The Pharmacy Education Taskforce held the 4th Annual Pharmacy Education Consultation on 6th September 2009, at the 69th FIP Congress in Istanbul. The consultation brought together regional and national leaders and experts in pharmacy education, science and practice. The consultation was open to all FIP congress participants as a forum on global issues in education, with a focus on the WHO UNESCO FIP Pharmacy Education Taskforce.

The objectives of the consultation were:

1. To provide updates and reporting on the progress of the Taskforce on objectives
2. To provide perspectives and current context from partners WHO and UNESCO
3. To hold roundtable discussions on long-term vision, objectives, mission, structures, needs, mechanisms and strategies for 2010 and beyond

Co-chairs: Prof Henri R. Manasse, Jr., Professional Secretary, FIP Board of Pharmaceutical Practice and Pharmacy Education Taskforce Bureau Liaison, and Prof Ian Bates, Programme Director, Pharmacy Education Taskforce

Rapporteurs: Dr Tina Brock, Taskforce Advisory Group and Diane Gal, Project Manager, FIP

**Programme**

More than 120 representatives and leaders of global, regional and national pharmacy education, pharmacy students and young pharmacists, professional and scientific bodies and FIP gathered for the morning consultation.

The consultation began with a welcome by Henri Manasse, Jr., Pharmacy Education Taskforce Bureau Liaison. Taskforce Director Ian Bates gave a brief introduction about the history and context of the development of the Taskforce. The Taskforce was established in November 2007 with the endorsement of the International Pharmaceutical Federation (FIP), the United Nations Educational, Scientific and Cultural Organisation (UNESCO) and the World Health Organisation (WHO). The Taskforce is a coordinating body of organisations, agencies, institutions, and individuals with the shared goal of catalysing actions to develop pharmacy education.
The purpose of the Pharmacy Education Taskforce is to oversee the implementation of the 2008–2010 Pharmacy Education Action Plan, identify resources and serve as a connection for stakeholders. The Action Plan is an initiative to develop evidence-based guidance and frameworks that will facilitate the development of pharmacy education. The plan aims to enable the sustainability of a pharmacy workforce, advocating for needs-based pharmacy education development. Needs-based education means that education is determined locally by evaluating the services required, the competencies needed to provide such services and using that to plan education which would support the development of such competencies (see diagram 1).

Diagram 1

Taskforce Leads gave updates and progress in each of the three Taskforce Domains: Competency and Vision, Academic Capacity and Quality Assurance.

Within the Competency and Vision for Pharmacy Education domain, Lead Ian Bates and Ph.D. student Andreia Bruno are compiling and analysing a database of national competency and continuing professional development (CPD) frameworks.

In the Academic and Institutional Capacity domain, Lead Claire Anderson and Ph.D. student Zoe Lim have been gathering an evidence library on academic and institutional capacity. Zoe is finalising her Ph.D. project proposal, which will focus on the development of a needs-based education tool.

Within the Quality Assurance domain, Lead Mike Rouse presented preliminary results from the validation survey for the FIP Global Framework for Quality Assurance of Pharmacy Education, a document launched at FIP Congress 2008. The validation exercise was initiated November 2008 to identify participating countries; twenty-four were identified. Four individuals from each country were asked to take part (one each from practice, QA, regulation, and education sectors). The validation project team identified 95 of 96 possible participants and the online survey launched May 2009; 78 complete responses were submitted. There were 62 criteria/elements in three sections of the Framework and 30 terms in the Glossary. Overall, there was a very high level of “validity” reported for all sections and the Glossary. A more in-depth analysis will be completed in the next
The Taskforce has increased focus on its communication, advocacy and outreach. The Taskforce’s online global platform, the Community of Practice, has expanded to include 281 members from 65 countries. The Taskforce has published a commentary in the *Human Resources for Health Journal*, authored a chapter in the *2009 FIP Global Pharmacy Workforce Report* and produced monthly newsletters. Communications Liaison Sarah Whitmarsh has submitted an article on the status of pharmacy education in sub-Saharan Africa for the international development magazine *Health Exchange*. The Action Plan and brochure have been translated into Portuguese, Spanish and Arabic for its website ([www.fip.org/education](http://www.fip.org/education)). The Taskforce finalised its Communications Plan in April 2009.

