

Quality Assurance and Standards in Pharmacy Education

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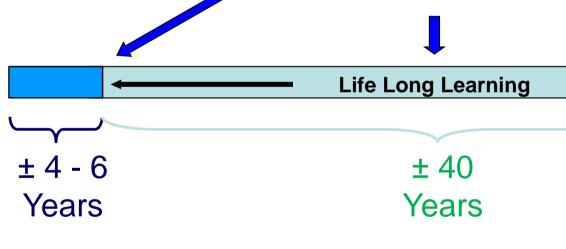
1st SEE Quality in Pharmacy Summit

Belgrade, Serbia
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The Continuum of Education for Professionals

What competencies are required for pharmacy practice?



Institute of Medicine (USA):

"Health Care Professionals no

"Health Care Professionals not adequately prepared or supported in practice"



The 7 Habits of Highly Effective People

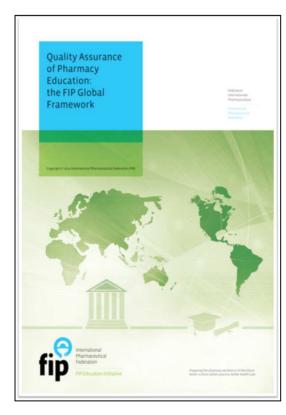
Habit 2: Begin with the End in Mind

Stephen R. Covey



FIP's Global Framework for Quality Assurance of Pharmacy Education

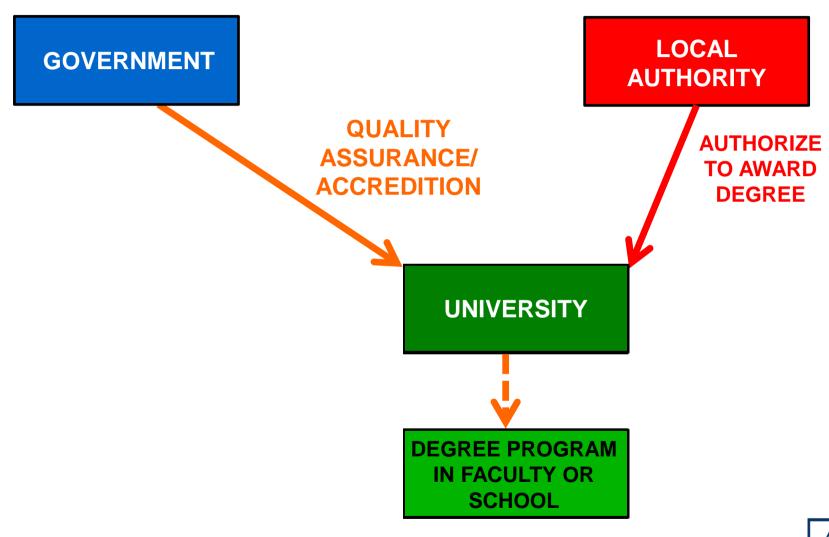
"There is a need to assure the development of an adequate and appropriately trained health care workforce, along with the academic and institutional infrastructure to deliver the required competency-based education and training. Therefore, many countries are introducing, expanding, or undertaking major transformations of pharmacy education. Such developments must be accompanied by robust systems to assure the quality of the educational context, structure, process, outcomes and impact."



International Pharmaceutical Federation. *Quality Assurance of Pharmacy Education: the FIP Global Framework.* 2nd Ed. 2014.

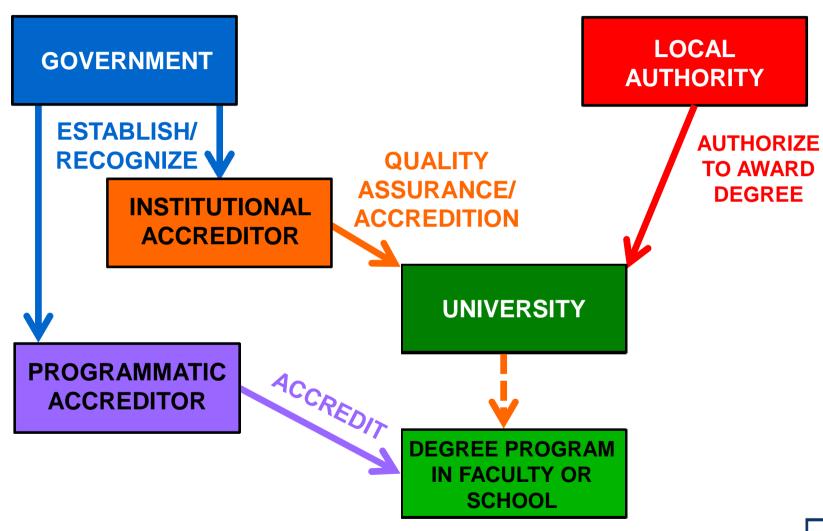


Traditional Oversight of Higher Education





The Emerging Trend



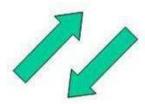


Where and How Does Quality Assurance Fit Within the Profession?

