



# WHO UNESCO FIP Pharmacy Education Taskforce

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## **FIP Congress 2009**

The Taskforce Team is arriving at the FIP Congress 2009 in Istanbul, Turkey to take place 4<sup>th</sup>-8<sup>th</sup> September 2009. If you are coming to Congress, we hope to see you at the sessions described below. If not, you can follow us at the Pharmacy Education Taskforce's Twitter page at: <http://twitter.com/phrmcyeducation>, where Sarah Whitmarsh, Communications Liaison, will be giving live updates throughout the week.

The **4<sup>th</sup> Global Pharmacy Education Taskforce Consultation** will be **Sunday, 6th September 2009 from 0900 – 1200 in Room Topkapi A**. The consultation will explore the Taskforce's progress and challenges and will look ahead to long-term vision and strategies for 2010 and beyond. It is an open session, available for all Congress attendees. The full consultation programme is available at: [http://www.fip.nl/istanbul2009/?page=istanbul\\_outline&congress=program&program\\_id=232](http://www.fip.nl/istanbul2009/?page=istanbul_outline&congress=program&program_id=232). The reports from all three previous consultations are available on the COP library under "Taskforce consultations and events."

Manjiri S. Gharat of the Indian Pharmaceutical Association and Timothy Rennie of the School of Pharmacy, University of London, are co-chairing an informal meeting about **pharmacists fighting tuberculosis (TB)** during FIP Congress 2009. The aims of the meeting are to: create a network of pharmacists with interests in TB; discuss ideas and innovations in technology and practice around TB; and act as a resource for exchanging related useful information. The meeting is scheduled to take place **Friday, 4th September from 16.30 to 18.00 in Room Sultan 1**.

An informal meeting of the **Quality Assurance Forum** will be held on **Saturday, 5th September** between **12:30pm and 1:30pm in Room Topkapi A**. At the meeting, preliminary results of the validation of the Global Framework for Quality Assurance of Pharmacy will be presented and discussed. In addition, an update on the activities of the WHO UNESCO FIP Global Pharmacy Education Taskforce related to quality assurance of pharmacy education will be provided. Feel free to bring your lunch!

FIP and WHO will be holding a joint session on **pharmacy workforce development** on **Saturday, 5th September 1400 – 1700 in Room Topkapi A**. The findings from the 2009 FIP Global Pharmacy Workforce Survey will be presented together with country case studies of workforce development. The session will close with an opportunity to discuss key issues and strategies for workforce development.

Please also stop by our booth in the Exhibition Hall immediately following the Opening Ceremony for a reception to celebrate the re-launch of the Pharmacy Education Journal, <http://pharmacyeducation.fip.org>. At the conclusion of the Opening Ceremony, the Exhibition Hall will open at **4 p.m. on Friday, 4<sup>th</sup> September**.

## **News and Updates**

The second country case study workshop was held in Nairobi, Kenya, from 10-12th August 2009 with Country Case Study Leads, Deans and Heads of Schools of Pharmacy from seven African countries. It followed up on the outcomes from the first workshop in Basel, Switzerland in 2008. The Nairobi Forum reached consensus on a country case study work plan for the Taskforce encompassing the themes of academic capacity, quality assurance, strategic development and advocacy and communication. The proposed 2010 – 2012 work plan and workshop report are being finalised and will be disseminated to the COP soon.

The Taskforce's Action Plan and brochure have been translated into Portuguese and Arabic and the brochure has been translated into Spanish. These translations will be launched on the Taskforce website this month: [www.fip.org/education](http://www.fip.org/education). We are looking for volunteers willing to translate the documents into French. Please contact Sarah Whitmarsh, Communications Liaison, at [education@fip.org](mailto:education@fip.org) if you are interested in helping out or if you would like a copy of the translated materials.

Taskforce Advisory Group member and FIP Bureau liaison Henri R. Manasse Jr., received the Rho Chi Award at the American Pharmacists Association in April. [www.ajpe.org/view.asp?art=aj730590&pdf=yes](http://www.ajpe.org/view.asp?art=aj730590&pdf=yes).

