The FIP Global Competency Framework: A validated adaptation for the South East Asia Region

2024

International Pharmaceutical Federation

Colophon

International Pharmaceutical Federation (FIP)
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Cover image
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Recommended citation
International Pharmaceutical Federation (FIP). The FIP Global Competency Framework: A validated adaptation for the South East Asia Region. The Hague: International Pharmaceutical Federation; 2024

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1 Acknowledgements

FIP acknowledges all the authors and contributors of the FIP Global Competency Framework (2020).

FIP thanks members of the reference group whose names are listed below for their valuable comments and suggestions on this reference guide:

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FIP thanks members of the FIP-UNESCO UNITWIN Centre for Excellence in South-East Asia listed below for their invaluable contributions towards the adoption and adaptation process and the dissemination of this publication in the South-East Asia region:

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2 Foreword: FIP South East Asian Regional Pharmaceutical Forum

The global need for strengthening academic capacity and competency development in pharmacy is more critical than ever. As the demand for healthcare services continues to rise, the role of pharmacists has evolved, requiring a focus on both pharmaceutical sciences and patient-centred care. This shift underscores the urgency for regions like the South East Asia Region (SEAR) to transform pharmaceutical education to better align with global standards and meet local healthcare needs.

In the SEAR, the transition from a product-focused to a patient-centric pharmacy practice has been slow, often hampered by limited regulatory reforms and gaps in workforce development. A robust transformation of pharmaceutical education is essential to ensure the delivery of quality healthcare services. The establishment of a validated adapted framework represents a strategic step towards creating a competent workforce capable of addressing the diverse challenges in this culturally rich region.

The publication of the FIP Global Competency Framework: A validated adaptation for the South East Asia Region represents a landmark achievement in this context. Building on the foundation of the FIP Global Competency Framework (GbCF) v2, this tailored guide offers an evidence-based tool that is adaptable to the region's unique needs. It serves as a blueprint for developing a pharmacy workforce that is equipped to provide high-quality care, fostering consistency in education, and bridging the gap between education and professional practice.

Looking ahead, this adapted framework is set to be a transformative resource, enabling the development of a progressive role for pharmacists across the region. It supports a seamless transition from initial education to early-career practice, laying the groundwork for advanced practice roles that align with the 'Brisbane calls to action.' This work promises to support not only the professional growth of pharmacists but also the broader goal of enhancing healthcare delivery across the region, contributing to the vision of a stronger, more adaptable, and patient-focused pharmacy workforce in SEAR.

As a representative of the FIP South East Asian Regional Pharmaceutical Forum, I am confident that this framework will play a pivotal role in shaping the future of pharmacy practice in the region, ensuring that the pharmaceutical profession continues to thrive and adapt to the evolving healthcare landscape.

Dr Suma Latha, M.Pharm, PhD, Post Doc Fellow (NPDF, SERB)
On behalf of the FIP South East Asian Regional Pharmaceutical Forum

3 Foreword: FIP-UNESCO UNITWIN Centre for Excellence for South East Asia

The World Health Organization (WHO) South East Asia Region (SEAR), with its 11 member states, is home to over a quarter of the world's population and faces numerous healthcare challenges. This underscores the importance of having a highly skilled workforce and robust academic capacity, as well as high-quality education systems to facilitate workforce and service development. FIP works to support the development and advancement of pharmaceutical practice, sciences, and education to meet the world's healthcare needs in collaboration with other healthcare professionals and partners with the WHO and UNESCO.

The renewed agreement between FIP and UNESCO under the University Twinning and Networking (UNITWIN) Global Pharmacy Education Development (GPhEd) Network for 2023-27, combined with the FIP Development Goals and FIP-UNITWIN roadmaps, led to the establishment of the FIP-UNESCO UNITWIN Centre for Excellence in the SEAR in October 2023. This centre aims to revolutionise pharmacy education to meet the needs of SEAR.

As is the case gobally, the SEAR experiences significant variability in pharmacy education, training and practice. The FIP-UNESCO UNITWIN Centre for Excellence in South East Asia brings together FIP experts and resources to advance the transformation of pharmaceutical education inspired by the FIP-UNITWIN regional roadmaps. It also encourages the integration of development opportunities based on the FIP Development Goals. The foundational setup of the Centre for Excellence (CfE) and three identified roadmap activities led to the review of regional resources and the initial task of supporting pharmacists with competency development. This led to the adaptation of the FIP Global Competency Framework (GbCF) v2 to support pharmacists' competency development, aligning with FIP Development Goal 5.

In some Asian countries, early career and foundation-level pharmacists lack competency development frameworks. The absence of fundamental standards and frameworks creates challenges for pharmacists in identifying their learning and training needs. This prompted the CfE team to adapt the FIP GbCF v2 as a tool to guide pharmacists' performance and support their career development.

