

The FIP Brisbane Calls to Action: One year on

Report from a FIP workshop held in Cape Town

2024



FIP Development Goals



Colophon

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Cover image

Photo from the FIP Calls to Action (CstA) Workshop at FIP's 82nd World Congress in Cape Town, South Africa

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FIP extends its gratitude to all workshop participants, FIP HUB leads, and staff who contributed, both online and offline, to the Brisbane calls to action initiatives and the development of this report

The full list of participants can be seen in Section 3 (Workshop participants).

1 Background

1.1 The Brisbane Calls to Action (CstA) 2023

The [FIP Brisbane Calls to Action \(CstA\)](#) emerged from an extensive consultation process initiated at the FIP Brisbane Workforce Symposium, held during the 81st FIP World Congress in Brisbane, Australia. This symposium served as a key mid-way station between the 2016 FIP Global Conference on Pharmacy and Pharmaceutical Sciences Education in Nanjing, China—which set forth a global vision for a competent pharmaceutical workforce—and the Nanjing Statements on Pharmacy and Pharmaceutical Sciences Education, aligning with the WHO’s Global Strategy on Human Resources for Health: Workforce 2030 ambitions.

Delegates from over 40 countries, drawing on insights from the [FIP Global Pharmaceutical Observatory \(GPO\)](#) and the [FIP Hub](#), collaborated to develop the “Brisbane Calls to Action.” To learn more about this symposium, please read the [Global Workforce Symposium: “Accelerating towards 2030 — Workforce Transformation for Better Health – The Brisbane Review](#)” This initiative secured widespread support for a renewed mission plan, focusing on aligning the GPO—FIP’s main source for data intelligence and members’ needs—with the Hub, which is home to FIP’s expert leads.

The CstA statements (Figure 1), set an ambitious roadmap for advancing pharmacy workforce and education. The CstA aimed to establish a progressive agenda for the pharmacy workforce, aligning with broader health objectives and promoting a proactive approach to emerging healthcare challenges. These actions are part of FIP’s commitment to supporting the achievement of the [United Nations 2030 Agenda for Sustainable Development](#), emphasising not only SDG 3, which ensures healthy lives and promotes well-being for all at all ages, but also SDG 4 (quality education), SDG 8 (decent work and economic growth), and SDG 10 (reduced inequalities).

Figure 1: The FIP Brisbane Calls to Action (CstA) statements



1.2 Development of proposed activities

Following Brisbane, FIP aimed to develop a library of proposed activities and projects to meet the pledges of the CstA statements, with inputs from all FIP constituencies. This effort integrated the FIP-GPO, serving as the intelligence data source, with FIP-Hub experts to ensure strategic alignment that builds on members’ needs. The proposed activities to

meet the CstA involved various stages—survey collection, filtration, validation, mapping, and evaluation—to ensure a comprehensive assessment. The methodology was designed to ensure that the proposed activities were evidence-based, strategic, and linked to achievable outcomes.

After consolidating inputs from constituencies, FIP received 423 survey submission. Following a process of review, mapping, rationalisation, and validation, these submissions were refined into the list of activities summarised in Table 1.

1.3 From Brisbane to Cape Town

The journey continued at FIP's 82nd World Congress in Cape Town, South Africa, where a dedicated workshop provided participants with an opportunity to review, discuss, and reach a consensus on the proposed CstA activities, ensuring their alignment with FIP's strategic vision for transforming the pharmacy workforce by 2030. Brisbane provided a platform for identifying key needs, while Cape Town refined these visions into practical, actionable initiatives (Figure 2).

Figure 2: Key milestones from vision to action: Brisbane to Cape Town

Brisbane workforce symposium

Mid-term review of workforce transformation objectives with active MO engagement

Launch of the Brisbane Calls to Action (CstA) & the Brisbane review report

2023



CstA Workshop in Cape Town

Consensus development framework

List of validated activities and projects to meet the Brisbane CstAs (FIP GPO & FIP-HUB business plan)