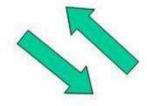


Driving Forces and Dynamic Relationships that Advance the Profession

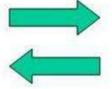
Regulation







Education Practice



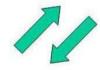


State and federal regulatory boards

State and federal government

Regulation

Accreditation agencies



Education





Practice

CE Providers

Faculties of pharmacy

Individual educators and practitioners

GENERAL PUBLIC (consumers of pharmacist services)

Other Healthcare Professions

Students and prospective students

Employers /Trade

State and federal pharmacy organizations

Pharmacy Practice and Science: Today and in the Future?





From Product to Patient ... a Continuum of Competencies

National Needs & Priorities



Patient & Population Needs

Market Forces



Are there "Core Competencies"?

Who Decides?

Needs-Based Educ

What are the patient, community and national needs?

What education and training must they complete?

Quality assured

ality 📄 lo

Needs:

local, regional, national, & international Locally determined What services can pharmacists provide?

Education:

completed by the pharmacy workforce to achieve these competencies

Globally connected

Source of graphic: FIP Education Development Team

pharma

provided by the pharmacy workforce to meet these needs

Services:

Competencies:

demonstrated by the pharmacy workforce to provide these services Socially

What competencies do pharmacists need?



Needs-Based Education Model

Quality assured

Needs:

local, regional, national, & international Locally determined

Education:

completed by the pharmacy workforce to achieve these competencies

Services:

provided by the pharmacy workforce to meet these needs

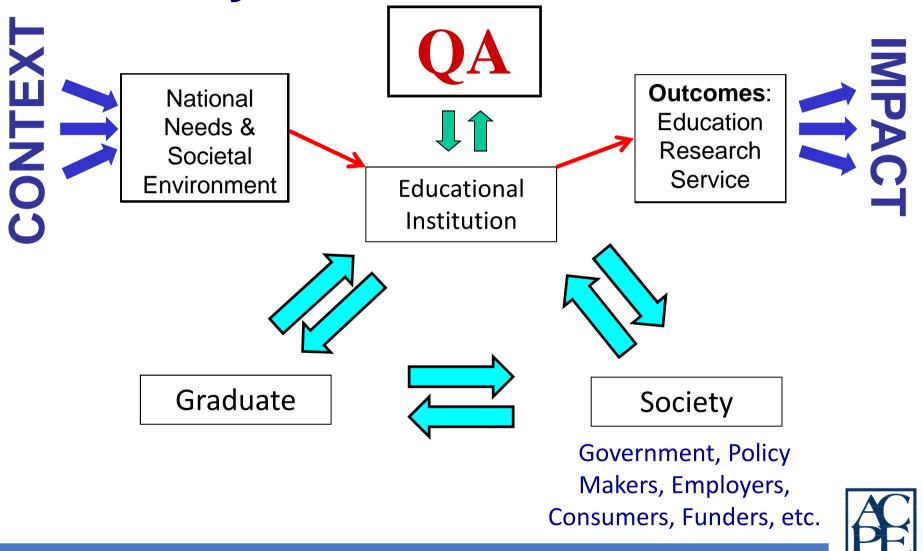
Globally connected

Competencies:

demonstrated by the pharmacy workforce to provide these services Socially accountable