The FIP Global Competency Framework: A validated adaptation for the South-East Asia Region serves as a guide for the required competencies for practice and career progression pathways for the pharmacy workforce in SEAR. Furthermore, it will assist academic institutions in designing education and training activities that incorporate behavioural competencies, fostering the knowledge, skills, and behaviours necessary for effective performance and preparing graduates to become competent healthcare professionals.

This document, intended for foundation and early career pharmacists, was prepared using the FIP GbCF v2 as a mapping tool and FIP's 'adopt and adapt' approach. The success of this project hinged on partnerships with representatives from Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, Sri Lanka, and Thailand. These collaborations were crucial in fostering a supportive and inclusive environment that facilitated the finalisation of the adapted competency framework for the SEA region.

The process began with a familiarisation of the FIP GbCF v2, followed by the translation of the framework to different languages from the region. This was followed by a scoping phase aimed at establishing initial consensus on the relevance of competencies and behavioural statements to SEAR through a survey. After analysing survey data, a consensus panel discussion was held to adapt the statements to the cultural and contextual nuances of the region.

Reflecting on this journey, we are grateful for the enthusiastic and incredible support from FIP staff (Dr Dalia Bajis, Genuine Desireh and Dr Sherly Meilianti) and volunteers, including FIP Development Goal leads Dr Naoko Arakawa and Dr Juliane Mayette, as well as CfE members and stakeholders from SEAR countries. We are highly indebted to Prof. Ian Bates and Prof. Ralph Altiere for their guidance throughout the process.

By leveraging the expertise and networks developed during this project, we aim to support capacity building for educational transformation and ensure alignment with global health and education standards in SEAR. Adapting the FIP GbCF v2 to regional contexts allows for the effective transformation of educational programmes to meet healthcare system needs and improve the quality of pharmacy practice in the region.

It has been a privilege to work on this project, and we extend our sincere gratitude to all who have contributed to the success of this endeavour.

Prof. Rajani Shakya and Dr Mansi Doshi
Co-chairs, FIP-UNESCO UNITWIN Centre for Excellence in SEAR

4 Introduction

Background

The South East Asia region (SEAR) is one of the most culturally diverse regions in the world, and it presents varied challenges in the delivery of quality health care.[1] Despite advances in pharmaceutical sciences and technologies, the move from product to patient-focused pharmacy practice remains nascent in many parts of SEAR due to a lack of regulatory and legislative reforms.[2, 3]

Reforms in pharmacy education and the provision of quality training for a competent workforce are prerequisites for quality health systems, service development, awareness and acceptance in the multidisciplinary healthcare team, and the provision of good pharmaceutical care. The role of academic institutions is crucial in the development of a competent workforce along with a need for evidence-based developmental tools to re-define the scope of practice for foundation level pharmacists and to support career development.[4] This can lead to a seamless transition from initial education into early career practice and towards advanced practice.

The FIP Global Competency Framework (GbCF), with an updated version 2 published in 2022, contains a set of competencies and core behavioural statements that are intended to be generally applicable to the pharmacy workforce worldwide.[5] Evidence-based behavioural statements included in this document reflect contemporary practice, service and patient needs as well as improving patient outcomes. Evidence shows that use of competency frameworks could aid professional performance development and help to ensure consistent quality pharmacy education.

The adaptation of FIP GbCF v2 for a SEAR focus aligns with the FIP 'Brisbane calls to action,' which emphasises the need to 'develop adaptable systems, tools, and mechanisms, including competency development frameworks, that will support the development of a range of progressive roles for pharmacists, including preventive healthcare and prescribing roles' (Statement 10).[6] Furthermore, the Brisbane calls to action advocates for 'programmes that will support the return and retention of pharmaceutical workforce personnel following career breaks' (Statement 7), which is particularly relevant in the SEAR context, where workforce retention poses a significant challenge.[6] This adaptation supports the transformation of the pharmacy workforce, helping to address current and future healthcare challenges in the region.

South East Asia Region – context and drivers

Pharmacists are instrumental in every step of the journey of a medication, from the discovery of a molecule to the development of a formulation for safe and effective use in patients. Advancements in the competence and skills of pharmacists and enhancement in their breadth of knowledge and professional identity are key to pharmacists being an integral part of the multidisciplinary health care team responsible for the provision of optimal proactive and preventive care. Competency development frameworks are widely used by educators, students and practitioners to support the process of training and learning and to facilitate the development of expertise in health services. These frameworks may also function as mapping tools for development in education and training and continuing professional and workforce development.[7] However, competency frameworks for pharmacy professionals have either not been developed or are not universally implemented in many countries of the SEAR. A lack of fundamental standards and/or adequate implementation, regulations and legislation is a significant barrier to workforce and service development and provision, stemming from a widespread misperception about effectively identifying and addressing learning and training needs.
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The pharmacy profession in this region would benefit from developing and/or adopting and adapting a competency framework for pharmacists that could be introduced early in the education pathway. Competencies introduced in this way will support students in identifying learning gaps in their professional development journey. This, complemented with syllabus mapping by pharmacy students, will help bridge the gap between academia and practice.

