



WHO UNESCO FIP Pharmacy Education Taskforce

Media Release

During the FIP Congress in Basel, Switzerland the FIP Bureau has formally approved a new document that incorporates core principles and elements considered essential for an effective approach to quality assurance of pharmacy education. The “Global Framework for Quality Assurance of Pharmacy Education” was initiated as a project of the *FIP International Forum for Quality Assurance of Pharmacy Education*, a network established in 2001, which operates under the auspices of FIP’s Academic Section.

Mike Rouse, Assistant Executive Director, International and Professional Affairs, of the Accreditation Council for Pharmacy Education and project lead for the Pharmacy Education Taskforce’s quality assurance team, said that the framework was intended to be a tool that governments or institutions could use to establish or further develop quality assurance systems.

“FIP was ideally placed to promote and facilitate information exchange and international collaboration in the area of quality assurance of pharmacy education. We believe that the Framework will raise awareness of issues related to educational quality, help to promote an institutional culture of continuous quality improvement, and serve as a basis for the introduction and improvement of quality assurance systems and the development of much-needed standards for education where they don’t exist.”

In recent years, pharmacy practice and education have undergone unprecedented change as the role of the pharmacist as part of a health care team has been increasingly recognized, valued and expanded. Still, many countries are faced with critical shortages of pharmacy workforce. In order to reduce the shortage and meet health service demands, many countries are introducing, expanding or undertaking major reform of pharmacy education.

“These developments must be accompanied by robust and valid systems to assure the quality of education,” Rouse said. Quality educational structures, processes and outcomes will lead to graduates who are competent and capable of performing safely and effectively in their practice setting and contributing to the delivery of healthcare, he said.

But setting up one system of quality assurance and one standard for pharmacy education globally is unrealistic, he said. In many countries, quality assurance systems are well-developed; in others, they are nonexistent. Furthermore, educational and health systems and societal needs differ from country to country.

Despite these differences, core elements and principles of quality assurance should remain essentially the same, he said. Thus, the framework is intended as a foundation that can be adapted and built-upon to suit national needs, systems and conditions. It was designed to be used at a national level in the context of quality assurance for pharmacy education specifically, but it may also be applied to all levels of formal education, Rouse said.

The framework was adopted as one of the three priority projects of the Pharmacy Education Taskforce. Established in November 2007, the Pharmacy Education Taskforce is a joint initiative of FIP, WHO and UNESCO and works to enable the sustainability of a pharmacy workforce that is relevant to local needs.

For more information about the Taskforce, please go to www.fip.org/education.