2024



UN Agenda 2030 for Sustainable Development



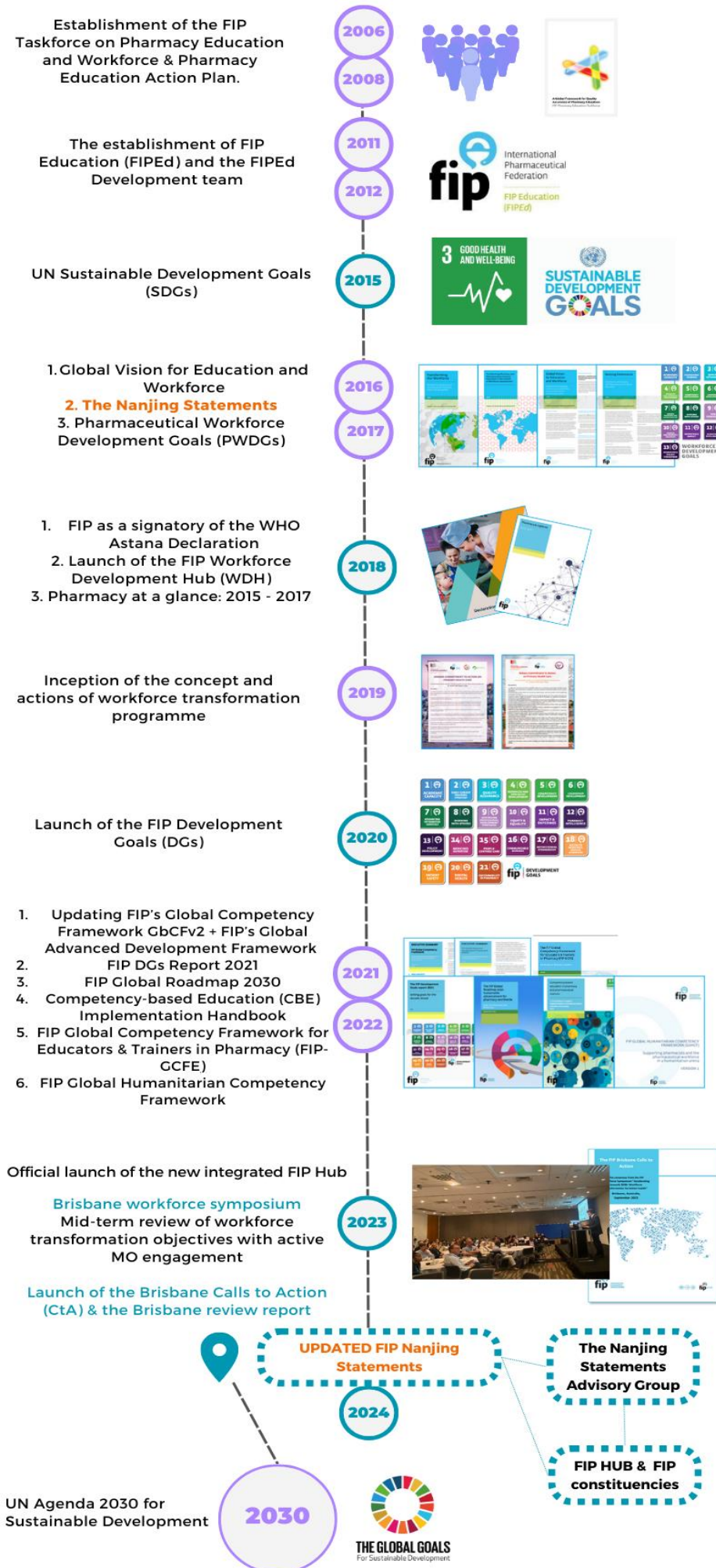
2030



It is important to acknowledge that the journey toward these transformative actions began long before the Brisbane Workforce Symposium. Key milestones have contributed to this ongoing evolution in pharmacy education and workforce development, and these stages are also summarised in Figure 3.

In November 2024, updated Nanjing Statements on pharmacy and pharmaceutical sciences education reform were launched. These statements, originally developed by FIP in 2016, have been revised to reflect recent global health developments, including the COVID-19 pandemic and evolving needs in pharmacy practice and education. The [updated statements](#) ensure that education reform remains relevant to the evolving needs of the pharmacy workforce, which in turn support the broader aims of the CstA to create a well-prepared and adaptable pharmaceutical workforce for the future.

Figure 3: Timeline of key education and workforce transformation milestones in FIP's journey towards achieving the objectives outlined in the 2030 UN Agenda for Sustainable Development



2 About the workshop

2.1 Overview

The Cape Town workshop, titled "Progressing in Partnership," marked a pivotal step forward, building on the foundation laid during the Brisbane Workforce Symposium. Held one year after the initial launch of the Brisbane Calls to Action, this workshop gathered global pharmacy leaders to collectively validate and refine the proposed actions following Brisbane. Over an engaging 1.5-hour session, participants focused on the strategies, resources, and partnerships needed to turn ambitious goals into reality and drive the transformation of the pharmacy workforce by 2030.