Uniquely, the SEAR is known world-wide as a pharmaceutical manufacturing and supply hub, with projected revenues from the region expected to reach USD 14bn (EUR 13.3bn) in 2024.[8] Many countries in this region are often referred to as a “pharmerging” markets with immense potential to become global pharmaceutical powerhouses. With a limited practice base and significant industry focus in undergraduate pharmacy education, and with higher pay scales in industry

compared to clinical practice, industrial pharmacy is often a preferred area of employment for pharmacy graduates in many countries of the region.

The FIP GbCF v2 focuses on pharmaceutical care competencies, which inherently require foundational pharmaceutical sciences knowledge and competencies that enable a pharmacist to apply learning. Pharmacists' roles vary from between patient-facing and non patient-facing responsibilities. Thus, this GbCF highlights some of the industrial and marketing competencies being developed by experts in these areas.. Additionally, due to the rich cultural diversity in this region, an understanding of complementary and herbal medicine is an important competency for pharmacists in patient-facing and non-patient facing pharmaceutical care and responsibilities.

FIP GbCF v2 is considered to be an invaluable guiding document for professional development and workforce planning. Many countries have used this framework as the basis for developing their own national foundational framework due to the applicability and validity of this set of competencies for foundation practice development globally.[7] This comprehensive resource for pharmaceutical care and related competencies and some unique regional health care needs makes it reasonable to infer that adoption and adaptation of the FIP GbCF v2 to the SEAR may serve as an excellent guiding tool for the professional development of foundation level pharmacists. Behavioural statements in the FIP GbCF v2 can be adapted to the regional context and the competencies can serve as a useful reference for educators and managers to provide continuing professional development pathways for early career and foundational pharmacists as well as a reference source for other pharmacists in the region.

Based on the 2021 FIP global call to action for advancing pharmaceutical education, and associated regional roadmaps, the FIP-UNESCO UNITWIN Centre for Excellence in SEAR set out to adopt and adapt the FIP GbCF v2 on a regional level to support pharmacists' foundation and early career training.[9] The adaptation of the FIP GbCF v2 for a SEAR focus was intended not only to support our individual members in their career progression but also to guide them in their progression towards meeting the FIP global vision for pharmaceutical workforce and education and the FIP Development Goals (FIP DGs).[10]

Aim of the project

To adopt the FIP GbCF v2 and further adapt this global tool for the SEAR UNITWIN members as a relevant framework for foundation and early career pharmacists using the FIP 'adopt and adapt' approach.

5 Development process for the SEAR adapted GbCF v2

We followed the FIP 'adopt and adapt' process in adapting the FIP GbCF v2 for a SEAR focus, facilitating the application of global resources at a regional level. This approach ensures that the behaviours and competencies with are relevant to SEAR-specific needs whilst still aligned with the global framework.

Phase 1 - Project set up

The project was led by the FIP-UNESCO UNITWIN Centre for Excellence (CfE) in SEAR. A core team was established, consisting of experts from the FIP Hub, FIP staff, and UNITWIN chairs, all of whom have expertise in competency development. The project set-up phase took place from January to March 2024, during which CfE members and the core team familiarised themselves with the FIP GbCF v2. This phase included the identification of national or sector-specific frameworks for cross-mapping to the GbCF v2. This preparatory work was critical in providing a solid foundation for the next stages of the project, as it ensured a comprehensive understanding of the global framework whilst pinpointing elements that required adapting for regional contexts. This phase facilitated the creation of the first online questionnaire aimed at gathering stakeholder perspectives on the relevance of the identified competencies.

Phase 2 – Exploratory adaptation

An initial online questionnaire was distributed to UNITWIN stakeholders to explore the relevancies of the global competencies and behavioural statements with SEAR members. To ensure inclusivity and accessibility, the GbCF v2 was translated into three languages—Bangla, Bahasa, and Thai—allowing participants to engage with the survey more easily. Respondents were asked whether there were gaps in the competencies, if the current competencies within each cluster were reasonable and understandable, and if there were any cultural, language, or conceptual issues with the competencies or clusters as written. This structured feedback mechanism provided qualitative insights into the global framework's applicability in SEAR.

