This document sets out the key findings and implications of the Continuing Professional Development/Continuing Education in Pharmacy: Global Report, 2014 (available at www.fip.org/educationreports). The International Pharmaceutical Federation (FIP) and FIP Education Initiative have made a commitment to ensure that reports and communications to members are purposeful and useful. The intention of this document is to provide helpful guidance and navigation for our FIP stakeholders and to enable our member organizations to prepare briefings and communiqués for their own networks and stakeholders. We have signposted key messages which we think are of most relevance for different categories of stakeholders.

**Professional Associations**

In examining some of the key findings from the survey Pharmaceutical Professional Bodies or Associations were identified as a key provider of Continuing Professional Development (CPD)/Continuing Education (CE) in the majority of the cases studied (58 out of 65 countries and territories). Currently countries around the world have a variety of systems in place for CPD/CE development. A change in focus is occurring in many countries from a CE perspective and collecting points, to a CPD approach related to meaningful learning. This is a long journey, as highlighted in the New Zealand case. The new approach to CPD learning will also imply that programmes of education/ professional development will need to be adjusted consequently. Examples provided can be a source of inspiration. Many associations are developing and adopting competency-based approaches to workforce development, describing the scope of practice. Pharmaceutical professional associations have a crucial role to play in order to define on a national, or regional level, the competences required for all pharmacists to practice in current and new emerging scopes of practice and to help individual pharmacists to link this competency framework with their personal needs assessment (the first step of the CPD programme).

The FIP Global Competency Framework GbCF v1 already in use in a significant number of countries can be adapted by these associations to aid in defining the competency framework guiding practitioner professional development. Having a developmental framework in place (at foundation and advanced levels of practice) can serve as a relevant basis for effective CPD implementation, as evidence strongly suggests that developmental frameworks better operationalize CPD policies. Similarly, while CPD/CE has been primarily focused on updating competencies, the survey indicated that the competency framework at foundation level (at graduation) is more often completed by a competency framework for advanced practice. Pharmaceutical professional associations have a key role to play in defining these advanced practice competency framework, as highlighted in the case of Japan.
It is also important to recognize that a proper IT infrastructure can play a key role in facilitating the completion and check of CPE/CE requirements, as highlighted in the examples of New Zealand, Northern Ireland and Japan.

The engagement of professional associations in shaping CPD/CE systems has been strong in different countries. The USA case study demonstrates how the state and national associations have worked together to explore and implement a CPD framework, resources and tools to support self-directed lifelong learning. As a demonstrated key provider, Pharmaceutical Professional Bodies or Associations have the opportunity to provide pharmacists with Continuing Professional Development/continuing education programmes if they have not yet been established.

**Regulators**

As well as professional associations profession regulators have been reported as providing CPD/CE in 39 countries and territories (29.7%), the countries in the Eastern Mediterranean and Western Pacific WHO regions reporting the largest portion of regulators providing CE/CPD. Professional regulating bodies tend to have varying levels of involvement. Half of the countries and territories indicated that after registration, there were regulatory or educational requirements to maintain registration (50%, 31). In some countries, requirements are made on a voluntary basis, as highlighted in the case study of Japan.

The report refers to a number of examples on how CPD/CE requirements are validated by the regulator (Australia, Canada, New Zealand, Northern Ireland, USA and Oman) and which systems are in place to facilitate this work. It should also be noted that the way CPD/CE activities are accredited (and the identity of the accrediting body) differs greatly across countries. In some cases, like in the USA, the accrediting body is in charge of both initial and continuing education, while in others, these are two different structures.

Regulators as well as being providers of CPD/CE as indicated in the survey also can support adoption or development of foundation level frameworks for CPD/CE if they have not considered it.

**Higher Education Institutions**

Academic provider institutions are cited by 83% of the countries and territories (53 cases) as providers of CPE/CE, alongside with pharmaceutical professional bodies and associations they account for the majority or cited provider organisations for CPD and CE in our survey provider institutions as in the case of Namibia demonstrates the important role they play in resource constrained environments.

Another example of a pragmatic approach in such a resource stretched setting was highlighted in the case of Croatia with some adjustments in the university, as such a higher contribution of practitioners as speakers, tutors or lectures in University's educational activities. Education institutions should consider developing CPD/CE programmes if they have not been established yet by examining some of the approaches discussed in the case examples.

**Other Stakeholders**

a. Employers

Employers have been reported as providing 56.3% (36 countries and territories) of CPD/CE, and in 73.8% of the countries and territories (45) are stated as a contributor of funding.

In line with the implementation of CPD, the employer can consider the following elements:

- To define a specific competency framework for their staff, helping to link professional performance and competencies required
- To help and support identify their learning gaps and skills needed in their practice to improve performance
- Facilitate CPD for their employees by funding and/or providing working hours to attend CPD activities
- Being actively involved with the implementation of CPD helps employers ensure their pharmacists are prepared and motivated to meet the competency requirements of the changing practice environment.

b. Industry

From the analyzed sample, industry, pharmaceutical companies and wholesalers were the most frequently reported category of provider under “other” category, comprising around 17% of the cases (31 cases).

Around three-quarters of all countries in this sample (77% of the cases) have reported that pharmaceutical companies provide support and contributions for CPD activities. This is a significant contribution to professional development and engagement with the practice communities.

This finding might be of relevance for pharmaceutical industries as highlighted in Namibia case, pharmacists are likelihood more willing to take part in free CPD activities provided by pharmaceutical/interest groups.

The balance between funding to increase uptake and quality assurance of relevant unbiased education is key to ensure pharmacist competence and development as a professional. The survey indicates that CPD provided through pharmaceutical/interest groups should be also regulated or accredited by the regulatory national bodies to be perceived by the pharmacists as relevant for professional development. In some countries there is an inconsistency in the quality of educational activities that can be overcome through fruitful partnerships between the key stakeholders.

In Canada pharmacy provincial regulatory bodies are working together to create more consistent processes for quality assurance and under this umbrella are aligning to create self-assessment tools, learning portfolio tools and audit tools.

c. Other providers of CPD/CE

“Other” providers of CPD have been stated in 16 cases, which corresponds a total of 25%. From these cases, 11 have been reported as provided by industry, pharmaceutical companies and wholesalers.

Wealthier countries and territories (according the World Bank Classification), have a tendency to have more private provision as part of the national CPD/CE provider mix. The evidence has also showed that in most countries there is a mixed economy with regard to the funding for CPD/CE, with sources mostly being drawn from self-financing, commercial organisations and employers.