Taskforce Director Ian Bates and FIP Project Manager Tana Wuliji gave an overview of the work of the Global Pharmacy Education Taskforce and presented some of the key findings from the 2009 FIP Global Pharmacy Workforce Survey at the London International Development Centre last month. See this link for a summary of the talk: [http://www.lidc.org.uk/news\\_detail.php?news\\_id=67](http://www.lidc.org.uk/news_detail.php?news_id=67).

## **Report from IPSF Congress 2009**

*Taskforce Director Prof Ian Bates attended the 60<sup>th</sup> International Pharmacy Students' Federation Congress held in Indonesia last month. Please see a report from him below.*

The Education Symposium at IPSF Congress 2009 held many interesting sessions about education and training for essential medicines supply as well as an inspiring look at the immediate opportunities that the profession has with patient focussed care, and the role of continued pharmacy education in ensuring that the practitioner workforce has a foundation of competence in order to fulfil this potential. I ran two well attended workshops with the delegates; the first presented a global look at the nature and underlying assumptions of competence, and asked participants to provide a perspective on developing a global developmental framework for practitioners, based on an educational model. Delegates were very keen to see a global consensus, and the feedback provided valuable information for IPSF and the Taskforce to take this project further. The second workshop was devoted to the concept of the "Global Citizen"; students were asked if they perceived a need for pharmacy education to have more of a focus on international development issues, and the emerging globalisation of pharmacy as a profession. The workshop discussed whether a flexible media-based programme of learning could be developed (as a cooperation between the Taskforce and IPSF) and the degree of interest in this was ascertained. The outcome of this workshop was to develop the ideas produced, and to discuss with the Taskforce and the Executive of IPSF the way forward with this project.

## **Special Report**

*The following is a special report from Alam Sher, HEC Visiting Scholar, Islamia University of Bahawalpur, Pakistan and Adj. Assoc. Prof of Pharmacy Practice, MCPHS, Boston, MA, USA. In the report, Alam describes aspirations and ambitions for pharmacy profession in the developing countries. Alam can be reached at [Alam.Sher2@va.gov](mailto:Alam.Sher2@va.gov).*

Not long ago, when a patient needed someone to tend to his/her minor aches and pains he/she would usually go to their local community pharmacy and seek help from the pharmacist. However, we lost this

direct contact with the patients due in part to the commercialization of the profession after WWII. The pharmacy section was moved to the back of stores and a huge enclosed counter was placed for pharmacists to work from. The pharmacy profession has since worked very hard to get its rightful place back in the community and is finally enjoying some success, in many aspects of the profession, in both developed and developing countries.

Most of the successes were accomplished with the reintroduction/ reimplementation of the clinical pharmacy practice model at the hospital and community pharmacy settings. For example, In Ontario, Canada, a new bill is being proposed to allow pharmacists to extend refills on prescriptions without first checking it with the original prescriber of the prescription. In New Brunswick, Canada, they are moving in the direction of allowing pharmacists to diagnose and prescribe for minor illnesses. As one can imagine this is somewhat controversial still, as some of the medical associations fear that this would set a wrong precedent ; some physicians, albeit at the individual level, are welcoming it.

The precedent, however, has already been set where pharmacists are allowed to extend refills on prescriptions without first checking them with the prescribers. The pharmacists have long been extending refills on prescriptions without any prior approval of the prescribers at the Department of Veterans Affairs of the United States (DVA). As a matter of fact, DVA pharmacists were recently authorized to initiate new pharmacotherapy and were also recognized as mid level practitioners. In Florida, pharmacists have been prescribing from a limited formulary listing of medications for many years now.

Based on these trends it is safe to say that the profession of pharmacy is headed towards taking on a new role as a prescriber. It has been reported that there already exists a huge interest among practicing pharmacists to gain additional physical assessment education and training. In some colleges of pharmacy, for example, the University of Southern California, are already providing education and training in physical assessment to their students.

Some of these positive changes are still waiting to be realized in the developing countries, however. There have been a few recent improvements made in the pharmacy education in some of the developing countries. Pakistan is moving towards the PharmD model but it still lacks many aspects of the modern clinical pharmacy practice. Presently, the only jobs available to the new graduates are as drug inspectors and with pharmaceutical industry as salespeople and in manufacturing.