The workshop was moderated by Prof Ian Bates, Director of the FIP Global Pharmaceutical Observatory (GPO), Prof Kirstie Galbraith, and Prof Jill Boone, both Directors at FIP-HUB. Participants from across the global pharmacy community, including FIP-HUB Leads and member organisation representatives, worked together to ensure that each activity was relevant, feasible, and strategically aligned.

A key outcome of the workshop was the proposal to develop a commissioning model that integrates FIP-GPO and FIP-HUB more closely, maximising the use of expertise and resources. This integration is essential for ensuring strategic actions are evidence-based and tailored to address specific needs identified by FIP's members.

To help facilitate discussion and validate the proposed activities to meet the CstA statements following Brisbane, FIP clustered the proposed activities. Figure 4 presents the clusters of activities designed to meet the Brisbane Calls to Action (CstA), which were validated during the workshop.

Figure 4: Proposed CstA activities clusters for discussion



This report summarises the discussions and key points that were shared about each cluster during the workshop.

2.2 Agenda and format

The workshop was structured to ensure comprehensive input through interactive group discussions. It began with an outline of the workshop's goals and expectations, which provided participants with a shared understanding of the objectives for the day. This introduction was followed by an overview of the process undertaken to consult and prioritise the CstA proposed activities, highlighting both the methodology used and the key outcomes achieved.

Participants were then divided into smaller groups, with each group assigned a specific cluster of CstA activities to discuss. The groups focused on evaluating:

1. the feasibility
2. and the potential impact

This group work enabled participants to explore the strengths, weaknesses, and opportunities of each proposed activity. After completing their evaluations, each group presented their findings to the larger group, offering consolidated feedback and proposed refinements for the activities.

The workshop concluded with a summary of the key findings from all the groups, followed by an outline of the next steps in the CstA implementation process. This ensured that all participants understood the follow-up actions and the path forward for continued collaboration.

To capture feedback effectively and encourage dynamic exchanges of ideas, the workshop incorporated real-time collaborative tools such as Padlet. These tools allowed participants to contribute their thoughts and suggestions throughout the session in an open and structured format. Additionally, post-workshop inputs were allowed for those who couldn't join the workshop in real-time, ensuring that everyone had a chance to contribute





Pictures from the FIP Calls to Action (CstA) Workshop at FIP's 82nd World Congress in Cape Town, South Africa

3 Workshop participants

Chair and moderator	
Prof Ian Bates	FIP-GPO Director
Prof Kirstie Galbraith	FIP-HUB Director
Prof Jill Boone	FIP-HUB Director

FIP Facilitators and rapporteurs	
Ms Farah Aqqad	FIP Data Integration Specialist
Dr Aysu Selçuk	FIP Policy, Practice, and Compliance Manager

Workshop participants	Organisation	Country
Mr Adel Eldesouky	Newgiza University (NGU)	Egypt
Dr Allison Hill	American Pharmacists Association	United States
Ms Alison Ubong Etukakpan	Monash University	Australia
Dr Arijana Mestrovic	FIP HUB Lead (DG5)	Croatia
Dr Astrid Czock	FIP HUB Lead (DG8)	Switzerland
Mrs Audrey Clarissa	Indonesian Pharmacists Association	Indonesia
Dr Banan Mukhalalti	FIP HUB Lead (DG3) Qatar University	Qatar
Dr Bärbel Holbein	FIP HUB Lead (DG7 & DG11)	Germany
Mr Boitumelo Dominion Taetso	Vryburg Regional Hospital Pharmacy	South Africa
Prof Catherine Margaret Cecilia Whittlesea	University College London	United Kingdom
Ms Catherine Schuster	Individual consultant	Canada
Dr Ema Paulino	National Pharmacy Association	Portugal
Mr Fahmy Basardien	City of Cape Town Municipality	South Africa
Mr Gift Chareka	Pharmaceutical Society of Zimbabwe	Zimbabwe
Dr Jens Gobrecht	ABDA – Federal Union of German Associations of Pharmacists	Germany
Dr Joselia Cinthya Quintao Pena Frade	Brazilian Federal Council of Pharmacy	Brazil
Mr Juan Ignacio Alfaro García-belenguer	General Pharmaceutical Council of Spain	Spain
Ms Kaajal Chetty	Pharmaceutical Society of South Africa	South Africa
Dr Laila Abed El Wahab	Newgiza University	Egypt
Mrs Laura Wilson	Royal Pharmaceutical Society	United Kingdom
Dr Lucinda Maine	American Association of Colleges of Pharmacy	United States
Mr Mafale Michael Mbewe	Lehurutshe Community Hospital Pharmacy	South Africa
Mr Madise Clement Nchabeleng	Lehurutshe Community Hospital Pharmacy	South Africa
Mr Mahboob Roomanany	Clicks Pharmacy - Kenilworth	South Africa
Mrs Mamolise Mokheseng	Port Shepstone Hospital Pharmacy	South Africa
Mrs Martine Ruggli	Pharmasuisse	Switzerland