Purposive sampling was employed, targeting respondents from all 11 SEAR countries to ensure regional representation. Respondents came from various sectors, including practising pharmacists across hospitals, community care, primary care, industry, and wholesaling, as well as pharmaceutical scientists, educators (e.g., preceptors and trainers), policymakers, regulators, early career pharmacists, and pharmacy students. Each country was represented by a maximum of two participants from each sector to ensure balanced input across different professional roles. The focus was to ensure broad representation rather than to maximise sample size.

A total of 95 completed responses were received from seven countries within the SEAR. These responses reflected a broad geographic representation, although several countries, namely the Democratic People's Republic of Korea, Maldives, Myanmar, and Timor-Leste, did not respond. Additionally, the responses covered nine different practice sectors within pharmacy, but the primary care sector was notably unrepresented.

Key findings from this phase revealed some important insights. First, when asked whether any competencies had been overlooked or omitted, 65% of respondents (n=62) indicated that they believed the current competencies were comprehensive. However, 35% (n=33) expressed concerns that certain competencies might be missing, suggesting potential areas for further investigation or inclusion. Second, 94% (n=89) of respondents agreed that the current competencies within each cluster were both reasonable and understandable, highlighting a broad acceptance of the global framework. Despite this, 26% (n=25) of respondents identified potential cultural, semantic, language, or contextual issues with the competencies or clusters, highlighting the importance of translating the competencies into local languages as a first step in the adaptation process to better reflect the diverse realities across SEAR contexts.

Feedback highlighted key areas which required adaptation, including digital literacy, cultural competence, health literacy, and foundational skills like first aid and cardiopulmonary resuscitation (CPR). It also emphasised the importance of advocacy, public health, emergency preparedness, and sustainability in the SEAR adaptation. These insights were incorporated into the first draft of the SEAR-adapted global framework.

Phase 3 – Consensus development

To further refine the adapted FIP GbCF v2 for SEAR, the core team developed a second online questionnaire in July 2024. This questionnaire aimed to score levels of agreement on key competencies and behavioural indicators using a dichotomous (Yes/No) response system. Silent generation techniques were employed to encourage individual reflection before group discussions, ensuring that stakeholders could independently evaluate the competencies without the influence of group dynamics. Following this, the core team facilitated the ranking of competencies based on stakeholder responses to highlight the most relevant competencies and identify areas of disagreement.

In September 2024, a focus group discussion using the Nominal Group Technique (NGT) was employed to refine the adapted framework. Nominated experts from each SEAR country who had not participated in the earlier survey took part. These experts had backgrounds in competency development, continuing professional development, and competency-based education and training, representing sectors such as policymaking, professional organisations, and educational providers.

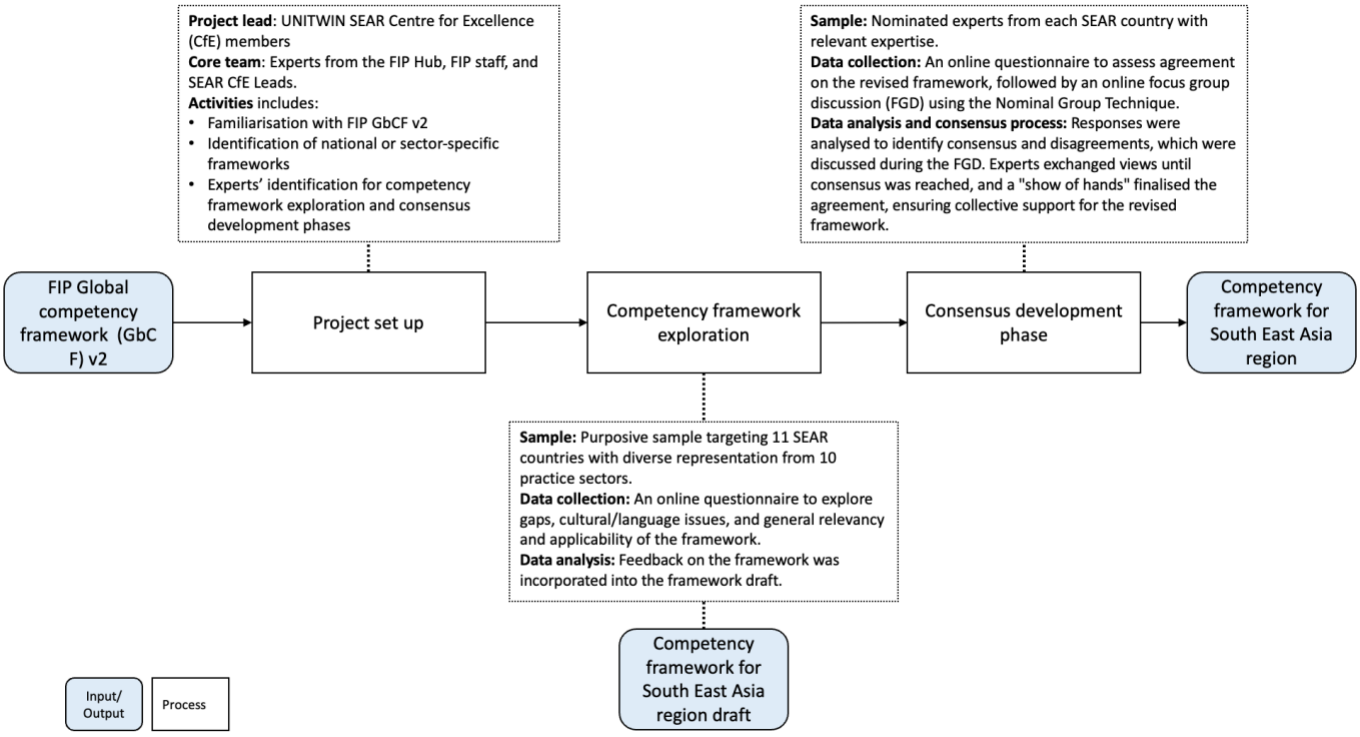
The NGT process followed a structured approach to ensure that all stakeholders agreed upon the adapted competencies and behavioural indicators. The adapted competencies and clusters were adopted only if 100% consensus was achieved among respondents. In cases of discrepancy, the expert panel provided further commentary and rationale for adaptation of the competency wording. Following further review and discussion of these comments, an inclusive expert consensus was reached. A total of 10 experts from Bhutan, India, Indonesia, Myanmar, Nepal, Sri Lanka, and Thailand participated in this process.

