.
- (15) World Health Organization and International Pharmaceutical Federation (FIP). *Developing Pharmacy Practice: a focus on patient care. Handbook.* 2006.