

Opinion topic: Pharmacy education

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Agreed position: **“There needs to be a globally shared set of professional standards for pharmacy education and workforce development”**

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On 7 November 2016, the International Pharmaceutical Federation (FIP) launched a set of 13 global Workforce Development Goals¹ (WDGs) – the first to be developed for pharmacy. The aim is that they will shape the future of the pharmacy workforce and education and training systems worldwide, providing a framework for professional leadership bodies, agencies and policy makers.

The development of education and training plays a critical role in preparing the pharmacy workforce to meet the healthcare needs of the public. Pharmacists can improve health through the responsible use of medicines while pharmaceutical scientists have an ever growing challenge to develop novel medicines and therapeutic strategies. In 2008, FIP formed the Pharmacy Education Taskforce² (PET) in collaboration with the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) to undertake a programme of work resulting in the Pharmacy Education Action Plan 2008-2010. The plan was focused on using local needs and services to facilitate shared systems-based workforce development and policy planning approaches. Since then, FIP has increased its role in reforming and transforming global education and workforce development.

The developments at the RPS follow a similar trajectory: from the formation of a new regulator and professional body for pharmacy in 2010; widening membership of the RPS to include students, preregistration pharmacists and pharmaceutical scientists; production of professional standards; and the 2013 launch of a guide to pharmaceutical science ‘New Medicines, Better Medicines, Better Use of Medicines’; to the launch of the RPS Faculty and Foundation programmes in 2013 and 2014, respectively. All were developed to support and advance the profession to meet local needs across Great Britain (GB) but with links to best practice globally; the healthcare challenges across the UK are much the same as in other countries.

Following the success of the PET, the FIP Education Initiative (FIP*Ed*) was launched in 2011 to take a sustainable leadership role and to coordinate emerging education activities and networks worldwide. FIP*Ed* provides leadership for education development projects and partnerships by working with WHO and UNESCO to transform pharmaceutical education and workforce development. In the 2012 FIP Centennial Declaration, pharmacists and pharmaceutical scientists accepted responsibility and accountability for improving global health by closing gaps in the

¹ <http://www.fip.org/educationreports>

² Anderson C., Bates I., Beck D., et al. *The WHO UNESCO FIP Pharmacy Education Taskforce. Human Resources for Health 2009, 7: 45. DOI: 10.1186/1478-4491-7-45*

development, distribution and responsible use of medicines. Achieving this goal requires a workforce of pharmacists and pharmaceutical scientists who are sufficient in number and competent enough to meet the challenges facing global healthcare while delivering the full range of pharmaceutical services. Creating and adopting a globally shared vision to guide country-level initiatives to develop the future workforce became a priority.

At its Global Education Conference in November 2016, FIP led the adoption of a clear vision³ on which the international community can rely to advance education and training to improve global health.

In 2015, the RPS published its vision 'Transforming the Pharmacy Workforce in Great Britain' followed by its Roadmap for Advanced Practice in 2016. This provides a clear career development map for the development of practice; consolidation and maintenance of practice at advanced levels; and the ways in which we can move between both specialist and generalist practice as healthcare changes. The Roadmap places the RPS development and recognition programmes within the context of patient care. This work aligns with the global WDGs as well as with the needs of the devolved health delivery structures across GB. This is an important leadership step for the RPS.

Whilst there is currently some variation in the education and professional development of pharmacists worldwide, the quality of outcomes cannot be compromised. All nations represented by FIP (and wider) have innovations to share, from those with established workforces and models of health delivery to those whose pharmacy workforces and models of integrated care are just emerging. Sharing best practice and innovation is a priority to avoid duplication of work; ensure goals for workforce development are aligned; and accelerate new and better models for shaping the future workforce.

We will continue to work closely with FIP to ensure we share our experiences and lessons learnt to ensure these WDGs are achieved and to build on our common initiatives in the coming years. Importantly, this will include sharing progress across GB and worldwide at the FIP-RPS Congress in Glasgow 2018.

³ <http://www.fip.org/educationreports>