In summary, all stakeholder perspectives were integrated into consensus. Key points raised included ensuring broader relevance for the region whilst allowing for national contextualisation, and adherence to regulatory, ethical, and legal standards. Discussions addressed competencies around chemotherapeutic preparation, drug abuse prevention, and vaccine administration, with revisions made to reflect the diversity of practice and regulation across SEAR.

The final version of the adapted FIP GbCF v2 with a SEAR focus reflects collective regional input, expert consensus, and alignment with FIP's global framework. Through iterative discussions and transparent decision-making, the adaptation process ensured consistency with global standards while offering flexibility for regional and national contexts.

Figure 1 provides an overview of the ‘adopt and adapt’ process used to tailor the GbCF v2 for the SEAR region.

Figure 1: Process for adapting the FIP GbCF v2 for SEAR



6 The GbCF v2 adapted framework for SEAR

This adapted framework is designed to meet the broader needs of the South East Asia region whilst allowing flexibility for adaptation to the specific contexts of individual countries within the region. This adapted framework provides a foundation that can be customised to align with local healthcare challenges, workforce demands, and cultural considerations. Its implementation should be carried out in accordance with local regulatory, legal, and ethical frameworks to ensure compliance with national standards and healthcare policies. Table 1 presents the adapted FIP GbCF v2 with a SEAR focus, developed through a collaborative consensus process.

Table 1. Adapted FIP GbCF v2 with a SEAR focus

1. **Pharmaceutical public health**	
Competencies	**Behaviours**
1.1 Emergency response Refer to the FIP Global Humanitarian competency framework	1.1.1 Participate in the preparedness, response, and recovery of public health emergencies
	1.1.2 Assist multidisciplinary healthcare teams in emergency situations
	1.1.3 Manage emergency pharmaceutical donations and organisational procedures during emergency situations or humanitarian crises
1.2 Health promotion	1.2.1 Assess the patient's/population's primary healthcare needs, taking into account the cultural and social setting of the patient/populations
	1.2.2 Advise on and provide services related to health promotion, including disease prevention and control (e.g., vaccination), healthy lifestyle, and prevention of drug abuse
	1.2.3 Identify and support national and local health priorities and initiatives
1.3 Medicines information and advice	1.3.1 Counsel the patient/population on the safe and rational use of medicines and devices (including the selection, use, contraindications, storage, and side effects of non-prescription and prescription medicines) and provide guidance on the prevention of drug abuse
	1.3.2 Identify sources of and retrieve, evaluate, organise, assess and provide relevant and appropriate medicines information according to the needs of patients and clients
	1.3.3 Support the patient's use of health information technologies and digital communication (including IT-driven health solutions) and provide guidance on identifying, preventing, and handling health misinformation
2. Pharmaceutical care	
Competencies	**Behaviours**
2.1 Assessment of medicines	2.1.1 Gather, analyse, research, and interpret information about the patient and the patient's medicines-related needs (e.g., indication, effectiveness, safety and adherence)
	2.1.2. Retrieve relevant patient information (including medication history or immunisation status, for example) and record of allergies to medicines and adverse drug reactions (ADRs), and ensure the record is up to date
	2.1.3 Identify, prioritise, resolve and follow up on medicine-medicine interactions, medicine-disease interactions, medicine-patient interactions, and medicines-food interactions
	2.1.4 Appropriately select medicines (e.g., according to the patient, local/national guidelines, government policy, etc.)

