Improving the capability of Pharmacy Associations of the Western Pacific Region to implement Good Pharmacy Practice

The report on a

Summit of Regional Pharmacy Leaders

held in Manila, Philippines

September 25th & 26th 2016

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Development of Pharmacy Practice in the Western Pacific Region

➢ It is universally recognised that the development of Pharmacy Practice can lead to improved evidence-based management of medicines, the delivery of enhanced patient care and can contribute to better health outcomes.

➢ National pharmacy associations, the WHO, FIP and WPPF share a commitment to advance Pharmacy Practice throughout the WHO Western Pacific Region and have been working individually and cooperatively towards this objective.

➢ Previous attempts to identify Pharmacy Practice issues and develop plans of action have often had limited success in delivering meaningful and sustainable results.

➢ All agencies have an interest in the development of an approach in relation to advancement of Pharmacy Practice that is relevant, effective, universally applicable, involves judicious use of resources and is achievable within an acceptable time frame.

➢ The FIP/WHO Good Pharmacy Practice [GPP] Guidelines provide an appropriate framework for identifying and responding to Pharmacy Practice related issues.

➢ A multilateral approach to the identification of GPP related Pharmacy Practice issues that are common to the Region is likely to lead to initiatives that deliver more sustainable and broader based outcomes than can be achieved by any single agency or national authority.

➢ Collaborative development of a strategy and a corresponding work-plan to address the priority issue relevant to every country of the Region will improve the capability of the pharmacy associations of the Region to implement GPP in a logical cost-effective way with a high likelihood of success.

Executive Summary

The Western Pacific Pharmaceutical Forum [WPPF] hosted a Regional Pharmacy Leaders Summit in Manila, Philippines on September 25th & 26th 2016. The primary objective of the Summit was to identify significant pharmacy practice related issues in countries of the Region and to develop a strategy and work-plan to address the major common issue.

The Summit was supported by the International Pharmaceutical Federation [FIP], the FIP Foundation, PDL [Aust.], Unilab and the Philippine Pharmacists Association.

Adopting a multilateral, collaborative approach, 32 delegates from the Region's major pharmacy associations, FIP, WHO and WPPF used a series of facilitated focus group discussions to identify issues that arise for pharmacists in relation to their four roles described in the FIP/WHO Good Pharmacy Practice [GPP] Guidelines. Two Region-wide issues were identified in relation to each role.

GPP Role:	Preparation and supply of medicinal products
Issue 1	*A legal/regulatory framework must be applied to ensure quality of medicines and supply chain management*
Issue 2	*Healthcare professionals and patients must practice and behave in a responsible and rational manner to enhance health outcomes.*
GPP Role:	Maintaining individual professional competence
Issue 3	*Infra-structure and enabling systems (e.g. workforce, funding sources, processes, structures, information and technology) must be in place to enhance effective medication therapy management for patients.*
Issue 4	*Legal/regulatory frameworks that support delivery of effective medication therapy management for patients must exist*
GPP Role:	Contributing to improving the efficiency of the health system
Issue 5	*National Competency Standards should be established to enable the formulation of professional development frameworks that lead to enhanced pharmacy practice and patient care.*
Issue 6	*Appropriate professional development opportunities must be available and accessible to address perceived barriers (e.g. time, cost, professional recognition) and to increase participation*
GPP Role:	Providing rational medication management.
Issue 7	*Inter-professional collaboration should be encouraged to improve health systems and patient outcomes*
Issue 8	*Pharmacist associations should gather and use evidence to demonstrate the value of professional services*

These eight issues form a consensus statement which can direct WPPF's future work aimed at assisting pharmacy associations in the Region to improve their capability to implement GPP.

As pharmacists' competencies underpin all aspects of their practice and not all countries of the Region have a competency and/or professional development framework, the delegates determined that Issue 5 is the major common issue of the Region. The Summit resolved that:

The WPPF should provide support and expertise to national pharmacy associations to develop competency and professional development frameworks and assist in the formulation of mutual recognition agreements among countries in the region with regard to harmonised descriptors of competencies.

A second series of facilitated focus group discussions was conducted to develop a strategy and work-plan to addresses this issue. The following were identified as potential components of a work-plan.

- **Develop and provide guidance documents that identify factors relevant to the development of national competency and professional development frameworks.**
- **Compile and collate evidence and stimulate the generation of local data on national competency and professional development frameworks from countries of the region.**
- **Based on analysis of the data, formulate strategies for development of competency and professional development frameworks and provide support and expertise to national organizations.**
- **Provide training activities and assistance for pharmacy leaders to address their respective country's professional development needs.**
- **Assist the development of competency assessment tools and training programs for assessors.**
- **Provide policy support (eg. letters of support, visits/meetings, national event) to gain recognition, support and endorsement from national regulators.**
- **Provide opportunities for collaboration between countries of the Region.**
- **Assist in the formulation of mutual recognition agreements among countries in the Region with regard to harmonised descriptors of competencies and professional development frameworks.**
- **Consolidate collaboration with WHO-WPRO on workforce development.**
- **Provide expertise and identify funding opportunities for research to establish/promote the pharmacist's role in patient care.**

The leaders of national pharmacy associations were unanimous that the objectives that the Summit were met and all indicated a willingness to participate in implementation of the strategy.

To ensure sustained benefit from the Summit, the WPPF will develop further the work-plan and seek to work with WHO and FIP to implement the strategy including the assembly of resources and provision of support to pharmacy associations to develop competency and professional development frameworks.

