

The FIP Development Goals report 2021

Setting goals for the decade ahead

2022



Colophon

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International Pharmaceutical Federation (FIP)

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Foreword

The year 2020 saw the COVID-19 outbreak designated as a pandemic. During the 700 days up until the end of 2021 the world changed. The pandemic made us adapt our lives, our ways of working and our ways of living. Despite the impact of the pandemic on 2020 business plans and working environments, FIP persevered to deliver and launch the FIP Development Goals for our members and the profession worldwide, understanding the need to provide directions and goals in the coming years as we live with and (hopefully) move out of the pandemic.

The 21 FIP Development Goals are a key resource for transforming the pharmacy profession globally, regionally and nationally. They align with FIP's mission to support global health by enabling the advancement of pharmaceutical practice, sciences and education and are set to support pharmacy transformation in alignment with wider global imperatives such as the United Nations (UN) Sustainable Development Goals (SDGs).

Having a set of "One FIP" Development Goals provides us with a consistent way to identify commonalities across FIP, as well as some unique priorities and attributes. It imperative to bring science, practice, and workforce and education together through the 21 Development Goals to provide us with a roadmap and priorities for the next decade.

In 2021, we ran a digital programme to identify the priority goals for the decade ahead across our regions and members. This FIP Development Goals Report 2021, Setting goals for the decade ahead, provides a global status update on the goals one year on since their launch and serves as an anchor point that will facilitate the next decade's roadmap aligned with the UN Agenda 2030.

Part 1 is a summary of how the FIP Development Goals will support pharmacy transformation by bringing together pharmaceutical practice, science, and workforce and education, in alignment with the global sustainable development agenda. A summary of programmes of work delivered since the launch of the goals in September 2020 are outlined, with a focus on 2021, the first year of the goals and first year of the decade ahead.

In the second part of the report, global, regional and national needs and priorities are described. FIP's regional engagement strategy 2021 provided opportunities not only to engage with our members but also to identify their needs using the FIP Development Goals as an assessment framework. These are presented in detail and feature the voices of our members everywhere.

The final Part 3 presents an overview of each of the FIP Development Goals, showcasing how FIP continues to support its members through our events, programmes of work, and lessons collated from members worldwide. In this section, we remind our members what each goal aims to achieve across its three elements, detail how FIP supports the implementation of the goal, provides lessons learnt from members across the world on how they are trying to progress priority goals in their country.

This publication captures the scope of work FIP has done in 2021, and the commitments we have made to our members. We stand by our commitment now and in the future to support our members to transform pharmacy with clear action, in solidarity with all.

Dominique Jordan
FIP President



Catherine Duggan
FIP Chief Executive Officer



Part 1: Introduction — Setting goals for the decade ahead

Part 1 sets out how the FIP Development Goals support pharmacy transformation, by bringing together pharmaceutical practice, science, and workforce and education (Figure 1.1), in alignment with the global sustainable development agenda. A summary of programmes of work delivered and planned since the launch of the goals in September 2020 are outlined, with a focus on what was delivered in 2021 — the first year since the goals were launched and the first year of the decade ahead.



Figure 1.1: The FIP Development Goals bring together pharmaceutical practice, science, and workforce and education.

1.1 2021: The first year of the decade of action

In September 2020, the International Pharmaceutical Federation (FIP) published a set of 21 Development Goals (DGs) that bring together workforce and education, practice and science in a transformative framework, defining an improved and more advanced pharmacy profession for the next decade. These built on the 13 Pharmaceutical Workforce Development Goals launched in 2016. The “The FIP Development Goals: Transforming global pharmacy” [handbook](#) and [launch event](#) provide a full overview of the 21 goals, including their background, development approach, mechanisms, and implementation and transformation.

The 21 DGs are accompanied by a growing set of FIP global tools, structures, indicators and programmes to facilitate and support the process of transformation. The FIP DGs serve as a systematic framework for needs assessment and mapping priorities. We aim to facilitate monitoring, a dashboard, a system of sharing best practice development, globally and regionally, with evidence generated and displayed through the FIP Global Pharmaceutical Observatory and the FIP Atlas. The FIP platform provides opportunities for members and partners to share and support developments nationally, regionally and globally through partnerships.

As laid out in the foreword, the 2021 programme focused on setting the goals for the decade ahead, engaging with our members and supporting them to identify their needs on national and regional levels. This FIP Development Goals Report 2021 provides an update on the year since their launch and on plans for the decade ahead, focused on supporting FIP DGs implementation through global, regional and national prioritisation (Figure 1.2). These and other activities and programmes are described below.

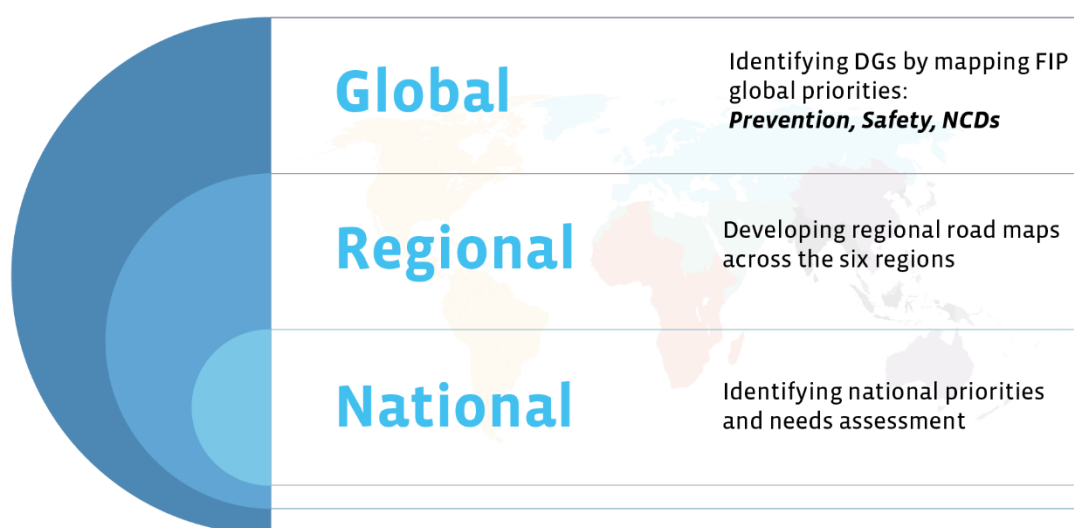


Figure 1.2 FIP Development Goals Implementation 2021: Global, regional and national prioritisation.

1.2 FIP Development Goals programme of work

1.2.1 Global, national and regional member needs

In 2021, FIP launched a comprehensive member engagement strategy using digital platforms and virtual means to identify and understand members' needs and progress. We then aligned various priorities and mapped them to the goals. Engagement largely took place regionally as a foundation for identifying and collating our members' needs, gaps and priorities against the FIP DGs. Moreover, this enabled us to identify both current status against the goals and how far members wanted to progress in the future.

In Part 2 of this report, we provide a summary of this engagement strategy and the resulting needs and priorities that have emerged on a country and regional level. In addition to working with our members directly, we mapped the DGs to three of our key programmes of work that seeks to deliver pharmacy's contribution to universal health coverage through primary health care. These programmes are summarised as non-communicable diseases, prevention and patient safety. Each of these areas was first mapped against the DGs, then commonly mapped goals across the three areas were identified as prominent goals for the short and medium term (Figure 1.3).

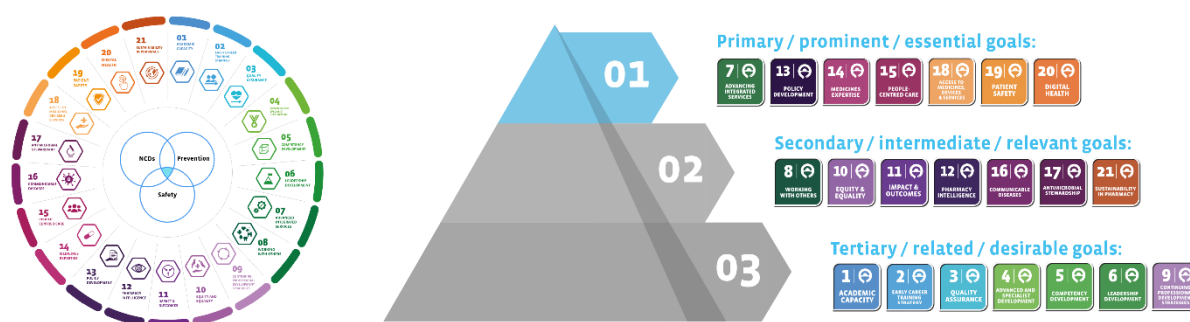


Figure 1.3 FIP Development Goals Implementation 2021: Global FIP priorities - prevention, NCDs and safety.

1.2.2 “Setting goals for the decade ahead” digital programme

In addition to regional engagement, we ran a series of digital events and webinars: the FIP Development Goals Digital Programme “Setting goals for the decade ahead” — a comprehensive series of 21 online events in 2021 providing insight into the 21 DGs (Figure 1.4).

The 21 digital events aimed to provide description, direction and context for each FIP DG, how each region can identify and prioritise each goal, and how the goals can support development and transformation as part of global and regional plans. Selected highlights from this programme are included in this report and the full suite of event recordings can be accessed [here](#).



Figure 1.4: FIP Development Goals Digital Programme 2021 Flyer.

1.2.3 Monitoring and evaluating progress through goal indicators

It is imperative that we measure progress with indicators, so FIP immediately began working on indicators for the DGs following their launch. Country level metrics are being developed as a way to measure and monitor progress via the data we collect in the FIP Global Pharmaceutical Observatory (GPO). Tracking progress towards the goals in the nations of our member organisations is a fundamental objective of the GPO. Sustaining an impetus towards these DGs is only possible if our member organisations and partners can be engaged with regular, timely and reliable data collection to guide their programmes of transformation.

All the core indicators needed for monitoring progress towards the 21 DGs are being developed in parallel with the events. They will identify the data that need to be collected, definitions, sources and methods used. Activities of the GPO will streamline the flow of data from members, organisations and partners to reduce the reporting burden, and coordinate and sequence surveys that support priorities. In this way, we will support member organisations working in their nations to make evidence-based decisions and inform policy making that are the most beneficial to patients.

1.2.4 A global knowledge centre for the DGs

FIP worked in 2021 on a new microsite, developmentgoals.fip.org, a digital platform that serves as a web-based resource for the DGs. The microsite collates FIP's work, publications, events and other outputs mapped to the goals by theme, alongside tools and resources for our members. FIP's key programmes of work that also support DGs implementation are also mapped and linked to each goal. The microsite will host the current global translations of the goals that are being led voluntarily by our members. Visit the microsite [here](https://developmentgoals.fip.org).

1.3 Future outlook

2022 will see a continuation and consolidation of the work we have done in 2021 and will include:

- Validating the national and regional priority results and data with our members;
- Completing the GPO indicators for the DGs and initiating progress measurements;
- Developing regional action plans that build on the regional analyses in this report;
- Broadening the FIP Workforce Development Hub into a FIP wide hub linked to all DGs; and
- Importantly, publishing a global roadmap to 2030, aligned with the SDGs and our vision.

2022 will also see the 1,000th day since the pandemic was declared in January 2020, and we plan to publish a report to support pandemic preparedness alongside a summary of the response to COVID-19. 2022 workstreams set the path for the health ministers' summit we will host in 2023, at which we shall present evidence of impact across the DGs, the clusters and our One FIP priorities, thus ensuring our profession is central to global health and national health ministries in all regions.

Part 2: Identifying global, regional and national priorities

The 2021 FIP regional engagement strategy provided opportunities not only to engage with our members but also to identify their needs using the FIP DGs as an assessment framework. In this part of the FIP Development Goals Report 2021, the needs and priorities for development are described globally, regionally and nationally (Figure 2.1).

Disclaimer: FIP acknowledges all efforts made by member and observer organisations and confirms that the multinational snapshots examined in different sections were added with the consent and permission of those organisations. The information was collected through tailored interviews.



Figure 2.1 The FIP DGs serve as framework for assessing needs globally, regionally and nationally.

2.1 High-level overview of FIP's global engagement and needs assessment strategy 2021

2.1.1 Committing to supporting our members

The FIP DGs provide a logical and comprehensive systematic framework for global, regional and local advances in science, practice, education and workforce development. FIP committed to assisting our members in assessing and tracking their needs, challenges and priorities, using the goals for direction at their launch in September 2020.

To follow through with this commitment, FIP launched a new engagement strategy to use the goals to identify and understand members' needs and progress, as well as combining and collating priorities and mapping them to the goals globally. FIP, as the global body for pharmacy, is committed to engaging and collaborating with our members to effectively address specific needs, challenges and priorities. In this section, we provide a summary of this engagement strategy and the resulting needs and priorities that have emerged on a country and regional level.

2.1.2 Summary of global and regional engagement strategy 2021

In 2021, our regional engagement strategy supported identifying and collating our members' needs and priorities against the FIP DGs, and identifying their progress against the goals and how far they wished to progress in particular areas in the future.

During these regional engagement initiatives, we were able to identify members with similar needs and shared objectives in order to describe potential areas of collaboration. We began to notice some national and regional patterns, observing that different countries have different needs, but many are very similar in many ways. As a result, we present some of the findings in this section as high-level snapshots of the priority areas across the globe, region by region. We have been able to present national aspirations as emerging priorities and needs and we continue to work to support members at the national and regional levels, through FIP's needs-based development approach.

This report focuses on priorities and needs from FIP member organisations, observer organisations from all six regions of the World Health Organization and the FIP regional pharmaceutical forums. The needs and priorities of FIP's academic institution members (AIM) were gathered through the 2021 FIP-UNITWIN regional workshops, which resulted in roadmaps for each region and FIP's global call to action for advancing pharmaceutical education.

FIP also engaged the five FIP Regional Pharmaceutical Forums which include the African Regional Pharmaceutical Forum, the Pharmaceutical Forum of the Americas, the Eastern Mediterranean Regional Pharmaceutical Forum, the South East Asian Regional Pharmaceutical Forum, and the Western Pacific Regional Pharmaceutical Forum. The forums are set to become regional substructures of FIP with a mission to support global health by enabling the advancement of pharmaceutical practice, sciences and education in the regions. In addition, the objectives of the forums are to encourage and support dialogue and collaboration among national and regional pharmaceutical associations in the region.

Figure 2.2 summarises some key regional engagement initiatives that contributed to the needs assessment presented in this report. These initiatives include regional engagement meetings, one-to-one high-level meetings with member organisations and interviews. It is important to emphasise that data from all these initiatives were gathered and analysed in order to develop strategies and build plans in a needs-based and tailored manner.

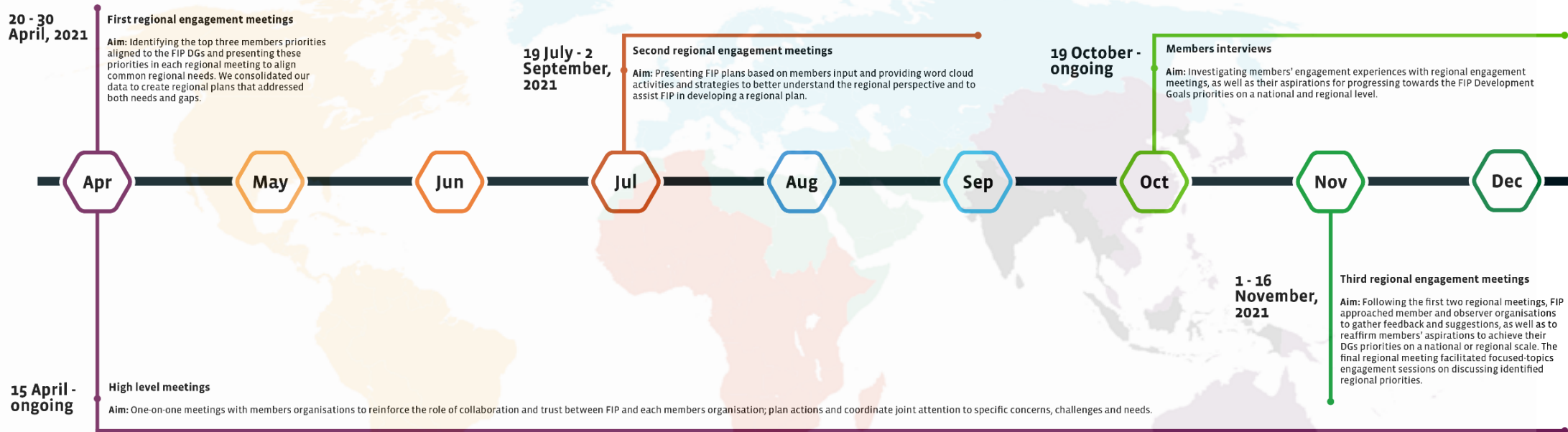


Figure 2.2 Examples of FIP regional engagement meetings and initiatives 2021.

2.1.3 Global snapshot of priority development goals

FIP uses the World Health Organization (WHO) regional groupings. Members from each of the six WHO regions were asked to map out the development goals that are most important to their country in 2021. In Figure 2.3, the six WHO regions are coloured in accordance with their corresponding areas.

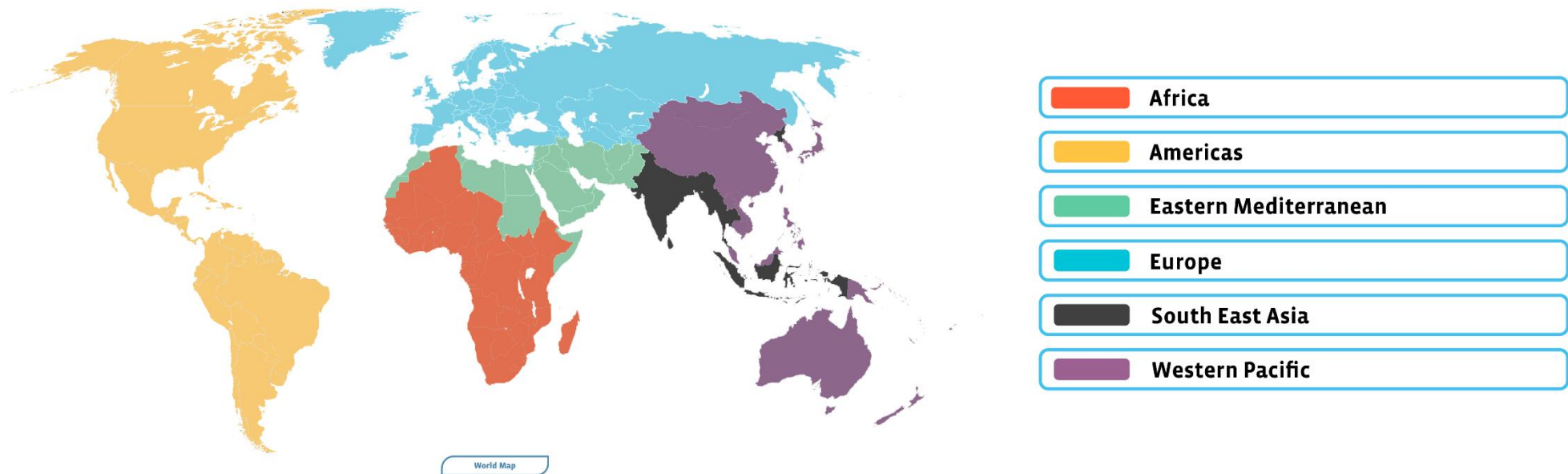


Figure 2.3 Map of the WHO six regions.

Table 2.1 displays all 49 members that contributed and identified their priority developmental goals. Those members represent 41 countries, which are organised here against the WHO regional groupings.

Table 2.1: Respondent members and nations.

WHO region	Participating countries	Respondent FIP member and observer organisations
Africa	Algeria Ghana Nigeria South Africa	Algerian Pharmaceutical Federation Pharmaceutical Society of Ghana Pharmaceutical Society of Nigeria Pharmaceutical Society of South Africa
Americas	Canada Costa Rica United States United States United States Uruguay	Canadian Pharmacists Association College of Pharmacists of Costa Rica Accreditation Council for Pharmacy Education American Pharmacists Association American Society of Health-System Pharmacists Uruguayan Association of Chemistry and Pharmacy
Eastern Mediterranean	Egypt Jordan Kuwait Lebanon Yemen	Egyptian Foundation of Clinical Pharmacy Jordan Pharmacists Association Kuwait Pharmaceutical Association Lebanese order of Pharmacists Community Pharmacy Owner Syndicate
Europe	Belgium Bulgaria Cyprus Denmark Denmark Finland Finland France Germany Iceland Israel Malta Montenegro Netherlands Norway Portugal Romania Spain Ukraine United Kingdom Europe	Belgian Pharmacists Association Bulgarian Pharmaceutical Union Cyprus Turkish Pharmacists Association Association of Danish Pharmacies Pharmadanmark Finnish Pharmacists Association Association of Finnish Pharmacies French Chamber of Pharmacists Federal Union of German Associations of Pharmacists Pharmaceutical Society of Iceland Pharmaceutical Association of Israel Malta Chamber of Pharmacists Pharmaceutical Chamber of Montenegro Royal Dutch Pharmacists Association Norwegian Pharmacy Association Portuguese Pharmaceutical Society Ethica Independent Pharmaceutical Association Spanish Society of Family and Community Pharmacy All-Ukrainian Pharmaceutical Chamber Academy of Pharmaceutical Sciences European Association of Hospital Pharmacists
South East Asia	India India Indonesia	Indian Pharmaceutical Association Indian Association of Colleges of Pharmacy Indonesian Pharmacists Association
Western Pacific	Australia Australia China China Taiwan China Taiwan Japan Korea (Rep. of) Malaysia New Zealand Singapore	Australasian Pharmaceutical Science Association Pharmaceutical Society of Australia Chinese Pharmaceutical Association Pharmaceutical Society of China Taiwan Taiwan Society of Health System Pharmacists Pharmaceutical Society of Japan Korean Pharmaceutical Association Malaysian Pharmacists Society Pharmaceutical Society of New Zealand Inc. Pharmaceutical Society of Singapore

Figure 2.4 displays the number of member and observer organisations that have identified each of the 21 DGs as a priority in 2021. These needs have been captured from the regional engagement initiatives.

For example, Goal 7 (Advancing integrated services) was identified as a priority goal for development by 16 different members across the world, while Goal 13 (Policy development) and Goal 19 (Patient safety) were identified as priority goals for development by 15 different members across the world. FIP will continue to collect data and insights to build on these outcomes and update these priority development goals as we engage with our members in the future. While most nations prioritised a significant number of the FIP DGs as priority areas, some goals appear to be of lower priority to a number of countries in 2021. As each member’s priorities vary over time, FIP will broaden its global and regional profiles in 2022 to track progress and identify emerging priorities as we engage and follow up with members.

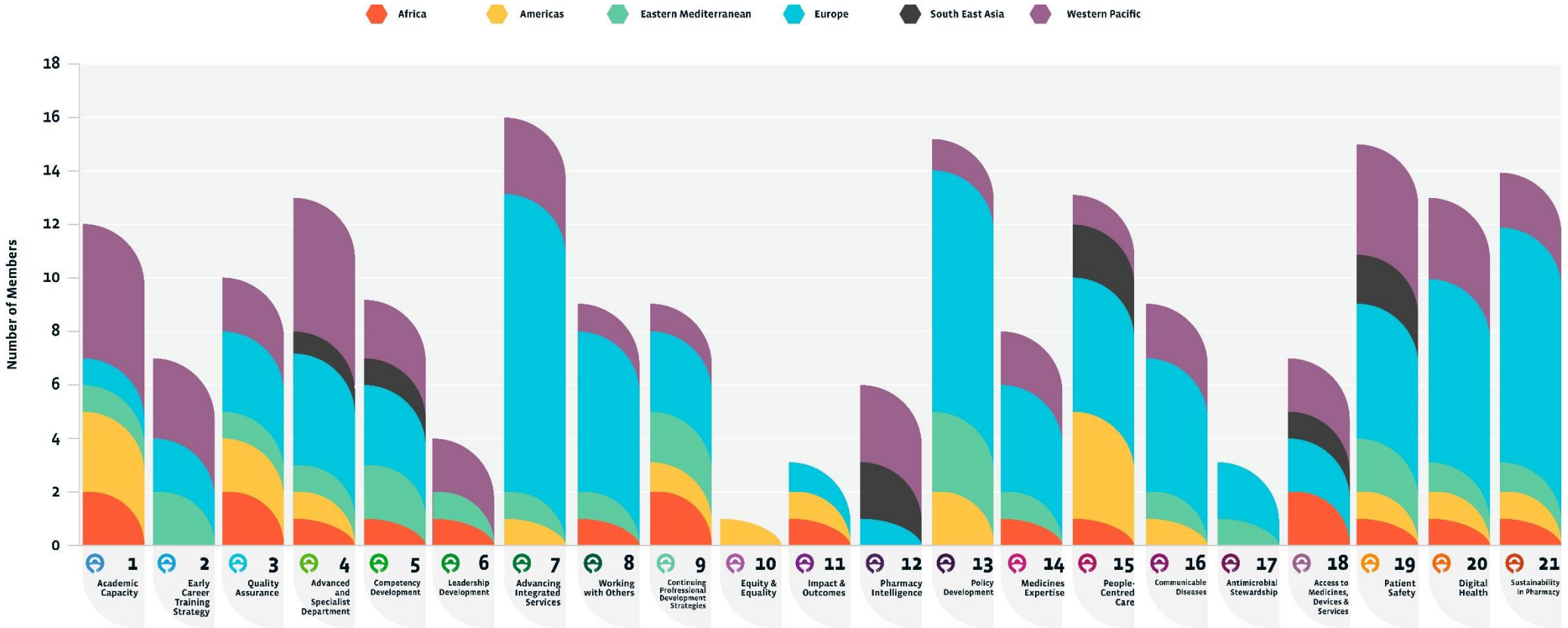


Figure 2.4 Global snapshot of priority development goals 2021: Breakdown by goal.