Dr Mariet Eksteen	Pharmaceutical Society of South Africa FIP HUB Lead (DG7)	South Africa
Dr Mathias Arnold	ABDA – Federal Union of German Associations of Pharmacists	Germany
Ms Mavis Shivambu	South African Pharmacy Council	South Africa
Dr Michael Stepanovic	UNC Eshelman School of Pharmacy	United States
Mr Michael Rouse	American Pharmacists Association	United States
Dr Naoko Arakawa	FIP HUB Lead (DG5) FIP Interim Education Secretary	United Kingdom
Dr Nathan Finkelstein	Pharmaceutical Society of South Africa (PSSA)	South Africa
Dr Nina Griesse-Mammen	ABDA – Federal Union of German Associations of Pharmacists	Germany
Mr Raj Xripati Vaidya	Indian Pharmaceutical Association	India
Ms Sinead Mccool	Irish Pharmacy Union	Ireland
Dr Stephen Eckel	UNC Eshelman School of Pharmacy	United States
Prof Tracey Thornley	Chair of the FIP Data and Intelligence Commission	United Kingdom
Mr Tumisho Molema	Dis-Chem Tubatse Pharmacy	South Africa
Dr Virginia Olmos	FIP Vice President	Uruguay
Mr Zhi Shan Sujata Tan	Malaysian Pharmacists Society	Malaysia

4 Key discussions and feedback

The discussions were structured around clusters of CstA activities (Figure 4), allowing participants to focus on specific areas within their expertise or interest. Each group engaged in in-depth reviews of the proposed activities, assessing their potential impacts, challenges, and opportunities.

Key points from these discussions included:

- **Skill mix and workforce deployment (Cluster 1):** This cluster focuses on enhancing the workforce mix in primary care and other healthcare settings by conducting needs assessments, developing skill mix models, and creating targeted training. Key activities proposed include observational studies, needs assessments, and training programme development aimed at optimising pharmacists' roles and deploying a balanced skill set within healthcare systems. Feedback emphasised the importance of cost-effective data collection, adapting skill mix models to local needs, and ensuring primary care pharmacists have essential competencies.
- **Training and competency development (Cluster 2):** This cluster aims to create and adapt competency frameworks for the pharmacy workforce, addressing various needs such as career breaks, global frameworks, and CPD. The activities include compiling and adapting competency frameworks and establishing a professional portfolio. Feedback underscored the need for flexibility, alignment with existing frameworks, and collaboration with MOs to create relevant, adaptable training.
- **Digital health and innovation (Cluster 3):** Focusing on equipping pharmacists for the digital era, this cluster covers the development of a digital health competency framework, training modules, and guidelines. Activities emphasise cross-disciplinary collaboration and include forums for sharing knowledge and supporting both basic and advanced digital competencies. Feedback highlighted the need to balance regulation with creativity, address data use responsibilities, and provide accessible resources for innovation.
- **Mental health and workforce resilience (Cluster 4a):** This cluster is dedicated to supporting mental health and resilience within the pharmacy workforce. It involves assessing mental health baselines, implementing wellness initiatives, and adapting resilience programmes like the [Connor-Davidson Resilience Scale \(CD-RISC\)](#). Feedback pointed out the importance of both individual and organisational wellbeing activities, discouraging negative influences, and ensuring collaborative support from governments and educational institutions for sustainable resilience programmes.
- **Equity, Diversity and Inclusiveness (EDI) (Cluster 4b):** This cluster promotes equity, diversity, and inclusiveness within the pharmacy sector through initiatives like CPD bites, training modules, and a toolkit for inclusive workplaces. Feedback suggested assessing existing EDI policies, leveraging diverse development teams, and adapting existing EDI toolkits to provide an inclusive foundation that can be tailored by member organisations.