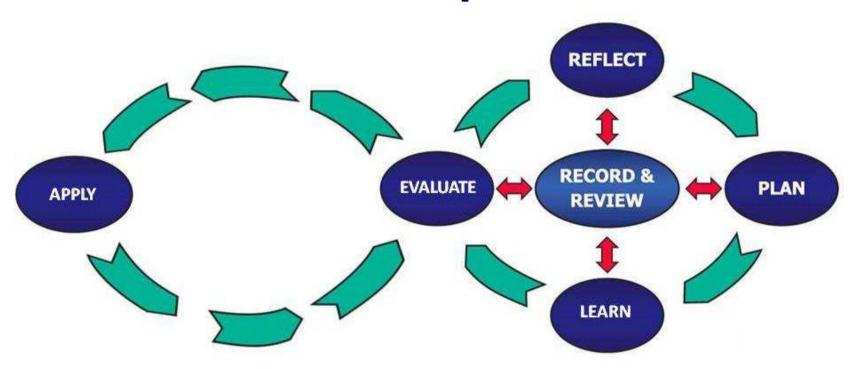
WHO-UNESCO-FIP Pharmacy Education Taskforce

Socially Accountable Education





CPD: Bridging the Classroom and the Workplace



MUST BE ALIGNED

Patient and Organizational Outcomes



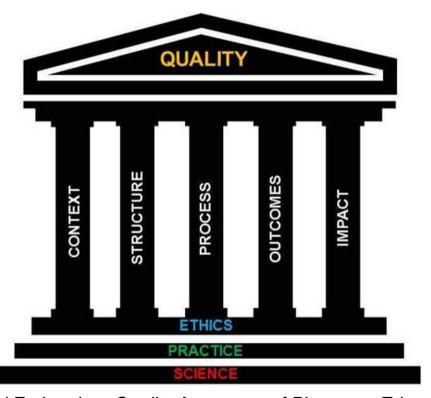
Learner's Educational Outcomes



How Do We Build Quality?



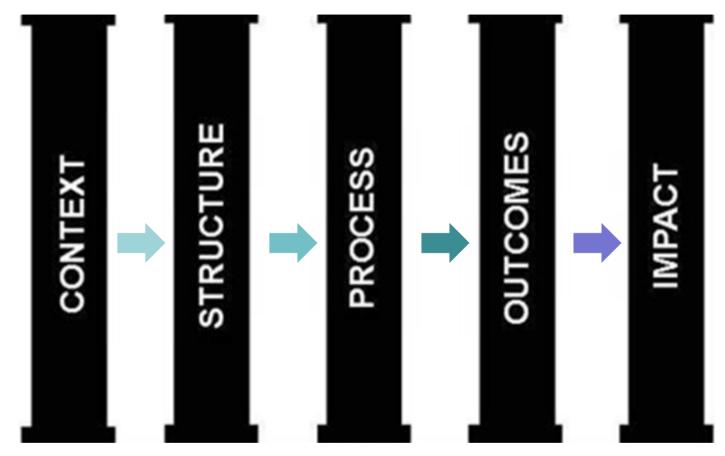
The Pillars and Foundations of Educational Quality





- 1. International Pharmaceutical Federation. *Quality Assurance of Pharmacy Education: the FIP Global Framework.* 2nd Ed. 2014.
- 2. Meštrović A, Rouse M. Pillars and Foundations of Quality for Continuing Education in Pharmacy. *American Journal of Pharmaceutical Education*. 2015; 79 (3) Article 45

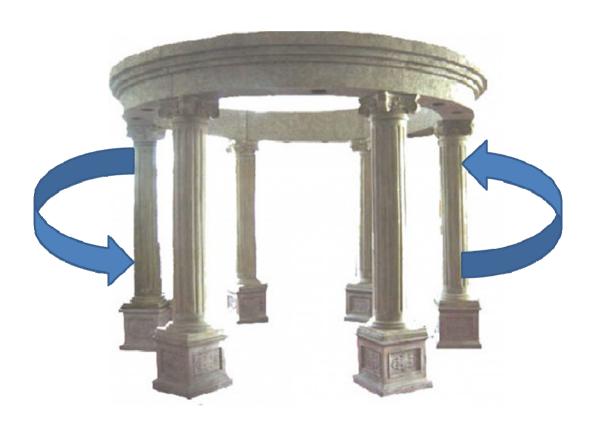




What OUTCOMES do we need to achieve (Competencies of Graduates) in order to have the desired IMPACT?

Not Linear ... Dynamic

IMPACT creates new CONTEXT (CQI)





Pillar 1: Context

- ✓ What are the national and community needs?
- ✓ What is the profession-wide vision for pharmacy practice and education?
- ✓ How are the school's vision, mission, goals, and values developed and aligned with these?
- ✓ Does the school have unique aspects to its mission?
- ✓ What "culture" is the school trying to develop?
- ✓ What are the evolving technologies and trends?
- ✓ Are the goals set clearly?