Figure 2.5 presents a global snapshot of priority development goals 2021 collected from member and observer organisations and distributed as first level, second level and third level priorities to highlight the most selected development goals across the globe.



Figure 2.5 Global snapshot of priority development goals 2021 – first level, second level and third level 2021.

2.2 High-level overview of regional priorities 2021

2.2.1 The African region

2.2.1.1 Country-level priorities: Selected examples from across the African region

Four member organisations from the African region (Figure 2.6) reported their priorities, based on current national development needs. The national priority areas identified by these members are shown in Table 2.2. Global snapshots from member and observer organisations are examined in Part 3.

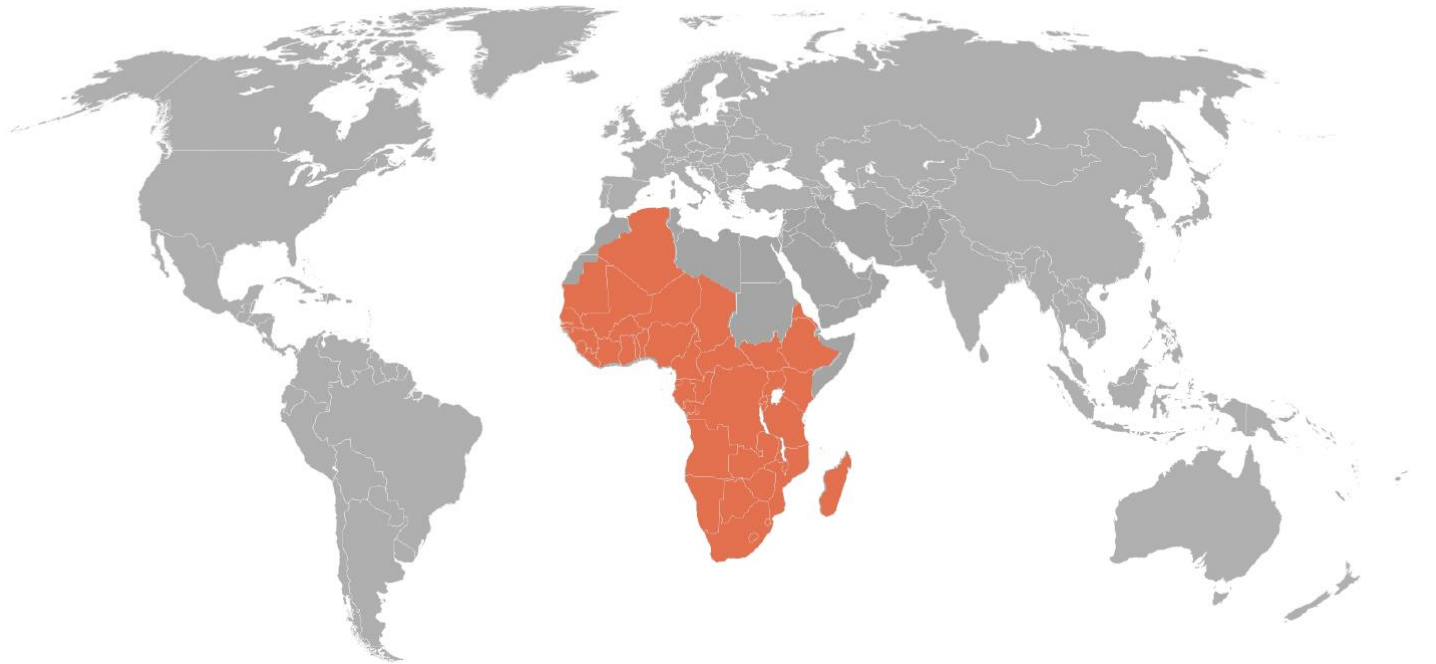


Figure 2.6 Map of the African region.

Table 2.2: Country-level priorities: Selected examples from across the African region.

FIP Development Goals		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
		Academic capacity	Early career training strategy	Quality assurance	Advanced and specialist development	Competency development	Leadership development	Advancing integrated services	Working with others	Continuing professional development strategies	Equity and equality	Impact & outcomes	Pharmacy intelligence	Policy development	Medicines expertise	People-centred care	Communicable diseases	Antimicrobial stewardship	Access to medicines, devices & services	Patient safety	Digital health	Sustainability in pharmacy
Algeria	Algerian Pharmaceutical Federation	X		X						X										X		
Ghana	Pharmaceutical Society of Ghana				X	X															X	
Nigeria	Pharmaceutical Society of Nigeria	X		X						X						X			X			
South Africa	Pharmaceutical Society of South Africa						X		X			X			X							X

2.2.1.2 Regional-level priorities across the African region

2.2.1.2.1 Summary of members' priority goals

Figure 2.6 presents a snapshot of the African region priority development goals for 2021, compiled from members in the region and distributed as high, intermediate and low priorities to showcase the most selected development goals in the region. DG1 (Academic capacity), DG3 (Quality assurance), DG9 (CPD strategies) and DG18 (Access to medicines, devices and services) were chosen by most of the respondent members in the African region as their priority areas in 2021.



Figure 2.7: Snapshot of priority development goals 2021 across the African region

2.2.1.2.2 FIP African Regional Pharmaceutical Forum's priority activities

During the April 2021 regional meetings, the regional pharmaceutical forums were invited to identify their priority areas to enable the profession of pharmacy to have greater impact on the improvement of pharmacy services and public health by focusing on distinct local and regional needs, and the African Pharmaceutical Regional Forum (APF) highlighted three major areas in 2021: access to quality medicines, devices, and services; competency and education of pharmacists; and the fight against substandard and falsified drugs.

The African Pharmaceutical Forum emphasised the need and support for the COVID pandemic and quality education and training provision for all future pharmacists and practising pharmacists (e.g., access to quality medicines and fight against substandard and falsified pharmacy university training courses). In addition, the forum underlined the need for vaccine education and training.

Moreover, the forum highlighted the African Medicines Agency's (AMA) continuous journey towards the formation of the African Medicines Regulatory Harmonization Initiative (AMRH), and the participation of many key partners from government, civil society and industry.

The African Union Assembly ratified a treaty in 2019 to form the AMA to improve regulatory control across the continent and address the challenges of access to safe and efficient and quality medicines.

For the better implementation of these goals, the African Pharmaceutical Forum has also engaged in the creation of the association of African pharmacy schools.

2.2.1.3 Member views: Alignment of the FIP development goals with member organisations' strategies

During FIP's engagement interviews in 2021, we asked members, "How well do you see the FIP Development Goals aligning with your organisation's priorities and philosophy?"

Below are some snapshots from their responses:

Algerian Pharmaceutical Federation (PAF)

"Absolutely, they are fully aligned to our vision," explained Redouane Soualmi, chairperson of external relations.

"Before joining FIP, we were little bit lost as pharmacists and we didn't have a key agenda in terms of development of our practice. We had some initiatives here and there; but now, we have a clear framework coming from FIP. Because you have the expertise; we can capitalise on this experience and try to adapt it locally.

"We know what is going on in the country, what are the needs, what are the challenges . . . and having the solutions coming from FIP, then we can put the two pieces together."

To watch the full recorded response, click [here](#).

Pharmaceutical Society of Nigeria (PSN)

"With those goals, we have alignments because they represent the issues that we are dealing with, and we are hoping for expansion of new goals," explained Samuel Ohuabunwa, president.

Mr Ohuabunwa went on to clarify that the medical community in Nigeria is resistant to PharmD programmes, clinical pharmacy, and many other pharmacy professions. The medical community is strongly opposed to pharmacists' services, which presents challenges because physicians have a higher national influence. Furthermore, there are medical directors in teaching hospitals, medical doctors in the government, the ministry of health, and the ministry of state who are all strongly opposed to the profession of pharmacy, and the PSN needs FIP's assistance to advocate pharmacy advancement in accordance with global standards.

To watch the full recorded response, click [here](#).

2.2.1.4 FIP regional digital events across the African region in 2021

In 2021, FIP delivered a number of digital events across our programmes that sought to explore Africa's regional needs and priorities against a number of pharmaceutical areas. A list of these events is provided in Table 2.3.

Table 2.3: FIP regional digital events across the African region in 2021.

Name of event	Corresponding programme	Date	Link to recording
The role of the pharmacist in the prevention and management of vector-borne diseases: African region	Communicable diseases' prevention, screening and management (vector-borne diseases)	20 May 2021	Click here to watch the event
Understanding and managing headaches in the community: Therapeutic approaches and advancements in the African region	Pharmacy cares: Supporting patients with non-communicable diseases	13 September 2021	Click here to watch the event
Sustainable and equitable access to vaccines: Establishing priorities and setting policies in the African region	Transforming Vaccination Globally, Regionally, Nationally: Accelerating equity, access and sustainability through policy development and implementation	4 November 2021	Click here to watch the event
Accelerating AMR Action through Antimicrobial Stewardship in the African region	The FIP Antimicrobial Resistance (AMR) Commission 2021: From regional roadmaps to global commitments	25 November 2021	Click here to watch the event

2.2.2 The Americas region

2.2.2.1 Country-level priorities: Selected examples from across the Americas region

Six member organisations from the Americas region (Figure 2.8) have reported on their priorities, which are based on current national development needs. The national priority areas identified by these members are shown in Table 2.4. Global snapshots from member and observer organisations are examined in Part 3.

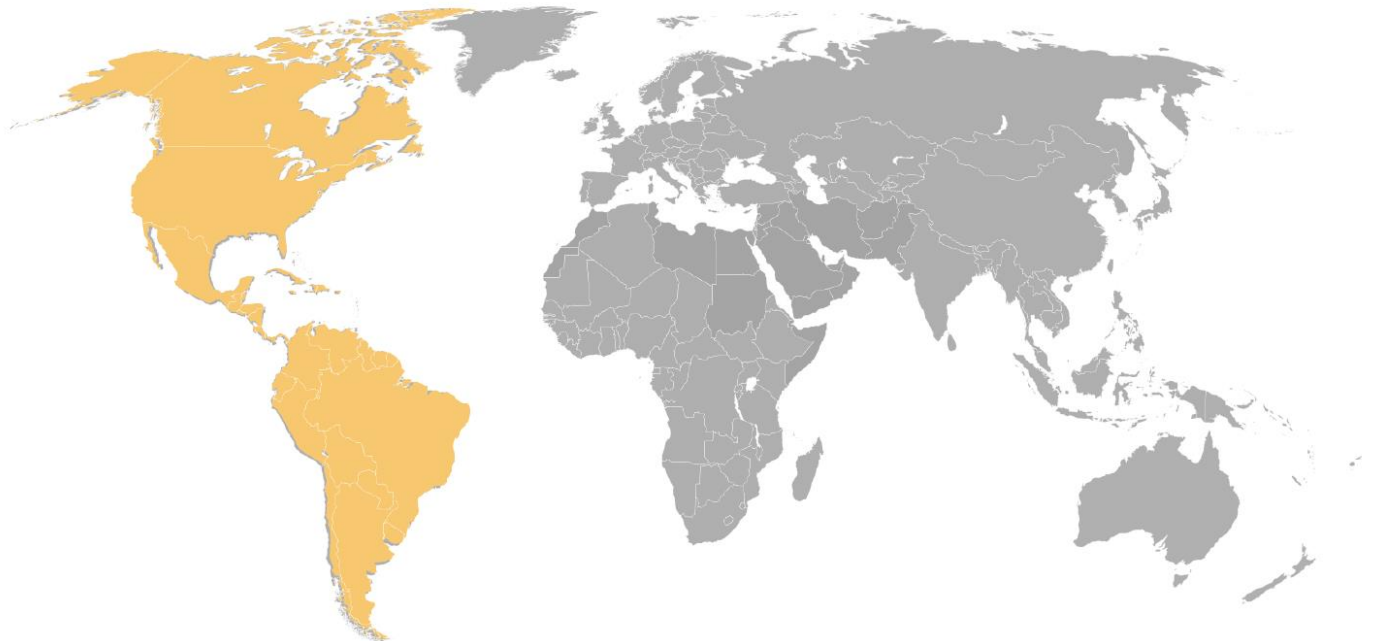



Figure 2.8 Map of the Americas region.

Table 2.4: Country-level priorities: Selected examples from across the Americas region.

 FIP Development Goals		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
		Academic capacity	Early career training strategy	Quality assurance	Advanced and specialist development	Competency development	Leadership development	Advancing integrated services	Working with others	Continuing professional development strategies	Equity and equality	Impact & outcomes	Pharmacy intelligence	Policy development	Medicines expertise	People-centred care	Communicable diseases	Antimicrobial stewardship	Access to medicines, devices & services	Patient safety	Digital health	Sustainability in pharmacy
Canada	Canadian Pharmacists Association										X			X								X
Costa Rica	College of Pharmacists of Costa Rica	X										X				X						
United States	Accreditation Council for Pharmacy Education	X		X						X												
	American Pharmacists Association												X		X	X					X	
	American Society of Health-System Pharmacists	X			X			X								X				X		
Uruguay	Uruguayan Association of Chemistry and Pharmacy			X												X						

2.2.2.2 Regional-level priorities across the Americas region

2.2.2.2.1 Summary of members' priority goals

Figure 2.9 presents a snapshot of the regional priority development goals for 2021, compiled from members in the Americas region and distributed as first level, second level and third level priorities to showcase the most selected development goals in the region. DG1 (Academic capacity), DG3 (Quality assurance), DG13 (Policy development) and DG15 (People-centred care) were chosen by most of the respondent members in the region of the Americas as their priority areas in 2021.

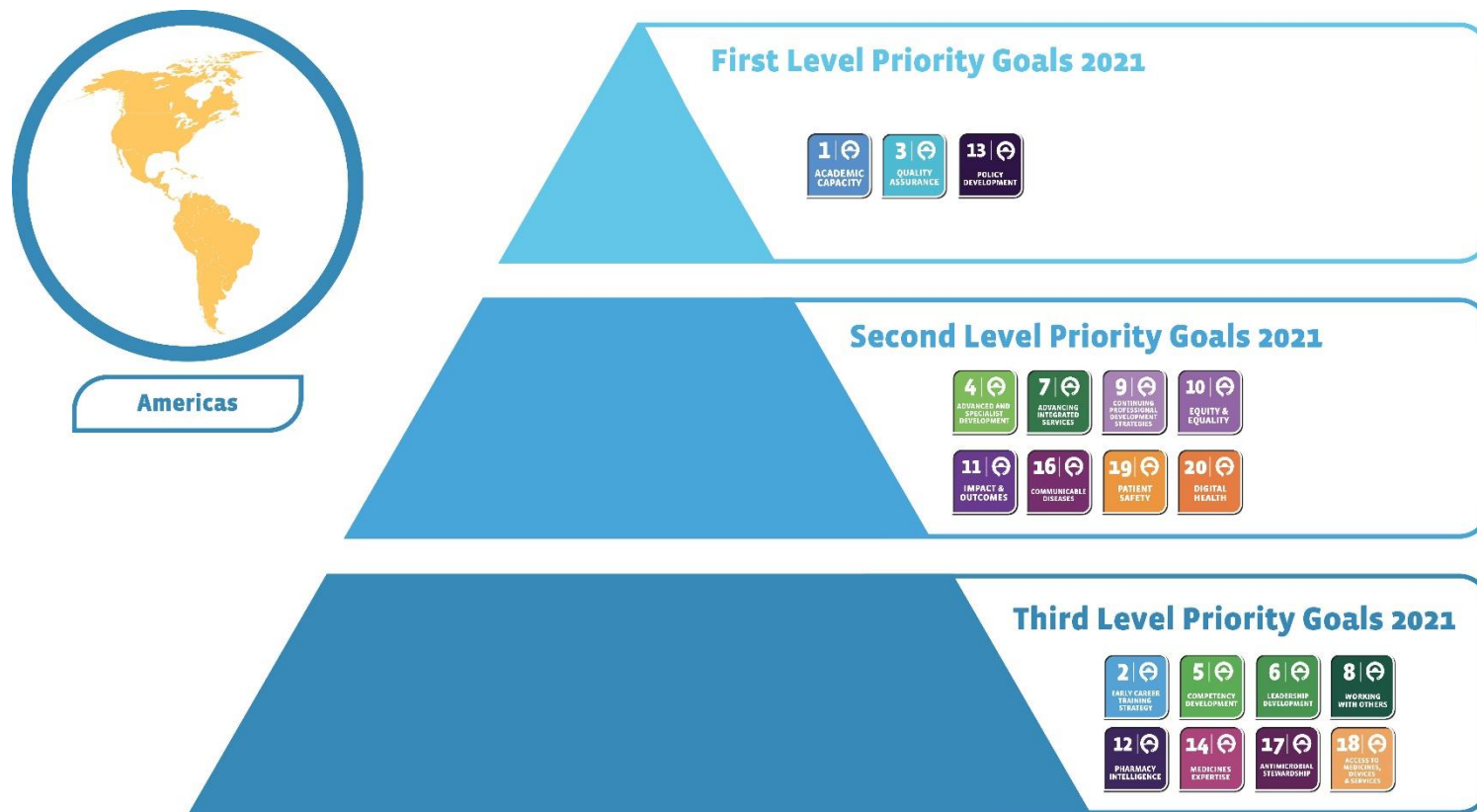


Figure 2.9: Snapshot of priority development goals 2021 across the Americas region.

2.2.2.2.2 FIP Regional Pharmaceutical Forum of the Americas priority activities

During the April 2021 regional meetings, the regional pharmaceutical forums were invited to identify their priority areas to enable the profession of pharmacy to have greater impact on the improvement of pharmacy services and public health by focusing on distinct local and regional needs. The Pharmaceutical Forum of the Americas highlighted three key areas for 2021 and developed three working groups:

- Antimicrobial resistance collaborating with FIP's AMR commission;
- Safety of patients, but focusing on one specific item that is medication and self-care; and
- Immunisation services; delivering certification and training for pharmacists in the region of the Americas.

In addition, the forum established the first alliance with an organisation from the industry to work in the area of patient safety, which started in April 2021. The forum highlighted that there are many areas where the forum can partner with ongoing programmes in the US to enhance some of the work that has been going (e.g., Pan-American Conference on Pharmacy Education).

For patient safety, there is a memorandum of agreement with the Latin American Association of Responsible Self-Care (ILAR), which gathers stakeholders from the pharmaceutical industry in Latin America.

2.2.2.3 Member views: Alignment of the FIP development goals with member organisations' strategies

During FIP's engagement interviews in 2021, we asked members, "How well do you see the FIP Development Goals aligning with your organisation's priorities and philosophy?"

Below are some snapshots from their responses:

College of Pharmacists of Costa Rica

Lidiette Fonseca González, vice president of the Board of Directors, noted: "We consider that we are fully aligned with the development goals, that is, our philosophy and our priorities, our mission and our development goals are aligned with FIP Development Goals."

To watch the full recorded response in Spanish, click [here](#).

Canadian Pharmacists Association

Glen Doucet, CEO, commented: "There are a lot of development goals, so it's easy to get captured in them all. I think that's the nature of my concern, because the ones we're most interested in represent 20 to 25% of your overall development goals; we would rather see some prioritisation of development goals identified by us."

To watch the full recorded response, click [here](#).

American Pharmacists Association

Daniel Zlott, senior vice president, education and business development, explained: "I think there's a great opportunity for collaboration and partnership across our organisations, because of how closely aligned our goals are."

To watch the full recorded response, click [here](#).

American Society of Health-System Pharmacist (ASHP)

In a written response, Paul Bush, vice president of global resource development and consulting, and Douglas Scheckelhoff, senior vice president, international affairs, noted that the FIP DGs are very broad but fully align with ASHP's priorities and philosophy.

2.2.2.4 FIP digital events across the Americas region in 2021

In 2021, FIP delivered a number of digital events across our programmes that sought to explore the Americas regional needs and priorities against a number of pharmaceutical areas. A list of these events is provided in Table 2.5.

Table 2.5: FIP regional digital events across the Americas region in 2021.

Name of event	Corresponding programme	Date	Link to recording
El farmacéutico en la prevención y manejo de las enfermedades transmisibles por vectores: una perspectiva de la región de las Américas	Communicable diseases' prevention, screening and management (Vector-borne diseases)	21 April 2021	Click here to watch the event
Understanding and managing headaches in the community: Therapeutic approaches and advancements in the Americas	Pharmacy cares: Supporting patients with non-communicable diseases	13 September 2021	Click here to watch the event
Sustainable and equitable access to vaccines: Establishing priorities and setting policies in the Americas region	Transforming Vaccination Globally, Regionally, Nationally: Accelerating equity, access and sustainability through policy development and implementation'	30 September 2021	Click here to watch the event
Acceso sostenible y equitativo a las vacunas: Establecimiento de prioridades y fijación de políticas en la región de las Américas		01 October 2021	Click here to watch the event
Facilitating Access to Medicines – Scientific Rationale for the FIP Latin America Biowaiver Project	Latin America Biowaiver Project	13 October 2021	Click here to watch the event
Presentación del documento técnico Servicios farmacéuticos en inmunización: aportes, experiencias e implementación en la región de las Américas.	Stand-alone event	17 November 2021	Click here to watch the event
Accelerating AMR Action through Antimicrobial Stewardship in the Americas Region	The FIP Antimicrobial Resistance (AMR) Commission 2021: From regional roadmaps to global commitments	24 November 2021	Click here to watch the event
Facilitar el acceso a los medicamentos: estudios de casos de reglamentación de bioexenciones de América Latina	Latin America Biowaiver Project	01 December 2021	Click here to watch the event

2.2.3 The Eastern Mediterranean region

2.2.3.1 Country-level priorities: Selected examples from across the Eastern Mediterranean region

Five member organisations from the Eastern Mediterranean region (Figure 2.10) have reported on their priorities, which are based on current national development needs. The national priority areas identified by these members are shown in Table 2.6. Global snapshots from member organisations are examined in Part 3.

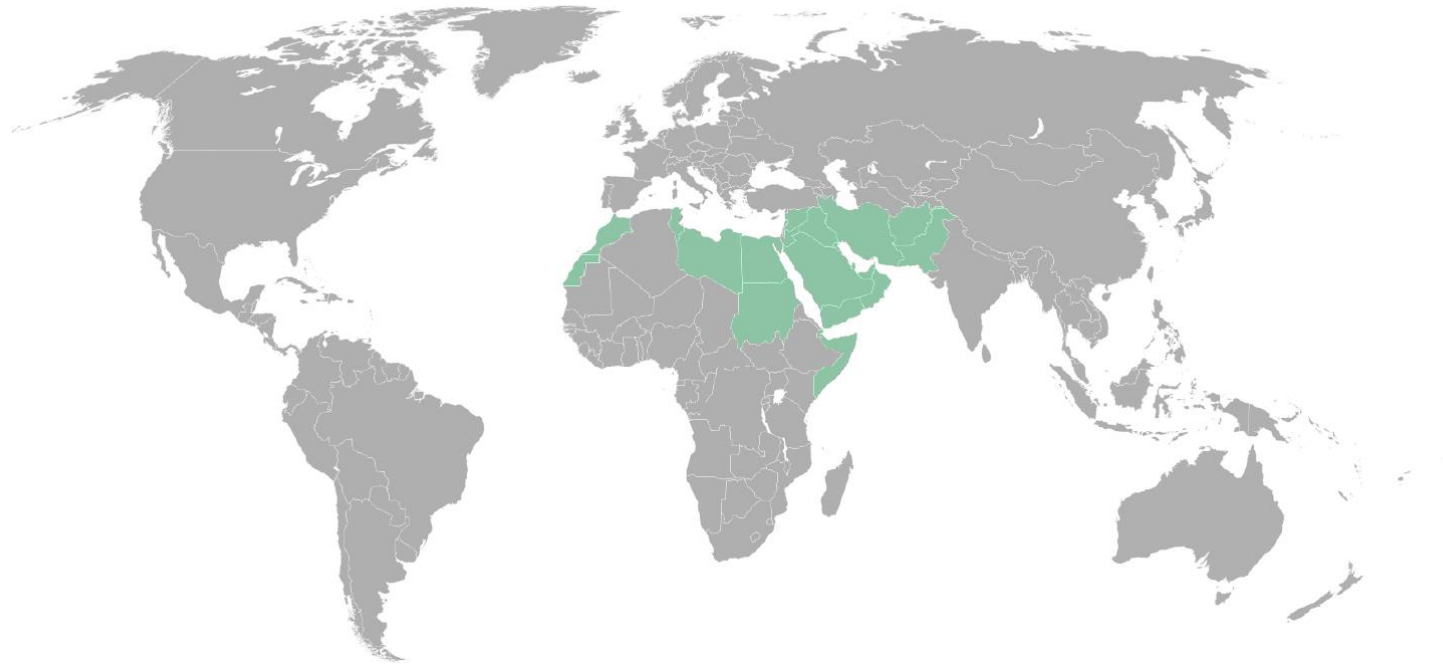



Figure 2.10 Map of the Eastern Mediterranean region.

Table 2.6: Country-level priorities: Selected examples from across the Eastern Mediterranean region.