Table 1 provides a summary of the clusters, associated activities, and key feedback received. To note, the activities and their associated clusters were derived from the consultation of FIP constituencies, as highlighted in section 1.2 **Development of proposed activities**.

Feedback on the list of prioritised activities was generally positive, with participants recognising the strategic thought behind each proposed action. However, there were areas where concerns and suggestions for improvement were noted:

- A. Some participants expressed concerns about the feasibility of implementing certain activities, especially in resource-limited regions. There was a call for more detailed planning and support mechanisms to ensure that ambitious projects do not overwhelm local capacities.
- B. Questions were raised about the allocation of resources and the need for balanced investment across different activities to avoid neglecting any key area.

- C. The need for greater engagement with other health professionals and sectors was highlighted as a way to enhance the effectiveness of the proposed activities. Participants suggested forming strategic partnerships to foster interdisciplinary collaboration.
- D. There was a call for detailed roadmaps to guide the practical implementation of activities, addressing feasibility concerns and ensuring effective execution.

Table 1: Feedback and key considerations from the workshop

Cluster	Activity	Key considerations and feedback
Cluster 1: Skill mix and workforce deployment	A1: Observational study on practice environments and skill mix	<p>There is a need to incorporate robust validation processes, considering the differences between countries to ensure the applicability and relevance of the findings across diverse contexts.</p> <p>Collaborate with member organisations and involve individual members, with a recommendation to also engage with Ministries of Health to verify and support the data. This collaboration is seen as essential for enhancing the study's credibility and ensuring that the findings are actionable.</p> <p>Concerns were raised about the cost-effectiveness of conducting a broad observational study, given the high variability within countries. It was suggested that a survey might provide sufficient insights at a lower cost, offering a more feasible alternative to gather an overview of practice environments.</p>
	A2: Global needs assessment of current challenges for pharmacists in primary care settings	<p>Combining the A2 survey with the A1 observational study could optimize resources and enhance the breadth and depth of data collected, providing a more holistic view of the practice environments and needs.</p> <p>Implement subgroup data analysis within the integrated survey framework to allow for detailed exploration of specific issues, tailoring interventions more effectively to meet diverse local needs.</p> <p>Prioritise assessments that include external societal and political factors, ensuring that pharmacy development strategies are responsive to the broader healthcare context and community needs.</p>
	A3: Development of skill mix models for primary care	<p>The necessity to cover general skills such as dispensing, communication, sciences, and leadership in the initial phases of the skill mix model was emphasised. These foundational skills are essential for pharmacists in primary care and should be well-established before introducing more specialised skills.</p> <p>Feedback highlighted the non-viability of a 'one-size-fits-all' approach. It was suggested that a toolbox for developing setting-specific skill mix models be provided. This toolbox should include guidelines, and examples of successful skill mixes, which countries can adapt based on their specific needs, barriers, and facilitators.</p>
	A4: Targeted training programme for primary health care pharmacists	<p>Ensure participants are appropriately evaluated at the end of the training programme. It was suggested that FIP should issue a certificate that is recognised by third-party organisations to ensure the credibility and acceptability of the programme.</p>

