



Global Conference Workshop Summary

What have we done? Or What did we do today? What pathways did we set?

Professor Ralph J. Altieri, PhD FFIP

President, FIP Academic Pharmacy Section, FIP Education

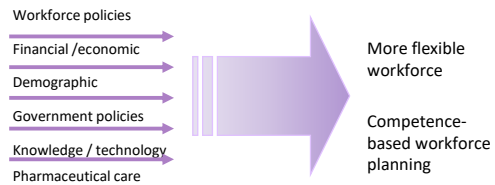
Dean, University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences



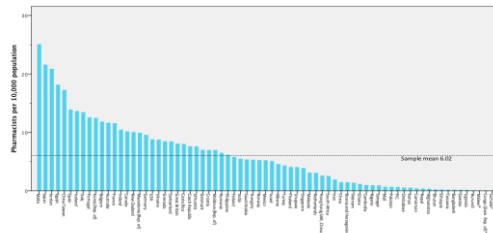
We need to be transformative



- Health System drivers
- Variance in capacity
- Variance in education



WHO-UNESCO-FIP Education Initiative Development Team



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

Workshop facilitators panel

- Clarification, expansion of key points

Open dialogue

- Q&A, comments, comment cards, sticky wall



Rapporteurs



Lina Bader

Susan James

Jill Boone

Ema Paulino

Andreia Bruno

Toyin Tofade

Joana Carrasquiera

Whitley Yi



Workshop Facilitators



*Initial and
Early
Education*

• Prof. Tina Brock

*Practice and
Science*

• Dr. Ian Larson

*Quality
Assurance and
Accreditation*

• Mr. Michael Rouse

Clinical Practice

• Prof. Tina Brock

*Educating for
Collaborative
Working*

• Prof. Jill Boone

*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



	Targets	Monitoring, Measuring
WDG 6. Leadership Development	<ul style="list-style-type: none"> • Accreditation standards • Develop country & int'l standards or guidelines • IPE in all programs • Leadership training – curriculum, co-curriculum, practice 	<ul style="list-style-type: none"> • # of standards including IPE • # of programs with IPE • # of IPE publications • # of collaborative practices • Remuneration data • Feedback from preceptors and other HC professionals
WDG 8. Collaborative Working and IPE	<ul style="list-style-type: none"> • Government directive for education and practice • Develop remuneration models • Create models of collaborative practice (pharmaceutical triage, physician offices) 	<ul style="list-style-type: none"> • Measure patient outcomes • Leadership development metrics are challenging
Disseminate	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	

WS 4: Practice and Science
WDG 7. Service provision and workforce education and training



Shared ideas on integrating science and practice:

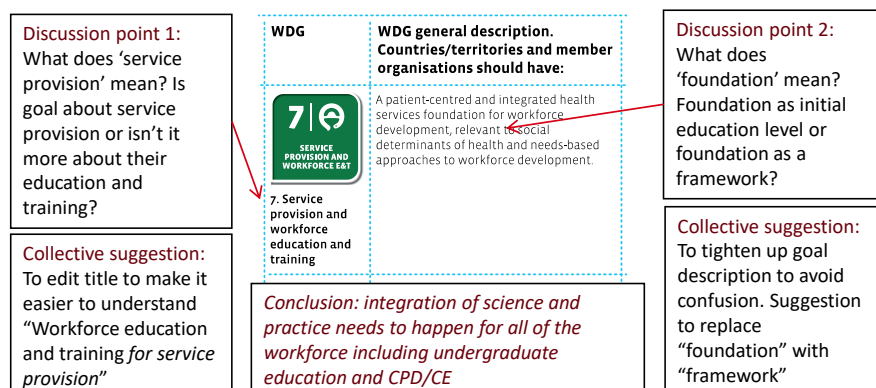
- Redesigning initial education such that pharmacy students are introduced to practice from Day 1.
- In addition to undergraduate education, targeting postgraduate studies as a means to science/practice integration (e.g. clinical practice-based research and data collection).
- Recalibrating the curriculum 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.



WS 4: Practice and Science
WDG 7. Service provision and workforce education and training



Discussion: What does WDG 7 mean?



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:

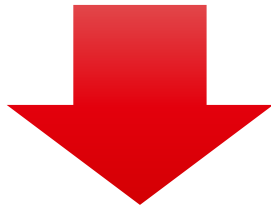
- Terminology recognition
- Legislation and scope of practice
- Infra-structures practice sites
- Support structure – professional organizations



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



- Shared understanding
- Recognition (including remuneration)
- Tangible benefits to practitioner and patients



- Foundation training crucial to underpin advancement



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



- 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 (eg. Chief Pharmaceutical Office)?
- FIP to support national development of CPD Programmes



Workshop Themes



Common Themes

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