FIP Project Manager Tana Wuliji reported on the outcomes of the Country Case Study Workshop held in Nairobi, Kenya, in August 2009. The aim of the workshop was to develop joint case study plans that seek to address academic capacity, curriculum reform, quality assurance and innovative strategies to overcome the challenge of limited resources in the development and expansion of pharmacy education in Africa. The proposed country case studies work plan activities include: developing a Quality Assurance SWOT analysis tool; creating a regional database of schools of pharmacy, including undergraduate and postgraduate programmes, specialist expertise, research interests; developing pharmacy education advocacy tools; and establishing a regional network of schools of pharmacy.

Akemi Yonemura, Programme Specialist from UNESCO’s Division of Higher Education shared her perspective regarding progress in the Pharmacy Education Taskforce and Action Plan, key points on UNESCO’s strategy for higher education development, and key messages from the 2009 World Conference on Higher Education. Akemi recommended that the Taskforce follow up activities based on the Communique from the World Conference on Higher Education (WCHE). She noted that the request for UNESCO’s involvement in education activities must come from member states and recommended strengthening of partnerships at the national level. She also recommended that the Taskforce look to creating partnerships beyond higher education institutions.

Billy Futter, Lead for Strategy gave a critical overview and observations on progress for the Taskforce. Within the Taskforce, Billy said progress has been excellent, challenges identified, momentum established and commitment secured. The ability to create a sense of urgency for change around a shared vision amongst stakeholders would be critical for success. Taskforce capacity should be carefully monitored to assure sustained progress.

Taskforce Director Ian Bates concluded the presentation with a synopsis of operational issues and plans for next year, which included: pursuing funding initiatives, increased engagement with the wider FIP constituency and more cohesive leadership and strategic approaches.

**Roundtable Discussions**

With the Pharmacy Education Action Plan ending in 2010, the consultation discussion focused on the post-2010 development of the three domains (Academic Capacity, Quality Assurance, and Competency/Vision) of the Taskforce as well as revisiting the other three domains identified at the first education consultation held in 2006. These domains - Continuing Professional Development, Technicians and other cadres, and Advocacy and Policy for pharmacy education and workforce development – were initially determined to be of lower priority due to limited resources. The
objective of the roundtable discussions was to receive feedback and suggestions from a broad stakeholder group to inform the future work of the Taskforce. It should be noted that comments reported below do not necessarily reflect the position of the Taskforce or FIP and no decisions were taken at the consultation regarding the adoption of suggested strategies and initiatives.

Small groups of no more than 10 participants each were asked to consider one of the six domains and to brainstorm any new domains. With the established domains, the participants were asked to specify the role of FIP in the domain, the role of other stakeholders, activities and outcome measures. With the other domains, participants were asked to re-consider the objectives and outcomes of the topics from 2006 for relevance, project development ideas, and potential leaders. All groups were asked to identify any new domains.

<table>
<thead>
<tr>
<th>Established Domains (5 tables: 2 each for Capacity and QA; one for Competency)</th>
<th>Previously Identified Domains (6 tables: 2 each)</th>
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<tbody>
<tr>
<td>- Academic Capacity</td>
<td>- Continuing Professional Development</td>
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<td>- Quality Assurance</td>
<td>- Preparing the pharmacy technician and assistant for practice</td>
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<tr>
<td>- Competency and Vision for Education</td>
<td>- Advocacy and Policy</td>
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<tr>
<td>- Potential New Domains</td>
<td>- Potential New Domains</td>
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The small groups were facilitated by at least one Taskforce Lead or Advisory Group member. A rapporteur was identified from amongst the group to report back themes that emerged from the discussion.

Appendix 1 summarizes integrates main points reported back for each domain with the objectives and outcome measures identified at the first education consultation in 2006.

