

## WS 2: Quality Assurance and Accreditation

**Chair:** Hans H. Linden

**Facilitator:** Mike Rouse

**Rapporteur:** Toyin Tofade



### STRUCTURE:

SCHEDULE	ACTIVITY	WHO
10:00 – 10:10	OVERVIEW OF ORGANIZATION AND EXPECTED OUTCOMES	CHAIR OF THE WORKSHOP
10:10 - 10:15	INTRODUCTION OF CO-CHAIR, RAPORTEUR AND SPEAKERS	
10:15 – 10:25	OVERVIEW ON VISION, WDGs AND LANDSCAPE	
10:25 – 10:30	COUNTRY'S PERSPECTIVE: INDIA	SPEAKER 1: DR. MANOHAR D. KARVEKAR
10:30 – 10:35	COUNTRY'S PERSPECTIVE: CHINA	SPEAKER 2: PROF. WENBING YAO FENG FENG
10:35 – 10:40	COUNTRY'S PERSPECTIVE: NIGERIA	SPEAKER 3: DR. ANTHONY IDOKO
10:40 – 10:45	COUNTRY'S PERSPECTIVE: AFGHANISTAN	SPEAKER 4: MR. HAJI MOHAMMAD NAIMI
10:45 –	FACILITATED Q&A	FACILITATOR
11:45		
11:45 – 12:00	WRAP UP	FACILITATOR

### Addressing Workforce Development Goal (WDG) #3



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**DAY 2: 10:00 – 12:00**

### General

Transparent, contemporary and innovative processes for the quality assurance of needs based education and training systems

### Focus on

*Schools, universities and education providers*

### Pre-reading and hand-out

Pharmaceutical Workforce Development Goals

FIP Statement of Policy Quality Assurance Pharmacy Education

FIP Statement of Policy Recommendations (hand-out)



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### Time Frame

Introductions	25 minutes
Four speaker presentations	20 minutes
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Wrap-up time	15 minutes



## History of Quality Assurance Work at FIP



- *International Forum for Quality Assurance of Pharmacy Education* established under FIP in 2001
- Aim:
  - to provide an international forum for **information exchange, collaboration and cooperation** in the area of quality assurance of pharmacy education (degree programs and CE/CPD)
  - to **facilitate and promote communication** between individuals, agencies, associations, and other bodies actively involved in, or interested in, quality assurance of pharmacy education
- Annual meetings of the Forum at FIP congresses (2001 – 2016)



## Conclusions from QA Discussions



- QA systems for pharmacy education were **not well developed** in many countries
- The **principles and core elements for QA would not differ significantly** – if at all – from country to country
- Countries seeking to establish or improve their system of QA would **benefit from an internationally developed, globally applicable framework** for QA of pharmacy education



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## Catalyst for Change



- Discussions on QA contributed to the awareness of the need for a greater (strategic) focus on education within FIP
- Led to global consultations on pharmacy education (2006-08) and establishment of the Pharmacy Education Taskforce (PET)
- Quality Assurance (QA) was one of the original four priority Domains of PET and Action Plan 2008-10
- Major area of focus:
  - **Develop tools and resources to support national and institutional efforts** to assure and advance the quality of pharmacy education



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## Important QA Developments at FIP



- **2008:** Adoption by FIP of 1<sup>st</sup> Version of Global Framework for Quality Assurance of Pharmacy Education, Basel, Switzerland
- **2009:** FIP Policy Statement on Quality Assurance of Pharmacy Education
- **2009-10:** Structured validation of the Framework involving pre-identified participants from 24 countries (educators, practitioners, regulators, accreditors/QA)
- **2011-13:** Revision of the Framework using broad-based input
- **2014:** Adoption of 2<sup>nd</sup> Edition of Global Framework in Bangkok, Thailand