WPPF proposes to continue collaboration with the Summit delegates to identify countries of the Region to act as test-sites and to initiate the strategy and work-plan. The potential to stage a follow-up meeting at the 2017 FIP Congress in Seoul, Korea to report developments and initiate strategies in relation to further issues will be investigated. WPPF will seek to report on the Summit methodology and outcomes to representatives of the other Regional Pharmaceutical Forums.

Background

The International Pharmaceutical Federation [FIP] is the global federation of national associations of pharmacists and pharmaceutical scientists.[1] FIP's strategic objectives can be summarised as advancing pharmacy practice and pharmaceutical sciences in all settings and increasing FIP's role in reforming pharmacy and pharmaceutical science education. In cooperation with the World Health Organization [WHO], FIP has established six regional forums based upon WHO's geographic regions.[2]

The Western Pacific Pharmaceutical Forum [WPPF] is the regional forum based on WHO's Western Pacific Region [hereafter, the Region] which includes 15 countries and 22 territories stretching from Mongolia in the north west, to New Zealand in the south, and French Polynesia in the east. The Region captures approximately one quarter of the world's population and includes a number of the less developed and isolated regions, rapidly emerging nations and highly developed economies.

The WPPF aims to encourage and support collaboration among national pharmacy associations and between the national associations and the WHO Western pacific Regional Office [WPRO], FIP and other agencies with an interest in Pharmacy Practice. One of the objectives of the WPPF is to improve health in the Region through the implementation of Good Pharmacy Practice [GPP]. The *Joint FIP/WHO Guidelines on Good Pharmacy Practice: Standards for Quality Pharmacy Services*[3] define GPP as the practice of pharmacy that responds to the needs of the people who use pharmacists' services to provide optimal, evidence-based care.

The GPP Guidelines state that:
- a pharmacists' first concern in all settings is the welfare of patients;

- the core of the pharmacy activity is to help patients make the best use of medicines;

- an integral part of the pharmacist's contribution is the promotion of rational and economic prescribing as well as dispensing; and
- each element of pharmacy service is relevant to the patient, clearly defined and effectively communicated.

While the nature and level of Pharmacy Practice differs from country to country, the profession in all countries aspires to further develop GPP; to expand practice and embrace best possible standards of care. A concerted effort of key stakeholders including pharmacists, patients, healthcare consumer groups, national pharmacist associations, universities and government agencies is necessary for appropriate practice guidelines to be established and standards of practice to be raised.

Sharing experiences with pharmacists from other countries can be one way to learn how practices can be improved and to jointly address common GPP-related issues. In this respect, the WPPF sought to facilitate such a sharing and learning opportunity by hosting a meeting of leaders of the pharmacy associations of the Region.

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[1] http://www.fip.org

[2] http://www.fip.org/menu_regionalpharmforums

[3] Joint FIP/WHO guidelines on good pharmacy practice: standards for quality of pharmacy services. WHO Technical Report Series, No. 961, 2011. Available at http://www.fip.org/good_pharmacy_practice

Rationale and objectives for the Summit

The nature and standard of Pharmacy Practice varies widely throughout the Region with the following being some of the significant issues and relevant examples:

- Models of practice: the nature and scope of pharmacists' practice and associated structures.
- Standards of practice: the regulation and performance of pharmacists in practice.
- Pharmacy workforce: the capacity, capability and attitudes of the pharmacist workforce.
- Affordability: the cost of medicines and the ability of consumers to purchase them.
- Access: existence of an adequate network of viable pharmacies that the public can access.
- Quality: the existence of spurious/falsely-labeled/ falsified/counterfeit medicines.
- Education: training of a competent and adaptable pharmacy workforce.
- Demand: the ability to handle the disease burden linked to demographic change.

To address these issues, over the last decade the WPPF has, with the assistance of the WHO and in association with local pharmacy associations, conducted GPP and related workshops and training programmes in seven countries of the Region including Cambodia, China, Malaysia and Philippines. In all events conducted by WPPF, the role of education in underpinning the quality of current and future practice has been a focus. While the workshops have provided benefits, attempts to enhance GPP have been constrained by limited resources, the range of issues and the varying nature and standards of practice. Action that is more widely applicable and delivers sustainable impact would be preferable.

The WPPF sought support from the FIP Foundation and local sponsors to organise a Regional Leaders Summit on September 26th and 27th 2016 in Manila, Philippines which coincided with World Pharmacists Day. The objective of the Summit was to create a forum at which leaders from pharmacy associations of the Region and other stakeholders [FIP and WPRO] could work together to identify and develop a strategy to address common major GPP-related issues.

By focusing on the four pharmacist-roles described in the GPP Guidelines and using a multilateral, collaborative approach, it was proposed that the delegates would identify the major Pharmacy Practice related issues of the countries in the Region. They would then prioritise the identified issues and developed a strategy and work-plan to address the most significant Region-wide issue. The rationale for the Summit is that it would provide focus and efficiency for the WPPF in working with pharmacy associations of the Region to improve their capability to implement GPP.

Project objectives
The primary objective of the Summit was to identify significant Pharmacy Practice related issues of the countries in the Region and to develop a strategy and work-plan that addresses the common major issue.

The secondary objectives were to:

1. strengthen the cooperation between the national pharmacy associations of the Region, the WHO, FIP and the WPPF.
2. strengthen the governance of pharmacy organisations and enhanced the capacity and capability of the pharmacist workforce.
3. establish a methodology that can be applied to other multilateral issues and in other Regions.

Method

The Summit was conducted as a Regional Project Laboratory in that it had a multilateral approach with active engagement by leaders of regional pharmacy organisations and used a structured and facilitated process of enquiry including break-out brain storming sessions to formulate an outcome that is evidence based, able to be widely implemented and likely to have significant impact.