2.2 Compounding medicines	2.2.1 Prepare pharmaceutical medicines (e.g., extemporaneous, cytotoxic medicines) and determine the requirements for preparation (calculations, appropriate formulation, procedures, raw materials, equipment, etc.)
	2.2.2 Compound under the good manufacturing practice (GMP) for pharmaceutical medicines
2.3 Dispensing	2.3.1 Accurately dispense medicines for prescribed and/or minor ailments, including an embedded checking process, while considering the patient's social determinants of health
	2.3.2 Accurately report defective or substandard medicines to the appropriate authorities
	2.3.3 Appropriately validate prescriptions, ensuring that prescriptions are correctly interpreted and legal
	2.3.4 Dispense devices (e.g., inhalers or blood glucose meters)
	2.3.5 Document and act upon dispensing errors
	2.3.6 Implement and maintain a dispensing error reporting system and a 'near misses' reporting system
	2.3.7 Label the medicines (with the required and appropriate information)
	2.3.8 Learn from and act upon previous 'near misses' and 'dispensing errors'
2.4 Medicines	2.4.1 Advise patients on proper storage conditions (e.g., humidity, temperature, expiry date, etc.) and disposal of the medicines, ensuring that they are stored and disposed of appropriately
	2.4.2 Appropriately select medicines formulation and concentration for minor ailments (e.g., diarrhoea, constipation, cough, hay fever, insect bites, etc.)
	2.4.3 Ensure appropriate medicines, route, time, dose, documentation, action, form and response for individual patients
	2.4.4 Package medicines to optimise safety (ensuring appropriate re-packaging and labelling of the medicines)
2.5 Monitor medicines therapy	2.5.1 Apply guidelines, medicines formulary system, protocols, and treatment pathways
	2.5.2 Apply therapeutic medicines monitoring and assess impact and outcomes (including objective and subjective measures)
	2.5.3 Identify, prioritise, and resolve medicines management problems (including errors) and adverse drug reactions (ADRs).
	2.5.4 Understand and apply evidence-based medication safety practices (including standards of practice for high-risk medications and high-risk population
2.6 Patient consultation and diagnosis	2.6.1 Support urgent care needs (physical and mental) of patients and others and act upon arranging follow-up care
	2.6.2 Appropriately refer the patient or carer
	2.6.3 Assess and diagnose based on objective and subjective measures (where applicable)
	2.6.4 Evaluate, assess, and develop health literacy education and counselling on medicines and healthcare needs
	2.6.5 Discuss and agree with the patient on the appropriate use of medicines and devices, taking into account the patient’s preferences
	2.6.6 Document any intervention (e.g., document allergies, such as from medicines and nutrition in the patient's medicines history)
	2.6.7 Obtain, reconcile, review, maintain and update relevant patient medication and disease history
	2.6.8 Respond appropriately during medical emergencies and provide first aid to patients and others when necessary