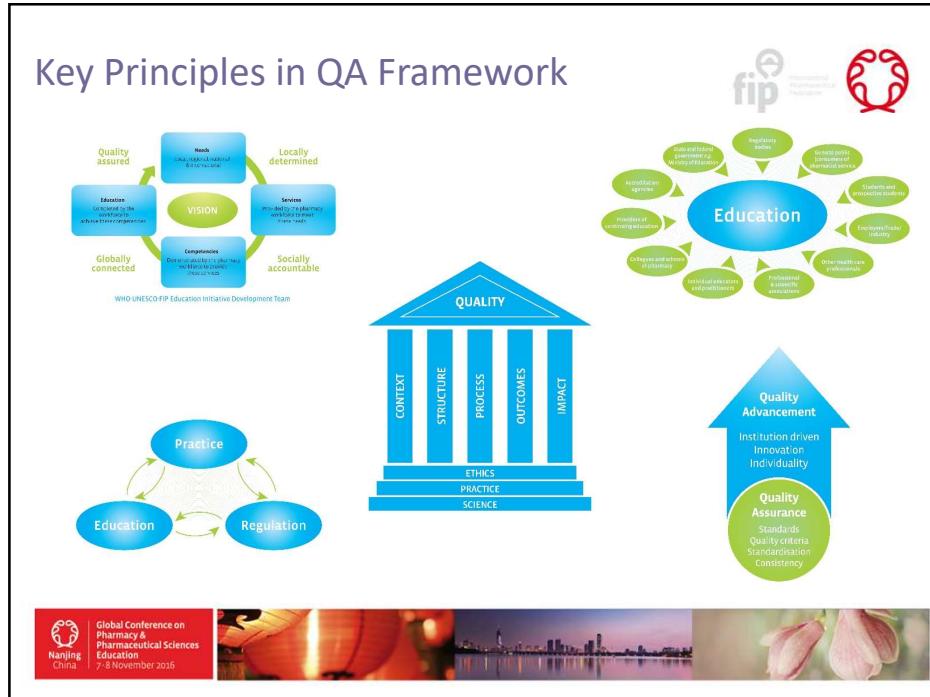
## Structure of QA Framework



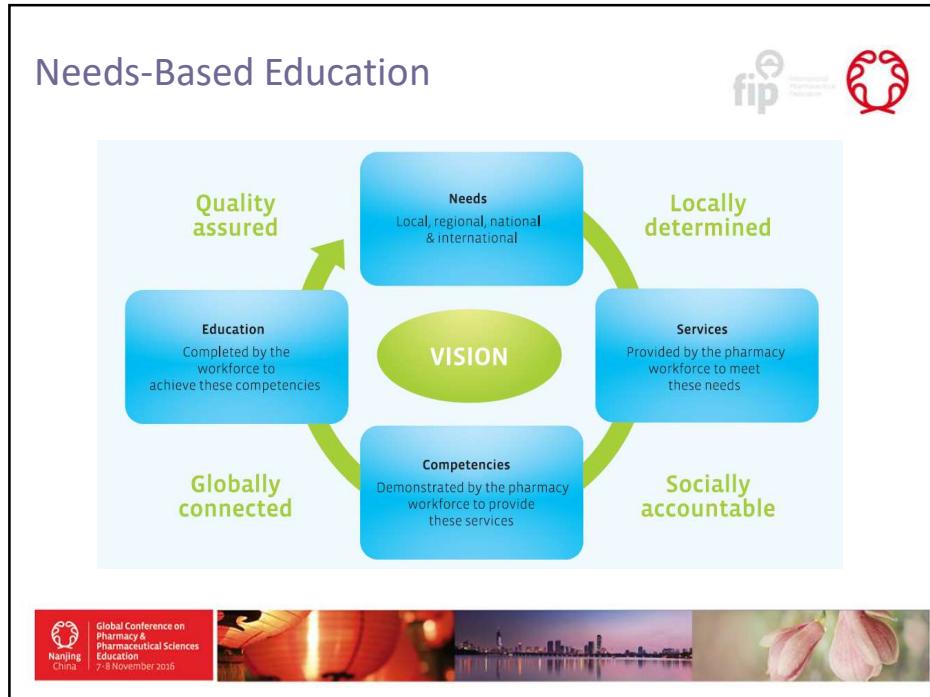
- **Section A** provides the **context** for quality assurance of pharmacy education and the important role that it plays not only to **assure quality** but to support initiatives that aim to expand and **advance pharmacy education** at the national level
- **Section B** provides **quality criteria and quality indicators** for pharmacy education
- **Section C** provides a **framework for a national quality assurance system**, either governmental or non-governmental
- **Section D** provides a **glossary of terms**, explaining how they are used in the document