Participation in the event was by invitation to the president [or their nominee] of the major pharmacy association in each of the 15 countries of the Region. This was to ensure an authoritative group of informed and engaged representatives of the pharmacist organisations. In addition to their elected positions in their associations, they had experience as clinical practitioners, policy makers, regulators and educators. At the Summit they collaborated with WPRO, FIP and WPPF delegates [32 participants in all] to identify, prioritise and respond to the Pharmacy Practice issues of the Region. (Annex 1)

The summit utilised two group participation techniques; a modified version of Tuckman's four-stage "forming, storming, norming and performing" model for group development (Annex 2) and the World Café concept to engage participants (Annex 3). The combination of techniques was selected to address the diverse backgrounds of the delegates and assist in engaging them in open conversation with equal opportunity to participate. This ensured development of a common understanding of the Pharmacy Practice issues of the Region, equal say in prioritisation of those issues, agreement on the issue of greatest relevance and development of a strategy to address the issue. Having shared in the identification of the issue and development of the strategy the association representatives would expected to be more inclined to cooperate in its implementation.

The process was conducted as follows:

Stage one: Informing

1. Prior to the Summit, each delegate received as pre-reading, instruction on the conduct of the Summit, a copy of the GPP Guide and information on FIP and WHO priorities relating to medicines.
2. At the commencement of the Summit delegates were invited to describe their role, responsibilities and expectations of the Summit. The Summit methodology including the process and criteria to be used to resolve points, was discussed and agreed.
3. The WHO and FIP representatives were invited to 'inform' the participants by describing and mapping a range of relevant Regional issues such as Universal Health Coverage, access to medicines, integrity of the medicine supply process, antimicrobial stewardship and the capacity, capability and education of the pharmacist workforce.
4. Delegates were invited to raise specific concerns in relation to the WHO and FIP presentations or present additional issues.

Stage two: Brainstorming

5. Using a World Café progressive group technique, the delegates discussed the issues relating to GPP in their respective countries. Predetermined criteria were used to select issues for further analysis. The delegates were able to 'brainstorm' the relevance, universality and possible responses for selected issues and evaluate their potential benefit, resource requirements, opportunities and value.

Stage three: Conforming

6. An open voting process was used to reach agreement by the participants on the highest priority GPP-related issue for the Region. Pragmatic, synergistic cooperation of the participants was fostered in order to achieve, through the voting process support for a single Region-wide issue which, if addressed jointly would have greater impact than could be achieved by individual associations.

Stage four: Performing

7. Returning to the World Café methodology, the delegates identified factors relevant to a strategy and work-plan that could be implemented to address the selected issue. Potential factors included the objective, scope, methodology, resource requirements, budget, and time frame. The strategy and work-plan would underpin the action arising from the Summit.

Pre-Summit survey

As time would be limited during the Summit, a survey was circulated in advance to gather information from each participating country. The information included country demographic data and information regarding pharmacists' work in relation to the four GPP roles. The assembled data was issued to the facilitators to provide them background on the participating countries and on the overall status of GPP in the various countries in the Region.

World Café stages

Using the 'World Café' concept, the delegates participated in two series of facilitated focus group discussions, the first to identify issues and the second to develop a strategy and work-plan to address the selected major common issue. Delegates were allocated to groups to ensure a mix of countries and areas of practice (Annex 4).

In each World Café series there were four stages with a dedicated facilitator appointed to each stage. The individuals who were invited to be facilitators were experienced practitioners capable of synthesising the information presented at their respective stages and reporting to the Summit. A scribe was appointed to assist each facilitator. Each facilitator and scribe was provided a set of detailed instructions for the conduct of the sessions including a standard format for recording discussions.

Identification of issues

Each stage in the first series of focus groups corresponded to one of the four pharmacist roles described in the joint FIP/WHO Good Pharmacy Practice Guidelines. [Figure 1]. The delegates were requested to describe issues that arise for pharmacists in their respective countries in relation to each of the following roles.

- Prepare and supply medicinal products.
- Maintain individual professional competency.
- Contribute to improving the efficiency of the health system.
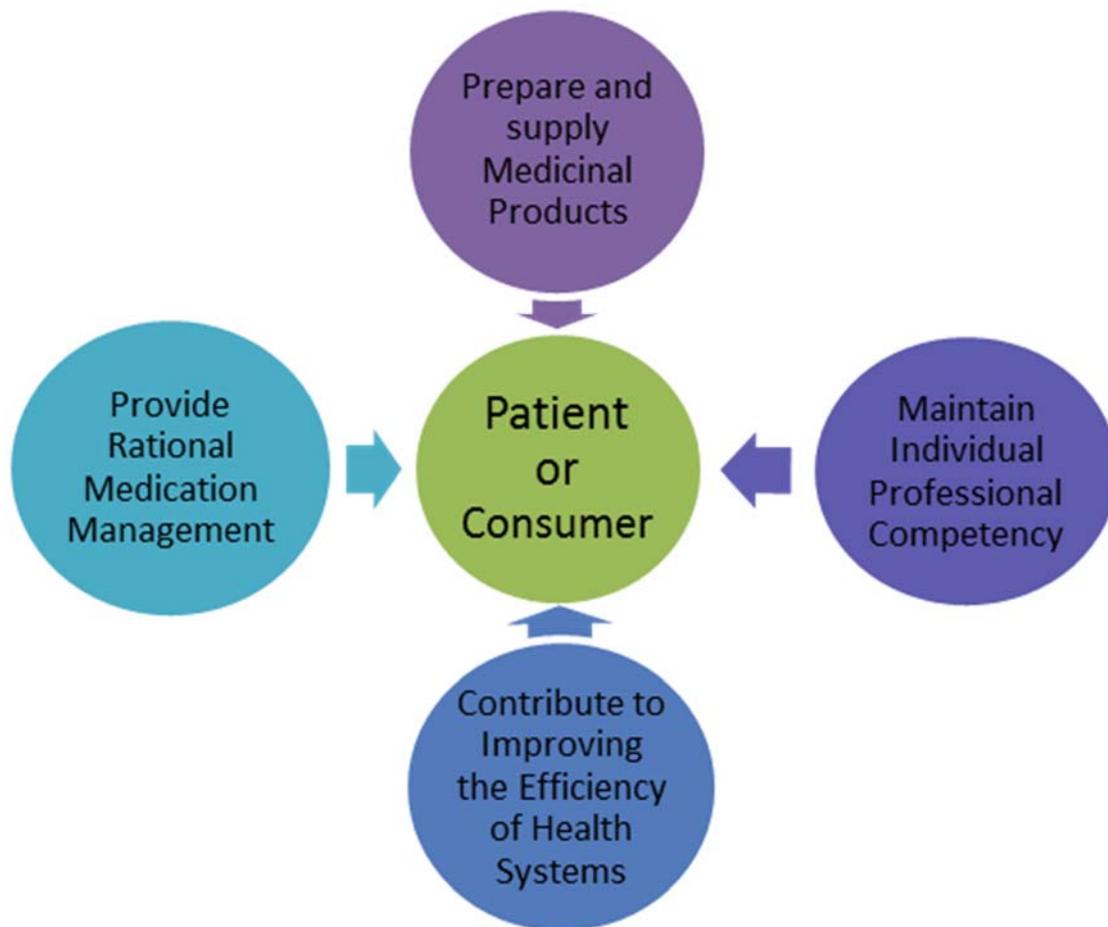- Provide rational medication management.