I believe the main reason of it is because there are very few opportunities for pharmacy students to gain clinical pharmacy experience. There are none to very few clerkship sites available for students. Clinical pharmacy experiential clerkships should prepare tomorrow's pharmacists to provide medications accurately, safely, and in a timely manner. For tomorrow's pharmacists, it should also assure education and training in monitoring positive, therapeutic outcomes of prescribed medications and minimizing potential negative, adverse effects from prescribed medications. The clinical pharmacy experiential training should educate pharmacy students to provide and maintain a complete patient medication profile and regular drug use review; and provide follow-up and feedback on patients' pattern of drug use and providers' prescribing practices.

I strongly believe that the incorporation of the clinical pharmacy experiential clerkships into the academic curricula of pharmacy colleges would truly produce many positive results. This would not only prepare tomorrow's competent pharmacists but also create much needed jobs for them in developing countries.

### **Special Request**

Andrew Brown, an academic pharmacist from the University of Canberra, Australia is currently undertaking a systematic review of literature addressing competencies, training and work force requirements, for any health care worker in Pacific Island Countries involved in essential medicines supply provision, 1998- July 2009. If you have access to any published or unpublished material that you would like to share with Andrew, you can contact him at [andrew.brown@canberra.edu.au](mailto:andrew.brown@canberra.edu.au).

## **Resources**

The new issue of Southern Med Review (which is a special issue on Access to Medicine, Pricing and Generics) has been released and can be accessed from the following website:

**[http://www.fmhs.auckland.ac.nz/sop/smr/\\_docs/SMR\\_Vol2\\_Issue2.pdf](http://www.fmhs.auckland.ac.nz/sop/smr/_docs/SMR_Vol2_Issue2.pdf)**

The 20th IUHPE World Conference on Health Promotion will be held 11-15 July 2010 in Geneva, Switzerland. The conference will examine the problems of and possible solutions to: sustainable environment and health; equitable and sustainable health; and participatory governance. More information is available at **<http://www.iuhpeconference.net/index.php>**.

A report from the Capacity Building Workshop for National Quality Assurance/Accreditation Agencies in Africa, an activity of the UNESCO-World Bank project, Global Initiative on Quality Assurance Capacity (GIQAC) is available at **<http://www.aau.org/qa/dodowa/report.htm>**.

The report from a regional meeting on the recognition of higher education qualifications in the Asia - Pacific Region, held from May 6-8, 2009 in Manila and was co-organized by UNESCO, Philippines and Australia is available at

**[http://www.aei.gov.au/AEI/Events/Recognition\\_of\\_HE\\_Qualifications\\_in\\_Asia\\_Report](http://www.aei.gov.au/AEI/Events/Recognition_of_HE_Qualifications_in_Asia_Report)**.

**Public Health Open Resources for the University Sector (PHORUS)** is a new collaborative project that was designed to test the practical considerations and benefits of providing open educational resources (OER) in Higher Education. The project is available to view online at:

**<http://phorus.health.heacademy.ac.uk/>**.

An online toolbox has been developed by the Work Group for Community Health and Development at the University of Kansas to make it easier for people to bring about change and improvement in their communities. The toolbox is available at **<http://ctb.ku.edu/en/>**.

The British Medical Association's International Department runs the BMA Information Fund which helps to provide health information to organisations in developing countries. The fund donates educational materials, such as books and DVDs, and is run in association with Teaching Aids at Low Cost (TALC). The Fund is currently inviting applications for 2009 from health care institutions, health NGOs, medical school libraries and other related organisations. To submit an application, please download the application form and TALC book list from the following page:

**[http://www.bma.org.uk/health\\_promotion\\_ethics/health\\_developing\\_world/informationfund2009.jsp?page=1](http://www.bma.org.uk/health_promotion_ethics/health_developing_world/informationfund2009.jsp?page=1)**

Intrahealth has a guide and toolkit for health worker education program development which is freely available online (published January 2008) at **<http://www.intrahealthorg/lfp/index.html>**. It explains 12 steps for education program development and provides tools for each step.

## **Contact**

If you would like more information about the Pharmacy Education Taskforce, please contact Sarah Whitmarsh, Communications Liaison, at [education@fip.org](mailto:education@fip.org). If you have any information you would like to include in this newsletter, please also send it to her by the 25<sup>th</sup> of each month.

## **Project Team Leads**

Project Team Leads are responsible for overseeing and developing activities in each priority domain of work to achieve the Action Plan's objectives.

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