 FIP Development Goals		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
		Academic capacity	Early career training strategy	Quality assurance	Advanced and specialist development	Competency development	Leadership development	Advancing integrated services	Working with others	Continuing professional development strategies	Equity and equality	Impact & outcomes	Pharmacy intelligence	Policy development	Medicines expertise	People-centred care	Communicable diseases	Antimicrobial stewardship	Access to medicines, devices & services	Patient safety	Digital health	Sustainability in pharmacy
Egypt	Egyptian Foundation of Clinical Pharmacy	X	X				X		X	X												
Jordan	Jordan Pharmacists Association				X					X				X								X
Kuwait	Kuwait Pharmaceutical Association		X			X		X						X								
Lebanon	Lebanese Order of Pharmacists			X		X									X					X		
Yemen	Community Pharmacy Owner Syndicate													X			X	X		X	X	

2.2.3.2 Regional-level priorities across the Eastern Mediterranean region

2.2.3.2.1 Summary of members' priority goals

Figure 2.11 presents a snapshot of the priority development goals for the Eastern Mediterranean region for 2021, compiled from members in the region and distributed as first level, second level and third level priorities to showcase the most selected development goals in the region. DG2 (Early career training strategy), DG5 (Competency development), DG9 (CPD strategies), DG13 (Policy development) and DG19 (Patient safety) were chosen by most of the responding members in the Eastern Mediterranean region as their priority areas in 2021.



Figure 2.11 Snapshot of priority development goals 2021 across the Eastern Mediterranean region.

2.2.3.2.2 FIP Eastern Mediterranean Regional Pharmaceutical Forum priority activities

During the April 2021 regional meetings, the regional pharmaceutical forums were invited to identify their priority areas to enable the profession of pharmacy to have greater impact on the improvement of pharmacy services and public health by focusing on distinct local and regional needs. The Eastern Mediterranean Regional Pharmaceutical Forum highlighted three priorities: digitalisation, education and training, and pharmacy practices. Moreover, these priorities align with DG1 (Academic capacity), DG9 (CPD strategies), DG10 (Equity and equality) and DG12 (Pharmacy intelligence).

The forum addressed these priorities at a virtual conference, including transformation of pharmacy practice towards patient care during the COVID-19 era, and training and digitalisation for the future of pharmacy. The conference recordings for the first and second day can be accessed [here](#) and [here](#), respectively.

The forum will continue efforts in arranging meetings and 2022 to support these priorities and is planning to contact and plan meetings with leadership bodies in the region to discuss training on these goals.

2.2.3.3 Member views: Alignment of the FIP development goals with member organisations' strategies

During FIP's engagement interviews in 2021, we asked members, "How well do you see the FIP Development Goals aligning with your organisation's priorities and philosophy?"

Below are some snapshots from their responses:

Egyptian Foundation of Clinical Pharmacy (EFCP)

Mahmoud Abderlahman, president, explained in a written response that the FIP Development Goals are fully aligned with the EFCP's objectives.

Community Pharmacy Owner Syndicate (CPOS)

Mohamed Al-nuzili, president, made the following observation: "CPOS statements include 36 goals that are similar to the FIP DGs. The CPOS is seeking and working to achieve these goals." He added that the CPOS and FIP might collaborate and work together to attain these goals.

To watch the full recorded response, click [here](#)

2.2.3.4 FIP digital events across the Eastern Mediterranean region in 2021

In 2021, FIP delivered a number of digital events across our programmes that sought to explore the Eastern Mediterranean regional needs and priorities against a number of pharmaceutical areas. A list of these events is provided in Table 2.7.

Table 2.7: FIP regional digital events across the Eastern Mediterranean region in 2021.

Name of event	Corresponding programme	Date	Link
The role of pharmacists in the prevention and management of vector-borne diseases: a perspective from the Eastern Mediterranean region	Communicable diseases' prevention, screening and management	21 June 2021	Click here to watch the event
Understanding and managing headaches in the community: Therapeutic approaches and advancements in the Eastern Mediterranean region	Pharmacy cares: Supporting patients with non-communicable diseases	16 September 2021	Click here to watch the event
Sustainable and equitable access to vaccines: Establishing priorities and setting policies in the Eastern Mediterranean region	Transforming Vaccination Globally, Regionally, Nationally: Accelerating equity, access and sustainability through policy development and implementation'	7 October 2021	Click here to watch the event
Accelerating AMR action through antimicrobial stewardship in the Eastern Mediterranean region	The FIP Antimicrobial Resistance (AMR) Commission 2021: From regional roadmaps to global commitments	26 November 2021	Click here to watch the event

2.2.4 The European region

2.2.4.1 Country-level priorities: Selected examples from across the European region

Twenty-one member and observer organisations from the European region (Figure 2.12) have reported on their priorities, which are based on current national development needs. The national priority areas identified by these members are shown in Table 2.8. Global snapshots from member and observer organisations are examined in Part 3.

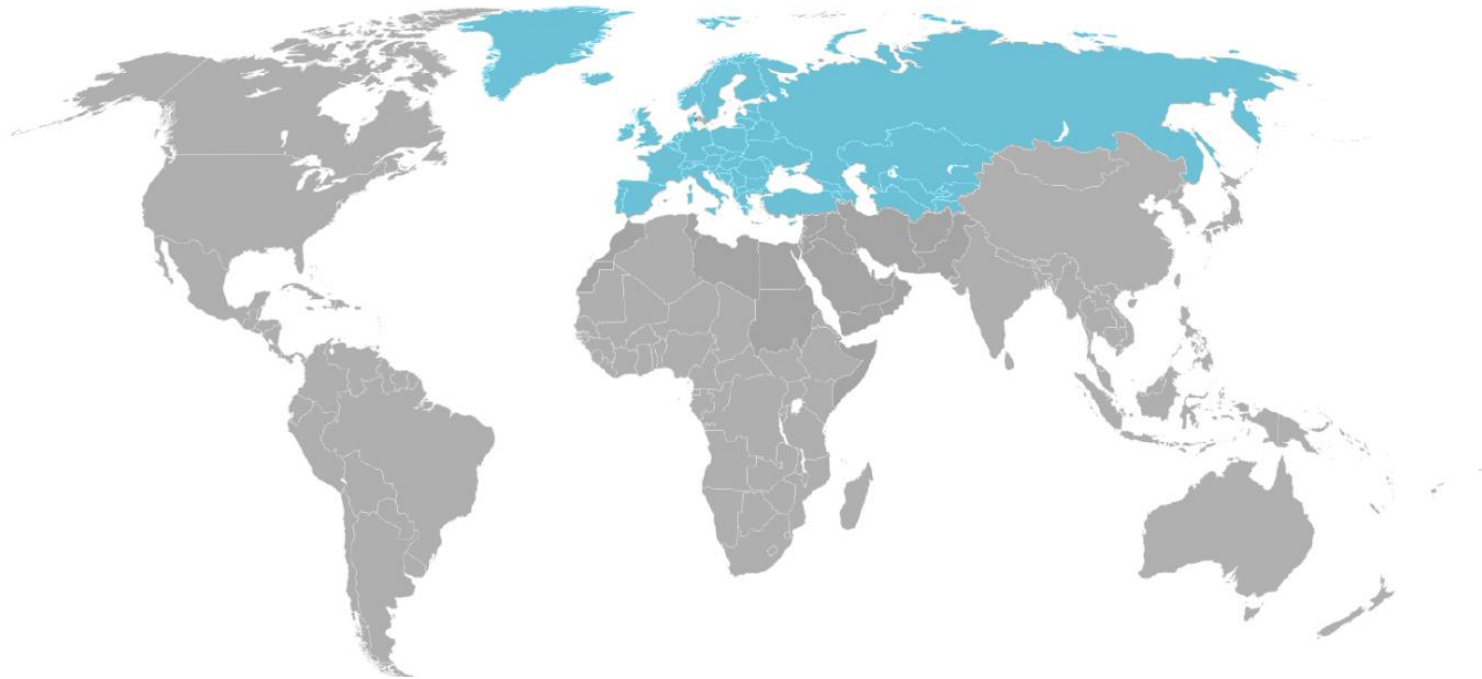


Figure 2.12 Map of the European region.

2.2.4.2 Regional-level priorities across the European region

2.2.4.2.1 Summary of members' priority goals

Figure 2.13 presents a snapshot of the priority development goals for 2021 across the European region, compiled from members in the region and distributed as first level, second level and third level priorities to showcase the most selected development goals in the region. DG7 (Advancing integrated services), DG8 (Working with others), DG13 (Policy development), DG20 (Digital health) and DG21 (Sustainability in pharmacy) were chosen by most of the responding members in the European region as their priority areas in 2021.



Figure 2.13 Snapshot of priority development goals 2021 across the European region.

2.2.4.3 Member views: Alignment of the FIP development goals with member organisations' strategies

During FIP's engagement interviews in 2021, we asked members, "How well do you see the FIP Development Goals aligning with your organisation's priorities and philosophy?"

Below are some snapshots from their responses:

Royal Dutch Pharmacists Association (KNMP)

"Some goals align very well and the KNMP is also working on other FIP DGs. It is not only the four that have been selected," explained Ka Chun Cheung, manager, Medicine Information Centre.

Ethica Independent Pharmacies Association

Cristina Pavel, president, said: "Most of the goals are fully aligned with our strategy and are part of our priorities for the short-term objectives. In the next several months, our organisation will focus on implementing pharmaceutical services, ways to finance them from the public budget, communicating with pharmacists, patients and the entire community on their impact and importance, and also on developing guidelines for implementing them in a standard way in all pharmacies across the country."

She added: "We also have in focus awareness campaigns on COVID-19 prevention and vaccination, and also on other sensitive subjects like self-medication, pharmaceutical wastes or antimicrobial resistance."

To watch the full recorded response, click [here](#)

Cyprus Turkish Pharmacist Association (KTEB)

"KTEB initiatives focus on the areas of public health, pharmacy education and professional development. FIP Development Goals align with FIP's mission to support global health by enabling the advancement of pharmacy practice, sciences and education and aim to transform pharmacy in alignment with the UN SDGs. We truly think that the goals are fully aligned towards One FIP as well as striving towards SDGs 2030." said Safiye Çağansel, treasurer.

To watch the full recorded response, click [here](#)

Portuguese Pharmaceutical Society

“We understand that the Development Goals must be general in order to be adapted to every country, and we strive to develop those goals that are our priorities and are not yet fully implemented in the country, so I would say that they are aligned,” explained Jorge Batista, international affairs.

To watch the full recorded response, click [here](#)

Academy of Pharmaceutical Sciences (APS)

According to chairwoman Jo Craig, many of the DGs are primarily concerned with pharmacy practice and thus difficult to interact with for a Predominately Scientific Member Organisation (PSMO). Although science goals are mentioned for each DG, the majority of them are abstract and difficult for an individual PSMO to influence. Furthermore, Ms Craig recommended that the FIP Board of Pharmaceutical Practice undertake one or two science-based projects that contribute to specific DGs and solicit participation from PSMOs and Special Interest Groups. She highlighted an example of a highly relevant programme, the Biowaiver initiative.

Linda Hakes, independent consultant, added that because the APS is a professional organisation for pharmaceutical scientists rather than an industry representative group, it may not have a direct impact on some of the DGs.

To watch the full recorded response, click [here](#)

Malta Chamber of Pharmacists

Mary Ann Sant Fournier, president, said: “Well, I would say [we are] fully aligned. The clear identification of goals and the methodology of reaching them with the tools developed to do so, that is the way the Chamber thinks and is thus in sync with FIP.”

To watch the full recorded response, click [here](#)

2.2.3.4 FIP digital events across the European region in 2021

In 2021, FIP delivered a number of digital events across our programmes that sought to explore the European regional needs and priorities against a number of pharmaceutical areas. A list of these events is provided below in Table 2.9.

Table 2.9: FIP regional digital events across the European region in 2021.

Name of event	Corresponding programme	Date	Link
Understanding and managing headaches in the community: Therapeutic approaches and advancements in the Europe region	Pharmacy cares: Supporting patients with non-communicable diseases	16 September 2021	Click here to watch the event
The role of the pharmacist in the prevention and management of vector-borne diseases: European region	Communicable diseases' prevention, screening and management	22 September 2021	Click here to watch the event
Sustainable and equitable access to vaccines: Establishing priorities and setting policies in the European region	Transforming Vaccination Globally, Regionally, Nationally: Accelerating equity, access and sustainability through policy development and implementation	14 October 2021	Click here to watch the event
Accelerating AMR action through antimicrobial stewardship in the European region	The FIP Antimicrobial Resistance (AMR) Commission 2021: From regional roadmaps to global commitments	26 November 2021	Click here to watch the event

2.2.5 The South East Asian region

2.2.5.1 Country-level priorities: Selected examples from across the South East Asian region

Three member organisations from the South East Asian region (Figure 2.14) have reported on their priorities, which are based on current national development needs. The national priority areas identified by these members are shown in Table 2.10. Global snapshots from member organisations are examined in Part 3.

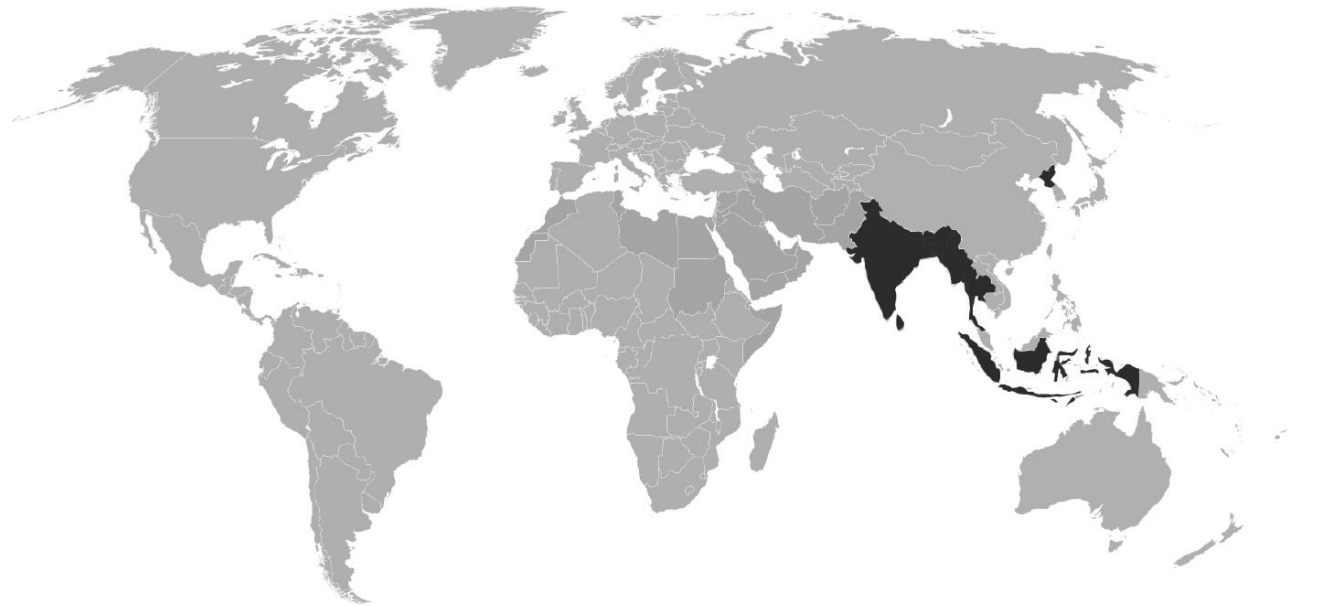


Figure 2.14 Map of the South East Asian region.

2.2.4.2 Regional-level priorities across the South East Asian region

2.2.4.2.1 Summary of members' priority goals

Figure 2.15 presents a snapshot of the South East Asian regional priority development goals for 2021, compiled from members in the region and distributed as first level, second level and third level priorities to showcase the most selected development goals in the region. DG12 (Pharmacy intelligence), DG15 (People-centred care) and DG19 (Patient safety) were chosen by most of the responding members in the South East Asian region as their priority areas in 2021.



Figure 2.15 Snapshot of priority development goals 2021 across the South East Asian region.

2.2.4.2.2 FIP South East Asian Regional Pharmaceutical Forum priority activities

During the April 2021 regional meetings, the regional pharmaceutical forums were invited to identify their priority areas to enable the profession of pharmacy to have greater impact on the improvement of pharmacy services and public health by focusing on distinct local and regional needs. The South East Asian Regional Pharmaceutical Forum highlighted three key areas for 2021, namely, DG12 (Pharmacy intelligence), DG15 (People-centred care) and DG19 (Patient safety), which are aligned with the mapped regional priority development goals.

In 2021, the forum focused on antimicrobial stewardship projects aligned with FIP DG17 (Antimicrobial stewardship). In addition to that, they highlighted national movements against tuberculosis associated with DG15 (People-centred care) and DG16 (Communicable diseases).

In Southeast Asia, there are few statistics on the workforce and distribution in different sectors that can be used to determine competency levels and then develop the necessary skills. Therefore, the forum emphasised the need to identify the workforce in the region as well as the training requirements aligning with DG12 (Pharmacy intelligence).

2.2.4.3 Member views: Alignment of the FIP development goals with member organisations' strategies

During FIP's engagement interviews in 2021, we asked members, "How well do you see the FIP Development Goals aligning with your organisation's priorities and philosophy?"

Below are some snapshots from their responses:

Indian Association of Colleges of Pharmacy

"The FIP DGs are almost fully aligned for me," said Prof. Suresh Bhojraj, president, "because we are talking about the pharmacy as a profession here, as a whole, and that makes the whole sense for us. If it was a general platform, like industries platform or economy or policy makers platform, it makes different perspectives and each of them will have their own priorities. Here it's fully about the pharmacy profession in different parts of the world, how it is and how we should grow."

To watch the full recorded response, click [here](#)

2.2.4.4 FIP digital events across the South East Asian region in 2021

In 2021, FIP delivered a number of digital events across our programmes that sought to explore South East Asian regional needs and priorities against a number of pharmaceutical areas. A list of these events is provided in Table 2.11.

Table 2.11: FIP regional digital events across the South East Asian region in 2021.

Name of event	Corresponding programme	Date	Link
The pharmacist in the prevention and management of vector-borne diseases: a perspective from the South East Asian region	Communicable diseases' prevention, screening and management	19 August 2021	Click here to watch the event
Understanding and managing headaches in the community: Therapeutic approaches and advancements in the South East Asian region	Pharmacy cares: Supporting patients with non-communicable diseases	16 September 2021	Click here to watch the event
Sustainable and equitable access to vaccines: Establishing priorities and setting policies in the Southeast Asian region	Transforming Vaccination Globally, Regionally, Nationally: Accelerating equity, access and sustainability through policy development and implementation'	26 October 2021	Click here to watch the event
Accelerating AMR action through antimicrobial stewardship in the Southeast Asian region	The FIP Antimicrobial Resistance (AMR) Commission 2021: From regional roadmaps to global commitments	26 November 2021	Click here to watch the event

2.2.6 The Western Pacific region

2.2.6.1 Country-level priorities: Selected examples from across the Western Pacific region

Ten member organisations from the Western Pacific region (Figure 2.16) have reported on their priorities, which are based on current national development needs. The national priority areas identified by these members are shown in Table 2.12. Global snapshots from member organisations are examined in Part 3.

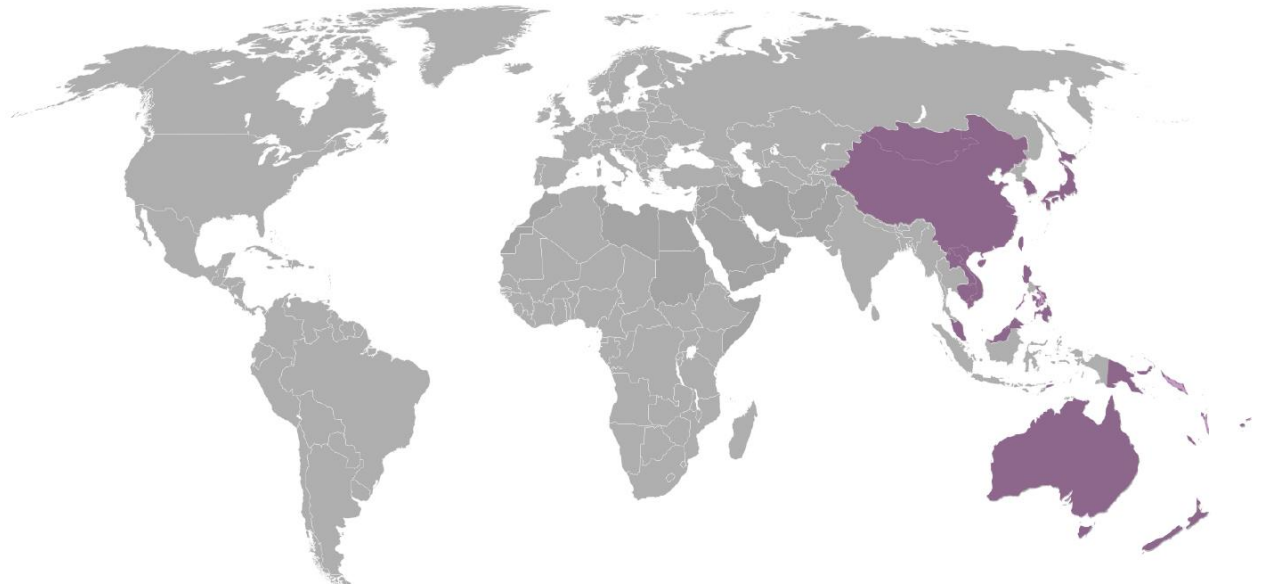


Figure 2.16 Map of the Western Pacific region.

Table 2.12: Country-level priorities: Selected examples from across the Western Pacific region.

FIP Development Goals		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
		Academic capacity	Early career training strategy	Quality assurance	Advanced and specialist development	Competency development	Leadership development	Advancing integrated services	Working with others	Continuing professional development strategies	Equity and equality	Impact & outcomes	Pharmacy intelligence	Policy development	Medicines expertise	People-centred care	Communicable diseases	Antimicrobial stewardship	Access to medicines, devices & services	Patient safety	Digital health	Sustainability in pharmacy
Australia	Australasian Pharmaceutical Science Association	X	X																			
	Pharmaceutical Society of Australia		X	X									X							X		
China	Chinese Pharmaceutical Association	X				X									X					X		

China, Taiwan	Pharmaceutical Society of China Taiwan	X																		X	X	
	Taiwan Society of Health System Pharmacists				X		X						X								X	
Japan	Pharmaceutical Society of Japan	X			X		X			X			X									
Korea (Rep. of)	Korean Pharmaceutical Association				X								X					X	X			
Malaysia	Malaysian Pharmacists Society			X		X										X		X	X			
New Zealand	Pharmaceutical Society of New Zealand Inc.	X	X		X		X	X						X	X							
Singapore	Pharmaceutical Society of Singapore				X		X	X								X					X	X

2.6.2 Regional-level priorities across the Western Pacific region

2.2.6.2.1 Summary of members' priority goals

Figure 2.17 presents a snapshot of the Western Pacific regional priority development goals for 2021, compiled from members in the region and distributed as first level, second level and third level priorities to showcase the most selected development goals in the region. DG1 (Academic capacity), DG2 (Early career training strategy), DG4 (Advanced and specialist development), DG7 (Advancing integrated services), DG12 (Pharmacy intelligence), DG19 (Patient safety) and DG21 (Digital health) were chosen by most of the responding members in the Western Pacific region as their priority areas in 2021.

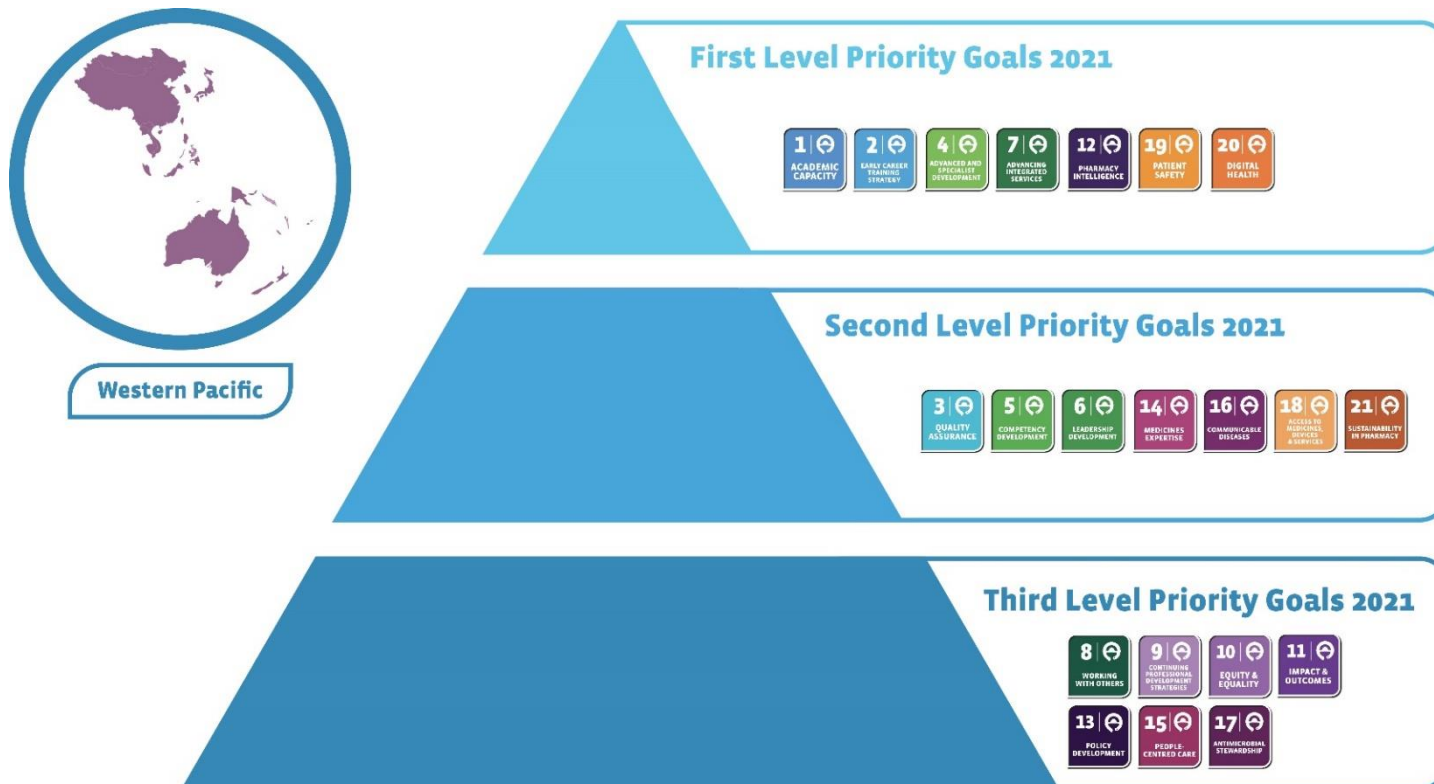


Figure 2.16 Snapshot of priority development goals 2021 across the Western Pacific region.