Figure 1: The four main roles expected of pharmacists in providing Good Pharmacy Practice

A full list of issues identified in this round is presented in Annex 5.

Following evaluation of the issues, the facilitators compiled two Region-wide issues for each of the four pharmacist roles described in the joint FIP/WHO GPP Guidelines. These statements were assessed and voted on by all participants to select the major common issue which became the focus of consideration in the second World Café round.

Subsequent to the Summit the eight statements were revised [with approval of the facilitators] to establish a standard format. Each statement now consists of **a specific parameter** that would enable **an identified action** that would deliver **a desired outcome**. The original and revised versions of the statements are presented in Annex 6 with the major common issue highlighted.

Development of strategy and work-plan

The delegates participated in a second series of four facilitated focus group discussions in which they were requested to consider the following four aspects of the major common issue [Figure 2]:

- the pharmacist's role in relation to the priority issue;
- policies and regulation relevant to the issue;
- education and training necessary to address the issue;
- the desired outcome from a strategy and work-plan that addresses the issue

Figure 2: The four themes applied to the major common issue.

The facilitators responsible for each stage reported to the Summit the concepts assembled in this second World Café round. This work establish the outline of a proposed strategy and the basic components of a work-plan which would address the major common issue.

A full list of concepts identified in this round is presented in Annex 7.

Outcomes

Priority issues

The delegates of the Summit identified two Region-wide issues for each of the four pharmacist roles described in the joint FIP/WHO Good Pharmacy Practice Guidelines. Taken as a set, these eight issues provide a consensus statement which can direct WPPF's activities aimed at assisting pharmacy associations in the Region to improve their capability to implement GPP.

GPP Role: Preparation and supply of medicinal products	
Issue 1	*A legal/regulatory framework must be applied to ensure quality of medicines and supply chain management*
Issue 2	*Healthcare professionals and patients must practice and behave in a responsible and rational manner to enhance health outcomes.*
GPP Role: Maintaining individual professional competence	
Issue 3	*Infra-structure and enabling systems (e.g. workforce, funding sources, processes, structures, information and technology) must be in place to enhance effective medication therapy management for patients.*
Issue 4	*Legal/regulatory frameworks that support delivery of effective medication therapy management for patients must exist*
GPP Role: Contributing to improving the efficiency of the health system	
Issue 5	*National Competency Standards should be established to enable the formulation of professional development frameworks that lead to enhanced pharmacy practice and patient care.*
Issue 6	*Appropriate professional development opportunities must be available and accessible to address perceived barriers (e.g. time, cost, professional recognition) and to increase participation*
GPP Role: Providing rational medication management.	
Issue 7	*Inter-professional collaboration should be encouraged to improve health systems and patient outcomes*
Issue 8	*Pharmacist associations should gather and use evidence to demonstrate the value of professional services*

The eight issues were assessed by the delegates and the major common issue for pharmacists of the Western Pacific Region as identified by Regional Pharmacy leaders is that:

National Competency Standards should be established to enable the formulation of professional development frameworks that leads to enhanced pharmacy practice and patient care.

Strategy

The majority of countries of the Region do not have a competency framework and/or a professional development framework. Arising from the consideration of this issue, the strategic principles agreed by the delegates were as follows:

Competency standards
- The role of the pharmacist depends upon the existence of national competency standards.
- A regional competency framework should be developed, based on the FIP global model and incorporating regional challenges and needs.
- Each country in the Region should have its own competency standards aligned with the countries' needs, balancing pharmaceutical science and pharmacy practice.
- Pharmacists need to be represented on all bodies (e.g regulatory /government) concerned with development and implementation of national competency standards and professional education.
- Curriculum development should align with competency standards focusing on patient care with the foundation of pharmaceutical sciences.

