We need to be transformative

- Health System drivers
- Variance in capacity
- Variance in education
Today’s activities

The workshop sessions planned for today are critical for future success.

The workshop delegates are representing many countries, organisations and scope of expertise – it is a major achievement to get so many world experts and leaders together for a common purpose.

All of the feedback today, from all of you here, will be used to directly feed into the global transformation agenda.

Global Conference Round-up

Purpose is to inform us all about outcomes of today’s seven workshops
- Present a summary of workshop key points based on reports from our rapporteurs
- Clarification, expansion of key points
- Q&A, comments, comment cards, sticky wall

Open dialogue
Rapporteurs

- Lina Bader
- Jill Boone
- Andreia Bruno
- Joana Carrasquiera
- Susan James
- Ema Paulino
- Toyin Tofade
- Whitley Yi

Workshop Facilitators

- **Initial and Early Education**
  - Prof. Tina Brock

- **Quality Assurance and Accreditation**
  - Mr. Michael Rouse

- **Educating for Collaborative Working**
  - Prof. Jill Boone

- **Practice and Science**
  - Dr. Ian Larson

- **Clinical Practice**
  - Prof. Tina Brock

- **Educating for Advanced Practice**
  - Prof. Kirstie Galbraith

- **Educating for Future Goals**
  - Dr. Toyin Tofade
Initial and Early Education
WDGs 1 and 2: Academic Capacity; Foundational Training

Defining Academic Capacity:
• Right academic educator mix
• Being to able to deliver pharmacists the country needs
• Quantity, quality, infrastructure
• Optimized learning environment
• Building in ability for growth, to adapt to future needs

Drivers of WDG 1 implementation:
• Automation – e-learning, simulation, shared learning
• Collaborative education and training – everyone contributing; exchange programs; partnered learning; interaction between practice and academia
• Best Practices: experiential learning; active participation (student engagement); IPE; assessments; placements appropriate for student needs

Appropriate Targets for implementation:
• Employability skill development; standards; assessment; outcomes-based education; student initiated learning; providing well-rounded education

Challenges to monitoring/measuring progression of WDG 1:
• Broad landscape
• Moving targets

Quality assurance and accreditation

WDG 3 Countries/territories and member organizations should have transparent, contemporary and innovative processes for the quality assurance of needs-based education and training systems

Challenges
Communication
Commitment

Commonality – all had some level of quality assurance whether internal or external to the institution
Quality assurance and accreditation WDG3
Challenges and Solutions

- Identify the challenges
  - Diversity within and between countries
  - Resources (manpower and funding)
  - Stakeholder engagement
  - Resistance to change
  - Governmental control

- Identify solutions
  - Communication with stakeholders, identify the message, refine it and repeat.
  - Develop strategies to incentivize stakeholders and government
  - Encourage more association driven strategies
  - FIP assistance

Quality assurance and accreditation WDG3
Communication

- Engage more closely with WHO
- Identify all the stakeholders
- Develop a strong message focused on the patient and capabilities of the 21st century pharmacist
- Use bottom up and top down approaches
- Identify national champion and liaison to keep communications consistent
- Include peer review processes
Commitment to the goal

- Set implementation targets
- Identify gaps and needs analysis 3 yr and 5 yr goals
- Create an FIP survey of quality assurance baseline
- Capitalize on existing systems built on strengths
- Make sure ALL stakeholders are involved in implementation processes- patients, families, students, families, pharmacists, government, regulatory agencies, faculties etc.
- Ask annually "did we achieve our targets?" If not why not.

Education for Collaborative Working
WDGs: 6. Leadership Development 8. Working with Others
Participants from 23 Countries

<table>
<thead>
<tr>
<th>Targets</th>
<th>Monitoring, Measuring</th>
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<tbody>
<tr>
<td>WDG 6. Leadership Development</td>
<td>• # of standards including IPE</td>
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<tr>
<td>• Accreditation standards</td>
<td>• # of programs with IPE</td>
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<tr>
<td>• Develop country &amp; int’l standards or guidelines</td>
<td>• # of IPE publications</td>
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<tr>
<td>• IPE in all programs</td>
<td>• # of collaborative practices</td>
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<tr>
<td>• Leadership training – curriculum, co-curriculum, practice</td>
<td>• Remuneration data</td>
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<td>• Government directive for education and practice</td>
<td>• Feedback from preceptors and other HC professionals</td>
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<td>• Develop remuneration models</td>
<td>• Measure patient outcomes</td>
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<tr>
<td>• Create models of collaborative practice (pharmaceutical triage, physician offices)</td>
<td>• Leadership development metrics are challenging</td>
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<tr>
<td>WDG 8. Collaborative Working and IPE</td>
<td>Disseminate</td>
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<tr>
<td>• Translate guidelines, scientific publications, centers of excellence, national association for IPE, collaborative CPD sessions, PharmAcademy, joint policy statements with other professions, public education/promotion (e.g videos), forums, MOOCS</td>
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**Shared ideas on integrating science and practice:**

- Redesigning initial education such that pharmacy students are introduced to practice from Day 1.
- In addition to undergraduate education, targeting postgraduate studies as a means to science/practice integration (e.g. clinical practice-based research and data collection).
- Recalibrating the curriculum to accommodate new emerging therapies and advanced services.
- Introducing innovative modules that allow students to design new pharmaceutical services, forcing them to think about the link between science and practice.