2.2.6.2.2 FIP Western Pacific Regional Pharmaceutical Forum priority activities

During the April 2021 regional meetings, the regional pharmaceutical forums were invited to identify their priority areas to enable the profession of pharmacy to have greater impact on the improvement of pharmacy services and public health by focusing on distinct local and regional needs. The Western Pacific Regional Pharmaceutical Forum highlighted three key areas for 2021 that are summarised in this section.

These three priority goals arose from a regional summit of pharmacy leaders from the Western Pacific Region and have been revised to align with the FIP focus on non-communicable diseases (NCDs).

The first priority goal is to develop the competency of the pharmacy workforce to respond to NCDs. Moreover, a rational national competency standard must facilitate the formulation of relevant and accessible professional development opportunities so as to foster enhanced pharmacy practice and patient care. The forum has recently completed a comparative analysis of competency statements from Western Pacific region countries and reviewed national competency statements based on prior work. In summary, the forum is working to support the development of competency statements in Western Pacific region countries and supporting them in workshops on how to proceed with its development.

The second priority is to help pharmacists prepare and distribute pharmaceutical products for the treatment of NCDs. Professional associations, regulators, pharmacy schools and funding programmes should help develop professional practice to ensure quality medicines, supply and outcomes.

The third goal is to create opportunities for pharmacists to provide rational medication management services for patients with NCDs. The rationale for this goal is that a regulatory framework should provide an enabling environment, including funding and workforce capacity and capability, to enable pharmacists to deliver rational and effective medication therapy services for patients.

The forum is completing a report based on a regional survey that it conducted on medication management services in the region and will aim to address some differences in the meaning of terminologies, especially when it comes to the definition of medication therapy management and the scope of services.

An example of initiatives that the forum has been developing with countries is its efforts in Mongolia to develop a competency standard. In addition, assisting the preparation and supply of medicinal products includes the issues of adequate regulation and funding. The forum is developing an online seminar to address funding and its relationship to practice development.

2.2.6.3 Member views: Alignment of the FIP development goals with member organisations' strategies

During FIP's engagement interviews in 2021, we asked members, "How well do you see the FIP Development Goals aligning with your organisation's priorities and philosophy?"

Below are some snapshots from their responses:

Pharmaceutical Society of Australia (PSA)

Chris Freeman, national president, noted that the FIP DGs align strongly with the the PSA's vision for the pharmacy profession, which is reflected in its current strategy plan 'Pharmacists in 2023: For patients, for the profession, and for Australia's health system'.

Peter Guthrey, strategic policy and advocacy senior pharmacist, said: "That was the workforce development goals, then what expanded to the pharmacy development goals, and so we incorporated that into our plan, and I think it would be really interesting if we actually mapped out our existing 2023 document against the FIP DGs." He added: "That would be a really useful validation."

To watch the full recorded response, click [here](#)

Korean Pharmaceutical Association

Prof. Sang Hoon Joo, vice chair of international affairs said: "The DGs published last year served as a good reference for us to review our own activities and priorities. It could help every member organisation assess its position in the world, and improve the capacity and impact to the country it serves. . . . I would say something vague inside the organisation got clearer."

Prof. Joo added that there are many development goals, some of which overlap with each other very well.

To watch the full recorded response, click [here](#)

Pharmaceutical Society of Japan

Prof. Ichiro Matsuoka, in a written response, said: "Philosophy of the PSJ is based on the advancement of the pharmaceutical sciences amongst its coverage on science, education and practice. Priorities are aligned accordingly. Therefore, priorities of the FIP and PSJ may not match perfectly. However, directions of the two organisations with regard to the impact of their activities on the healthcare of humankind are perfectly the same.

Historically, PSJ has evolved itself based on the research of the basic science. However, rise of contemporary sciences, such as the regulatory science as well as the emergence of the patient safety as the top priority in healthcare system are demanding us to focus more on the applied and practical aspects of pharmaceutical sciences. So, the FIP DGs should help the PSJ to establish its own future development strategies for the sake of human healthcare."

Taiwan Society of Health-System Pharmacists

Jack Chen, secretary general, international affairs, said: “Because FIP uses three-dimensions — workforce and education, science, and practice — to discuss each developing goal, I think those really provide a good direction and strategy for our organisation to learn how can we really make those goals come true by working together.”

To watch the full recorded response, click [here](#)

The Malaysian Pharmacists Society (MPS)

Jack Shen Lim, FIP liaison/treasurer, in a written response, said: “Prior to 2021, every MPS chapter or committee determined its own direction, initiatives and activities, albeit with direction from the council.

“With the start of the new council term (2021–23), the MPS president launched an initiative to align MPS chapters to the recently launched FIP DGs. This initiative is the first step towards putting into place a strategic plan for both the society and the profession, firstly for 2023–25 and onwards to 2030. As a start, from June 2021, all the chapters and committees (17 chapters and 16 committees) were aligned to the 21 FIP DGs against the FIP DG colour wheel. From this mapping exercise, five major clusters were identified, namely, pharmacy education, competency development, public engagement, service delivery and practice, and technology and development. Once mapped, each chapter and committee were assigned specific FIP DGs based upon the function and area of interest. Each chapter and committee will then identify relevant mechanism from the FIP DGs that applies to them, assigning each a priority and placing them into an action plan for 2023–25 (short term) and 2030 (medium-long term).

“Moving forward, in 2022, every chapter and committee, together with the MPS council and area committees (geographical), will use this framework to produce the MPS strategic plan for 2023–25 and the strategic plan for the profession, tentatively named ‘Pharmacy 2030’. As such, the MPS effort in utilising the FIP DG framework is still at its nascent stage and the MPS will continue to engage the FIP with its efforts to build upon this excellent foundation.”

Find out more about how the MPS aligned its chapters and committees to the FIP DGs [here](#).

2.2.6.4 FIP digital events across the Western Pacific region in 2021

In 2021, FIP delivered a number of digital events across our programmes that sought to explore the Western Pacific needs and priorities against a number of pharmaceutical areas. A list of these events is provided in Table 2.13.

Table 2.13: FIP regional digital events across the Western Pacific region in 2021.

Name of event	Corresponding programme	Date	Link
The role of pharmacists in the prevention and management of vector-borne diseases: a perspective from the Western Pacific region	Communicable diseases' prevention, screening and management	22 July 2021	Click here to watch the event
Understanding and managing headaches in the community: Therapeutic approaches and advancements in the Western Pacific region	Pharmacy cares: Supporting patients with non-communicable diseases	13 September 2021	Click here to watch the event
Sustainable and equitable access to vaccines: Establishing priorities and setting policies in the Western Pacific region	Transforming Vaccination Globally, Regionally, Nationally: Accelerating equity, access and sustainability through policy development and implementation'	28 October 2021	Click here to watch the event
Accelerating AMR action through antimicrobial stewardship in the Western Pacific region	The FIP Antimicrobial Resistance (AMR) Commission 2021: From regional roadmaps to global commitments	25 November 2021	Click here to watch the event

Part 3: Supporting implementation of the FIP Development Goals in 2021

Part 3 presents an overview of each of the FIP Development Goals (Figure 3.1). In this section, we provide a reminder of what each goal aims to achieve across its three elements of practice (P), science (S) and workforce (W). We also list our programmes that support implementation of the goal and summarise lessons learnt from members across the world on how they are progressing priority goals in their country.

During the regional engagement initiatives in 2021, a number of countries shared approaches and mechanisms to enhance academic capacity and deliver a competent pharmaceutical workforce by building structures that impact and evaluate education and training to assure their integration into practice. In this section, each goal is described and followed by the countries and members that prioritised the specific goal, their needs and expertise in that area. A selected number of the DGs feature a full summary of their associated digital events.



Figure 3.1 The 21 FIP Development Goals.

3.1 FIP Development Goal 1 (Academic capacity)



FIP DG1 elements	Globally, we will have . . .
Workforce element	Engagement with pharmaceutical higher education development policies and ready access to leaders in all sectors of pharmacy practice and pharmaceutical science in order to support supply-side workforce development agendas.
Practice element	Capacity for in-practice training and development linked with education providers; pathways for professional advancement from foundation training through to advanced practice and/or specialisation.
Science element	Institutional academic capacity to deliver quality pharmaceutical sciences education and training for pharmacists and pharmaceutical scientists who contribute to patient care, new discoveries and development, clinical utilisation, marketing regulations and the economic assessment of health products.

View the goal's mechanisms online [here](#).

3.1.1 Multi-national snapshots: Hearing from our members about DG1

Table 3.1 summarises members and nations that identified DG1 as their priority development goal.

Region	Country	Members that identified DG1 as a priority development goal
Africa	Algeria	Algerian Pharmaceutical Federation
	Nigeria	Pharmaceutical Society of Nigeria
Americas	Costa Rica	College of Pharmacists of Costa Rica
	United States	Accreditation Council for Pharmacy Education
	United States	American Society of Health-System Pharmacists
Eastern Mediterranean	Egypt	Egyptian Foundation of Clinical Pharmacy
Europe	United Kingdom	The Academy of Pharmaceutical Sciences
Western Pacific	Australia	Australasian Pharmaceutical Science Association
	China	Chinese Pharmaceutical Association
	China-Taiwan	Pharmaceutical Society of China Taiwan
	Japan	Pharmaceutical Society of Japan
	New Zealand	Pharmaceutical Society of New Zealand Inc.

Table 3.1: Members that prioritised DG1 (Academic capacity)

In the United States, among the activities of the American Society of Hospital Pharmacists are education and training, certificate programmes, residency training and extremely focused education to develop pharmacist competencies both in the United States and in other parts of the world. In addition, the American Society of Hospital Pharmacists collaborates with pharmacy schools and colleges. The Accreditation Council for Pharmacy Education expressed concern for academic capacity not only in the United States, but also globally through quality standards. In particular, concerns have been expressed about how the COVID-19 pandemic might affect pharmacy education and the use of virtual education, as well as how to ensure that students are practice-ready and develop soft skills that may be more challenging to learn online (i.e., professionalism and leadership).

Likewise, in New Zealand, the Pharmaceutical Society of New Zealand, Inc., focuses its efforts on providing advanced training to pharmacists, technicians, interns and other health professionals.

In Algeria, pharmacy has always been integrated with medical schools and this model has resulted in pharmacists being supervised by doctors, as doctors have always represented pharmacists within the state's highest authorities, leaving a void in the medical discipline for an independent pharmacist representative who can act as a lever for the creation of university training. Moreover, in terms of project development, it is more difficult to explain the execution of innovative projects or structuring training in the many specialties of pharmacy because this vision is only achievable by pharmacists. The Algerian Pharmaceutical Federation used this observation to determine the key lever of action, which was to advocate the establishment of a Faculty of Pharmacy (approved in October 2021), with the University of Algiers becoming the first to uphold this updated legislation.

In collaboration with the Algerian Federation of the Pharmaceutical Industry, the Algerian minister of higher education, pharmaceutical industry units, and the ministry of health, the Algerian Pharmaceutical Federation is developing a strategic plan for establishing a faculty of pharmacy. In addition, it intends to develop training within disciplines (i.e., master's degrees, university diplomas, continuing education, etc.) to allow practices to expand for community pharmacy, biochemistry, dispensary and hospital pharmacy, and to revive industrial pharmacy by introducing a master's degree that will position pharmacists as vital players in the pharmaceutical industry. It will also work on incorporating pharmacy technicians in terms of training, organisation and regulation.

In other countries, education and training programmes are being tailored to ensure a competent workforce. In Costa Rica, for example, the College of Pharmacists of Costa Rica has a coordinating commission of schools and faculties of pharmacy, which is the body that links and coordinates the board of directors of the college with the five universities that provide undergraduate and postgraduate pharmaceutical education in the country, as well as with the Costa Rican Federation of Students of Pharmacy. The commission develops the plan with university students and is based on specific

strategic objectives. A series of conferences with pharmacy leaders from various areas of professional practice was held during the second semester of 2021. The conferences also included some soft skills training for pharmacy students.

The Pharmaceutical Society of Nigeria is attempting to establish a national postgraduate college of pharmacy in Nigeria, since West Africa lacks a programme that facilitates postgraduate and advanced education and training. This provides a great opportunity for in-country development, as well as attracting more governmental attention to the pharmacy profession, allowing for more funding to be allocated to expanding opportunities for sub-specialisation.

Since March 2021, under the new leadership of the Pharmaceutical Society of Japan (PSJ), priority has been placed on pharmacy education and pharmaceutical science research among the numerous activities of the PSJ. It is imperative for the PSJ to increase the number of students advancing from undergraduate to graduate studies (i.e., the four years of pharmacy PhD studies and the two years of MSc/three years of PhD studies in pharmaceutical sciences). The PSJ states that building collaboration between stakeholders, including pharmacy schools, government ministries, professional bodies and academicians, is essential to addressing these problems, and a health ministry-led discussion has already begun.

As a means of attracting highly motivated high school students to pharmacy schools, the PSJ periodically publishes brochures and booklets describing the role of pharmacists in health care as well as the importance of pharmaceutical sciences in health care advancement. Every year, the PSJ organises advocacy events for high school students at its annual meeting and other branch events. In addition, it offers scholarships to PhD students.

The Australasian Pharmaceutical Science Association noted that to improve academic capacities, it must not only engage with its own members and pharmaceutical experts, but also approach similar organisations. In addition, it mentioned that it strives to provide and enhance the pharmaceutical science components at its annual conferences. It also mentioned that it sometimes collaborates with the Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists to have joint conferences to help achieve this goal. The Academy of Pharmaceutical Sciences in the United Kingdom has developed a programme for accrediting pharmaceutical scientific programmes.

The Egyptian Foundation of Clinical Pharmacy reported the existence of a task force to implement change in pharmacy. This task force has five committees to address health care, academics, research, exchange and continuing education. A goal of the task force is to develop and implement strategies for advancing pharmacy in Egypt across numerous disciplines as an example of global change.

3.1.2 FIP programmes and resources for DG1

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG1, visit <https://developmentgoals.fip.org/>.

3.2 FIP Development Goal 2 (Early career training strategy)



FIP DG2 elements	Globally, we will have . . .
Workforce element	Foundation training infrastructures in place for the early post-registration (post-licensing) years of the pharmaceutical workforce as a basis for consolidating initial education and training and progressing the novice workforce towards advanced practice.
Practice element	Training strategy and infrastructures providing structured journeys for early career pharmacy practitioners, including and pharmacy support workers linked towards advanced practice and specialisation frameworks and professional recognition and certification.
Science element	Education and training of graduate/postgraduate students and early career pharmaceutical scientists to advance their skills in basic, translational, clinical and regulatory sciences.

View the goal's mechanisms online [here](#).

3.2.1 Multi-national snapshots: Hearing from our members about DG2

Table 3.2 summarises members and nations that identified DG2 as their priority development goal.

Region	Country	Members that identified DG2 as a priority development goal
Eastern Mediterranean	Egypt	Egyptian Foundation of Clinical Pharmacy
	Kuwait	Kuwait Pharmaceutical Association
Europe	United Kingdom	Academy of Pharmaceutical Sciences
	-	European Association of Hospital Pharmacists
Western Pacific	Australia	Pharmaceutical Society of Australia
		Australasian Pharmaceutical Science Association
	New Zealand	Pharmaceutical Society of New Zealand Inc.

Table 3.2: Members that prioritised DG2 (Early career training strategy)

Several countries' pharmaceutical leadership bodies have placed a great emphasis on students, trainees, pharmacists and researchers in order to provide more structure for pharmacists in the early stages of their careers and secure their nation's future. In Australia, for example, the Pharmaceutical Society of Australia (PSA) reaccredited the PSA's Intern Training Programme and established the Early Career Pharmacist Community of Special Interest, which aims to connect early career pharmacists with similar interests to share ideas and discuss issues in a safe, closed environment, while the Australian Pharmaceutical Science Association employs many strategies, such as free registration for early career pharmacists at national conferences.

Additionally, the PSA has a pilot initiative in which pharmacists practise in non-traditional settings. The PSA has invested in and developed specific training to familiarise and induct early career pharmacists in general practice, elderly care and palliative care. Before pharmacists show up on the first day in any new area of practice, the PSA is really looking at a foundation training package to try to guarantee that not only do they have the clinical abilities to succeed in their role, but they also have a bit more of an awareness of the context in that role.

Building on these efforts in Australia, the Australasian Pharmaceutical Science Association (APSA) has developed a symposium focusing solely on early career researchers and emerging leaders at its annual conference, and the best presenter earns an emerging leader award. Additionally, the APSA launched research scholarships for early career researchers a few years ago in order to acquire basic data for projects that will then support nationally competitive programmes.

The Academy of Pharmaceutical Sciences highlights this development goal in the United Kingdom, primarily focusing on early career pharmaceutical scientists through the New Scientist Focus Group and the Industrial Insights programme.

3.2.2 FIP programmes and resources for DG2

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG2, visit <https://developmentgoals.fip.org/>.

3.2.3 Selected highlights from the FIP Development Goals Digital Programme 2021 “Setting goals for the decade ahead”

Taking place on 1 September 2021, episode 12 in the FIP Development Goals digital programme threw a spotlight on FIP DG2 (Early career training strategy), with the discussion focusing on pharmacy foundation training strategies for the early post-registration years as a basis for consolidating initial education and training, and progressing the novice workforce towards advanced practice.

Commencing the session’s workforce and education review was FIP DG2 lead Asmaa Al-Haqan, who first highlighted the importance of the Global Competency Framework (GbCF), which was launched by FIP Education (FIPeD) in 2012 and updated in 2020, and has provided a valuable starting point to provide guidance for foundation level practice and further development into advanced practice. A feasibility study looking into the implementation of these guidelines nationally (in this instance, in Kuwait) helped identify the infrastructures needed for early career education and training, with key takeaways including the importance of the provision of essential knowledge and skills to identify learning needs, flexible methods of delivery such as face-to-face and online learning, and continuous feedback between participants and instructors.

The subject of early career training as a bridge to reach advanced level pharmacy was discussed by FIP WDH-DG2 lead Franciscus Cahyo Kristianto from an Indonesian perspective. The first step was to enable trainers to educate effectively by providing tools for professional development and competency-based training through a series of workshops. The FIP GbCF was again utilised to assist workshop participants in mapping their learning needs. The lessons learnt from these training sessions identified the value of the “adopt and adapt” methodology in providing a model to match the country’s needs and priorities, evidenced by the creation of the Indonesian Advanced Development Framework and Train the Trainers initiatives, as well as the need for developing a competency framework for early-career scientists along with a pilot programme to implement it.

“The first step [is] to enable the trainers to educate effectively by providing tools for professional development and competency-based training.” Franciscus Cahyo Kristianto, FIP WDH-DG2 lead

Moving on to the practice element, FIPeD member Ian Coombes focused on training strategy and infrastructures providing structured journeys, links towards advanced practice and the utilisation of frameworks within the Australian healthcare system. The key point was made that on a global scale, pharmacists are treating patients with similar diseases, treatments and pharmaceutical care needs, so practitioners must develop the ability to undertake core pharmaceutical care competencies quickly and must also have a structured journey to enable them to do so, which can be achieved with the help of competency-based performance evaluation and feedback. It was again noted that FIP frameworks can be adapted to develop local standards guidelines, as demonstrated in Kuwait and Indonesia by the previous speakers.

“Practitioners must develop to undertake core pharmaceutical care competencies quickly and must also have a structured journey to enable them to do so.” Ian Coombes, FIPeD member

Commenting on the pharmacy registration journey was FIP Young Pharmacists Group (YPG) Workforce Development Hub liaison Anisha Sandhu. She emphasised that early career training has a strong focus on the provision of competent pharmaceutical care, which in turn links back to the pharmaceutical care and public health competencies within the FIP GbCF. She also demonstrated that the FIP YPG is able to support young pharmacists by establishing and facilitating connections and networking among the early career workforce via events, leadership and mentoring programmes, advocacy and working group opportunities, fostering leadership and enabling positive change.

Covering the science component, the final speaker, YPG FIP liaison Belma Pehlivanović touched upon the experiences of early career scientists in Bosnia and Herzegovina. Several obstacles to development were identified, primarily the lack of national training programmes and CPD programmes for pharmacists, as well as a lack of mentoring, post-doctoral opportunities and funding. However, there are changes being implemented in the education system, with academic training programmes to develop the competencies of both students and educators. The use of the FIP GbCF to identify and evaluate professional development needs has also been invaluable, specifically by increasing international collaboration, developing mentorship programmes, advancing skills and increasing funding and grants for research.

Identifying key areas to facilitate early career training, the panel agreed that collaboration, communication and feedback, as well as structured learning and continuous development were essential to advance young pharmacists,

with mechanisms such as the FIP GbCF and initiatives by the FIP YPG providing essential support to enable countries to empower their pharmaceutical workforce to achieve their potential.

3.3 FIP Development Goal 3 (Quality assurance)



FIP DG3 elements	Globally, we will have . . .
Workforce element	Transparent, contemporary and innovative processes for the quality assurance of needs-based education and training systems.
Practice element	Transparent, contemporary and innovative processes for the quality assessment, monitoring and improvement of services in practice.
Science element	Quality and integrity in pharmaceutical research, development, manufacturing and regulations to ensure access to safe and effective medical products globally.

View the goal's mechanisms online [here](#).

3.3.1 Multi-national snapshots: Hearing from our members about DG3

Table 3.3 summarises members and nations that identified DG3 as their priority development goal.

Region	Country	Members that identified DG3 as a priority development goal
Africa	Algeria	Algerian Pharmaceutical Federation
	Nigeria	Pharmaceutical Society of Nigeria
Americas	United States	Accreditation Council for Pharmacy Education
	Uruguay	Uruguayan Association of Chemistry and Pharmacy
Eastern Mediterranean	Lebanon	Lebanese Order of Pharmacists
Europe	Bulgaria	Bulgarian Pharmaceutical Union
	France	French Chamber of Pharmacists
	Ukraine	All-Ukrainian Pharmaceutical Chamber
Western Pacific	Australia	Pharmaceutical Society of Australia
	Malaysia	Malaysian Pharmacists Society

Table 3.3: Members that prioritised DG3 (Quality assurance)

Some countries, such as Australia, are updating their competency standards and guidelines. However, rather than simply doing that, the Pharmaceutical Society of Australia (PSA) states that the emphasis is on implementation, making those standards more measurable, outcome-focused and patient-centred. Moreover, the PSA hopes to create a better translation into practice so that pharmacists working in various sectors have a better knowledge of these standards and how they relate to their practice area.

Additionally, the PSA is collaborating with a group of pharmacists to assist them in compounding and complex compounding by providing more clarity on guidelines and standards.

In Uruguay, the Uruguayan Association of Chemistry and Pharmacy reports that it is now working on the second version of the national standard of good pharmacy practice, which will incorporate adjustments made by the FIP Hospital Pharmacy Section. It will be considering mandatory implementation and an accreditation system by 2022.

3.3.2 FIP programmes and resources for DG3

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG3, visit <https://developmentgoals.fip.org/>.

3.3.3 Selected highlights from the FIP Development Goals Digital Programme 2021 “Setting goals for the decade ahead”

The subject of episode 18 of the FIP Development Goals digital programme on 10 November 2021 was FIP DG3 (Quality assurance), which looked at transparent, contemporary and innovative processes for the quality assurance of needs-based education and training systems.

First to comment on the education element of FIP DG3 was Mike Rouse, Assistant Executive Director, Professional Affairs and Director, International Services, Accreditation Council for Pharmacy Education (ACPE), who focused on transformational change while retaining quality. Referencing the FIP framework for quality assurance, he particularly emphasised the strategic approach to transformational change through effective communication and collaboration within practice, education and regulation, as well as identifying and actively involving all key stakeholders. It was also noted that achieving transformational change is not linear; rather, it is a cycle of continuous quality improvement whereby impact and innovation create new context.

“Achieving transformational change is not linear; rather, it is a cycle of continuous quality improvement whereby impact and innovation create new context.” Assistant Executive Director, Professional Affairs and Director, International Services, Accreditation Council for Pharmacy Education (ACPE)

FIP DG3 lead Abby Kahaleh added to the discussion with some insights from a review that aimed to map the 2016 Accreditation Council for Pharmacy Education (ACPE) to the 2017 FIP Nanjing Statements. The preliminary findings then could be used to assist educators in streamlining national and global competencies. Following on from this, the 2022 FIP Quality Assurance Survey was developed by first reviewing previous FIP quality assurance initiatives, publishing a FIP report based on the data and including recommendations for future initiatives. Phase 2 then involved developing a new pharmacy education quality assurance tool, sharing the survey with FIP members and then revising the tool based on feedback. Finally, a consent form was developed to encompass ethical considerations and the survey was prepared for launch.