Professional Development
- A professional development framework should be based on competency standards.
- Pharmacist should be encouraged to reflect and identify their knowledge and competency gaps in order to determine their need for continuing professional development.
- Structures should be established that facilitate competency-based professional development including the use of selective auditing against relevant competency standards, peer assessment, portfolios aligned with levels of practice [undergraduate, professional, re-entry and late career] and recognition of basic to advanced practice, privileging, specialisation and credentialing.

Based on these principles, it was resolved that the WPPF should provide support and expertise to national pharmacy associations to develop competency and professional development frameworks and assist in the formulation of mutual recognition agreements among countries in the region with regard to harmonised descriptors of competencies.

The strategy to be adopted by WPPF can be depicted as follows:

Work-plan

The following were identified as potential components of a work-plan that could be adopted by WPPF to address the need for competency frameworks and/or a professional development frameworks in the countries of the Region.

1. Develop and provide guidance documents that identify factors relevant to the development of national competency and professional development frameworks.
2. Compile and collate evidence and stimulate the generation of local data on national competency and professional development frameworks from countries of the region.
3. Based on analysis of the data, formulate strategies for development of competency and professional development frameworks and provide support and expertise to national organizations.
4. Provide training activities and assistance for pharmacy leaders to address their respective country's professional development needs.
5. Assist the development of competency assessment tools and training programs for assessors.
6. Provide policy support (eg. letters of support, visits/meetings, national event) to gain recognition, support and endorsement from national regulators.
7. Provide opportunities for collaboration between countries of the Region.
8. Assist in the formulation of mutual recognition agreements among countries in the Region with regard to harmonized descriptors of competencies and professional development frameworks.
9. Consolidate collaboration with WHO-WPRO on workforce development.
10. Provide expertise and identify funding opportunities for research to establish/promote the pharmacist's role in patient care.

Discussion

The following reflects discussion within the WPPF Executive Committee following the Summit.

General comments:

- WPPF can play an active role to help advance practice in the Region by creating opportunities for the countries to come to together, share experiences and strategies and build a more competent pharmacy workforce.
- Competency and professional development frameworks are not static but dynamic. The frameworks would change with advances in practice, creation of new roles and enhanced demands from the users of healthcare services. Therefore, it will be necessary to review and update frameworks over time.
- Depending on the level of practice in the country, application of a competency framework to entry-to-practice would be the logical first stage of implementation.
- As practices develops, competency frameworks will need to address for advanced/ specialist practitioners. Special roles such as provision of vaccination, non-medical prescribing, antimicrobial stewardship, preceptorship/mentorship etc., create potential opportunities for WPPF to bring pharmacists together to discuss the competency standards, education and training that are required to implement these roles.
- Competency frameworks are also required for pharmacy technicians and as the roles of pharmacists and pharmacist support staff change the alignment of competency frameworks for the two groups will need to be reviewed.
- Competency for collaborative practice can also be developed which will help pharmacists work better with other health professionals.

Response to the Summit:
National Competency Standards should be established to enable the formulation of professional development frameworks that leads to enhanced pharmacy practice and patient care.

Three aspects of this project underpinned its likely success and the sustainability of the outcomes.

- the process adopted for the Summit enabled all delegates to make full and equal contributions;
- delegates from the national pharmacy associations identified the issues, selected the major common issue and developed the strategy and the principles of a work-plan and can therefore have ownership of the outcomes;
- the delegate's decisions were taken in full knowledge of the current state of practice in their respective countries, the resources of their associations, their members' needs, local health priorities and other stakeholders' interests.

WPPF proposes to continue to work with the Summit delegates on the development of the work-plan and implementation of the strategy.

To address the specific recommendations of the Summit, a first task would be to consolidate relevant resources and determine if there are strategies, tools or approaches that can be adopted to enable the formulation of Regional guidance for both competency and professional development frameworks. This would create a particularly useful resources for those countries who may not as yet have such frameworks.

There are abundant documents addressing the development of competency and development of the pharmacy workforce. A number have been prepared by FIP including the 2012 Global Competency Framework developed by the FIP Pharmacy Education Taskforce[4] , the 2013 FIP*Ed* Global Education Report[5], the 2014 Continuing Professional Development/Continuing Education in Pharmacy Global Report[6], the 2014 Quality Assurance of Pharmacy Education: FIP Global Framework [2nd Edn.][7], the 2015 Advanced Practice and Specialisation in Pharmacy: Global Report[8] and Transforming Our Workforce, Workforce Development and Education: systems, tools and navigation[9]. WHO has similarly prepared statements in relation to health workforce development[10,11].

In addition these resources, WPPF could establish a repository of frameworks that are available in the Region, prepare a commentary on the current situation in Region and complete development of the work-plan offering assistance in relation to frameworks. This work would provide a useful resource for countries which may want to establish statements for themselves.

The commentary could also serve as a baseline for the Region enabling WPPF to monitor over coming years the development of competency and professional development frameworks.

For those countries that want to establish frameworks, WPPF could organise workshops to assist them to get started. The workshops could help the countries to reflect on:
- their current models and standards of practice;
- whether their educational standards and training programmes align with the desired models and standards and whether they ensure quality for new graduates;
- whether their continuing professional development programme addresses the requirement to sustain competency.

With these self-reflections, the countries could establish needs-based competency and professional development frameworks.