Pillar 2: Structure

- √ Governance
- ✓ Administration
- ✓ Organizational structure
- ✓ Collaborative relationships
 - ✓ Research
 - ✓ Teaching
 - ✓ Practice
 - ✓ Inter-Professional

- ✓ Resources
 - Human
 - Educational
 - Technological
 - Financial
 - Physical facilities
 - Practice sites





Pillar 3: Process

- Policies, procedures, bylaws
- Strategic planning
- Management
- Assessment & evaluation
- Quality assurance
- Committee work
- CQI and innovation
- Curricular development, delivery, and improvement

- Teaching and learning methodologies
- Student services and advising
- Student input and representation
- Faculty mentoring
- Faculty and staff professional development

Pillar 4: Outcomes

Immediate/short-term; relatively easy to observe/measure; directly related to the program and/or activities of the school:

- ✓ Student learning & curricular effectiveness
 - "Practice-ready" graduates (as defined by Educational Outcomes & Competencies)
- ✓ Research studies, publications, and presentations
- Service (university, community, national, international)
- ✓ Other mission-related outcomes



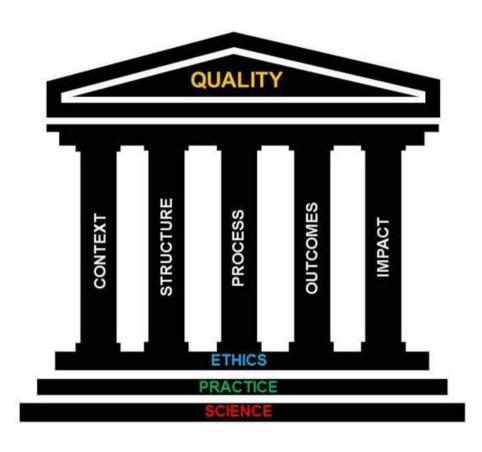
Pillar 5: Impact

Higher level local, national, international and social changes and advancement; more challenging to measure; generally factors other than the program and/or activities of the school also have a role:

- Scientific and technological advances
- Advancement of practice in the community and nation
- Leadership in the development of the national vision for practice and education and contribution to its achievement
- Graduates who become leaders in the profession and agents of change
- Leadership of and advocacy for the profession
- Innovations and changes that address or solve national health care needs and health-related priorities
- Attitude, motivation and self image of pharmacist
- Collectively reflect "social accountability"



Quality of Education



Educational
activities must
address
all competency
areas
(knowledge, skills, attitudes, values)

- Science base for knowledge
- Practice base for experience
- Ethics base for attitudes and values

competency



Foundation 1: Science

- Appropriate qualifications of the academic staff
- ✓ Science foundation of the curriculum
- ✓ Evidence-based and sourcereferenced curricular content and delivery (teaching)
- ✓ Materials and resources
 provided to enhance
 understanding and application of
 the educational material in
 practice
- ✓ Research projects and publications; other scholarly activity





Foundation 2: Practice

- Involvement of preceptors (teacher practitioners)
- Reinforce application of learning in practice (case studies, workshops, projects)
- Interactive educational activities using active learning strategies and exercises, and promote "real life" problem solving and critical thinking
- Experiential learning in practice settings
- Appropriate for current and future practice





Foundation 3: Ethics



- Principles of professional ethics and autonomy that must guide future pharmacists in decisions about patient care and the responsible use of medicines
- Oath of a Pharmacist administer the oath publicly to
 pharmacy students upon
 commencing their professional
 studies and new pharmacy
 graduates



FIP's Global QA Framework

- The FIP Global QA Framework is offered as a tool to facilitate the establishment of QA systems and standards in countries where no such formal systems exist and to improve existing systems.
- Where regional similarities and collaborations exist or are possible, the FIP Framework may also be adapted and applied at a regional rather than national level.
- Where resources or other constraints limit the immediate application of some of the principles of the framework, the document can serve as a "road map" for incremental application.

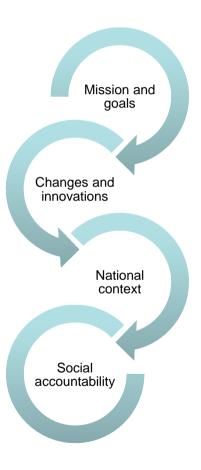


International Pharmaceutical Federation. *Quality Assurance of Pharmacy Education: the FIP Global Framework.* 2nd Ed. 2014.



