



Global Conference Workshop Summary

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

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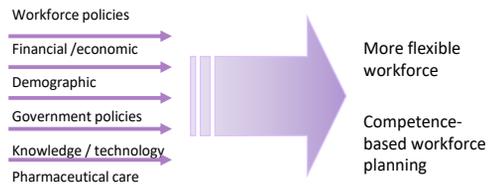
Dean, University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences



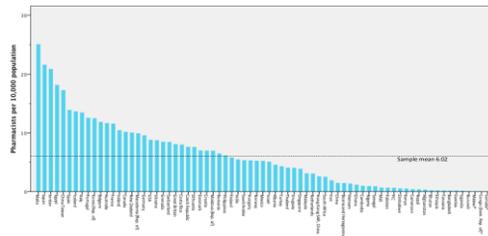
We need to be transformative



- 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:

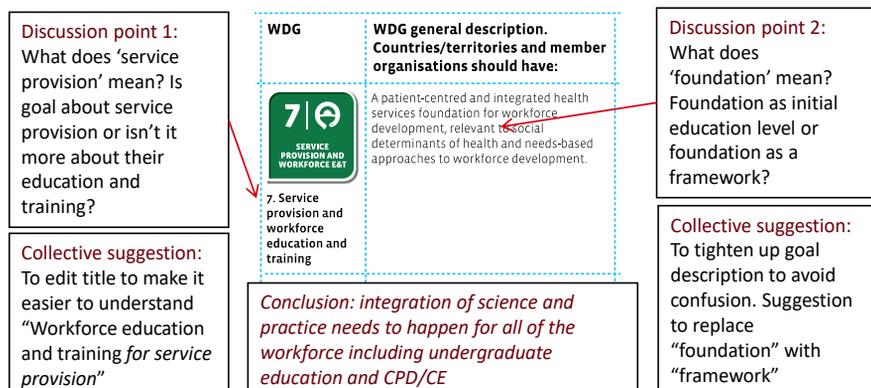
- Redesigning initial education such that pharmacy students are introduced to practice from Day 1.
- In addition to undergraduate education, targeting postgraduate studies as a means to science/practice integration (e.g. clinical practice-based research and data collection).
- Recalibrating the curriculum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



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



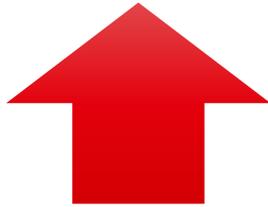
General achievability of WDGs #2 and #4

Major variances amongst different countries, also in terms of:

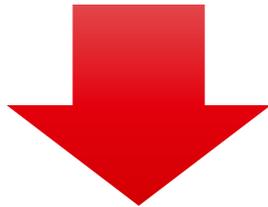
- Terminology recognition
- Legislation and scope of practice
- Infra-structures practice sites
- Support structure – professional organizations



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