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[4] **FIP Education Initiatives. Pharmacy Education Taskforce. A Global Competency Framework**.
http://www.fip.org/files/fip/PharmacyEducation/GbCF/GbCF_v1_online_A4.pdf
[5] **FIP*Ed* Global Education Report.** http://fip.org/files/fip/FIPEd_Global_Education_Report_2013.pdf
[6] **Continuing Professional Development/Continuing Education in Pharmacy Global Report**.
http://fip.org/files/fip/PharmacyEducation/CPD_CE_report/FIP_2014_Global_Report_CPD_CE_online_version.pdf
[7] **Quality Assurance of Pharmacy Education: FIP Global Framework**.
http://fip.org/files/fip/PharmacyEducation/Quality_Assurance/QA_Framework_2nd_Edition_online_version.pdf
[8] **Advanced Practice and Specialisation in Pharmacy: Global Report**.
https://www.fip.org/files/fip/PharmacyEducation/Adv_and_Spec_Survey/FIPEd_Advanced_2015_web_v2.pdf
[9] **Transforming Our Workforce, Workforce Development and Education: systems, tools and navigation**.
http://fip.org/files/fip/PharmacyEducation/2016_report/FIPEd_Transform_2016_online_version.pdf
[10] **Health education: theoretical concepts, effective strategies and core competencies.**
http://apps.who.int/iris/bitstream/10665/119953/1/EMRPUB_2012_EN_1362.pdf?ua=1
[11] **Preparing a healthcare workforce for the 21st Century.**
http://www.who.int/chp/knowledge/publications/workforce_report.pdf

Next steps

A summary report of the Summit and outcomes was circulated to all participants shortly after the Summit. This comprehensive report of the Summit is to be distributed to FIP and WPRO and is to be used by the WPPF Executive Committee to inform its discussions regarding implementation of the following next steps. The next steps will maintain the principles of Regional engagement to address local needs.

1. At its first face to face meeting following the Summit, the WPPF Executive Committee will evaluate the Summit, consider endorsement of the strategy and the principles of the work-plan, and determine a program for completion with a schedule of implementation.

2. WPPF will seek to engage the WPRO Human Resources for Health Section for support for the development of competency and professional development frameworks in the Region.

3. WPPF will seek the assistance and collaboration of the FIP Workforce Development and Education Groups including those responsible for the FIP Global Competency Framework, continuing professional education, advanced practice and specialisation and the Global Pharmacy Workforce Observatory to establish processes associated with the strategy and work-plan.

4. The Summit delegates will be informed of the proposed processes and their input solicited for both the completion of the work-plan and implementation of the strategy.

5. Through a process of open invitation, WPPF will identify and work with one or a small number of countries of the Region as test sites to initiate the strategy and work-plan using the adopted processes.

6. WPPF will seek to stage a one-day meeting in association with the 2017 FIP Congress in Seoul, Korea to which the attendees of the 2016 Summit will be invited [or their nominee]. The purpose of the meeting will be to report progress on the outcomes of the Summit, seek their continued support for implementation of the work-plan and to stage a World Café round to consider a strategy and work-plan for the issue of second highest priority, namely: "Legal/regulatory frameworks that support delivery of effective medication therapy management for patients must exist".

7. As opportunities arise, WPPF will seek to present the objectives, methodology and outcomes of the Summit at pharmacy conferences, including at meetings attended by representatives of the other Regional Pharmaceutical Forums.

Evaluation and acknowledgements

The delegates representing the national pharmacy associations were asked to complete a ten question evaluation of the Summit. All sixteen leaders of national pharmacy associations completed the evaluation and were unanimous that the objectives of the Summit had been met.

All respondents indicated a willingness to participate in implementation of the strategy.

There was a high level of support for Manila as the location of the Summit [88%] and an extremely high level of satisfaction with the conduct of the Summit [94% very good or excellent]. A similar level of support was expressed for further regional meetings to be staged. There was a preference for future summits to have a workshop format as had been used at this Summit and for meetings to be held in Singapore and Seoul.

Proposed topics for future summits include:

Regulatory and legal framework for pharmacists	Role of pharmacist in public health
Inter-professional collaboration	Association - government relationships
Demonstrating value of primary services	Education
Workforce development	Medication safety
Practice standards	Pharmaceutical science education
Professional development	Basel statement [hospital practice]
Post Graduate training system improvement	Compounding medicines regulations
Monitoring system for PG training quality	Specific plan for implementation of the issues
Professional association's role & contribution to policy	

Further observations provided in the Summit evaluation are provided in Annex 8.

Acknowledgements

The WPPF Executive Committee would like to express its appreciation to FIP and the FIP Foundation for providing the essential support without which the project would not have been able to proceed.

We would also like to recognise the assistance of PDL which enabled the Project to support attendance by delegates who may otherwise not have been able to participate and the generosity of the PPhA and Unilab who enabled the Summit to be staged in the manner in which it was.

The Summit planning group members of Dr. Chui Wai Keung, Dr. Suzanne Caliph, Ms. Leonie Ocampo and Mr John Jackson worked diligently to prepare the event. Special mention must be made of the hard work of the facilitators Dr. Jennifer Marriott, A/Prof Tony Tarn, Dr. Yolanda Robles, Dr. Gonzalo Souza Pinto and Dr. Suzanne Caliph and of the contribution in logistics and as scribes by the five young Philippine pharmacist scholars Ms. Diane Aninon, Mr. Cristan Agaceta, Mr. Paul Marvin, Mr. Sheldon Silva and Mr Bryan Posadas, who had in the past each been an FIP Congress Travel Scholarship winner.

In the end, the success of the Summit was totally due to the active, constructive collaboration and informed contribution of the delegates from the associations of the Region.