3. Organisation and management

Competencies	Behaviours
3.1 Budget and reimbursement	3.1.1 Acknowledge the workplace organisational structure
	3.1.2 Effectively set and apply budgets
	3.1.3 Manage appropriate claims for reimbursements
	3.1.4 Ensure financial transparency
	3.1.5 Ensure proper reference sources for service reimbursement
3.2 Human resources management	3.2.1 Demonstrate organisational and management skills (e.g., plan, organise and lead on medicines management, risk management, self-management, time management, people management, project management, and policy management)
	3.2.2 Identify and manage human resources and staffing issues
	3.2.3 Recognise and manage the potential of each staff member and utilise systems for performance management (e.g., conduct staff appraisals)
	3.2.4 Recognise the value of the pharmacy team and of a multidisciplinary team
	3.2.5 Support and facilitate staff training and continuing professional development
3.3 Improvement of service	3.3.1 Identify, implement, and monitor new services (according to local needs)
	3.3.2 Resolve, follow up and prevent medicines-related problems
3.4 Procurement	3.4.1 Access reliable information and ensure the most cost-effective medicines in the right quantities with the appropriate quality
	3.4.2 Develop and implement contingency plans for shortages
	3.4.3 Efficiently link procurement to formulary, to push/pull system (supply chain management) and payment mechanisms
	3.4.4 Ensure there is no conflict of interest
	3.4.5 Identify and select reliable supplier(s)
	3.4.6 Select a reliable supply of high-quality products (including appropriate selection and procurement processes, cost-effectiveness, and timely delivery)
	3.4.7 Supervise procurement activities
	3.4.8 Understand the tendering methods and evaluation of tender bids
3.5 Pharmaceutical supply chain management	3.5.1 Demonstrate knowledge of store medicines to minimise errors and maximise accuracy
	3.5.2 Verify the accuracy of rolling stocks
	3.5.3 Ensure effective stock management and running of service with the dispensary
	3.5.4 Ensure logistics of delivery and storage
	3.5.5 Implement a system for documentation and record-keeping
	3.5.6 Take responsibility for quantification and supply chain forecasting
	3.5.7 Mitigate the risk of medicines shortages and stock-outs through liaison and appropriate communication with healthcare staff, healthcare stakeholders, clients/customers and patients
3.6 Pharmaceutical waste management	3.6.1 Ensure appropriate and safe disposal of unused, unwanted, or expired medications and follow local or national medicine disposal regulations or guidelines

	3.6.2 Provide guidance and education to patients and staff on safe and effective pharmaceutical waste management practices, including proper disposal methods and the importance of reducing environmental impact
3.7 Workplace management	3.7.1 Address and manage day-to-day management issues
	3.7.2 Demonstrate the ability to take accurate and timely decisions and make appropriate judgements
	3.7.3 Ensure the production schedules are appropriately planned and managed
	3.7.4 Ensure the work time is appropriately planned and managed
	3.7.5 Improve and manage the provision of pharmaceutical services
	3.7.6 Recognise and manage pharmacy resources (e.g., financial, infrastructure), including effectively responding to situations with minimal infrastructure and budget
4. Professional/personal	
Competencies	**Behaviours**
4.1 Communication skills	4.1.1 Communicate clearly, precisely, and appropriately while being a mentor or tutor
	4.1.2 Communicate effectively with health and social care staff, support staff, patients, carers, family relatives and clients/customers, using lay terms and checking understanding
	4.1.3 Tailor communication to meet the patient's needs by considering health literacy, cultural background, language barriers, social needs, religious beliefs, emotional status, mental capacity, and special needs (e.g., patients with disabilities such as visual and hearing impairments)
	4.1.4 Use appropriate communication skills (e.g., verbal and non-verbal) to establish and maintain rapport with the patient and others, including when communicating through digital and electronic platforms
4.2 Continuing Professional Development (CPD)	4.2.1 Document CPD activities
	4.2.2 Engage with students/interns/residents
	4.2.3 Evaluate accuracy of knowledge and skills
	4.2.4 Identify learning and development needs
	4.2.5 Evaluate learning and development progress
	4.2.6 Identify if expertise is needed outside the current scope of knowledge
	4.2.7 Recognise own limitations and act upon them
	4.2.8 Reflect on performance
	4.2.9 Demonstrate engagement or participation in professional development and lifelong learning activities
4.3 Technology and digital literacy	4.3.1 Effectively utilise technology and health informatics tools to enhance data management, analysis, and communication in relevant settings
	4.3.2 When available, use medical technologies to provide efficient, secure, and safe pharmaceutical care (e.g., electronic health records, drug information software, telepharmacy, automated dispensing machines, artificial intelligence)
	4.3.3 Critically appraise, analyse, evaluate, and/or interpret digital information and their sources
	4.3.4 Where applicable, participate in digital health services that promote health outcomes and engage with digital technologies (e.g., social media platforms and mobile applications) to facilitate discussions with the patient and others