Commenting on the development of the pharmacy education quality assurance tool, FIP DG3 global lead Abeer Alghananeem elaborated on how the global survey informed the content of the tool by mentioning three key areas: accreditation processes and bodies; standards for quality assurance; and views on the values, relevance and outcomes of accreditation on a national level. The tool aims to provide self-assessment opportunities as well as supporting pharmacy schools in assessing and advancing the quality of their programmes, with the goal of better understanding of quality assurance of global pharmacy education programmes via the data gathered.

Bronwyn Clark, FIP DG3 lead, continued the conversation, looking more broadly at assuring quality in education across the health professions via interprofessional education (IPE) to inform interprofessional collaborative practice (IPCP). By using IPE as a base for IPCP and using agreed interprofessional accreditation standards for IPE to develop collaborative pharmacy professionals, partnership is placed at the heart of practice as a way to learn about, with and from other healthcare professions. She also identified that in order to optimise IPE, guidance on standards for all professions, good practice training for accreditation panels, sharing panel members across other professions and workshopping best practice across the sector were also required.

Discussing quality assurance from a scientific and laboratory perspective was Aline Hajj, associate professor at Saint Joseph University (USA). As quality assurance becomes an increasingly crucial part of the laboratory process, she stated that mechanisms must follow standard operating procedures, including adequate data logging and secure data analysis, organised sample storage and consistent experimental conditions. Using the example of quality assurance in genotyping, she highlighted the importance of quality control materials and well-characterised controls in order to improve the production of accurate, reliable testing results.

Sandra Winkelbauer, manager of registrant competence at the Ontario College of Pharmacists (OCP), Canada, focused on the practice element of FIP DG3. The mandate of quality assurance was stated as ensuring pharmacy professionals maintain appropriate knowledge and skills, and also identifying areas of improvement. Research findings in this area concluded that current best practice promotes a multimodal approach, as most activities cannot capture competency in its entirety when completed in isolation. Using the OCP Quality Assurance Programme as an example, she identified three areas to demonstrate competency — self-assessment, knowledge assessment and practice assessment — which together comprised the continuous professional development learning portfolio to improve practice. By establishing a

right-touch, risk-based approach in order to focus on activities to enhance patient care and more regulatory attention on higher-risk professionals, the pharmacy workforce will be better equipped to provide a quality service.

“By establishing a right-touch, risk-based approach in order to focus on activities to enhance patient care and more regulatory attention on higher-risk professionals, pharmacy professionals will be better equipped to provide a quality service.” Sandra Winkelbauer, manager of registrant competence at the Ontario College of Pharmacists

Concluding the discussion with some comments ensuring the quality of scientific publications was Marwan Akel, FIP workforce projects manager. Some key indicators of quality were established, including clear objectives, critical analysis, accurate statistics and reproducible results. The importance of collaboration was again determined, as authors, journals, reviewers and editors are all responsible for ensuring the data being presented are reliable and accurate.

Finally, the panel demonstrated throughout the discussion that the role of quality assurance is equally important in all areas of education, science and practice, and key outcomes included the need for self-assessment as part of continuous professional development, the value of quality control and assurance in maintaining good laboratory practices, and the influence of interprofessional collaboration to establish common quality measures.

3.4 FIP Development Goal 4 (Advanced and specialist development)



FIP DG4 elements	Globally, we will have . . .
Workforce element	Education and training infrastructures in place for the recognised advancement of the pharmaceutical workforce as a basis for enhancing patient care and health system deliverables.
Practice element	Sector-specific competency and development frameworks and infrastructures for advanced and/or specialised pharmacy practice and people-centred services.
Science element	Education, training and mentoring to foster innovation and expertise in pharmaceutical sciences.

View the goal's mechanisms online [here](#).

3.4.1 Multi-national snapshots: Hearing from our members about DG4

Table 3.4 summarises members and nations that identified DG4 as their priority development goal.

Region	Country	Members that identified DG4 as a priority development goal
Africa	Ghana	Pharmaceutical Society of Ghana
Americas	United States	American Society of Health-System Pharmacists
Eastern Mediterranean	Jordan	Jordan Pharmacists Association
Southeast Asia	Indonesia	Indonesian Pharmacists Association
Europe	Cyprus	Cyprus Turkish Pharmacists Association
	Denmark	Pharmadanmark
	Netherlands	Royal Dutch Pharmacists Association
	-	European Association of Hospital Pharmacists
Western Pacific	Japan	Pharmaceutical Society of Japan
	Korea (Rep. of)	Korean Pharmaceutical Association
	New Zealand	Pharmaceutical Society of New Zealand Inc.
	Singapore	Pharmaceutical Society of Singapore
	China Taiwan	Taiwan Society of Health System Pharmacists

Table 3.4: Members that prioritised DG4 (Advanced and specialist development)

In the United States, the American Society of Health System Pharmacists (ASHP) has supported specialty training for many years through continued development of board certification in additional areas of specialisation and continued expansion of specialised residency training programmes (i.e., sites). In addition, the ASHP reports that since its inception in 2010, its [Practice Advancement Initiative \(PAI 2030\)](#) has resulted in a remarkable partnership with ASHP state affiliates, health systems and pharmacists to help drive pharmacy practice change at a local level.

Hospital pharmacists and community pharmacists are specialisations in the Netherlands that must be pursued following six years of university pharmacy education. In its 2025 vision for community pharmacy, the Royal Dutch Pharmacists Association (KNMP) calls for the development and recognition of pharmacists as medication specialists. Additionally, the KNMP plans to modernise the specialist education programme for community pharmacists in 2022, and is actively developing ideas and consulting with members and stakeholders.

The Cyprus Turkish Pharmacists Association reports that it has introduced sports pharmacy as a new specialisation area in Cyprus, and the first batch of specialised pharmacists are actively providing counselling services to athletes locally at community pharmacies, but will also provide national counselling and guidance via their respective federations.

Some countries focused their efforts on ensuring appropriate recognition of advanced competences and specialisation, as well as alignment with adequate reimbursement. For example, the Taiwan Society of Health System Pharmacists reports the government's recent reimbursement for pharmacists in intensive care units in hospitals as well as outpatient services, specifically for patients with chronic kidney diseases, which shaped the transformation of pharmacists' role in different institutions (i.e., medical centres and regional hospitals).

The Republic of Korea is currently developing a system for advanced and specialist programmes that will identify pharmacy specialists in hospital and community pharmacies. Moreover, the Korean Pharmaceutical Association has reported that pharmacy specialty programmes will be adopted soon.

3.4.2 FIP programmes and resources for DG4

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG4, visit <https://developmentgoals.fip.org/>.

3.4.3 Selected highlights from the FIP Development Goals Digital Programme 2021 “Setting goals for the decade ahead”

Taking place on 4 August 2021, the 10th episode in the FIP Development Goals digital programme webinar series focused on FIP DG4 (Advanced and specialist development) and the need to have a flexible, capable and competent pharmacy workforce to meet the needs of complex pharmaceutical care.

Providing insight into the workforce and education element of the goal, FIP global lead for DG4 Kirstie Galbraith paid particular attention to the Global Advanced Development Framework (GADF) and its role in driving the transnational advancement of the pharmacy profession. The imperative for investing in advanced practice and specialisation was highlighted, with all countries, territories and member organisations being entitled to education and training structures being in place for the recognised advancement of the pharmaceutical workforce as a basis for enhancing patient care and health system deliverables. To achieve this, there needed to be a shared understanding for what is meant by “specialisation” and “advanced practice” with regard to the scope of practice, as well as ensuring the competency and capability of advanced and expert pharmacists, and the systemic use of professional recognition programmes as markers for advancement across the workforce. Hence, the GADF was developed as a global tool by modelling existing advanced pharmacy frameworks from Australia and the UK to create the handbook finalised in 2020, containing information for development, case studies, exemplars for implementation and work in progress, which can be adopted and adapted on global, country, organisation and individual levels.

“All countries, territories and member organisations [are] entitled to education and training structures being in place for the recognised advancement of the pharmaceutical workforce as a basis for enhancing patient care and health system deliverables.” Kirstie Galbraith, FIP global lead for DG4

Sylvain Grenier, president of the FIP Military and Emergency Pharmacy Section, spoke about advanced and specialist development through the lens of practice, specifically the development of competency frameworks for pharmacists working in the humanitarian field. He stated that, currently, there is a lack of competency training at an international level in order for pharmacists to meet the specific needs of humanitarian organisations regarding experience, knowledge and skills. To address this, an FIP working group was established in 2017 to build a competency framework for pharmacists working in the humanitarian arena. This then informed the draft FIP Global Humanitarian Competency Framework, launched in October 2021, which focused on four key areas of population focus and pharmaceutical public health, patient focus and pharmaceutical care, practice focus and professional development, and system focus and organisation.

Finally, focusing on the science component of FIP DG4, FIP Board of Pharmaceutical Sciences ExCo and expert member Marilyn Morris examined the various systems put in place by FIP to enable advanced development, namely the Global Graduate Education Survey (GGES) and the Biowaiver Educational Outreach and Expert Development (BEOED) initiative. The objective of the GGES is to obtain a greater understanding of global graduate education in the pharmaceutical sciences to identify strengths, needs and challenges. This will then enable FIP to support members through scientific and professional programmes, and develop specialist guidance and mechanisms of recognition. In addition, the BEOED programme will focus on Latin America and advocate the broader implementation of Biopharmaceutics Classification System (BCS)-based biowaivers in the region by facilitating educational outreach and workforce development activities.

“The objective of the Global Graduate Education Survey is to obtain a greater understanding of global graduate education in the pharmaceutical sciences to identify strengths, needs and challenges.” Marilyn Morris, FIP Board of Pharmaceutical Sciences ExCo and expert member

Having covered the three elements of FIP DG4, the discussion revealed some key themes, specifically regarding the need for a global advancement strategy and imperative for the implementation of an internationally recognised framework empowering pharmacy professionals to develop their careers and allowing the pharmaceutical profession as a whole to maximise the expertise of its global workforce.

3.5 FIP Development Goal 5 (Competency development)



FIP DG5 elements	Globally, we will have . . .
Workforce element	Clear and accessible developmental frameworks describing competencies and scope of practice for all stages of professional careers. This should include leadership development frameworks for the pharmaceutical workforce.
Practice element	Clearly defined developmental frameworks for practitioners describing competencies linked to professional services delivered in practice.
Science element	Framework describing competencies for all stages of professional careers in pharmaceutical sciences.

View the goal's mechanisms online [here](#).

3.5.1 Multi-national snapshots: Hearing from our members about DG5

Table 3.5 summarises members and nations that identified DG5 as their priority development goal.

Region	Country	Members that identified DG5 as a priority development goal
Africa	Ghana	Pharmaceutical Society of Ghana
Eastern Mediterranean	Kuwait	Kuwait Pharmaceutical Association
	Lebanon	Lebanese Order of Pharmacists
Europe	Malta	Malta Chamber of Pharmacists
	Portugal	Portuguese Pharmaceutical Society
	United Kingdom	Academy of Pharmaceutical Sciences
Southeast Asia	Indonesia	Indonesian Pharmacists Association
Western Pacific	China	Chinese Pharmaceutical Association
	Malaysia	Malaysian Pharmacists Society

Table 3.5: Members that prioritised DG5 (Competency development)

Some countries, such as Malta, prioritised this goal as a foundation for enabling practitioners to perform specialised professional services within their area of competence. The Malta Chamber of Pharmacists, for example, highlighted pharmacist-led life course immunisation, pharmacist repeat prescribing and emergency prescribing, medicines use reviews, collaborative medicines management and the development of more point-of-care services.

The Portuguese Pharmaceutical Society reported that it is now implementing a competency development model that includes competencies certification based on professional practice and experience, as well as educational training.

In the United Kingdom, the Academy of Pharmaceutical Sciences has provided a series of high-quality webinars on various themes during the COVID-19 pandemic and found them to be valuable to a worldwide audience.

3.5.2 FIP programmes and resources for DG5

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG5, visit <https://developmentgoals.fip.org/>.

3.5.3 Selected highlights from the FIP Development Goals Digital Programme 2021 “Setting goals for the decade ahead”

Episode 17 in the FIP Development Goals digital programme series, which took place on 27 October 2021, was on FIP DG5 (Competency development). The panel focused its discussion on the three main elements of the goal: workforce and education, practice, and science, with key points including the need for clear and accessible developmental frameworks describing competencies for leadership development, professional services and pharmaceutical sciences.

Arijana Meštrović, FIP Academic Pharmacy Section vice president and FIP Workforce Development Hub global lead for competency development, opened the discussion with some comments on the workforce component of the goal. She first noted that competencies within the pharmacy professions are not just represented as learning outcomes, but as the ability of students and healthcare professionals to engage their knowledge, skills and values to perform at the desired level. Therefore, competency-based education must address not only knowledge and skills but also the motivational and ethical aspects of learning. To support this, FIP has developed a needs-based education model, which focuses on the needs of the community, the types of services to be delivered by the pharmacy workforce based on these needs, the competencies demonstrated by the same workforce, and the education required to achieve these competencies.

“Competencies within the pharmacy professions are not just represented as learning outcomes, but as the ability of students and healthcare professionals to engage their knowledge, skills and

values to perform at the desired level.” Arijana Meštrović, FIP Academic Pharmacy Section vice president and FIP Workforce Development Hub global lead for competency development

Discussing competency development from a practice perspective were Sylvain Grenier, Military and Emergency Pharmacy Section president, and Andreia Bruno-Tome, global lead for FIP DG5, with a particular focus on the unique specialism of humanitarian activities within pharmacy practice to coincide with the launch of the FIP Global Humanitarian Competency Framework. Inconsistencies in existing training and a lack of recognised programmes for pharmacy professionals wishing to enter the humanitarian arena were identified, and it was decided that FIP would begin to create a competency framework in 2017 that would be recognised internationally in order for existing programmes to consistently meet the needs of humanitarian organisations.

“The aim of [the FIP Global Competency Framework] [is]... to ensure a cross reference to education and training tools and mechanisms that spans sectors and particular specialisations, with validity and credibility embedded within the framework to be used by all.” Andreia Bruno-Tome, global lead for FIP DG5

The development of this newly launched framework was informed by and adapted from the FIP Global Competency Framework and based around the four key focus areas of pharmaceutical public health, pharmaceutical care, organisation and management, and professional and personal development. The aim was also to ensure a cross reference to education and training tools and mechanisms that spans sectors and particular specialisations, with validity and credibility embedded within the framework to be used by all.

Finally, Naoko Arakawa, FIP Global Workforce Hub global lead for competency development, commented on the science element of DG5. Reiterating the FIP needs based education model, she also emphasised that needs should be locally determined, socially accountable, globally connected and quality assured to meet the health needs of any given community. Touching on the competency based education (CBE) model mentioned earlier in the discussion, she also mentioned the importance of evidence-based support to implement this, with FIP developing a CBE handbook for initial pharmacy education by systematically reviewing existing CBE models and carrying out global surveys to identify what support is required in this area.

With universal themes running through the three goal elements including the importance of competency frameworks, looking beyond outcomes to apply skills, knowledge and values, and identifying the needs of the community, the key message of the discussion highlighted the importance of competency development as an ongoing learning tool across all specialisms and throughout the pharmaceutical career journey.

3.6 FIP Development Goal 6 (Leadership development)



FIP DG6 elements	Globally, we will have . . .
Workforce element	Strategies and programmes in place that develop professional leadership skills (including clinical and executive leadership) for all stages of career development, including pharmaceutical sciences and initial education and training.
Practice element	Strategies and programmes for professional leadership which incorporate team and collaborative performance, service development in line with local needs, and clinical leadership which demonstrates responsibility, accountability, decision-making ownership and professional autonomy.
Science element	Strategies and programmes for scientific leadership to sustain excellence in pharmaceutical sciences research, development, manufacturing and regulations.

View the goal's mechanisms online [here](#).

3.6.2 Multi-national snapshots: Hearing from our members about DG6

Table 3.6 summarises members and nations that identified DG6 as their priority development goal.

Region	Country	Members that identified DG6 as a priority development goal
Africa	South Africa	Pharmaceutical Society of South Africa
Eastern Mediterranean	Egypt	Egyptian Foundation of Clinical Pharmacy
Western Pacific	Japan	Pharmaceutical Society of Japan
	Singapore	Pharmaceutical Society of Singapore

Table 3.6: Members that prioritised DG6 (Leadership development)

Some countries are working on developing professional leadership skills through initiatives and programmes. The Pharmaceutical Society of South Africa, for example, is investing in leadership development in the pharmacy profession and focusing on the South African young pharmacists' group. Similarly, the Egyptian Foundation of Clinical Pharmacy is coordinating with the FIP Young Pharmacists Group to support this as a key priority.

The Pharmaceutical Society of Japan (PSJ) reported that this is becoming increasingly crucial for the interprofessional and interdisciplinary team building of healthcare professionals and scientists in Japan, although it is still a relatively new concept in their educational system. According to the PSJ, FIP DG9 CPD initiatives for pharmaceutical scientists are better recognised in conjunction with leadership development.

Other countries, such as Singapore, have linked this to DG21 (Sustainability in pharmacy). Moreover, the Pharmaceutical Society of Singapore emphasises leadership and mentorship to build resilience and prevent burnout in order to sustain change.

3.6.2 FIP programmes and resources for DG6

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG6, visit <https://developmentgoals.fip.org/>.

3.6.3 Selected highlights from the FIP Development Goals Digital Programme 2021 “Setting goals for the decade ahead”

On 21 July 2021, the ninth episode in the FIP Development Goals digital programme saw the discussion focus on FIP DG6 (Leadership development), with particular emphasis on developing professional leadership skills, collaborative performance, service development in line with local needs, and clinical and scientific leadership.

FIP DG6 lead Toyin Tofade provided insights into leadership development from the perspective of workforce and education, with the aim of implementing various mechanisms in order to achieve this goal: creating programmes and strategies to develop leadership skills, and increased advocacy for leadership development within health care teams, with links to competency and early year career development activities. FIP is supporting this aim through leadership activities including the launch of the Global Academic Leaders Forum Programme to assist global leadership development, as well as a Leadership Development Programme for the FIP Young Pharmacists Group.

Examining leadership through the lens of the practice element, FIP DG6 lead Minesh Parbat identified the key mechanisms for implementation as the promotion of leadership skills development to encourage autonomy and ownership, as well as quality assurance, the recognition of clinical leadership as a way to enhance quality, and the promotion of professional advocacy skills to empower pharmacists. She also mentioned the importance of leadership within pharmacy practice, namely that all employees must be leaders at all levels, making safe, high quality, compassionate care a top priority and that continued professional development is vital.

“All employees must be leaders at all levels, making safe, high quality, compassionate care a top priority.” Minesh Parbat, FIP DG6 Lead

Discussing the science component of FIP DG6, FIPWiSE (Women in science and education) Steering Committee member and FIP Antimicrobial Resistance Commission chair Dr Dalal Hammoudi highlighted three mechanisms that comprise the focus of this goal: partnering with accessible leadership programmes; establishing an inventory of quality leadership programmes and implementing mentorship programmes with experienced pharmaceutical sciences leaders in various disciplines. Dr Hammoudi added that pharmacist leadership skills can be built through science, by primarily considering your purpose and motivation and then looking at your process and results that in turn realise your purpose.

“Pharmacist leadership skills can be built through science, by primarily considering your purpose and motivation and then looking at your process and results that in turn realise your purpose.”

Dr Dalal Hammoudi, FIPWiSE Steering Committee member and FIP AMR Commission chair

To support the science element of leadership development, FIP’s Strategic Plan for 2019–2024 will provide leadership and support to pharmacists to ensure people have the information needed to feel empowered to take better care of their health. In addition, the FIPWiSE initiative, launched in 2020, is supporting women in pharmaceutical sciences and in leadership, helping to obtain equality in the workplace and maximise women’s potential through events, webinars, podcasts and toolkits.

With overlapping threads running through the discussion, the speakers agreed on the importance of advocacy and empowerment to enable staff at all levels to be leaders, and the imperative to implement strategies during education and training to allow pharmacy professionals to lead from the beginning and throughout their careers.

3.7 FIP Development Goal 7 (Advancing integrated services)



FIP DG7 elements	Globally, we will have . . .
Workforce element	A patient-centred and integrated health services foundation for workforce development, relevant to social determinants of health and needs-based approaches to workforce development.
Practice element	A people-centred and integrated health care provision that is based on an interprofessional and cross-setting seamless continuum, including pharmacist-delivered professional services.
Science element	Scientific strategies to evaluate expanded professional pharmacy services and programmes, including translational and reverse-translational research.

View the goal's mechanisms online [here](#).

3.7.1 Multi-national snapshots: Hearing from our members

Table 3.7 summarises members and nations that identified DG7 as their priority development goal.

Region	Country	Members that identified DG7 as a priority development goal
Americas	United States	American Society of Health-System Pharmacists
Eastern Mediterranean	Kuwait	Kuwait Pharmaceutical Association
Europe	Bulgaria	Bulgarian Pharmaceutical Union
	Belgium	Belgian Pharmacists Association
	Denmark	Association of Danish Pharmacies
	Finland	Association of Finnish Pharmacies
		Finnish Pharmacists Association
	France	French Chamber of Pharmacists
	Israel	Pharmaceutical Association of Israel
	Norway	Norwegian Pharmacy Association
	Portugal	Portuguese Pharmaceutical Society
	Romania	Ethica Independent Pharmaceutical Association
Spain	Spanish Society of Family and Community Pharmacy	
Western Pacific	China Taiwan	Taiwan Society of Health System Pharmacists
	New Zealand	Pharmaceutical Society of New Zealand Inc.
	Singapore	Pharmaceutical Society of Singapore

Table 3.7: Members that prioritised DG7 (Advancing integrated services)

Some countries are focusing on integrating advanced pharmaceutical services so that patients can effortlessly transition from one source of care to another. In the United States, the American Society of Health-System Pharmacists has joined other health care disciplines to form the GTMRx foundation (“Get the medications right”). GTMRx’s goal is to ensure appropriate and personalised use of medication and gene therapies by advancing to a scientific, evidence-based and cost-effective decision-making process and a team-based, systematic approach to medicines use.

In Romania, the definition of pharmaceutical services was approved in the pharmacy legislation last year. This requires the Ministry of Health (MoH) to develop a methodology, nomenclature and standards for implementing pharmaceutical services. A working group has been formed between authorities, the Ethica Independent Pharmaceutical Association, and the Romanian College of Pharmacists to draft a proposal on which pharmaceutical services should be included and how they should be classified; this list is available for public debate on the MoH website. To begin, it has selected two pharmaceutical services: the monitoring of patients with respiratory diseases and the monitoring of diabetic patients. Other authorities, such as the National Social Health Insurance House, which finances the majority of the country's medical services, have also been engaged on the subject.

Also, the Belgian Pharmacy Association is working to implement an early diabetes detection system in community pharmacies. Like the Portuguese Pharmaceutical Society, it strives for a broader scope of practice, which enhances pharmacists’ role in society. It has been actively collaborating with health authorities on new services to respond to the pandemic, including the release of good pharmacy practices and professional guidelines.

A number of countries, including Finland, have linked this to the DG21 (Sustainability in pharmacy). An ongoing renewal of pharmaceutical services is taking place in Finland, based on a government initiative.

3.7.2 FIP programmes and resources for DG7

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG7, visit <https://developmentgoals.fip.org/>

3.7.3 Selected highlights from the FIP Development Goals Digital Programme 2021 “Setting goals for the decade ahead”

Episode 11 in the FIP Development Goals digital programme, which took place on 18 August 2021, focused on FIP DG7 (Advancing integrated services). The discussion had a particular focus on people-centred and integrated health care provision, with the aim of advancing the ideals of integrated service delivery to benefit patients and lead to the improvement of health outcomes overall.

Bob Buckham, national programme manager of the Integrated Community Pharmacy Services Central Technical Advisory Services, touched upon the integration of pharmacy primary healthcare services in health systems. He emphasised the need for person-centred, coordinated care, backed up by governmental policy support, the removal of barriers to expanding pharmacist roles and service innovations, and the facilitation of closer collaborative practice between pharmacy and medicine. Further, to achieve the best outcomes for patients, it was imperative for a shared understanding of health needs as well as shared discussion and decision-making, guided by the patient.

“To achieve the best outcomes for patients, it was imperative for a shared understanding of health needs as well as shared discussion and decision-making, guided by the patient.” Bob Buckham, national programme manager of the Integrated Community Pharmacy Services Central Technical Advisory Services

Picking up the discussion through the lens of education and workforce, Bärbel Holbein, FIP global lead for DG7, explained the importance of keeping the patient at the centre, reflecting the social determinants of health and striving for a needs-based approach. This can be achieved by the implementation of four mechanisms: systematic development of education and training based on local healthcare systems; evidence of systematic training development strategies; appropriate training for educators; and the promotion of health equity by the pharmaceutical workforce. Providing a perspective on the science component, Ms Holbein then focused on the three mechanisms for the implementation of advanced integrated services: evidence of team-based, interdisciplinary science; facilitating translational research; and encouraging collaboration between pharmaceutical scientists and pharmacists.

Moving on to the practice element of DG7, FIP Community Pharmacy Section president Lars-Åke Söderlund reiterated the importance of real collaboration and cooperation between all stakeholders which had to be “with”, not “about”, the patient, creating a healthcare model where the individual is an equal partner. It is vital for pharmacy to be an integrated component within national health strategies globally to ensure they are effective, safe and people-centred. Referencing the COVID-19 pandemic, he highlighted the importance of international collaboration across borders and sectors as well as more locally.