Quality Indicators for Context

	Indicator	Non Compliant	Major Improvement Required	Minor Improvement Required	Compliant
1	The mission and goals of the school reflect and consider the national environment, needs, and priorities.				
2	The mission and goals of the school are aligned with the profession-wide vision for pharmacy practice and education.				
3	The mission and goals of the school are aligned with the mission and goals of the university (if applicable).				
4	The mission, goals, and values of the school are developed with input from key stakeholders (internal and external).				
5	The educational programme is designed and delivered based on national and professional needs and priorities.				
6	Changes in science, practice and regulation influence the content, design and delivery of the programme.				
7	Curricular changes are visible, consensus based, and aligned with changes impacting the pharmacy profession.				
8	The educational programme provides national and international perspectives on the topics being taught.				
9	The school implements strategies and programmes to broaden the scientific and professional horizons of students.				
10	The school provides and/or supports the delivery of educational programmes to its graduates and other pharmacy professionals in the form of CE and CPD activities to inform and influence pharmacy practice.				
11	The school's commitment to the generation, dissemination, and application of new knowledge is evident and demonstrated by productive research, publications, and other scholarly activities.				
12	The school embraces the obligation to be socially accountable and strives to address national and community needs through its educational, research and service activities.				
13	The school provides and supports projects and activities that bring about positive changes in society.				





FIP's Statement of Policy: Quality of **Pharmacy Education**

Practical recommendations for:

- National Governments, Regulatory and Quality **Assurance Organizations**
- FIP Member Organizations
- Universities, Colleges and Schools of Pharmacy



International Pharmaceutical Federation Fédération Internationale Pharmaceutique

PO Box 84200, 2508 AE The Hague, The Netherlands

FIP STATEMENT OF POLICY **QUALITY ASSURANCE OF PHARMACY EDUCATION**

Many countries have expanded or are expanding and/or undertaking a major reform of pharmacy education. Others have only recently established educational programmes for pharmacists. Further, education for pharmacists is not offered in a significant number of countries. In 2000, FIP published its Statement of Policy on Good Pharmacy Education Practice (GPEP). The GPEP statement is aimed primarily at pharmacy educators and education policy makers and it provides a conceptual framework for the design, implementation and assessment of contemporary educational programmes.

This statement is intended as a companion piece to FIP's Statement of Policy on Good Pharmacy Education Practice. The two documents have a different yet complementary focus.

Globally pharmacy practice and education are undergoing unprecedented changes as additional roles for pharmacists, as providers of health-care services and as scientists, are ncreasingly recognised and valued. Many countries are, however, faced with critical shortages of pharmacists, pharmaceutical scientists and pharmacy support personnel needed to manage all aspects of the pharmaceutical supply chain (from research and development to production wholesale distribution and dispensing). These critical shortages also affect the availability of pharmacist-provided patient-care services for patients and communities. In Uganda, for example, there is one pharmacist for every 140,000 people; local health authorities estimate that there is only one-third of the required pharmacist workforce in the public sector.2 The WHO has concluded that in many countries health-care targets cannot be realised until sufficient workforce (capacity) is built in the health-care system.3 A primary focus in this regard is the development of an adequate and appropriate health-care workforce, along with the academic and institutional infrastructure to deliver the required competency-based education and training

Multiple stakeholders have a strong interest in the quality of pharmacy education, notably governments, policy-makers and regulators; the academic community; leaders and practitioners



<sup>FIP Statement of Policy on Good Education Practice. 2000.

Matsiko CW, Kiwanuka J. A review of human resources for health in Uganda. Health Policy and Development</sup> 2003: 1(1):15-20.

World Health Organization. The world health report 2006, working together for health, © World Health Organization 2006.

Other Resources

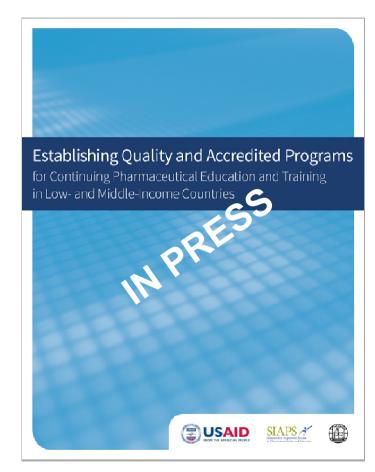
ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

International Services Program

INTERNATIONAL QUALITY CRITERIA FOR CERTIFICATION OF PROFESSIONAL DEGREE PROGRAMS IN PHARMACY



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Thank you for your attention!