## Key Principles in QA Framework



## Needs-Based Education



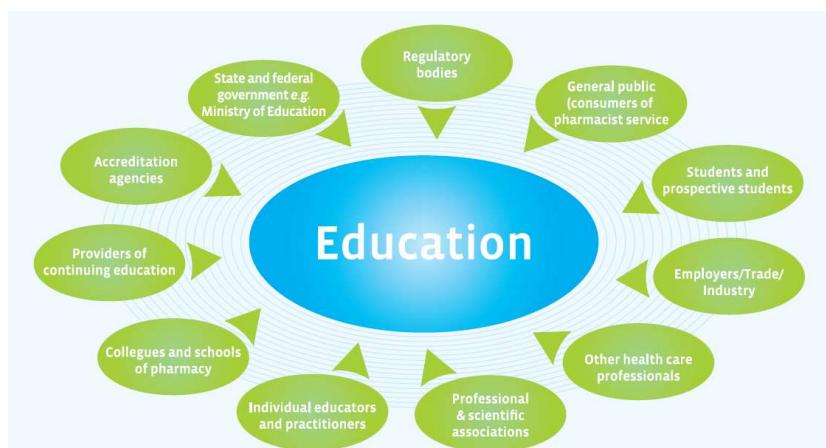
## Key Sectors and Drivers for Change in the Profession



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## Need to Involve All Key Stakeholders



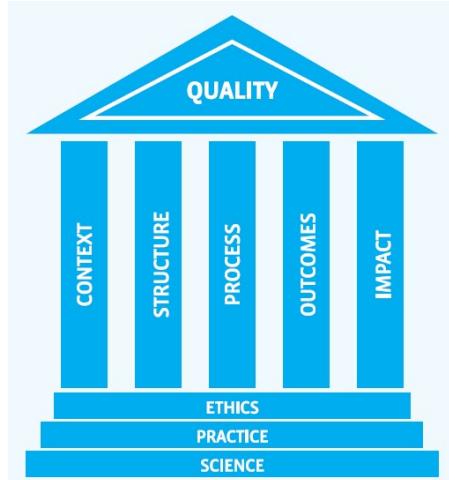
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## Continuous Quality Improvement



## Pillars and Foundations of Quality

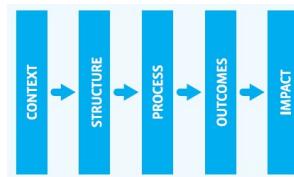


## The Goal is Quality and Impactful Education and Training



Quality assurance of education and training to ensure:

- The required **Structure** and **Process** to achieve the desired **Outcomes** and **Impact**, addressing the local, national and global **Context**
- Better prepared and sustainable workforce (with a **Science**, **Practice** and **Ethics** competency foundation)
- Better medications and better medication use for mankind



## Indicators of Quality



Indicator	Non Compliant	Major Improvement Required	Minor Improvement Required	Compliant
53 Learning outcomes are competency-based, specific and measurable.				
54 Validated measures are used to evaluate the extent to which the desired outcomes of the professional degree programme (including assessments of student learning and evaluation of the effectiveness of the curriculum) are being achieved.				
55 Evaluation of learning outcomes includes all competencies (knowledge, skills, attitudes and values).				
56 Competencies to be achieved by graduates are clearly stated by the school.				
57 Competencies to be achieved by graduates aligned with national and global needs and trends.				
58 Students develop knowledge and skills to improve patient and population health.				
59 Students adopt an ethical approach to self-awareness, attitudes and values.				
60 The school assesses students and attitudes.				
61 Through their activities, the school promotes equality, diversity and inclusion, and the school contributes to the local and projects that serve the local and international communities and shapes models in community pharmacy and				
62 The school, with the support of the university, establishes educational and collaborative networks with other schools, universities, the pharmaceutical practice community, the pharmaceutical industry, national and international organisations, the government, and other appropriate partners.				

**DEFINED, VALID & MEASURABLE**



## Purpose of the FIP QA Framework



- The *FIP Framework* is offered as a tool to **facilitate the establishment of QA systems and standards** in countries where no such formal systems exist and to **improve existing systems**
- Where regional similarities and collaborations exist or are possible, the *FIP Framework* may also be **adapted and applied at a regional** rather than national level
- Where resources or other constraints limit the immediate application of some of the principles of the *Framework*, the document can serve as a **“road map”** to the future
- The *Framework* can be also used by **institutions and individuals** in their self-assessment and continuous quality improvement efforts.