“It is vital for pharmacy to be an integrated component within national health strategies globally to ensure they are effective, safe, and people-centred.” Lars-Åke Söderlund, FIP Community Pharmacy Section president

Finally, FIP Pharmaceutical Technology Forum chair Jacqueline Surugue examined effective methods to improve patient outcomes through the sharing of electronic records. First, she referenced software issues, including disparate health information systems with lack of interoperability, poor information gaps and poor data communication. She then focused on the importance of electronic healthcare records, given their pivotal position in the healthcare integration process to enable a coordinated continuum of care with greater efficiency and added value particularly during transitions of care. FIP itself is advocating common digital standards and terminologies with a digital health statement of policy in order to facilitate health information exchange globally.

With common themes across the discussion, the key messages from this panel included putting the patient at the centre of care, the need for continuity of care, and the importance of interprofessional collaboration to get the best possible health care outcomes.

3.8 FIP Development Goal 8 (Working with others)



FIP DG8 elements	Globally, we will have . . .
Workforce element	Clearly identifiable elements of collaborative working and interprofessional education and training, which should be a feature of all workforce development programmes and policies.
Practice element	Clearly identifiable elements of inter- and intra-professional collaboration and multi-disciplinary healthcare, delivered through cohesive and interdependent teams working across interfaces and transitions of care.
Science element	Transdisciplinary collaboration to advance education, research, development, manufacturing and regulations that collectively improve access to medical products.

View the goal's mechanisms online [here](#).

3.8.1 Multi-national snapshots: Hearing from our members about DG8

Table 3.8 summarises members and nations that identified DG8 as their priority development goal.

Region	Country	Members that identified DG8 as a priority development goal
Africa	South Africa	Pharmaceutical Society of South Africa
Eastern Mediterranean	Egypt	Egyptian Foundation of Clinical Pharmacy
Europe	Denmark	Association of Danish Pharmacies
	Finland	Finnish Pharmacists Association
	Malta	Malta Chamber of Pharmacists
	Netherlands	Royal Dutch Pharmacists Association
	Norway	Norwegian Pharmacy Association
	Spain	Spanish Society of Family and Community Pharmacy
Western Pacific	New Zealand	Pharmaceutical Society of New Zealand Inc.

Table 3.8: Members that prioritised DG8 (Working with others)

Some countries are focusing their efforts on collaborating with stakeholders, agencies and other health professional associations. The Pharmaceutical Society of South Africa, for example, reported collaboration with the South African Policy Council and other healthcare professional organisations such as the Medical Association, Psychological Association and Optometric Association.

Other leadership organisations are focusing their efforts on creating structures and mechanisms that will allow multidisciplinary intra- and interprofessional teams from all relevant health groups to collaborate in a coordinated manner across all levels of care. The Royal Dutch Pharmacists Association, for example, mentioned in its 2025 vision for community pharmacy the stimulation of collaboration between pharmacists, physicians and nurses under the collaboration element. Similarly, the Finnish Pharmacists Association emphasised its efforts to increase the number of pharmacists working in multiprofessional teams in healthcare settings (i.e., primary, secondary and tertiary health care). In order to accomplish this, it is focusing on demonstrating the value of pharmacy.

Similarly, the Association of Danish Pharmacies is identifying healthcare programmes that can be offered in pharmacies as well as models for collaboration between pharmacists and general practitioners to improve patient care.

3.8.2 FIP programmes and resources for DG8

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG8, visit <https://developmentgoals.fip.org/>

3.8.3 Selected highlights from the FIP Development Goals Digital Programme 2021 “Setting goals for the decade ahead”

Episode 16 of the FIP Development Goals digital programme focused on FIP DG8 (Working with others). It took place on 19 October 2021 as part of the FIP virtual Global Pharmacy Technicians’ Symposium 2021, with particular emphasis on collaborative working in education and workforce, practice and sciences, to advance health care.

The panel covered several aspects of synergistic working practices, with FIP DG8 lead Silvana Nair Leite opening the discussion with a review of interprofessional education offered to pharmacists and pharmacy students. She highlighted the particular need for governments and professional and educational organisations to define clear policies in support of interprofessional collaboration and education.

Victoria Garcia Cardenas, chair of FIP’s Pharmacy Practice Research Special Interest Group (SIG), shared her experience of working with others in research environments, gave examples of how FIP, as a pharmaceutical organisation, was supporting the implementation of collaborative working through its Board of Pharmaceutical Science (BPS). By serving as the leading international forum for the promotion of scientific interchange through its SIGs, the BPS facilitates

cooperation in areas such as new medicines, the development of new pharmaceutical scientists and drug delivery and manufacturing.

“The BPS facilitates cooperation in areas such as new medicines, the development of new pharmaceutical scientists and drug delivery and manufacturing.” Victoria Garcia Cardenas, chair of FIP’s Pharmacy Practice Research Special Interest Group

Interim president of the FIP Community Pharmacy Section Daragh Connolly brought insight to working synergistically with others as a community pharmacist. He focused on two key aspects of the role: recognising capabilities and potential in order to work with others more effectively, and seeing how community pharmacists work with others as part of a wider community of patients and other healthcare professionals, which in turn leads to opportunities to provide better healthcare services.

Susan James, lead for the FIPeD Pharmacy Technicians and Support Workforce Strategic Platform, provided a perspective on working with others as pharmacy technicians and support workers. A key message was recognising that the breadth and types of relationships seen with pharmacy technicians and the support workforce are very similar to the breadth found within the wider pharmacy profession. She also highlighted FIP’s commitment to the advancement of this area, with an advisory committee dedicated to providing expert guidance for the development of leadership activities within the pharmacy technician and support workforce.

FIP member (African region) Mujahid Valji talked about working relationships from a hospital pharmacist’s perspective, acting as part of a multidisciplinary team and showing the importance of collaboration for patient care, policy making, monitoring activities, research, HR and financial management.

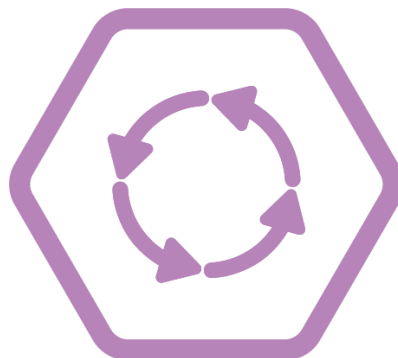
Astrid Czock, FIP global lead for DG8, discussed working together in patient-centred practice projects and the value of analysing gaps in care, and implementing measures to close those gaps. Defined roles and interfaces were key in working effectively to improve patient outcomes.

“Defined roles and interfaces [are] key in working effectively to improve patient outcomes.” Astrid Czock, FIP global lead for DG8

Finally, FIP Workforce Development Hub associate director Jill Martin Boone showcased FIP’s Interprofessional Education (IPE) Self-Assessment and Readiness Tool, which was developed in order to assist organisations with preparing for IPE and collaborative practice and could be implemented globally and regionally.

Presenting key areas and demonstrating FIP’s commitment to collaborative working through various initiatives, this webinar emphasised the importance of effective working practices and continuing education and development, and how drawing on a variety of different perspectives and skill sets can improve care, both within pharmacy and the wider healthcare profession.

3.9 FIP Development Goal 9 (Continuing professional development strategies)



FIP DG9 elements	Globally, we will have . . .
Workforce element	All professional development activity clearly linked with needs-based health policy initiatives and pharmaceutical career development pathways.
Practice element	In-practice and needs-based continuing professional development and continuing education linked to career development pathways and practice frameworks.
Science element	Integrated professional development as an essential component of advanced pharmaceutical sciences.

View the goal's mechanisms online [here](#).

3.9.1 Multi-national snapshots: Hearing from our members about DG9

Table 3.9 summarises members and nations that identified DG9 as their priority development goal.

Region	Country	Members that identified DG9 as a priority development goal
Africa	Nigeria	Pharmaceutical Society of Nigeria
	Algeria	Algerian Pharmaceutical Federation
Americas	United States	Accreditation Council for Pharmacy Education
Eastern Mediterranean	Jordan	Jordan Pharmacists Association
	Egypt	Egyptian Foundation of Clinical Pharmacy
Europe	Bulgaria	Bulgarian Pharmaceutical Union
	Cyprus	Cyprus Turkish Pharmacists Association
	Malta	Malta Chamber of Pharmacists
Western Pacific	Japan	Pharmaceutical Society of Japan

Table 3.9: Members that prioritised DG9 (Continuing professional development strategies)

The Cyprus Turkish Pharmacists Association reported that it collaborates with local universities and companies on a regular basis to hold continuing professional development seminars in order to refresh pharmacists' existing knowledge while also adding new expertise through the introduction of new information and strategies.

Described earlier in the DG5 (Competency development) section, the Malta Chamber of Pharmacists reported that CPD vaccination programmes were conducted in September 2021, and Basic Life Support/Vaccination Competency Hands On courses were under way in October–November 2021.

The Pharmaceutical Society of Nigeria has recognised the Clinical Pharmacist Association of Nigeria, with which it is collaborating to launch an initial initiative in terms of subspecialties (oncology, paediatrics and geriatrics) in hospitals, which also links to FIP DG8 (Working with others).

The Bulgarian Pharmaceutical Union connects continuing professional development and DG3 (Quality assurance) to ensure the quality of the workforce by assuring the deployment of adequate and appropriate pharmacist education and training. Specifically, it is developing online programmes to support pharmacists' professional development across all settings and stages of their careers, and to provide continuing education and training that leads to certification or credentialing. Moreover, it has called for CPD to enhance vaccination delivery, to develop and implement disease prevention strategies, and to provide professional pharmaceutical services for vector-borne and communicable diseases, as well as non-communicable diseases.

3.9.2 FIP programmes and resources for DG9

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG9, visit <https://developmentgoals.fip.org/>

3.10 FIP Development Goal 10 (Equity and equality)



FIP DG10 elements	Globally, we will have . . .
Workforce element	Clear strategies for addressing equity and diversity inequalities in pharmaceutical workforce development, continued education and training, and career progression opportunities.
Practice element	Clear strategies for equity and diversity in pharmaceutical services delivery, service access and service impact so that all people have access to quality pharmaceutical care.
Science element	Equity in global capacity of pharmaceutical sciences training, research infrastructure, development and manufacturing capabilities, and evidence-based regulatory oversight.

View the goal's mechanisms online [here](#).

3.10.2 Multi-national snapshots: Hearing from our members about DG10

Table 3.10 lists the member that identified DG10 as their priority development goal.

Region	Country	Members that identified DG10 as a priority development goal
Americas	Canada	Canadian Pharmacists Association

Table 3.10: Member that prioritised DG10 (Equity and equality)

Canadian Pharmacists Association CEO Glen Doucet noted that “to also look outward to become an ally on these issues in the Canadian public and internationally, we must reflect the face of the community we serve as well as the face of the profession we represent. One of the major barriers to health care and healthcare services is a lack of equality and equity, not only in Canada, but internationally. Until we challenge ourselves to address those barriers, we are not serving the interests of our patients, and it continues to be a significant barrier in terms of the profession itself, especially at levels of organisations that seek to represent the profession, so we see that as a critical element, not only for advancing the health and wellness in excellence in patient care, but also ensuring that our profession in our association can say that we speak for those that we serve”.

The Canadian Pharmacists Association further stated that the issue is one of achieving greater equality and equity in the community, in pharmacy in Canada, in all organisations at the board level, and in all facets of the profession.

3.10.2 FIP programmes and resources for DG10

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG10, visit <https://developmentgoals.fip.org/>

3.11 FIP Development Goal 11 (Impact and outcomes)



FIP DG11 elements	Globally, we will have . . .
Workforce element	Evidence of the impact of the pharmaceutical workforce within health systems and health improvement.
Practice element	Evidence of the impact of pharmaceutical services in terms of health outcomes and quality of life, improved efficiency of health systems and sustainability.
Science element	Strategies and programmes in place to enable timely access to safe, effective, and affordable medical products.

View the goal's mechanisms online [here](#).

3.11.2 Multi-national snapshots: Hearing from our members about DG11

Table 3.11 summarises members and nations that identified DG11 as their priority development goal.

Region	Country	Members that identified DG11 as a priority development goal
Africa	South Africa	Pharmaceutical Society of South Africa
Americas	Costa Rica	College of Pharmacists of Costa Rica
Europe	Malta	Malta Chamber of Pharmacists

Table 3.11: Members that prioritised DG11 (Impact and outcomes)

Several nations encourage the transparent and thorough exchange of impact evaluation data for pharmaceutical services to inform practice development, policy and funding initiatives at the local, national and international levels. The College of Pharmacists of Costa Rica, for example, recently reported that it wants to create a National Pharmaceutical Observatory, since it believes that data play a key role in decision-making and that it is critical for it to have this information and be able to guide the development of policies in the country based on evidence and reports.

Similarly, the Pharmaceutical Society of South Africa is working to improve the profession's image and perception, which is linked to the sustainability of policymakers and experts, as well as evidence-based research that quantifies the impact of pharmacists.

3.11.2 FIP programmes and resources for DG11

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG11, visit <https://developmentgoals.fip.org/>

3.11.3 Selected highlights from the FIP Development Goals Digital Programme 2021 "Setting goals for the decade ahead"

The final episode in the FIP Development Goals digital programme webinar series took place on 15 December 2021 and turned the discussion to FIP DG11 (Impact and outcomes). The panel had two areas of focus. The first was to discuss the goal of DG11, including which countries would be prioritised and how FIP would be supporting its implementation. The second was to look at the Development Goals as a whole, given that it was the final webinar in the series. This would involve discussing how the DGs were to set national plans for pharmacy, summarise what FIP has delivered in 2021 and what would follow in 2022.

Dr Lina Bader, FIP lead for workforce transformation and development, highlighted that the workforce element of DG11 aims to evidence the impact of the pharmaceutical workforce within health systems and health improvement. The practice element aims to evidence the impact of pharmaceutical services in terms of health outcomes and quality of life, improved efficiency of health systems and sustainability. And the science element focuses on strategies and programmes in place to enable timely access to safe, effective, and affordable medical products. Dr Bader discussed the need to promote scientific research to continuously improve patient care using innovative technologies, and disseminate the contributions of pharmaceutical sciences underpinning sustained success in drug discovery, development and utilisation.

Dr Catherine Duggan, FIP CEO, discussed the new WHO initiative announced earlier in 2021 to create resources with learnings from member states for being more prepared for the next pandemic. Dr Duggan commented that FIP's work on pandemic preparedness fits with DG21 (Sustainability in pharmacy), and also helps us to understand the professional capability and workforce. Every hundred days, from January 2020 until October 2022 (1,000 days into the pandemic), we will be visualising and documenting all of the work that FIP has collected from FIP members, and creating a timeline of what has been done and how the profession responded to the pandemic, concluding with a short report of what could have been done differently and what was done well, and to show our impact and effectiveness to health ministers

globally. In parallel, FIP was invited by the Economist Intelligence Unit to take part in developing a country-level pandemic response toolkit, and to take part in a session at the World Health Summit, with a report being published from the Economist Intelligence Unit. She explained that the fact that we can influence policy makers allows us to use this toolkit as an anchor point for the pharmacy profession. Dr Duggan summarised that the lessons learnt in the pandemic were: collaboration; expertise and access to expertise; equitable access; trust with the public; interprofessional collaboration instead of competition; pharmacists being part of the healthcare team and system; and science-led policy making.

Dr Mariet Eksteen, professional development officer of the Pharmaceutical Society of South Africa (PSSA) and global lead for the FIP Academic Pharmacy Section, mentioned the need for implementing DG11 in the South African context. Dr Eksteen introduced the challenge of proving pharmacists' impact to the wider medical professions using the example of remuneration. One area of work focused on academic capacity (DG1). In 2019, an investigation by the PSSA pointed out that an entry level pharmacist in South Africa (grade 1, first year post community service) receives more remuneration than a pharmacist with a PhD and 10 years' experience in academia. Another area is the dispensing fee for community pharmacies. In terms of clinical practice, it is very important to evidence the impact of the pharmaceutical workforce on health systems and health improvement. Recently, South Africa has been in the process of establishing an additional role for pharmacists: Pharmacist-Initiated Management for Antiretroviral Therapy. However, South Africa had difficulty rolling this out, as many other healthcare professionals objected to this role, saying that pharmacists cannot prove that they can take a patient history, consult with patients, diagnose, and initiate therapy. As all of these things are included in the competency framework for pharmacists, this demonstrates the need for evidence to prove the impact that pharmacists have. Dr Eksteen said that, based on some FIP publications, the PSSA utilises data, statistics and evidence for advocacy work. For instance, the PSSA was able to use the content of the Non-Communicable Diseases Advocacy Report when it commented on the Department of Health's policy on non-communicable diseases for South Africa. As a plan of action, Dr Eksteen stressed that the PSSA must urgently initiate research projects, and the focus must be the role of the pharmacist and the impact of the pharmacist in a South African context.

Dr Mary Ann Sant Fournier, president of the Malta Chamber of Pharmacists discussed DG11 within the context of Malta and noted that priority areas include pharmacist-led life course vaccination in community pharmacy, repeat prescribing and emergency prescribing which would eventually lead to a full pharmacist prescribing role, medicines use reviews and collaborative medicines management, and development of more point-of-care services and other remunerated clinical care services. She noted that the Malta Chamber was not at a stage where the data being presented could offer measurable outcomes or methodology, as the current data are qualitative. Dr Sant Fournier stated that the impact and outcome of pharmacist-led vaccination remained a priority for the Malta Chamber, which had upskilled 120 pharmacists with training on vaccine administration. Currently the Chamber is looking at training placements in conjunction with national health needs, including collaborative repeat and emergency prescribing, with the final goal being pharmacist prescribers. Dr Sant Fournier mentioned collaborative working with policymakers and also with clinicians to overcome barriers.

Dr Judilynn Solidum, FIP global lead for DG11 from the Philippines, explained the DG11 aims: (i) to engage with systems to measure the impact of pharmaceutical workforce on health improvement and health outcomes (needs-based education, training, workforce planning); (ii) to gather, measure, monitor and evaluate continuous data points to monitor the performance of the pharmaceutical workforce; and (iii) to link to strategies to enhance workforce intelligence. She explained that, while this is the framework, first there is the measurement of pharmaceutical workforce (PW) service delivery, followed by pharmaceutical stakeholders (PS) evaluation and monitoring of PW impact, and then there is collaboration between PS and PW for continuous improvement, and then the health system outcomes. She also described an upcoming framework being developed by the FIP Workforce Development Hub that will support the understanding and implementation of DG11.

Christopher John, FIP lead for data and intelligence, highlighted the importance of data, which was especially true for DG11. He stressed that FIP need to move beyond the output, such as the number of pharmacists we have, the number of services we are delivering or the number of new medicines we are producing, and move to outcomes and impact. He explained that the FIP Global Pharmaceutical Observatory (GPO) was fully operational, and its mission statement was around data, intelligence, advocacy and reporting. He noted that data provides us with evidence, and evidence provides us with intelligence. The first task is always to collate valid global data on workforce education, practice and pharmaceutical science, and we must undertake comprehensive analyses to provide accessible, high quality intelligence, which must be communicated innovatively, he said.

He outlined GPO outputs and influences, which included:

- Sharing and disseminating intelligence that informs policy formation and advocates for the profession;
- Country monitoring, reporting and information comparisons;
- Research and analysis;
- Evaluating trends to support action planning;
- Facilitating collaborative working and national and transnational networking;
- Generating evidence for capacity-building;
- Potential for linkages with other observatorie, e.g. WHO and OECD; and
- Strengthening health systems by tracking progress against FIP Development Goals.

Dr Jack Shen Lim, treasurer of the Malaysian Pharmacists Society (MPS), discussed how the MPS had used the DGs to positively impact the society. He described the structure of the MPS, which is influenced by the differences between Malaysian Borneo and the Malaysian Peninsula, and the use of chapters within the MPS, which are groups of like-minded individuals. For example, there is a community pharmacists' chapter, an industrial pharmacists' chapter, a technology chapter, and so on. The structure of MPS means that, until recently, direction is generally determined independently by the chapter heads, and Dr Lim explained that the MPS has moved slightly away from that model thanks to the FIP DGs: instead of letting the chapters work independently, it made sense to align everyone to the FIP DGs. With DG11 (Impact and outcomes), Dr Lim said that the MPS was trying to see how it could become more impactful and have better outcomes for the profession.

He explained that the MPS began by identifying five clusters of chapters that needed to be focused on: pharmacy education; competency development; public engagement; service delivery; and technology and development. Now the individual chapters, despite working independently, are united in a common goal and direction based on the FIP DGs. Every chapter has been assigned a number of goals, he said. For example, the Health Technology Chapter was assigned DG12 (Pharmacy intelligence), DG13 (Policy development), DG18 (Access to medicines and medical devices), DG20 (Digital health) and DG21 (Sustainability in pharmacy). Using the framework provided by FIP, MPS can prioritise the Goals and create an action plan leading to key performance indicators for each of the chapters, thereby unifying the MPS and allowing all chapters to follow the same direction. The next step, he said, is the roadmap for 2022, which the MPS began in December 2021. For the second quarter of 2022, the MPS would focus on getting engagement and feedback, including the short term plan to 2025 and the long term plan to 2030 in which, he stated, the MPS would create a document, entitle "Pharmacy in Malaysia 2030", by the fourth quarter.

Closing the meeting, Dr Duggan pointed out that FIP had undertaken regional engagement and mapping of country needs against the DGs, undertaken regional roadmaps and priorities, and collaborated with members to translate the goals into languages, and also into actions in their countries. She said that in 2022 FIP was planning to deliver: a global DGs status report; a dedicated microsite for the DGs; and a global roadmap to 2030. FIP would also be supporting the translation of the DGs into different languages.

3.12 FIP Development Goal 12 (Pharmacy intelligence)



FIP DG12 elements	Globally, we will have . . .
Workforce element	A national strategy and corresponding actions to collate and share workforce data and workforce planning activities (skill mixes, advanced and specialist practice, capacity). Without workforce intelligence data there can be no strategic workforce development.
Practice element	A comprehensive national strategy to collate, share and utilise intelligence on service provision, development, delivery and needs to inform evidence-based pharmaceutical services development, policymaking and funding decisions.
Science element	Data-driven decision strategies to accelerate pharmaceutical research, development, manufacturing, and market approval of medical products in order to maximise clinical benefits for individual patients.

View the goal's mechanisms online [here](#).

3.12.1 Multi-national snapshots: Hearing from our members about DG12

Table 3.12 summarises members and nations that identified DG12 as their priority development goal.

Region	Country	Members that identified DG12 as a priority development goal
Southeast Asia	India	Indian Pharmaceutical Association
	Indonesia	Indonesian Pharmacists Association
Europe	Montenegro	Pharmaceutical Chamber of Montenegro

Table 3.12: Members that prioritised DG12 (Pharmacy intelligence)

The Pharmacy Chamber of Montenegro reported that Montenegro's pharmacy law does not regulate networks of pharmacies based on geography and demographics. A reorganisation of the pharmacy network took place without the prior consent or consultation of pharmaceutical organisations inside the country.

According to the Indian Pharmacists Association, pharmacy intelligence is critical for understanding the pharmacy workforce requirement vs availability, and the level of competency required versus existing levels, in order to plan for the generation, training and deployment of a technically competent pharmacy workforce to achieve India's healthcare objectives.

The Indonesian Pharmacists Association has implemented SIAP, which is an information system for pharmacists and is dedicated to helping pharmacists and pharmacies with administrative, competency, continuing professional development and gadget needs. The programme will also help pharmacists obtain their registration certificates through the ministry of health in an effort to make their registration process easier.

3.12.2 FIP programmes and resources for DG12

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG12, visit <https://developmentgoals.fip.org/>

3.13 FIP Development Goal 13 (Policy development)



FIP DG13 elements	Globally, we will have . . .
Workforce element	Clear and manageable strategies to implement comprehensive needs-based development of the pharmaceutical workforce throughout the entire professional career life cycle.
Practice element	Clear pharmacy-led strategies to develop and implement needs- and evidence-based practice-related policies on service implementation, integration and remuneration, aligned with broader national health policies and priorities.
Science element	Defined strategies to implement needs-based pharmaceutical policies that drive national research priorities, intellectual property protection, licensing and pricing decisions for medical products.

View the goal's mechanisms online [here](#).

3.13.1 Multi-national snapshots: Hearing from our members about DG13

Table 3.13 summarises members and nations that identified DG13 as their priority development goal.

Region	Country	Members that identified DG13 as a priority development goal
Americas	Canada	Canadian Pharmacists Association
	United States	American Pharmacists Association
Eastern Mediterranean	Jordan	Jordan Pharmacists Association
	Kuwait	Kuwait Pharmaceutical Association
	Yemen	Community Pharmacy Owner Syndicate
Europe	Bulgaria	Bulgarian Pharmaceutical Union
	Cyprus	Cyprus Turkish Pharmacists Association
	Finland	Association of Finnish Pharmacies
	Germany	Federal Union of German Associations of Pharmacists
	Malta	Malta Chamber of Pharmacists
	Montenegro	Pharmaceutical Chamber of Montenegro
	Portugal	Portuguese Pharmaceutical Society
	Romania	Ethica Independent Pharmaceutical Association
	Ukraine	All-Ukrainian Pharmaceutical Chamber
Western Pacific	China Taiwan	Taiwan Society of Health System Pharmacists

Table 3.13: Members that prioritised DG13 (Policy development)

Working with legislators and policymakers in the United States is one of the major initiatives of the American Pharmacists Association (APhA). Furthermore, the APhA has collaborated with a coalition of other pharmacy organisations and corporations in the US to present a bill to the US Congress that would recognise pharmacists as providers.