Budget

Item	Quantity	Unit cost US$	Total cost US$	Notes
Expenses				
Accommodation	31 pax x 2/3 nights	84.50	$ 6,929	Lower per pax
Catering	31 pax x 2 days	31.00	$ 1,922	Lower per pax
Travel	Support for delegates	500	$ 9,500	
Reception			$ 0	Sponsored PPhA
Summit dinner			$ 0	Sponsored Unilab
Incidentals	Printing, meeting material, liaison meetings		$ 1,800	
Total expenses			**$ 20,151**	
Income				
FIP grant			$ 12,700	
Sponsorship			$ 5,000	PDL (Aust)
Total income			**$ 17,700**	
WPPF funding			$ 2,451	

The budget for the Summit in the initial project proposal submitted to FIP was US$23,600 for an event of 49 delegates. Negotiations resulted in final operating expenses per person for accommodation and catering that were significantly lower than in the original budget. While the number of representatives from national pharmacy associations was as planned, the actual number of delegates was lower than budgeted, largely due to lower attendance by WHO and government delegates. Sponsorship for the Summit enabled a higher level of travel support to be provided to delegates which was significant in ensuring attendance from such a wide number of Regional associations.

With the savings on the operating expenses, the change in delegate mix, increased allocation for travel costs and the (in-kind) support from the Philippine Pharmacists Association [PPhA] and Unilab, the final cost of staging the Summit was US$20,151. Excluding in-kind sponsorship the expenses were funded 63% by the grant from the FIP and the FIP Foundation, 25% by cash sponsorship from PDL [Pharmaceutical Defence Ltd Australia] and 12% by WPPF.

Annexures

Annex 1: Summit participants

There were a total of 31 participants, representing twelve countries in the Western Pacific region together with representatives from FIP and WHO.

Name of Participant	Country
Mr. Anthony Tassone	Australia
Dr. Suzanne Caliph	Australia, WPPF
Mr. John Ware	Australia, FIP Foundation
Dr. Jennifer Marriott	Australia
Mr. John Jackson	Australia, WPPF
Prof. Sothearith Tiv	Cambodia
Miss Reshnika Sen	Fiji Islands
Mr.Atsushi Toyomi	Japan
Dr. Nobou Yamamoto	Japan, WPPF
Prof.Sang Hoon Joo	Korea, WPPF
Mr. John Chang	Malaysia
Dr. Byombadorj Dembereldorj	Mongolia
Dr. Zuzaan Zulzaga	Mongolia
Dr. Gonzalo Souza Pinto	FIP
Mr. Dum Iwa	Papua New Guinea
Dr. Yolanda Robles	Philippines
Dr. Olive Limuaco	Philippines
Dr. Adelina Royo	Philippines
Ms. Diane Aninon	Philippines, FIP/WPPF Scholar
Mr. Cristan Agaceta	Philippines, FIP/WPPF Scholar
Mr. Paul Marvin	Philippines, FIP/WPPF Scholar
Mr. Sheldon Silva	Philippines, FIP/WPPF Scholar
Mr Bryan Posadas	Philippines, FIP/WPPF Scholar
Mr. Rey Umail	Philippines, WPPF
Ms. Leonie Ocampo	Philippines, WPPF
Miss Hong-Yen Ng	Singapore
Dr. Chui Wai Keung	Singapore, WPPF
Ms Mary Wang	China Taiwan
Dr. Jih-Heng Li	China Taiwan
A/Prof Tony Tarn	Taiwan, WPPF
Ms Hiep Vu	Vietnam
Dr. David Newby	WHO WPRO

Annex 2: Tuckman's model

Tuckman's model consists of the following stages.

Stage 1. forming: High dependence on leader for guidance and direction. Little agreement on team aims. Individual roles and responsibilities are unclear. Leader must be prepared to answer lots of questions about the team's purpose, objectives and external relationships. Processes are often ignored. Leader directs.

Stage 2. storming: Decisions don't come easily within group. Team members vie for position as they attempt to establish themselves in relation to other team members and the leader, who might receive challenges from team members. Clarity of purpose increases but plenty of uncertainties persist. Cliques and factions form and there may be power struggles. The team needs to be focused on its goals to avoid becoming distracted by relationships and emotional issues. Compromises may be required to enable progress. Leader coaches.

Stage 3. norming: Agreement and consensus largely forms among the team, who respond well to facilitation by leader. Roles and responsibilities are clear and accepted. Big decisions are made by group agreement. Smaller decisions may be delegated to individuals or small teams within group. Commitment and unity is strong. The team may engage in fun and social activities. The team discusses and develops its processes and working style. There is general respect for the leader and some of leadership is more shared by the team. Leader facilitates and enables.

Stage 4. performing: The team is more strategically aware and knows clearly why it is doing what it is doing. It has a shared vision and is able to stand on its own feet with no interference or participation from the leader. There is a focus on over‐achieving goals, and the team makes most of the decisions against criteria agreed with the leader. The team has a high degree of autonomy. Disagreements occur but now they are resolved within the team positively, and necessary changes to processes and structure are made by the team. Team members look after each other. The team requires delegated tasks and projects from the leader. Leader delegates and oversees.

Annex 3: The World Café Process

The World Café design principles

Drawing on seven integrated design principles, the World Café methodology is a simple, effective, and flexible format for hosting large group dialogue.

1.   Set the Context

2.   Create Hospitable Space

3.   Explore Questions that Matter

4.   Encourage Everyone's Contribution

5.   Connect Diverse Perspectives

6.   Listen together for Patterns and Insights

7.   Share Collective Discoveries

The World Café Process

1.   Each participant was assigned to one of the 4 groups in each of the Summit World Café Exercises. Each group comprised participants from different countries.
2.   There were 4 tables (A-D) and each table was assigned a facilitator and one of the four topics. The facilitator led the discussion on their particular topic. Each discussion lasted for about 30mins. The discussion points were recorded on a flip chart by a scribe.
3.   At the end of the first 30mins, all the members of each group moved to the next table in the sequence. Each group spent the next 30mins to discuss the topic assigned to their next table, to be led by the table facilitator.
4.   This process was repeated until each group returned to its original table and has considered every topic.
5.   The points raised at each table were consolidated and summarised and presented to all Summit participants.