## FIP QA Statement of Policy: Recommendations



### National Governments, Regulatory and Quality Assurance Organisations:

- Establish or enhance systems for quality assurance of pharmacy education that are based on standards or criteria of quality, and policies and procedures, which have been developed with broad stakeholder involvement, and provide opportunity for ongoing stakeholder involvement, including the public
- Establish, enhance or adopt competency-based educational outcomes that reflect a profession-wide vision for pharmacy practice and education, and meet national needs.
- Promote innovation and mission-related differences among institutions, while maintaining full compliance with standards of quality.



## FIP QA Statement of Policy: Recommendations



### National Governments, Regulatory and Quality Assurance Organisations (cont'd):

- Establish consequences for educational institutions that fail to remedy areas of non-compliance with standards, or otherwise fail to comply with policies and procedures in a timely manner.
- Review the *FIP Framework* and consider its applicability, adoption or adaptation to support the development or improvement of pharmacy education.
- Consider the applicability of the *FIP Framework* to the establishment and maintenance of regulatory mechanisms used to assure educational preparedness and entry-to-practice competency of pharmacists.



## FIP QA Statement of Policy: Recommendations



### Member Organisations:

- Collaborate with all key stakeholders to:
  - develop or revise the national vision for pharmacy practice and education based on current and future needs
  - develop and implement strategies to work towards the achievement of the vision
- Establish or enhance collaborative working relationships with other organisations to advance health-professional education, including inter-professional educational opportunities, and other quality-related educational initiatives.



## FIP QA Statement of Policy: Recommendations



### Member Organisations (cont'd):

- Encourage members to support and be actively involved in the education of pharmacists including serving as preceptors for student and intern pharmacy practice experiences.
- Review the *FIP Framework* and consider its applicability as a basis for collaborative efforts with government, regulatory and quality-assurance organisations to support the delivery and advance the quality of pharmacy education in the country and region.
- Collaborate with FIP to validate and revise the *Framework* and other quality-assurance related tools and resources.



## FIP QA Statement of Policy: Recommendations



### Universities, Colleges and Schools of Pharmacy:

- Facilitate collaborative working relationships with other departments of the academic institution, as well as research, business, technical and community partners.
- Involve all stakeholders, including students, wherever possible, in quality assurance and quality advancement strategies and activities.
- Foster and maintain an institutional culture of assessment and continuous quality improvement.



## FIP QA Statement of Policy: Recommendations



### Universities, Colleges and Schools of Pharmacy (cont'd):

- Advance professional practice through community engagement.
- Review the *FIP Framework* and consider its applicability for adoption or adaptation to support the delivery and quality assurance of contemporary, evidence-based, patient-centered curricula for pharmacy education.
- Collaborate with FIP to validate and revise the *Framework* and other quality-assurance related tools and resources.



## Goal #3: Quality Assurance



Countries/territories and member organizations should have **transparent, contemporary and innovative** processes for the quality assurance of **needs-based education** and training systems



## Rationale, drivers and potential indicators



- Ensure the quality of the workforce by quality assuring the continuous development and the delivery of adequate and appropriate education and training; quality assurance needs to address academic and institutional infrastructure in order to deliver the required needs and competency-based education and training.
- Establish standards-based global guidance for quality assurance of pharmacy and pharmaceutical science education in the context of local needs and practice.



## Rationale, drivers and potential indicators



- Implement fair, effective and transparent policies and procedures for quality assurance of pharmacy and pharmaceutical science education and training.
- Define critical stakeholder input on development of adequate education and training and fair and effective policies , including necessary student input.



## Alignment of Draft Statements with FIP's QA Framework



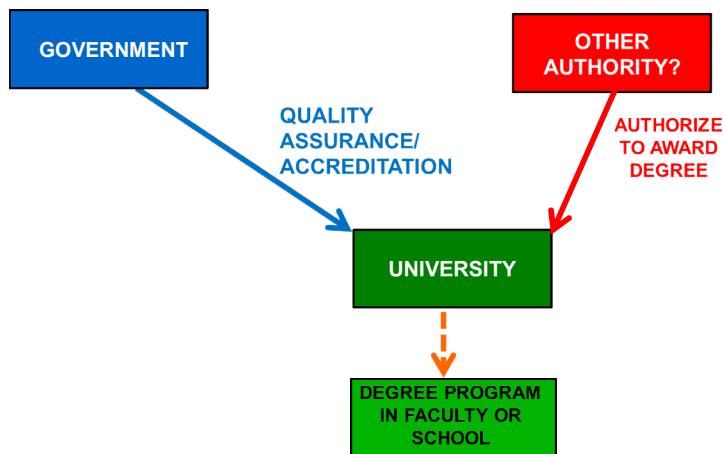
### Cluster 7: Quality Assurance in Education