Several activities emerged across the discussion with regard to a potential role for of FIP in pharmacy education:

1. FIP should continue to strengthen partnerships with global organisations such as UNESCO and WHO, and also facilitate the formation of new partnerships at the regional and national level with Ministries of Education and Health, universities, professional bodies, regulators and accreditation organisations.

2. FIP should be an advocate for pharmacy education in activities to
   a. encourage pharmacists to undertake teacher training
   b. encourage academic institutions to implement the Quality Assurance Framework and other types of self-assessment
   c. develop key messages about the role of pharmacists and pursue resolutions at the WHO-level
   d. promote needs-based education
   e. establish a World Pharmacy Day

3. FIP can provide opportunities, tools and resources for
   a. Joint research, especially in developing countries
   b. Teacher training
   c. Student assessment
d. Continuing professional development

For the established domains of the Pharmacy Education Taskforce, all groups agreed the work should continue beyond 2010. It was recommended that the other three previously-identified domains – Advocacy and Policy, Training for Pharmacy Technicians/Assistants, and Continuing Professional Development should all be active domains.

Within Academic Capacity, new ideas for activities emerged such as a global assessment of clinical curricula and sharing models and examples of how teacher training is implemented. In Competency, it was suggested that the Taskforce could bridge the gap (provide a link) between competence and education. In Quality Assurance, the need to move forward with the Global Framework for Quality Assurance of Pharmacy Education was emphasized, such as encouraging associations and institutions to implement the framework and adapt it to the country needs.

Within Advocacy and Policy, the need for opportunities to publish was underscored; the Pharmacy Education Journal was identified as a possible solution, though it was suggested that the Journal be indexed so that it has an “impact factor.” Other ideas for advocacy included establishing a World Pharmacy Day, developing a resolution on the role of pharmacists, and developing a policy framework (along with ministries and national pharmacy associations).

Noting the context of pharmacists and pharmacy technicians – the blurring of lines in the professions, such varying roles and education between countries and regions – the need for a defined competency framework and roles for all was emphasized. Training (from vocational training to more formal training) should be provided to achieve this competency, in the context of registration and policy.

Activities of the CPD Domain should include: identifying the different levels of CPD in countries; building adaptable guidelines for specifying standards and rules for credits and programmes; implementing frameworks for testing competencies; and developing a portfolio of shared evidence and experience from countries. It was suggested that CPD should go by the more general term “Lifelong Learning.”

The Taskforce and FIP will be reviewing the recommendations/ideas from the consultation participants and will be putting together an action plan for post-2010 work.

For more information about the Taskforce, please visit our website at www.fip.org/education.

Comments, questions, expressions of interest and suggestions are welcome and can be sent to Sarah Whitmarsh, Communications Liaison at education@fip.org.
### Appendix 1: Domains for action in pharmacy education and workforce development

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<thead>
<tr>
<th>Domain</th>
<th>Objectives</th>
<th>Outcome measures</th>
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| 1. Competency | • Define and clarify pharmacy practitioner roles and pharmaceutical scientist competencies across all settings in relation to country level health, market and health workforce needs.  
• Examine the curricular outcomes that are relevant at local and global levels in preparing pharmacists for practice.  
• Compile national health and education policy systems that coordinate and develop pharmacy education programs | • Complete literature and documentation search of pharmacist competencies, competency frameworks and models worldwide  
• Identify core competencies and group according to practice setting and skill level  
• Examine core competencies in context of health, market, workforce needs and other health care workers through geographically representative case countries  
• Define core competency sets across skill levels  
• A systematic understanding of where policy, advocacy and consultation about pharmacy education needs to be developed with government and professional associations |
| 2. Quality assurance in pharmacy education | • Foster and support the establishment or enhancement of quality standards for professional pharmacy education  
• Develop global guidelines for standards, accreditation and quality of pharmacy educational provision. | • Gather data on accreditation systems of pharmacy schools (and other health training institutions) worldwide  
• Evaluate accreditation models and systems  
• Finalise the development of the Quality Assurance Framework for Pharmacy Education  
• Develop guidelines for the establishment of quality standards and accreditation in pharmacy schools and providers of continuing pharmacy education |