		<p>Expand the training programme beyond primary care settings to include elements relevant to various healthcare environments. This approach broadens the applicability and relevance of the training.</p> <p>The need for a clear definition of what constitutes a primary care pharmacist was discussed. A glossary is necessary to standardise terminology. Also, it was suggested that the curriculum development should involve gap assessments to tailor the training programmes according to country-specific needs.</p>
	A5: Global mapping and case studies of pharmacy specialisations	<p>Conducting a scoping or systematic review as part of the mapping exercise can provide additional depth to the survey findings, offering a more comprehensive understanding of specialisations.</p> <p>Integrating the survey with the A1 and A2 activities ensures efficiency in data collection, minimising fatigue among participants while covering multiple critical areas.</p> <p>Focus on understanding what types of specialisations are available in different regions and at what level these specialisations are accredited. The purpose is not just to map specialisations but also to assess the quality and recognition of the training programmes.</p> <p>Participants agreed that a survey is the most appropriate and feasible method to collect relevant information. A survey focused on practice will provide essential insights for mapping specialisations without the need for a more resource-intensive study.</p>
Cluster 2: Training and competency development	A6: Global compilation of competency frameworks	<p>One suggested approach includes conducting a systematic review and leveraging personal contacts with national and regional authorities to gather data. Compilation implies conducting a survey to collect regional practices, identify variability, and standardise key elements.</p> <p>The framework should cover the entire pharmacy workforce, including pharmacy technicians and other support roles. In addition, the framework should be applicable across all pharmacy settings.</p> <p>Consider whether to focus on compiling existing national frameworks and identifying their common elements for integration. Need to determine whether the primary focus is on existing global frameworks or national frameworks and how they can align.</p> <p>Key questions raised:</p> <ul style="list-style-type: none"> • Should the framework focus on a detailed (micro) or overarching (macro) level? While a macro framework can provide high-level guidance, it might risk being too broad to be practical. • How can the compilation ensure practical utility without becoming overly generalised?
	A7: Translation and adaptation of competency frameworks	<p>The translation effort should consider all competency frameworks available in different languages and address potential barriers to translation (e.g., linguistic, cultural, or technical).</p> <p>The adaptation process needs to account for systemic and funding differences across regions. There is a need to clarify what 'adaptation' means.</p>

		<p>entails in terms of adjusting frameworks to fit local contexts while maintaining core competencies.</p> <p>A7 is inherently connected to A6 (Global Compilation of Competency Frameworks). The translation and adaptation work should build on the compilation process to ensure a cohesive and aligned approach.</p>
	A8: Development of GbCF for career breaks	No specific challenges or additional considerations were raised but the positive feedback underscores the importance of prioritising this activity to address workforce reintegration and continuity.
	A9: Establishment of GADF Scoping Group	It is important to differentiate between advanced and specialised competencies, ensuring clarity and relevance for various levels of practice and career progression.
	A10: Development of CPD programmes and events aligned with GADF	No specific challenges were mentioned - strong support for this initiative to enhance professional development in line with GADF.
	A11: Curriculum-based training programmes on specific topics	<p>Entrustable professional activities (EPAs) should be incorporated into undergraduate education to enhance practical, competency-based learning. Some participants suggested to compile existing curriculum-based training programmes rather than develop new ones, leveraging resources already available.</p> <p>Emphasis on the need for regular mandatory revalidation and recertification in specific professional skills to ensure ongoing competency.</p> <p>The breadth of potential topics (i.e. public health, pharmacogenomics, antimicrobial stewardship, sports medicines) highlights the need for flexibility in programme offerings to cater to diverse professional interests and regional needs.</p>
	A12: Development of the FIP professional portfolio support	<p>A professional portfolio is crucial for pharmacists to demonstrate their stages of development and showcase their competencies and career progression. The portfolio should be carefully crafted to include both core elements and optional components.</p> <p>Minimum criteria and clear guidance should be provided to help pharmacists effectively build and maintain their portfolios.</p> <p>The portfolio framework should balance flexibility and structure, ensuring it remains a dynamic and up-to-date reflection of professional growth.</p>
Cluster 3: Digital health and innovation	A13: Development of a digital health competency framework	<p>This initiative is both timely and necessary to prepare the pharmacy workforce for the digital transformation in healthcare, with a focus on collaboration, inclusivity, and patient outcomes.</p> <p>Collaboration with other professions is essential to leverage their expertise in developing and interpreting components of the framework.</p> <p>The framework should be cross-disciplinary to ensure its operability and applicability in practice.</p> <p>The framework should account for pharmacists at different levels:</p> <ol style="list-style-type: none"> 1. = Consumers = of technology, who need training to effectively use digital solutions. 2. = Creators = of digital solutions, who can develop and implement tools to optimise patient outcomes.