**Discussion: What does WDG 7 mean?**

**Discussion point 1:**
What does ‘service provision’ mean? Is goal about service provision or isn’t it more about their education and training?

Collective suggestion:
To edit title to make it easier to understand “Workforce education and training for service provision”

**Discussion point 2:**
What does ‘foundation’ mean? Foundation as initial education level or foundation as a framework?

Collective suggestion:
To tighten up goal description to avoid confusion. Suggestion to replace “foundation” with “framework”

**Conclusion:** Integration of science and practice needs to happen for all of the workforce including undergraduate education and CPD/CE

To achieve this goal, FIP needs to develop framework that allows for local contextualization.
Workshop: Clinical Practice
WDGs: 5. Competency and 11. Workforce Impact
Speakers from Australia, Kenya, Ethiopia, Switzerland; Participants 6 of 7 Global Regions

Key Points:
• Pharmacists role in clinical practice – desirable and achievable
• Clinical practice – consensus – patient focused care in any setting
• Challenges:
  • Need to agree on activities that pharmacists will no longer do in order to have the time for clinical practice
  • Must have remuneration for clinical services
  • Assure competence
• Other observations:
  • Regional differences regarding progress toward clinical services
  • Countries developing new services – may benefit from learning successes and hurdles of others who have implemented clinical practices
  • New roles may attract different type of pharmacy student
  • Changes require leadership

Educating for Advanced Practice
WDG 2 – Foundation training and early career development
WDG 4 – Advanced and specialist expert development

General achievability of WDGs #2 and #4

Major variances amongst different countries, also in terms of:
- Terminology recognition
- Legislation and scope of practice
- Infra-structures practice sites
- Support structure – professional organizations
- Shared understanding
- Recognition (including remuneration)
- Tangible benefits to practitioner and patients

- Foundation training crucial to underpin advancement

• Sharing experience is important (both positive and negative experiences);
• Need for policy and education structural changes – top-down approach (we have had a lot of bottom-up approaches already);
• Role of FiPED:
  • not only at congresses and reports, but also on an ongoing basis;
  • also in terms of dissemination of reports/“how to” guides that can assist with policy implementation;
  • have an advanced/specialisation framework that countries could use to support advanced practice in their jurisdictions (in addition to the FIP competency framework that already exists);
  • Nanjing statements are a great way to start!
Educating for Future Goals
WDG 6 (Leadership Development) & 9 (CPD Strategies)

Ways of monitoring/measuring progression of WDGs mentioned:

- **Online** degree programmes
- Association delivery **models**: Retreat, weekend workshops, Leadership programmes
- Important to: separate management from leadership and leadership from titles
- **Student Organizations**: Empowering students to join leadership programmes
- **Mentoring programmes**: Locally, national association, mentoring in leadership
- Go out of comfort zone and include **social and psychological skills** in the way students are being taught
- Leadership throughout the curricula
- Centres of Excellence at Schools of Pharmacy to measure attitudes and skills
- **Leadership levels** – good way to evaluate progress
- **Identify the gaps in leadership** – how to handle feedback (debriefings, soft skills, etc)

Educating for Future Goals
WDG 6 (Leadership Development) & 9 (CPD Strategies)

Ways of disseminating WDG implementation, or contribution mentioned:

- Develop **processes** on how to engage pharmacists to take leadership programmes
- How to **motivate** pharmacists to do CPD in order to have a better reflection on personal practice and country needs
- FIP to **communicate strategies to help MOs** to liaise with governments in order to develop the profile of pharmacists: Start with a voluntary programme first and then to evolve to mandatory CPD

What type, or form, of targets would be appropriate for implementing WDGs mentioned:

- **Core curriculum** to include leadership development and training
- Pharmacists working in **health systems** (organizational skills)
- Increase **recognition** of role of pharmacists by doctors and others
- Need to engage since the beginning of the programme and to expand the role of pharmacists especially in clinical teams
Educating for Future Goals
WDG 6 (Leadership Development) & 9 (CPD Strategies)

Needs:

• How to develop leadership habits in students since the beginning of their studies?
• What are the core competencies that leadership programmes should include?
• How to engage more pharmacists in governmental positions (e.g., Chief Pharmaceutical Office)?
• FIP to support national development of CPD Programmes

Workshop Themes

Common Themes

• Achievable
• Assessment and metrics
• Remuneration
• Role of FIP