4<sup>th</sup> Global Education Consultation (GEC):  
• *Look at different ways of thinking of competence, national accreditation standards*  
• *Each school should have specific and measurable performance criteria for their programs*  
• *Student assessment should be performance-based, not knowledge only; share innovative examples*  
• *Bridge link between competence and education*  

4<sup>th</sup> GEC:  
• *Explore the advantages and disadvantages of governmental and non-governmental systems of quality assurance and accreditation. What influences are there in different countries, e.g., from government, professional, and regulatory bodies? What is the situation in different countries?*  
• *Gather data on quality assurance and accreditation structures/systems for continuing education and post-graduate education. What principles apply to this area of QA?*
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<tr>
<th>3. Academic/faculty workforce development</th>
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|   - Explore options for regional collaboration in QA for regions in which individual countries do not have adequate systems in place.  
   - Pharmacy practice differs from country to country but are there some curricular issues that should be regarded internationally as “core”? If so, could international standards and/or benchmarks be established for these core curricular elements? If a global standard was to be established one day, what would be the steps?  
   - As pharmacy technician practice, regulation, education and training evolve, systems for QA and accreditation of education and training programs need to be established.   |   |   |
|   - Codify data on academic/faculty workforce and capacity  
   - Develop strategies for capacity development at a national level, particularly in expertise areas of greatest need.  
   - Share good practice examples in the development of academic leadership and competence of faculty members at all levels   |   |   |
|   - Gather data on academic/faculty workforce demographics, shortages, skill mix and distribution in pharmacy schools worldwide  
   - Gather strategy documents and examples of workforce capacity building/planning  
   - Codify schools of pharmacy according to workforce situation and workforce needs  
   - Develop strategies for capacity development   |   |   |

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<th>4. Vision and framework for pharmacy education development</th>
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|   - Facilitate stakeholders to move towards an accepted vision for pharmacy education development at both global and local levels.  
   - Formulate a framework that takes into account the varied economic, political and social contexts for pharmacy education development towards this vision.  
   - Identify strategies to develop the necessary infrastructure and educational resources for the provision of pharmacy education   |   |   |
|   - Engage stakeholders in consultation to develop and agree upon a vision for pharmacy education  
   - Formulate an education development framework  
   - Foster the development of innovative teaching and assessment strategies for current and evolving curricular outcomes  
   - Gather data on the infrastructure (e.g. – buildings, services, laboratories, equipment) and educational resources (e.g. – IT, reference resources) available in existing pharmacy schools   |   |   |