		<p>The framework should incorporate general competencies such as:</p> <ul style="list-style-type: none"> a) Patient safety b) Legal and ethical practice c) Patient-centered care
	A14: Creation of targeted training modules on digital health	<p>Collaborate with universities to align undergraduate and postgraduate digital health training, ensuring a consistent and comprehensive educational pathway.</p> <p>Define the distinction between generalist digital health knowledge (what all pharmacists need) and specialist competencies for those pursuing in-depth expertise.</p> <p>A phased approach could maximize value: start with compiling existing resources and gradually develop advanced training modules where necessary (at FIP meetings or webinars), ensuring global relevance and accessibility.</p>
	A15: Development of digital health guidelines	<p>There is a need to address regulations and responsibilities surrounding data use in digital health to ensure safe and ethical practices.</p> <p>While guidelines and regulations are necessary to ensure patient safety, especially when digital solutions are used as clinical products, it is equally important to maintain space for creativity and avoid excessive barriers that hinder innovation.</p> <p>Establish a forum where members can ask questions, seek support, and share ideas about the development, usage, and evaluation of digital health tools. The forum could also address how to counsel patients on using these tools, promoting best practices in both patient and pharmacist engagement.</p> <p>Supporting the sharing of guidelines to address rapidly evolving technologies, such as ChatGPT.</p> <p>There may be a gap in fostering innovation and providing guidance on where members can seek advice and support for innovative practices. FIP could play a role in signposting resources and offering inspiration through case studies. FIP could collect and share case studies that showcase digital health initiatives and other innovative practices, offering learning opportunities for the entire pharmaceutical workforce</p> <p>A global mapping of informatics initiatives was suggested to compile best practices and highlight advancements</p>
Cluster 4a: Mental health and workforce resilience	A23: Global assessment of mental health and resilience in pharmacy	<p>Conduct an initial assessment with a selected group of countries to establish a baseline for mental health and resilience in pharmacy.</p> <p>A structured, iterative process of assessment, intervention, and re-evaluation is crucial for improving mental health and resilience in the pharmacy workforce globally.</p>
	A24: Development and implementation of wellness initiatives and training	<p>Wellness initiatives should include both individual-focused and facility-based activities. Avoid limiting efforts to only group activities to ensure comprehensive support</p> <p>It is crucial to identify and discourage negative inputs, such as slander by media or other external factors that may impact the well-being of pharmacy professionals.</p>

	A25: Expansion and regional adaptation of the CD-RISC resilience project	Collaborative efforts with governments and integration into education systems are essential for the sustainable expansion and adaptation of the CD-RISC resilience project across regions.
Cluster 4b: Equity, Diversity and Inclusiveness (EDI)	A28: Development of EDI CPD Bites and Training Modules	<p>Begin by assessing EDI among pharmacists to understand the current landscape and identify specific needs within the workforce.</p> <p>Many member organisations already have EDI policies in place. Starting with a collection, assessment, or comparison of these existing policies—or simply sharing them—could provide a strong foundation and guide further development of EDI initiatives.</p>
	A29: Development of an EDI toolkit for inclusive workplaces	<p>The development process should involve a diverse working team to ensure the toolkit is practical, relevant, and inclusive of various perspectives.</p> <p>Rather than creating a new toolkit from scratch, consider utilising existing EDI toolkits. FIP could focus on providing a foundational base for others to adapt and use as needed.</p>

5 Next steps

A total of 32 participated in a prioritisation process, including 30 HUB Leads and representatives from ECPG and PTAC (counted as two entities). Following this engagement, the FIP team, through a dedicated working group, refined and prioritised the proposed activities using a project implementation mapping scale based on urgency and projected impact.

As a result of the prioritisation, **seven activities** have been identified as immediate priorities, which form the foundation of Phase 1 of delivering on the Calls to Action. These seven activities serve as the essential groundwork, focusing on core areas such as workforce needs assessment, skill mix optimization, specialisation mapping, competency standards, and mental health. The activities aim to provide baseline data and frameworks crucial for subsequent project phases.

1. Mixed-methods studies on new emerging **practice environments and workforce deployment**
2. **Global mapping and case studies** of pharmacy-based specialisms and specialisations
3. **Compilation of globally use of competency frameworks**
4. Creation of **targeted training modules on digital health**
5. **Scoping review and guidelines** on competency-based training and entrustable professional activities (EPAs)
6. Development and analysis of global **prescribing frameworks**
7. **Mental health and wellness initiatives**

It is important to note that many of the activities, after planning and evaluation by HUB Teams, will be divided into smaller, interrelated managed projects. The seven activities pertain to start-up activities rather than the final stages or completion of the commissioned projects.

The next steps will involve FIP-Hub working groups developing implementation plans, which will be reviewed and approved by the FIP-Hub Steering Group prior to proceeding.

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