Each state in the US has its own pharmacy practice laws, and the APhA has reported that it is collaborating with state organisations to advance pharmacy practice and get pharmacists recognised as providers on a state-by-state basis, and it has added a new position specifically to interface and engage with its state partners and state affiliates.

Similarly, the Portuguese Pharmaceutical Society reported that policy in the healthcare sector must be evidence-based, and that data collected from the real world is vital in developing policy that is fit for practice, adequate and useful to the profession. It has been collaborating with health authorities on policy and regulatory documentation, particularly in the context of professional and career implementation and the COVID-19 pandemic.

The Jordan Pharmacists Association is leveraging policy development to strengthen pharmacists' roles as critical components of the healthcare system. For example, the workforce development project produced with FIP and submitted to the governmental body for approval and application, as well as the vaccination proposal accepted by the ministry of health (MoH) and the medicines regulator. It collaborated with the MoH and the government to train over 200 pharmacists to vaccinate against COVID-19.

According to the Canadian Pharmacists Association, it looks to FIP to support its work in providing evidence to governments about the excellence of pharmacy care through policy and research in Canada.

Cyprus is one of the countries that has faced some difficulties in increasing pharmacists' legal authorisations and capabilities. Unfortunately, no pharmacist was included in the ministry of health's highest-level committees constituted

during the pandemic. As a result, the Cyprus Turkish Pharmacists Association has worked and will continue to work to develop policy, advocate and expand on the role of pharmacists in Cyprus.

The Pharmaceutical Chamber of Montenegro reported that the ministry of health's law on medicine has yet to adopt Good Pharmacy Practice. However, there has been progress on this matter, since the Chamber brought this issue to the attention of the Institute of Medicines and Medical Devices of Montenegro. A working committee was constituted inside the MoH to address this as soon as possible. However, it has not yet been completed.

As mentioned under DG7 (Advancing integrated services), in Romania, the definition of pharmaceutical services was approved in the pharmacy legislation in 2020. This requires the MoH to develop a methodology, nomenclature and standards for implementing pharmaceutical services. A working group has been formed between authorities, the Ethica Independent Pharmaceutical Association, and the Romanian College of Pharmacists to draft a proposal on which pharmaceutical services should be included and how they should be classified. This list is available for public debate on the MoH website. To begin, it has selected two pharmaceutical services: the monitoring of patients with respiratory diseases and the monitoring of diabetic patients. Other authorities, such as the National Social Health Insurance House, which finances the majority of the country's medical services, have also been engaged on the subject.

In Germany, the Federal Union of German Associations (ABDA) reported that it is working to secure the position of medicines as a "Product of special kind" due to their effects and adverse effects. A medicine is subject to special statutory controls and distribution channels. Avoidance of the prescription need through specific sales channels and structures is also to be rejected, as it contributes to bypassing the pharmacy sales channel and it is only here that individual professional advice is given. Furthermore, ABDA stressed that misleading advertising encourages overconsumption and raises the risk of undesired pharmacological interactions and side effects.

3.13.2 FIP programmes and resources for DG13

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG13, visit <https://developmentgoals.fip.org/>

3.13.3 Selected highlights from the FIP Development Goals Digital Programme 2021 "Setting goals for the decade ahead"

Commemorating the first anniversary of the launch of the 21 FIP Development Goals and World Pharmacy Week on 21 September 2021, the theme of episode 14 of the FIP DGs digital programme was FIP DG13 (Policy development). The focus of the panel was the examination of clear and defined strategies to implement needs-based workforce development, practice-related policies on service implementation, integration and remuneration, and pharmaceutical policies to drive research, IP protection, licensing and pricing decisions.

Paul Sinclair, chair of the Board of Pharmaceutical Practice, identified the most effective enabler to policy development within pharmacy practice as the ability to identify capacity within the workforce to deliver, whether it be new services or changes to practice initiatives. The need for member organisations to engage with policymakers was also highlighted. On the topic of mobilising countries and members to identify needs based priority areas for practice policy and development, the emphasis was on member organisations to engage with their membership to identify area-specific priorities which could benefit from policy change to improve pharmacist interventions.

Egyptian Foundation of Clinical pharmacy president Mahmoud Abdelrahman commented on key areas of pharmacy practice requiring policy advancement, particularly education, training and patient facing services, in order for the pharmacist to act as a key healthcare professional and advise patients both during and after prescription. Examining how FIP can support its members to progress and implement DG13, he identified two specific areas: collecting global data via the FIP Hub, and collaboration with policymakers, member organisations and national and global health care organisations.

Touching upon how policy development enables quality patient care and safety, Ramesh Walpola, senior lecturer at the School of Population Health at UNSW Sydney, made particular mention of the role of policy in setting up the broader goals of a health system organisation around health care quality, having been developed in a proactive way to ensure patient safety. He noted that it is also important to align policies with an organisation's values, capacity and resources

to ensure they are both usable and implementable. Discussing how pharmacy can collaborate with global organisations to mobilise policy development regarding safety, he touched upon the key factors of identifying and involving key stakeholders, communicating the message clearly and engaging with local communities.

“It is . . . important to align policies with an organisation’s values, capacity and resources to ensure they are both usable and implementable.” Ramesh Walpola, senior lecturer at the School of Population Health at UNSW Sydney

Subhash Mandal, member of the FIP Committee on Medicine Shortages, stated that policy transformation is integral to addressing medicines shortages and widening care access, for example by enabling pharmacists to dispense appropriate alternative medicines during times of shortage, which in turn has an impact on the availability and accessibility of medicines. On the subject of aligning pharmacy policy development with broader national health policies’ needs, training, national research policies according to a country’s needs, and effective pricing mechanisms were all key to ensuring patient safety and quality, accessible medicines.

Demonstrating how good pharmacy practice is a successful example of a policy enablement tool, FIP Foundation director Eeva Teräsalmi emphasised the need for a good change management plan, collaboration within the profession and other stakeholders, and well organised continuing education. Moving on to examining how on an international level the pharmacy profession can be integrated, she highlighted the Finnish example: Being part of national care guidelines has defined the role of the pharmacist, with contacts now within pharmacies specialising in non-communicable diseases such as diabetes and heart disease, enabling them to collaborate with their counterparts in other healthcare settings locally.

Detailing the most critical barrier to policy development, FIP professional secretary Ema Paulino stated that, first, community pharmacists should be considered an integral part of the healthcare system, not just from a dispensing perspective, but adding value in other crucial areas of patient care. This then informs key stakeholders and decision-making processes. Regarding FIP’s role to support countries to transform and develop policies for pharmacy, she stated that all stages of the development journey should be covered, with shared evidence, experience and advocacy informing the process at every step.

“Community pharmacists should be considered an integral part of the health care system, not just from a dispensing perspective, but adding value in other crucial areas of patient care.” Ema Paulino, FIP professional secretary

On the topic of developing emergency and contingency action plans, Lunapharm Pharmacy founder Luna Elbizri mentioned the importance of primary health care providers and facilities to manage patients during emergencies. Education and training were also identified as key to ensuring pharmacists were most effectively able to assist in situations such as medicine shortages and national vaccination programmes as seen during the COVID-19 pandemic. Talking about how DG13 can be more achievable and measurable for FIP members, she emphasised the importance of regulation in encouraging collaboration between pharmacists and other health teams, as well as ensuring security and wellbeing in the workforce.

Allie Jo Shipman, YPG liaison officer to the FIP Community Pharmacy Section, discussed how remuneration policy is intrinsically linked to support service integration by highlighting the need for sustainability in order to provide services in the long term, which cannot be achieved without an appropriate remuneration model. She then reinforced the message that pharmacists should feel empowered to lobby for more service-based remuneration policies, with data and research showcasing the positive impact of pharmacy services, reinforcing the capabilities of pharmacists, and looking at other healthcare providers’ remuneration models for inspiration.

The importance of policy review systems to measure relevance, validity and implementation was asserted by Mary Ann Kliethermes, director of medication safety and quality at the American Society of Health-System Pharmacists. Policies drive processes, decisions and advocacy so it is imperative to ensure that they are fit for purpose and to identify outdated or ineffective policies. Moving on to the question of how policies across education, practice and science can link together, she made the point that it should be seen as a continuous cycle with science and research being used to test new ideas, identify gaps and educate key stakeholders.

Certina Ho, University of Toronto director of educational programme evaluation and scholarship, examined how FIP can support countries to transform and develop policies for pharmacy, namely by hosting webinars via social media and

producing online resources, while also relying on active and engaged FIP members and partners. Expanding on the topic of linking policy development across education, practice and science, she stated that it should be multi-dimensional and interconnected by looking at all three areas as a whole rather than at each in isolation.

“Linking policy development across education, practice and science . . . should be multi-dimensional and interconnected by looking at all three areas as a whole rather than at each in isolation.” Certina Ho, University of Toronto director of educational programme evaluation and scholarship

Mariet Eksteen, professional development officer at the Pharmaceutical Society of South Africa, talked about the areas in pharmacy practice and service provision requiring advancements in policy, specifically remuneration, how the workforce operates within the practice setting, and increased access to medicines. On mobilising countries to identify needs-based priority areas for practice policy development, she identified sharing experiences in order to learn and stimulate interest as a key area, with the FIP GPO providing vital support and resources in this field.

Common objectives to achieve effective global policy development over the coming decade were identified throughout the session, with workforce empowerment, policy effectiveness, patient care and safety, and collaboration with policymakers and key stakeholders being of particular importance.

3.14 FIP Development Goal 14 (Medicines expertise)



FIP DG14 elements	Globally, we will have . . .
Workforce element	Strategies and systems in place to prepare and train a workforce that can deliver quality medicines expertise.
Practice element	Strategies and systems in place on pharmaceutical expert information and advice provision to patients, formal and informal caregivers, health care professionals and relevant agencies and stakeholders.
Science element	Encouragement for the provision of science-based information on medicines.

View the goal's mechanisms online [here](#).

3.14.1 Multi-national snapshots: Hearing from our members about DG14

Table 3.14 summarises members and nations that identified DG14 as their priority development goal.

Region	Country	Members that identified DG14 as a priority development goal
Africa	South Africa	Pharmaceutical Society of South Africa
Eastern Mediterranean	Lebanon	Lebanese order of Pharmacists
Europe	Finland	Finnish Pharmacists Association
	Germany	Federal Union of German Associations of Pharmacists
	Malta	Malta Chamber of Pharmacists
	Netherlands	Royal Dutch Pharmacists Association
Western Pacific	China	Chinese Pharmaceutical Association
	New Zealand	Pharmaceutical Society of New Zealand Inc.

Table 3.14: Members that prioritised DG14 (Medicines expertise)

According to the Malta Chamber of Pharmacists, pharmacist prescribing has been a long-running endeavour, and by 2020, it had developed a protocol that introduced repeat prescribing and dispensing (including psychotropic medicines).

Germany is strengthening local “brick and mortar” pharmacies, which keep pharmacists near to patients. According to the Federal Union of German Pharmacists, this involves guaranteeing high-quality training, a comprehensive supply network, a solid legal system, and all efforts to secure the economic foundation of professional practice. Pharmaceutical services, as well as prevention services (i.e., screening examinations or vaccination), are included in the variety of services provided by local pharmacies.

The Finnish Pharmacists Association highlighted the need for medication review expertise education for pharmacists, emphasising that resources and tools must be provided for young pharmacists to reach the same level of knowledge and expertise as older pharmacists.

3.14.2 FIP programmes and resources for DG14

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG14, visit <https://developmentgoals.fip.org/>

3.14.3 Selected highlights from the FIP Development Goals Digital Programme 2021 “Setting goals for the decade ahead”

The penultimate episode in the FIP Development Goals digital programme webinar series took place on 10 December 2021. It turned the discussion to FIP DG14 (Medicines expertise), with an emphasis on delivering quality medicines expertise, pharmaceutical expert information and advice provision, and science-based information on medicines.

FIP Community Pharmacy Section Exco member Sham Moodley examined the core competencies required by pharmacists, from direct patient care to communication to continuing professional development. Looking more closely at direct patient care in practice, he asserted that observation of patient needs, collaboration with the GP, customising medicine therapy and ongoing drug responsiveness monitoring are all key areas on which to focus. Further, adopting a “one patient at a time” approach enables the pharmacy professional to establish a therapeutic relationship with the patient. This systematic approach also ensures a comprehensive medication management strategy, forming the core of medicine expertise. Subsequently, the pharmacist is able to use this information to contribute to a culture of quality improvement, ensure transparency, empower patients to take ownership of their health management, and measure the pharmacy’s impact on broader healthcare system priorities.

“Adopting a ‘one patient at a time’ approach enables the pharmacy professional to establish a therapeutic relationship with the patient.” Sham Moodley, FIP CPS Exco member

Considering the science element of the goal, the focus was on the pharmacist’s role within clinical research, manufacturing processes, and designing national essential medicine protocols. The pharmaceutical care function was also highlighted, including areas such as therapeutic drug monitoring, clinical measures and provision of drug information.

FIP Hospital Pharmacy Section ExCo member, Josep Maria Guiu Segura, paid special attention to the role of the FIP Basel Statements, launched in 2008, which aimed to build a shared vision among hospital pharmacy opinion leaders regarding the preferred future of hospital pharmacy practice, identify strategic goals for the advancement of hospital pharmacy, and to develop consensus statements on how to best prioritise practice advancements. When envisioning the hospital of the future, the importance of AI, operational efficiencies through technology, precision medicine and new drug technologies, and virtual pharmaceutical care were particularly identified as pharmacists become more integrated within the community. A need for specialist care, for example within oncology, geriatrics, infectious diseases and so on, will only increase, signifying the importance of highly specialised and highly competent advanced hospital pharmacy within this area.

“A need for specialist care... will only increase, signifying the importance of highly specialised and highly competent advanced hospital pharmacy within this area.” Josep Maria Guiu Segura, FIP Hospital Pharmacy Section ExCo member

Discussing how the role of the hospital pharmacist as a medicines expert can be enhanced, he highlighted the key areas of evolving traditional hospital pharmacy roles, emphasis on the versatility of the role as reflected in the FIP Basel Statements, and the importance of sub-specialisations, as well as the need to acknowledge the changing responsibilities of hospital pharmacists. He also mentioned that in order to prepare the workforce for future challenges, capacity problems and lack of consistency within competencies would need to be addressed, with investment in better workforce planning for the hospital pharmacy profession.

Hala Fadda, chair of the FIP Paediatric Formulations Focus Group, commented on patient-centred drug design for paediatrics. She noted that the development of off-patent medicinal products in the paediatric population was not very effective, and there continued to be a scarcity of child-friendly formulations, partly due to the difficulty in conducting paediatric clinical studies. She cited patient-centred drug product design as a key area to address the needs of a specific patient population, with patient characteristics, product related characteristics, drug substance, and disease state and physiology all needing to be taken into consideration.

To facilitate the availability of age-appropriate medicines to children globally, FIP has established the Paediatric Formulations Focus Group, which aims to: harmonise oral extemporaneous paediatric preparation practices to produce formulations that are robust, palatable and safe; conduct research into age-appropriate medicines; and develop best compounding strategies in a global and coordinated effort to address the challenges associated with paediatric medicines.

Having identified aspects of medicines expertise across the three goal components as well as from different perspectives, the panel agreed on the need for a patient-focused approach, combined with needs-based practice and training in order to keep pace with innovations within medicine and expertise across a range of specialisms to ensure optimised patient care.

3.15 FIP Development Goal 15 (People-centred care)



FIP DG15 elements	Globally, we will have . . .
Workforce element	Strategies in place to develop pharmaceutical education and the workforce to support the delivery of people-centred care in practice.
Practice element	Collaborative interprofessional strategies and people-centred professional services to support the prevention, screening, clinical management and therapeutic optimisation of non-communicable diseases and long-terms conditions, including cardiovascular diseases, chronic respiratory conditions (such as asthma and chronic obstructive pulmonary disease), diabetes, cancer, mental health conditions, dermatological conditions and others.
Science element	Capacity to monitor and understand health-related characteristics leading to innovative personalised approaches for improved people-centred care.

View the goal's mechanisms online [here](#).

3.15.1 Multi-national snapshots: Hearing from our members about DG14

Table 3.15 summarises members and nations that identified DG15 as their priority development goal.

Region	Country	Members that identified DG15 as a priority development goal
Africa	Nigeria	Pharmaceutical Society of Nigeria
Americas	Costa Rica	College of Pharmacists of Costa Rica
	United States	American Pharmacists Association
		American Society of Health-System Pharmacists
Uruguay	Uruguayan Association of Chemistry and Pharmacy	
Europe	Belgium	Belgian Pharmacists Association APB
	Denmark	Pharmadanmark
	Germany	Federal Union of German Associations of Pharmacists
	Finland	Association of Finnish Pharmacies
	Malta	Malta Chamber of Pharmacists
Southeast Asia	India	Indian Pharmaceutical Association
		Indian Association of Colleges of Pharmacy
Western Pacific	New Zealand	Pharmaceutical Society of New Zealand Inc.

Table 3.15: Members that prioritised DG15 (People-centred care)

Some countries, such as Uruguay, are emphasising pharmacies in patient-centred care and the development of systems that lead to an individual's best possible level of health. The Uruguayan Association of Chemistry and Pharmacy reported it is adapting the Pan American Organization's model of primary health care to its standard of good practice for hospital pharmacy, with a focus on pharmaceutical care, pharmacovigilance, and medication information. In addition, it is collaborating with chambers of community pharmacy entrepreneurs to provide more services that give value to the user (rapid tests, vaccination, pharmaceutical care).

One of the top concerns of the American Pharmacists Association (APhA) and the United States is to address social determinants of health. Furthermore, it is evident to them that even with the best medicines available, people do not have access to them owing to a variety of barriers in their lives, such as financial, understanding, and educational barriers, which also links to DG18 (Access to medicines, devices and services).

The APhA aims to remove those underlying barriers so that individuals can get the most out of their medicines, and as a result, it is investing heavily in a number of training efforts to assist pharmacists. Moreover, pharmacists are equipped with tools and resources to connect patients with various help and assistance programmes, either directly or through referrals, in order to address some of the social determinants of health. This is still a significant priority for the APhA in all of its trainings, which will be highly featured at its upcoming annual meeting in March 2022, as well as in many of the APhA's educational programmes.

Likewise, the American Society of Health-System Pharmacists reported the [practice advancement initiative 2030](#), which focuses very much on people-centred care and how pharmacists interface with patients.

Since June 2020, the Malta Chamber of Pharmacists has been developing the "Pharmacy of your choice" scheme, or "[POYC](#)", which is a national pharmaceutical service that meets the needs of more than 150,000 outpatients who benefit from medicines and pharmaceutical devices that are provided free of charge by the government. Medicines use reviews form part of the POYC contract. Moreover, one of the clinical services the Chamber proposes is the provision of MURs to each patient.

The Pharmaceutical Society of Nigeria (PSN) reported that the type of work it's focusing on is the crucial patient interaction with the pharmacist. Therefore, it has established a "minimum standard of practice" that outlines how pharmacists should engage with patients. There is a slogan that the PSN highlights: "You don't need a prescription for all of your medicines, but you must see a pharmacist for all of your drugs."

The Indian Pharmacists Association emphasised the importance of developing people-centred pharmaceutical care through the development of the necessary academic capacities and competencies to deliver better medical and pharmaceutical services to manage noncommunicable diseases (FIP DG16), communicable diseases, and antimicrobial resistance through antimicrobial stewardship (FIP DG17). The Indian Association of Colleges of Pharmacy (IACP) meets with institutes to discuss how they may support patients and communities in their regions, such as providing sanitisation advice and developing low-cost sanitising products, particularly during the COVID-19 pandemic. The IACP has developed strategies and approaches to address the three elements of DG15 (workforce, practice and science), as illustrated below in Figure 3.2.

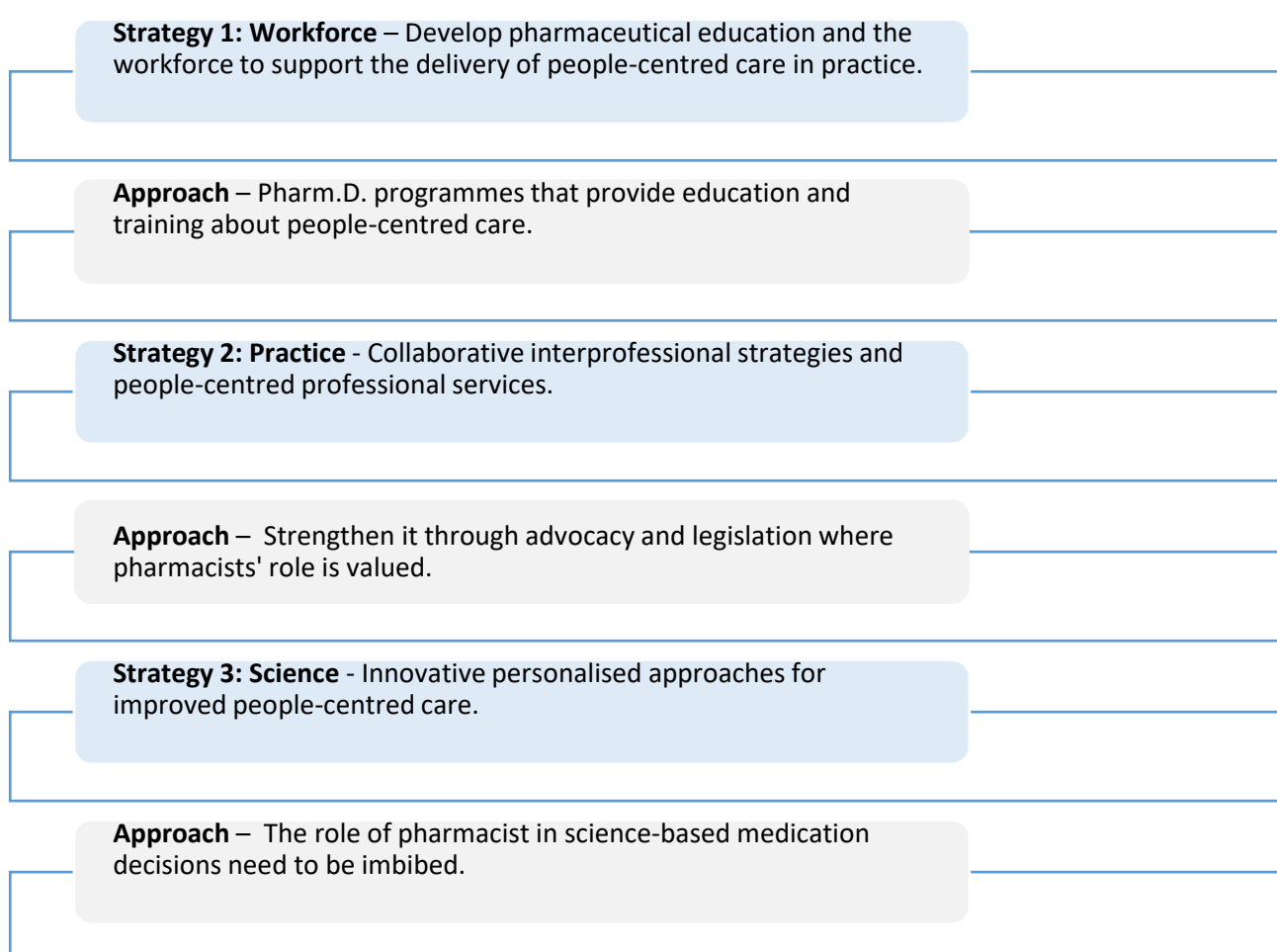


Figure 3.2 Strategies by the Indian Association of Colleges of Pharmacy to address pharmaceutical workforce, practice and science elements of DG15.

3.15.2 FIP programmes and resources for DG15

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG15, visit <https://developmentgoals.fip.org/>

3.16 FIP Development Goal 16 (Communicable diseases)



FIP DG 16 elements	Globally, we will have . . .
Workforce element	Education and training infrastructures in place to develop a workforce prepared to deliver quality services around communicable and vector-borne diseases.
Practice element	Strategies and people-centred professional services for the prevention, surveillance, management and therapeutic optimisation of communicable and vector-borne diseases.
Science element	Capacity to monitor and respond to communicable with innovative approaches for prevention and treatment.

View the goal's mechanisms online [here](#).

3.16.1 Multi-national snapshots: Hearing from our members about DG16

Table 3.16 summarises members and nations that identified DG16 as their priority development goal.

Region	Country	Members that identified DG16 as a priority development goal
Americas	United States	American Pharmacists Association
Eastern Mediterranean	Yemen	Community Pharmacy Owner Syndicate
Europe	Belgian	Belgian Pharmacists Association
	Iceland	Pharmaceutical Society of Iceland
	Malta	Malta Chamber of Pharmacists
	Montenegro	Pharmaceutical Chamber of Montenegro
	Norway	Norwegian Pharmacy Association
Western Pacific	Malaysia	Malaysian Pharmacists Society
	Singapore	Pharmaceutical Society of Singapore

Table 3.16: Members that prioritised DG16 (Communicable diseases)

In the United States, the American Pharmacists Association indicated that the COVID-19 pandemic response is a combination of continuing to work on immunisation and overcoming vaccine hesitancy. Moreover, it continues to meet considerable vaccine resistance from certain sectors of the population, and it advocates the role of pharmacists in understanding and addressing these people's concerns.