	4.3.5 Maintain patient privacy and security of digital information related to the patient and workplace
4.4 Interprofessional collaboration	4.4.1 Respect and acknowledge the expertise, roles and responsibilities of colleagues and other health professionals
	4.4.2 Participate, collaborate and advise in therapeutic decision-making, and use appropriate referral in a multidisciplinary team
	4.4.3 Engage in collaborative practice, research and service provision to optimise patient health outcomes
	4.4.4 Engage in relationship-building with health professionals, allowing conflict resolution, teamwork, communication, and consultation
	4.4.5 Demonstrate mutual respect and adopt shared values of the workplace and toward patient care
4.5. Leadership and self-regulation	4.5.1 Apply assertiveness skills (inspire confidence)
	4.5.2 Demonstrate leadership and practice management skills, initiative and efficiency
	4.5.3 Document risk management (critical incidents)
	4.5.4 Prioritise work, practice punctuality and time management
	4.5.5 Develop, implement and monitor innovative ideas
	4.5.6 Recognise and describe emotional information about self and others (e.g., self-awareness, self-regulation, motivation, social skills and empathy)
	4.5.7 Demonstrate flexibility and adaptability to a variety of conditions and circumstances
	4.5.8 Recognise when affected by setbacks or stress, and manage with effective coping strategies (resilience)
	4.5.9 Engage and collaborate with government authorities and key stakeholders to promote policies that benefit the profession and patients
4.6 Legal and regulatory practice	4.6.1 Apply regulatory affairs and the key aspects of pharmaceutical registration and legislation
	4.6.2 Apply the principles of business economics and intellectual property rights, including the basics of patent interpretation
	4.6.3 Be aware of and identify new medicines coming to the market
	4.6.4 Comply with legislation for drugs with the potential for abuse
	4.6.5 Apply the principles of marketing and sales
	4.6.6 Engage with health and medicines policies
	4.6.7 Recognise the steps needed to bring a medical device or medicine to the market including the safety, quality, efficacy and pharmacoeconomic assessments of the product
4.7. Professional and ethical practice	4.7.1 Demonstrate awareness and employment of local or national codes of ethics
	4.7.2 Fulfil duty of care to the patient and the public
	4.7.3 Maintain privacy and confidentiality (with the patient and other healthcare professionals)
	4.7.4 Comply with patient privacy legislation, including documentation of information
	4.7.5 Consider available evidence and support the patient to make informed choices about medicine use
	4.7.6 Obtain patient consent (it can be implicit on occasion)

	4.7.7 Recognise professional limitations of self and others in the team
	4.7.8 Demonstrate professional responsibility for all decisions made and actions taken
	4.7.9 Demonstrate awareness of socially accountable practice (including cultural and social needs, cultural safety, respect, and responsiveness, diversity, equity, and inclusiveness)
4.8. Quality assurance and research in the workplace	4.8.1 Apply research findings and understand risk-benefit analyses (e.g., pre-clinical and clinical trials, experimental clinical pharmacological research, and risk management)
	4.8.2 Audit quality of service (meet local and national standards and specifications)
	4.8.3 Develop and implement Standard Operating Procedures (SOPs)
	4.8.4 Ensure relevant quality control tests are performed and managed appropriately
	4.8.5 Ensure medicines are not counterfeit and adhere to quality standards
	4.8.6 Identify and evaluate evidence-base to improve the use of medicines and services
	4.8.7 Identify, investigate, conduct, supervise and support research at the workplace (enquiry-driven practice)
	4.8.8 Implement, conduct and maintain a reporting system of pharmacovigilance (e.g., report adverse drug reactions)
	4.8.9 Initiate and implement audit research activities

7 Recommendations and future development

Recommendations for implementation

To support effective application of the adapted framework, it is essential to measure the competencies outlined through structured assessment tools, including performance evaluations, reflective practice, and feedback mechanisms. These methods provide insight into how well pharmacists demonstrate core competencies in real-world settings, ensuring that the adapted framework promotes consistent and measurable professional development aligned with regional and regulatory standards.

Successful implementation requires consideration of local cultural, linguistic, and socio-economic factors. Adapting the framework to reflect these local contexts will empower pharmacists to engage effectively with patients, fostering improved health outcomes through informed consultations and respect for traditional beliefs. Addressing language barriers is also essential, particularly where English proficiency may vary. Pharmacy curricula should incorporate training in both English and native languages to support effective communication with patients and colleagues, making language proficiency a core aspect of competency development, especially in multilingual settings.

The regional adaptation should also address structural and workforce challenges within SEAR. For example, disparities in clinical pharmacy roles and career advancement pathways, as seen in India's government hospitals, highlight the need for standardised training and career support. To ensure equitable access to competency training, CPD programmes, regular refresher courses, and mentorship from experienced practitioners are recommended. By equipping pharmacists with regionally relevant competencies aligned with global standards, the framework can help enhance the quality and impact of pharmaceutical care across SEAR.

Future outlook

We recognise that this adapted FIP GbCF v2 with a SEAR focus does not include competencies specific to industrial pharmacy or pharmaceutical sciences, despite their prominence in the region. FIP is in the process of developing a dedicated framework for the pharmaceutical industry, which will define competencies relevant to this sector. Following input from the adaptation panel, it is recommended that education and training within SEAR prioritise the following areas:

- Manufacturing
- Quality control and assurance
- Pharmacovigilance
- Regulatory affairs
- Research and development (R&D)
- Medical affairs
- Distribution
- Pharmaceutical marketing and sales
- Corporate functions
- Pharmacogenomics
- Artificial intelligence tools
- Medical supply procurement and logistics

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