4\textsuperscript{th} GEC:  
- FIP should look at the standards of pharmacy education  
- Develop internet capability to allow for joint research – clinical curriculum to be looked at in detail by all countries together  
- Need to have more academically qualified pharmacists in the non-practice areas for better integration of pharmacy curriculum  
- Share examples of how teacher training is implemented  
- Encourage people to undertake academic training and recognise the need for funding research that will sustain careers in academia  
- Celebrate role models and recognise them to inspire others  
- FIP should work more closely with UNESCO  
- Work more closely with other professions – inter-professional education to share academic workforce
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<th>4th GEC:</th>
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<tr>
<td><strong>Increase engagement with all stakeholders in pharmacy education</strong></td>
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<tr>
<td><strong>Several tools could be used to inform and advocate for the vision of pharmacy education including: policies, frameworks and consensus statements</strong></td>
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<td><strong>Build a unified global voice in pharmacy education</strong></td>
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<th>5. Training for pharmacy technicians and other cadres</th>
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<tr>
<td><strong>Establish principles to facilitate the definition and clarification of pharmacy technician and assistant roles and competencies across all settings in relation to country level health, market and health workforce needs.</strong></td>
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<tr>
<td><strong>Examine the curricular outcomes that are relevant at local or global levels in preparing allied pharmacy practitioners for practice.</strong></td>
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<tr>
<td><strong>Complete literature and documentation search of pharmacy technician and assistant competencies, competency frameworks and models worldwide</strong></td>
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<tr>
<td><strong>Identify core competencies and group according to practice setting and skill level</strong></td>
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<td><strong>Examine core competencies in context of health, market, workforce needs and other health care workers through geographically representative case countries</strong></td>
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<th>4th GEC:</th>
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<tr>
<td><strong>Should be an active domain</strong></td>
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<tr>
<td><strong>Line between technicians and pharmacists is blurred, need for defined competency framework and roles for all and provide training to achieve the competency</strong></td>
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<td><strong>Roles and cadres vary between country and region, unsupervised to supervised and helping pharmacist, variety in practice and science</strong></td>
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<td><strong>Need for training is clear, in context of registration and policy</strong></td>
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<tr>
<td><strong>Prepare frameworks at national level, example models; to define the different levels of practice and roles for technicians.</strong></td>
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<td><strong>Vocational education training for quick updating to more formal training</strong></td>
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<th>6. Advocacy and policy for pharmacy education and health workforce development</th>
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<tr>
<td><strong>Provide advocacy and technical expertise to countries and training institutions in the development of pharmacy education and human resources for health.</strong></td>
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<td><strong>Support a functional platform for ongoing dialogue, sharing of resources and tools for pharmacy education and human resources planning.</strong></td>
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<td><strong>Develop position papers, statements and guidelines for international dissemination and use</strong></td>
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<tr>
<td><strong>Advocate for national level human resource planning for pharmacy linked with educational development at a national level</strong></td>
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<tr>
<td><strong>Launch an online platform on the FIP website to enable sharing of resources and discussion</strong></td>
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<td><strong>Develop a plan to allow ongoing monitoring, advocacy, and progress in pharmacy education</strong></td>
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<th>4th GEC:</th>
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<tr>
<td><strong>Advocacy and Policy is something that FIP should focus on</strong></td>
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<tr>
<td><strong>Strengthen partnerships with WHO and UNESCO, universities, ministers of education and health and collaborate for advocacy</strong></td>
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<td><strong>Develop key messages – esp for the role of the pharmacist (ex – part of multi-disciplinary health team), keep it country specific about local needs. Outcome measure – resolution at WHO level.</strong></td>
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<td><strong>7. The role of undergraduate education and lifelong learning - CPD</strong></td>
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| • Get discussions going at the regional level – committees or forums, mechanism?  
• Engage IPSF for advocacy in academic careers, getting students’ perspectives on education  
• More research in developing countries, section of Pharmacy Education Journal on these issues? Index the pharmacy education journal so it has an impact factor.  
• Tie advocacy to World Pharmacy Day  
• Use national pharmacy associations to assist in advocacy, invite ministers while they are devising policies on pharmacy education  
• Outcomes – improve the needs-based curriculum, establish a policy framework, develop communication and advocacy platforms  
• Evidence should be generated to develop a policy framework – involve ministries from the beginning  
• Promote needs-based education – some regional needs should be looked at in developing this. | • Match pre-service educational needs against these competencies and examine the role of postgraduate education and continuing professional development (CPD).  
• Share successful models and programs that enable pharmacist practitioners to update their competencies.  
• Using the defined core competency sets and the input from the consultation on pharmacy education in August 2007, identify the educational needs to achieve the competencies  
• Identify elements of successful CPD models and programs that enable pharmacists to update their competencies  
• Define the role of undergraduate, postgraduate and CPD. |
| 4th GEC: |  |
| • Look at different levels of CPD  
• Provide and specify standards and rules for credits and programmes, build guidelines  
• Provide CPD for undergraduates and technicians  
• Recognise skill-shifting  
• Implement frameworks for testing competencies  
• Develop global adaptable framework  
• Evaluate teaching techniques  
• Share examples of good practice  
• Integrated with all training  
• Use other set of letters than CPD – for example, lifelong learning  
• Needs to relate to countries’ educational services, with a patient focus  
• Maintaining standards and development  
• Individual choice for CPD  
• Informal and formal and account for work-based learning  
• Portfolio of shared experience from different countries  
• Need support and mentoring, others need to act as mentors |