The American Pharmacists Association (APhA) emphasised the need to ensure that pharmacists are equipped and up to date with all of the necessary education and practice tools as they attempt to adopt new types of services and treatments for their patients. The APhA is also doing a lot of work on pharmacist testing for COVID-19, and with the support of some authorities', those pharmacists have recently gained the ability to initiate COVID-19 treatments, which include monoclonal antibody products, and it is expected that an oral therapy for COVID-19 treatment will be available in the United States soon, and pharmacists will be able to initiate treatment with that too.

Similarly, the Malaysian Pharmacists Society indicated that there is ongoing action relating to vaccination training activities, but that it is also focusing on engaging with the government. The Pharmaceutical Society of Iceland stated that the ministry of health supports vaccination in pharmacies and that it is working on a way to train pharmacists to undertake this step.

On the other hand, Montenegro reports that pharmacists have not been identified as a priority category for vaccination. As a result, the Pharmaceutical Chamber of Montenegro released a public media statement saying that pharmacists were not prioritised in the immunisation process, and this public announcement led the authorities to immunise pharmacists alongside doctors not long after it was made. Additional efforts were made in collaboration with FIP to send an official letter to the ministry of health of Montenegro to implement strategies and policies that encourage vaccine delivery by the pharmaceutical workforce within their pharmacies, but no answer had yet been received.

Other countries, such as Malta, are improving competency for vaccination delivery and related tasks as part of the CPD programme, as indicated under DG9 (Continuing professional development strategies).

3.16.2 FIP programmes and resources for DG16

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG16, visit <https://developmentgoals.fip.org/>

3.17 FIP Development Goal 17 (Antimicrobial stewardship)



FIP DG17 elements	Globally, we will have . . .
Workforce element	Strategies and systems in place to develop a pharmaceutical workforce prepared to deliver quality services for antimicrobial stewardship.
Practice element	Infrastructures and frameworks in place to deliver services for antimicrobial stewardship.
Science element	The promotion of research and development of new antimicrobials, new antimicrobial combinations and new techniques and an evaluation of the impact of antibiotic stewardship programmes.

View the goal's mechanisms online [here](#).

3.17.1 Multi-national snapshots: Hearing from our members about DG17

Table 3.17 summarises members and nations that identified DG17 as their priority development goal.

Region	Country	Members that identified DG17 as a priority development goal
Eastern Mediterranean	Yemen	Community Pharmacy Owner Syndicate
Europe	France	French Chamber of Pharmacists
	Malta	Malta Chamber of Pharmacists

Table 3.17: Members that prioritised DG17 (Antimicrobial stewardship)

According to the Community Pharmacy Owner Syndicate, antimicrobial stewardship is a main focus area in Yemen as it is considered a common challenge, and it is conducting a variety of antimicrobial stewardship programmes, aligning this with FIP DG3 (Quality assurance).

The French Chamber of Pharmacists emphasised that antimicrobial stewardship is a global issue, not just a national or regional one.

3.17.2 FIP programmes and resources for DG17

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG17, visit <https://developmentgoals.fip.org/>

3.18 FIP Development Goal 18 (Access to medicines, devices and services)



FIP DG18 elements	Globally, we will have . . .
Workforce element	Strategies in place to widen access to medicines, devices and services through a responsive, capable, available and well-distributed pharmaceutical workforce.
Practice element	Systems in place to optimise access to effective medicines, devices and pharmaceutical care services through appropriate supply chains, quality standards, self-care & prevention services, and affordability and fair pricing policies.
Science element	Access to innovative science and information, new and innovative therapies, and new delivery and manufacturing processes.

View the goal's mechanisms online [here](#).

3.18.1 Multi-national snapshots: Hearing from our members about DG18

Table 3.18 summarises members and nations that identified DG18 as their priority development goal.

Region	Country	Members that identified DG18 as a priority development goal
Africa	Algeria	Algerian Pharmaceutical Federation
	Nigeria	Pharmaceutical Society of Nigeria
Europe	Iceland	Pharmaceutical Society of Iceland
	Malta	Malta Chamber of Pharmacists
Southeast Asia	India	Indian Association of Colleges of Pharmacy
Western Pacific	Korea (Rep. of)	Korean Pharmaceutical Association
	Malaysia	Malaysian Pharmacists Society

Table 3.18: Members that prioritised DG18 (Access to medicines, devices and services)

In this report, we present an example from India. The Indian Association of Colleges of Pharmacy has developed strategies and approaches to address the three elements (workforce, practice and science), as illustrated below in Figure 3.3.

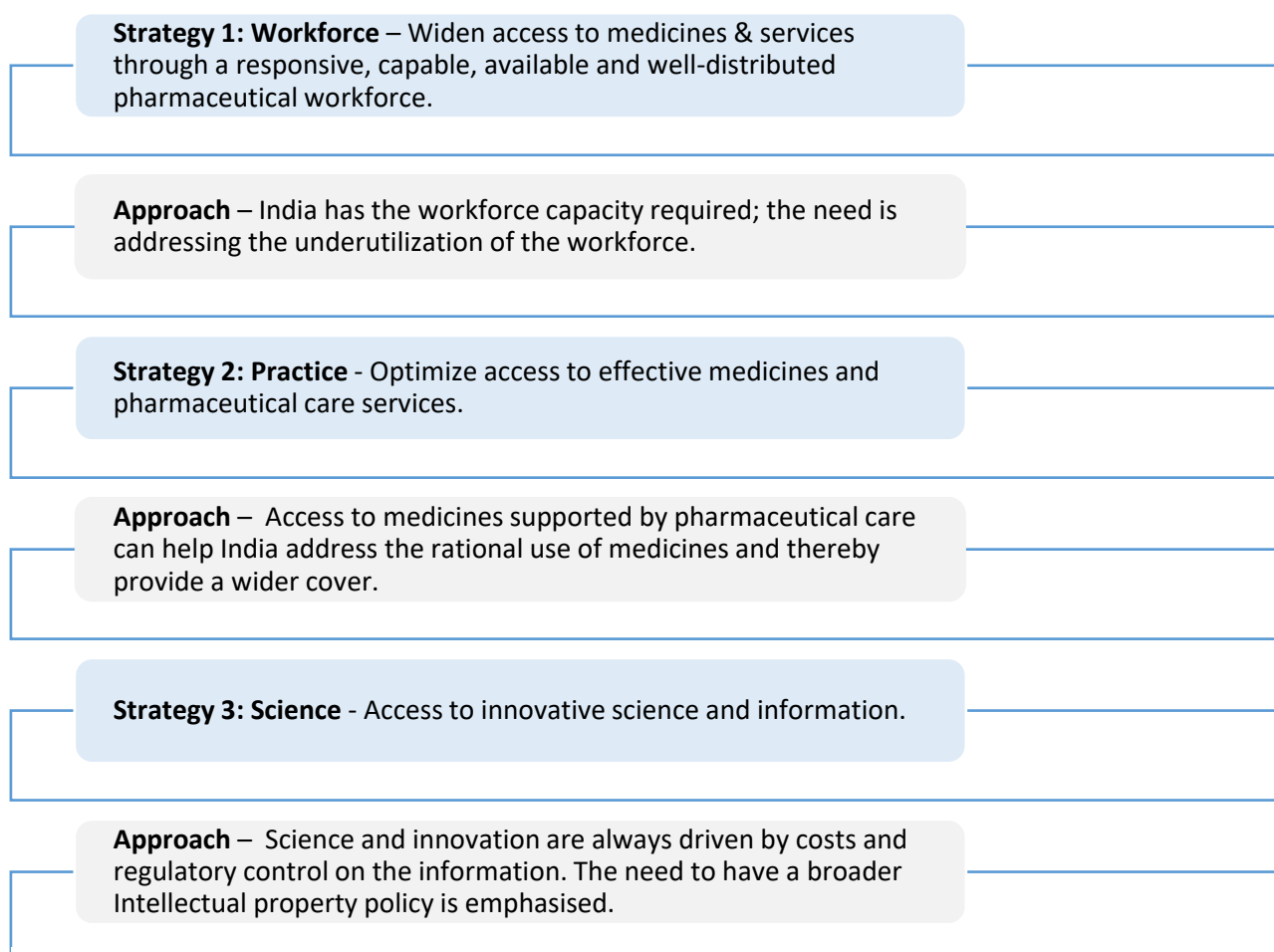


Figure 3.3 Strategies by the Indian Association of Colleges of Pharmacy to address pharmaceutical workforce, practice and science elements of DG18.

3.18.2 FIP programmes and resources for DG18

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG18, visit <https://developmentgoals.fip.org/>

3.18.3 Selected highlights from the FIP Development Goals Digital Programme 2021 “Setting goals for the decade ahead”

The second episode in the FIP Development Goals digital programme on 7 April 2021 discussed FIP DG18 (Access to medicines, devices and services), with the aim of optimising access to effective and innovative medicines, medical devices and pharmaceutical care through frameworks, education and training.

Bärbel Holbein, FIP global lead for DG7 (Advancing integrated services), discussed the workforce and education element of DG18. In order to implement the mechanisms required to achieve workforce competency in this area, it is important to engage pharmacy practitioners by asking the right questions, for example, what the future skill set should look like regarding access, how pharmacists face increasing complexity and how FIP can support with this, and how research into pharmacists’ integral role on access can be ensured. She identified the One FIP approach as a key factor in linking education with practice and sciences to create a common understanding of what pharmaceutical access means, for instance, market dynamics, pricing, business models, global health, healthcare management and understanding of AI.

“In order to implement the mechanisms required to achieve workforce competency in this area, it is important to engage pharmacy practitioners by asking the right questions.” Bärbel Holbein, FIP global lead for DG7

Focusing on why there is a need for improved medicines access, she highlighted the need to evolve, educate and train, in order to avoid being left behind. Patient engagement and advocacy were also identified as key methods of enabling greater access, particularly in tandem with stakeholder engagement.

Examining the scientific component of FIP DG18, FIP scientific secretary Giovanni Pauletti paid particular attention to the role of the FIP Board of Pharmaceutical Sciences in enabling access to medicines. Several structures are currently in place via FIP-run special interest groups, namely to improve the accessibility of quality pharmaceutical ingredients, drug products and manufacturing facilities, as well as peer-reviewed evidence of safety and efficacy, and a qualified pharmaceutical workforce.

“Understanding regional needs then defining tailored short and long term strategies through collaboration and educational changes to improve workforce competency [is] vital.” Giovanni Pauletti, FIP scientific secretary

Regarding the integration and implementation of all three elements of the goal, he asserted that understanding regional needs then defining tailored short- and long-term strategies through collaboration and educational changes to improve workforce competency was vital.

FIP professional secretary Ema Paulino covered the practice element of medicines access, with emphasis on the role of supply chain integrity, from drug development to administration. She emphasised the importance of strong legal and regulatory frameworks along with competency training in order to improve access to quality medicines, medical devices and services. FIP has produced a range of reports in this area, covering the role of pharmacists in the supply chain, medicines shortages and reconciliation, and good pharmacy practice within community and hospital pharmacy settings.

With the focus on working across the three elements to achieve fair access to medicines, devices and medical services, the discussion highlighted the need to educate, inform and train at all levels, to implement robust quality procedures and to collaborate to share resources and tools to enable global equity in this area.

3.19 FIP Development Goal 19 (Patient safety)



FIP DG19 elements	Globally, we will have . . .
Workforce element	Workforce and education strategies linked to patient safety mechanisms and reducing medication-related harm in practice.
Practice element	Patient safety mechanisms linked to reducing medication-related harm, quality assurance processes, and legislation and regulations.
Science element	Safety in the development and use of medicines is promoted through the advancement of drug safety science.

View the goal's mechanisms online [here](#).

3.19.1 Multi-national snapshots: Hearing from our members about DG19

Table 3.19 summarises members and nations that identified DG19 as their priority development goal.

Region	Country	Members that identified DG19 as a priority development goal
Africa	Algeria	Algerian Pharmaceutical Federation
Americas	United States	American Society of Health-System Pharmacists
Eastern Mediterranean	Lebanon	Lebanese order of Pharmacists
	Yemen	Community Pharmacy Owner Syndicate
Europe	Cyprus	Cyprus Turkish Pharmacists Association
	Iceland	Pharmaceutical Society of Iceland
	Norway	Norwegian Pharmacy Association
	Ukraine	All-Ukrainian Pharmaceutical Chamber
	NA	European Association of Hospital Pharmacists
Southeast Asia	India	Indian Pharmaceutical Association
		Indian Association of Colleges of Pharmacy
Western Pacific	Australia	Pharmaceutical Society of Australia
	China	Chinese Pharmaceutical Association
	Korea (Rep. of)	Korean Pharmaceutical Association
	Malaysia	Malaysian Pharmacists Society

Table 3.19: Members that prioritised DG19 (Patient safety)

Some efforts in Australia have been made to examine medication safety in various populations. These efforts have lately started to focus on vulnerable and disadvantaged populations and how medicine safety changes for them. They are described in the Pharmaceutical Society of Australia's (PSA) [Medicine Safety report series](#), which includes the publication "Medicine safety: Rural and remote care".

Moreover, the PSA has led the way from a health policy perspective around patient safety later to medicines. Australia is amending its National Medicines Policy at the moment and the PSA has nominated two members to the advisory group of the review panel, which submitted suggestions emphasising the significance of enhancing patient safety procedures.

Some leadership bodies are cooperating with healthcare institutions to use measures to monitor patient or consumer safety in practice. According to the PSA, a number of pharmacies use patient-reported adverse effects following immunisation to report vaccine safety to the Therapeutic Goods Administration and state government authorities. Additionally, it has been able to obtain some federal government research funding, which has already supported five initiatives that are specifically related to pharmaceutical safety measures.

Similarly, the Cyprus Turkish Pharmacists Association has been collaborating with the existing pharmacovigilance centre to broaden the reach and collect more data, thereby increasing collaboration between community pharmacies, state pharmacies and hospital pharmacies for adverse reactions and updating patient profiles. A second pharmacovigilance centre has been developed to speed up the process and gather more information.

The Indian Association of Colleges of Pharmacy has developed strategies and approaches to address the three elements of DG19 (workforce, practice and science), as illustrated below in Figure 3.4.

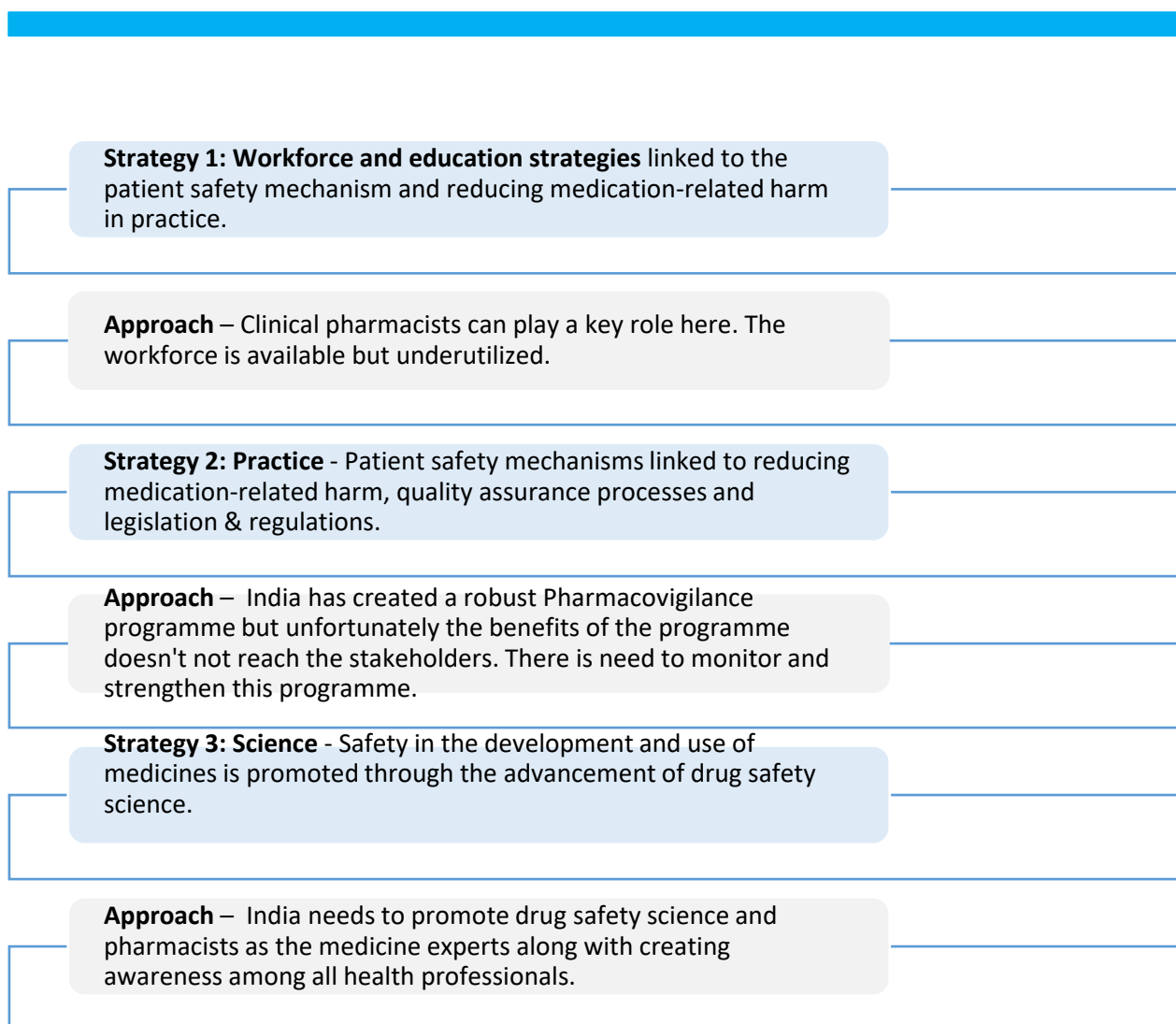


Figure 3.4 Strategies by the Indian Association of Colleges of Pharmacy to address pharmaceutical workforce, practice and science elements of DG19.

Some leadership organisations, such as the Indian Pharmaceutical Association are focusing on building academic capacity (FIP DG1) to deliver education and training to enhance patient safety mechanisms and reduce harm due to medication errors as well as spurious or falsified medicines. Additionally, it emphasised that, while it is critical to ensure people's access to quality medicines, devices and pharmaceutical services (FIP DG18), procedures should be put in place to offer equitable patient safety measures and services. Likewise, the American Society of Health-System Pharmacists provides many tools and educational resources.

According to the European Association of Hospital Pharmacists, patient safety is intrinsically linked to various policy areas in which the organisation is involved. In October 2020, member groups endorsed a new policy document on patient safety, with a special emphasis on medication safety, specifically medication errors. It is also focusing on relevant patient safety issues such as seamless care transfer across health care facilities and antimicrobial resistance.

Some countries are focusing on developing and supporting continuing programmes to educate the public about medication safety and pharmacists' roles in this context. The Malaysian Pharmacists Society, for example, worked on social media campaigns on COVID-19 patient safety.

3.19.2 FIP programmes and resources for DG19

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG19, visit <https://developmentgoals.fip.org/>

3.20 FIP Development Goal 20 (Digital health)



FIP DG20 elements	Globally, we will have . . .
Workforce element	Enablers of digital transformation within the pharmacy workforce and effective processes to facilitate the development of a digitally literate pharmaceutical workforce.
Practice element	Systems and structures in place to develop and deliver quality digital health and pharmaceutical care services through the digital literacy and utilisation of technology and digital enablers, and configuration of responsive digital services to widen access and equity.
Science element	Application of digital technology in healthcare delivery and development of innovative medical products.

View the goal's mechanisms online [here](#).

3.20.1 Multi-national snapshots: Hearing from our members about DG20

Table 3.20 summarises members and nations that identified DG20 as their priority development goal.

Region	Country	Members that identified DG20 as a priority development goal
Africa	Ghana	Pharmaceutical Society of Ghana
Americas	United States	American Pharmacists Association
Eastern Mediterranean	Yemen	Community Pharmacy Owner Syndicate
Europe	Bulgaria	Bulgarian Pharmaceutical Union
	Finland	Association of Finnish Pharmacies
	France	French Chamber of Pharmacists
	Germany	Federal Union of German Associations of Pharmacists
	Norway	Norwegian Pharmacy Association
	Spain	Spanish Society of Family and Community Pharmacy
	NA	European Association of Hospital Pharmacists
Western Pacific	China Taiwan	Taiwan Society of Health System Pharmacists
		Pharmaceutical Society of China Taiwan
	Singapore	Pharmaceutical Society of Singapore

Table 3.20: Members that prioritised DG20 (Digital health)

The American Pharmacists Association (APhA) has launched a component of its annual meeting that focuses on all areas of digital health. Moreover, it is developing an in-depth digital health training programme to help pharmacists understand what digital health is and understand the various aspects of digital health beyond simply defining it. The programme includes how to incorporate various aspects of digital health into patient monitoring and patient therapy.

Dr Daniel Zlott, APhA senior vice president, education and business development, explained: “In several years we won't call it digital health; it will just be called health, because it will be part of a standard of how we offer health care and deliver health care to our patients, so that is our vision for how important digital health will become to us all and so we want to ensure that pharmacists are at the table at the very beginning of these conversations as companies are building out various digital health tools, digital health platforms, monitoring tools, etc.”

Some countries identify digital health as a mechanism for increasing access and equity, including access to digital pharmaceutical treatment. For example, the Bulgarian Pharmaceutical Union began with digital health as a first step toward electronic prescriptions. It emphasised that facilitating the development of a digitally literate workforce necessitates a transformation in the pharmaceutical sector with some effective processes. Meanwhile, it is investigating strategies to protect the obtained information and databases from commercial interests and to enable these to be used to make management decisions for the benefit of patients.

The Community Pharmacy Owner Syndicate in Yemen intends to create a directory for community pharmacists — community because it is the only recognised specialty in Yemen — to assist in gathering all pharmacies under one digital application.

China Taiwan has a population of 23 million people, 98% of whom are insured by universal healthcare insurance, so the majority of medical records have been digitalised. In public health data, digital health has been used for pharmacovigilance and even health economic analysis. However, the Pharmaceutical Society of China Taiwan and the Taiwan Society of Health System Pharmacists (TSHSP) is currently addressing ethical concerns concerning patient confidentiality, which is an important subject to consider. In addition, the TSHSP highlighted artificial intelligence as

another high-priority area. Moreover, this has been used to assist health practitioners in making more precise diagnoses, as well as in pharmacies to ensure medication safety.

The Federal Union of German Associations of Pharmacists underlined that the use of modern information and communications technology in health care must be in the best interests of patients, with digitalisation serving as a tool to achieve the goal of optimal health care. This naturally comprises a safe, high-quality pharmaceutical supply close to home, as well as counselling patients on how to take their medicines, in addition to prevention, diagnosis and therapy.

3.20.2 FIP programmes and resources for DG20

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG20, visit <https://developmentgoals.fip.org/>

3.21 FIP Development Goal 21 (Sustainability in pharmacy)



FIP DG 21 elements	Globally, we will have . . .
Workforce element	Strategies and systems in place that utilise the workforce to enhance sustainable pharmacy and services.
Practice element	Policies, regulations and strategies to ensure the sustainability of the environment and minimise the impact of pharmaceuticals and pharmacy practice, but also appropriate mechanisms to ensure the sustainability of pharmacy practice itself, through appropriate remuneration models for pharmaceutical services.
Science element	Scientific strategies and policies in place to maintain consistent supply of medicinal products throughout the lifecycle while limiting negative consequences for the environment.

View the goal's mechanisms online [here](#).

3.21.1 Multi-national snapshots: Hearing from our members about DG21

Table 3.21 summarises members and nations that identified DG21 as their priority development goal.

Region	Country	Members that identified DG21 as a priority development goal
Africa	South Africa	Pharmaceutical Society of South Africa
Americas	Canada	Canadian Pharmacists Association
Eastern Mediterranean	Jordan	Jordan Pharmacists Association
Europe	Bulgaria	Bulgarian Pharmaceutical Union
	Denmark	Pharmadanmark
	Finland	Finnish Pharmacists Association
	Iceland	Pharmaceutical Society of Iceland
	Israel	Pharmaceutical Association of Israel
	Malta	Malta Chamber of Pharmacists
	Netherlands	Royal Dutch Pharmacists Association
	Norway	Norwegian Pharmacy Association
	Romania	Ethica Independent Pharmaceutical Association
Western Pacific	Singapore	Pharmaceutical Society of Singapore
	China Taiwan	Pharmaceutical Society of China Taiwan

Table 3.21: Members that prioritised DG21 (Sustainability in pharmacy)

According to the Royal Dutch Pharmacists Association, DG21 can be separated into two areas. The first is about environmental sustainability in pharmacy and medicine, for which it organised a national pharmaceutical conference for more than 1,200 Dutch pharmacists to showcase best practices and some tools. It is also committed to a green deal agreement. The second part is social, societal and economic sustainability in pharmacy services, where it would like to share experiences with other leadership bodies, specifically on how reimbursement for pharmaceutical care is organised in different countries.

The Bulgarian Pharmaceutical Union reported that it is working to limit and regulate the commercialisation of the profession, using the country's pharmacy map as a tool to increase patient access to therapy and pharmaceutical services while also limiting and regulating vertical and horizontal integration in the pharmaceutical sector.

Similarly, the Jordan Pharmacists Association is empowering the ownership of the pharmaceutical companies to pharmacists only.

In Romania, there is a need to raise pharmacists' awareness of the significance of the services they provide, as indicated by the Ethica Independent Pharmaceutical Association, because the ministry of health adopted laws to allow for COVID-19 testing in pharmacies. However, most pharmacists were reluctant to offer this service.

3.21.2 FIP programmes and resources for DG21

For an updated overview of FIP programmes, publications, events and initiatives supporting the implementation of DG21, visit <https://developmentgoals.fip.org/>

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