*Description of the cluster: Quality assurance refers to the key aspects and mechanisms to identify opportunities for and make improvement in pharmacy and pharmaceutical sciences education to ensure a good, sustainable performance and suitable competencies of the future workforce.*

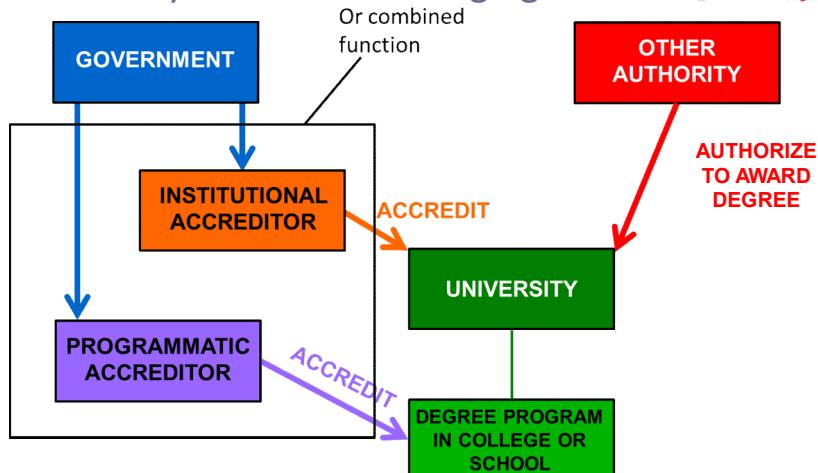
7.1	A quality improvement programme should be in place at the school and university, and examples of specific improvement should be demonstrated periodically.
7.2	Metrics should exist to measure, monitor, manage and improve the quality of the education and training provided.
7.3	Quality metrics should include feedback from students and new graduates, faculty, preceptors and key external stakeholders, such as employers and professional bodies.
7.4	An assessment of achievement of learning outcomes by all graduates should occur at the end of the degree programme and should include knowledge, skills and performance assessments in preclinical, clinical and post-approval phases, as applicable.
7.5	Policies and procedures support regular review of the curriculum and allow developments in the curriculum to take place in a timely manner so as to keep up with the changes in the profession, technology and society.
7.6	The pharmacy and pharmaceutical scientist degree programmes should be offered at a university level and all the experiential components (placements) in clinical, industrial and institutional settings are undertaken under the supervision of the school.
7.7	Competencies should be assessed throughout the curriculum, not just at the end of it, and before the internship period.
7.8	A formal system of quality assurance, administered by a government or an independent agency approved by the government, should be in place and required for all schools.
7.9	The accreditation system should use published standards that have been developed and adopted with broad stakeholder involvement.
7.10	The accreditation system should use policies and procedures that ensure: evaluation by appropriately qualified and experienced peers; absence of conflict of interest; confidentiality; and fair and consistent application of standards.
7.11	Quality improvement should always include a clear process for handling student concerns/issues/complaints that is transparent so that students are informed of the progress and outcome of any concern that is raised.



## National Approaches to Quality Assurance of Pharmacy Education: Most Common



## National Approaches to Quality Assurance of Pharmacy Education: Emerging Trend



Nanjing China | Global Conference on Pharmacy & Pharmaceutical Sciences Education 7-8 November 2016

## QA Domain Publications



Several countries have already used the Framework to guide/inform national initiatives related to educational quality

Nanjing China | Global Conference on Pharmacy & Pharmaceutical Sciences Education 7-8 November 2016

## QA Domain Publications



“Lots of reports, now it’s time for action”

Helen Gordon, Nanjing, 2016



## Achieving Workforce Development Goal #3: Desirable workshop outcomes



### 1. Challenges to Achieving the Goal

- a) Identify the challenges
- b) Identify the strategies and tactics that can be used to overcome the challenges

### 2. Communicating the Goal

- a) Suggest ways to promote and disseminate the Goal
- b) Define ways to engage globally with stakeholders

### 3. Committing to the Goal

- a) Set implementation targets and engage stakeholders
- b) Determine how to measure progress



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