Annex 4: Assignment of facilitators, scribes and delegates to groups

Assignment of Participants

Day 1: Group A	
Dr. Nobou Yamamoto	Japan
Dr. Jih-Heng Li	Taiwan
Prof. Sang Hoon Joo	Korea
Adelina Royo	Philippines
Dr. David Newby	WHO
Dr. Gonzalo Souza Pinto	Facilitator
Ms. Diane Aninon	Scribe

Day 2: Group I	
Miss Reshnika Sen	Fiji Islands
Mr. John Ware	Australia
Mr. Dum Iwa	Papua New Guinea
Mr.Rey Umail	Philippines
Dr Mary Wang	Taiwan
Dr. Gonzalo Souza Pinto	Facilitator
Ms. Diane Aninon	Scribe

Day 1: Group B	
Miss Reshnika Sen	Fiji Islands
Mr.Atsushi Toyomi	Japan
Byombadorj Dembereldorj	Mongolia
Miss Hong-Yen Ng	Singapore
Mr.Rey Umali	Philippines
Dr. Yolanda Robles	Facilitator
Mr. Cristan Agaceta	Scribe

Day 2: Group II	
Dr. Nobou Yamamoto	Japan
Prof. Sang Hoon Joo	Korea
Mr. John Chang	Malaysia
Prof. Sothearith TIV	Cambodia
Dr. Olive Limuaco	Philippines
Dr. Yolanda Robles	Facilitator
Mr. Cristan Agaceta	Scribe

Day 1: Group C	
Mr. John Ware	Australia
Mary Wang	Taiwan
Zuzaan Zulzaga	Mongolia
Mr. John Chang	Malaysia
Ms. Leonie Ocampo	Philippines
Dr. Jennifer Marriott	Facilitator
Mr. Paul Marvin	Scribe

Day 2: Group III	
Dr. Jih-Heng Li	Taiwan
Dr. David Newby	WHO
Byombadorj Dembereldorj	Mongolia
Ms. Hiep Vu	Vietnam
Dr Adelina Royo	Philippines
Dr. Jennifer Marriott	Facilitator
Mr. Paul Marvin	Scribe

Day 1: Group D	
Mr. Anthony Tassone	Australia
Mr. Dum Iwa	Papua New Guinea
Ms. Hiep Vu	Vietnam
Prof. Sothearith TIV	Cambodia
Dr. Olive Limuaco	Philippines
A/Prof Tony Tarn	Facilitator
Mr. Sheldon Silva	Scribe

Day 2: Group IV	
Prof. Sang Hoon Joo	Korea
Miss Hong-Yen Ng	Singapore
Dr Zuzaan Zulzaga	Mongolia
Ms. Leonie Ocampo	Philippines
Mr.Atsushi Toyomi	Japan
Dr Suzanne Caliph	Facilitator
Mr. Sheldon Silva	Scribe

Annex 5: World Café Round 1: Observations reported by each group

Group A: Prepare and Supply of Medicinal Products

Challenges

- Pricing policy can improve or inhibit availability and affordability of generic medicines.
- Lack of strong regulatory framework in enforcing the policies.
- Procurement policies and medicine supply chain issues affecting drug quality. Lack of capacity.
- Disposal practices vary. Lack of a system for collecting and safely disposing expired and unused medicines
- Challenge to offer universal coverage in healthcare: Reimbursement of medicines to patients varies
- Counterfeit medicines: Lack of harmonized definition.
- Double standards of quality for OTC/Rx, Generics/Branded, National/Imported
- Health care professionals' behavior
- Incomplete separation of prescribing and dispensing
- Excessive and irrational prescribing of antibiotics
- OTC dispensing of antibiotics
- Patients pressure prescribers and pharmacists to prescribe and dispense antibiotics.

Group A Summary Statements

1. Lack of regulatory framework and enforcement capacity to ensure quality of medicines and effective supply chain management

2. Irrational practices and behaviors of health care professionals and patients leading to poor health outcomes and AMR

Group B: Provide Medication Management

Challenges

Developed countries

- Lack of national patient database
- Funding resource, compensation and remuneration
- Public recognition
- Patient adherence
- Evidence-based practice
- Doctor/Pharmacy /Hospital Shopping
- Collaboration with health professionals
- Up-selling of supplements
- Expansion of coverage
- Compensation and remuneration
- Gaps in continuity of care
- Motivational issues

Developing Countries

- Unethical practices among pharmacists/physicians
- Lack of infrastructure/enabling systems

- Lack of national patient database
- Non-pharmacist owners
- Poor regulatory/legal enforcement
- Health-seeking behaviors of patients
- Lack of (competent) pharmacists
- Lack of standardized practice
- Patient adherence
- Lack of infrastructure/enabling systems
- Lack of collaboration/recognition
- Poor prescribing patterns
- Limited human and other resource
- Public recognition

Group B Summary Statements

3. Infrastructure and enabling systems (Information technology, workforce, regulation, funding and resources) are essential in providing effective medication management to patients

4. Presence and enforcement of legal and regulatory bases for providing effective medication management to patients are required

Group C: Maintain Individual Professional Competency

Challenges

- Lack of national competency standards
- Recognition of the changing roles of pharmacists
- Expanding amount of knowledge
- Motivation for continuing professional development
- Complacency, lack of perceived benefit, time, cost of providing & undertaking CPD
- Mandatory vs. roadmap
- Preparation of undergraduate students for lifelong learning
- Misalignment
- Students & professionals

Group C Summary Statements

5. National competency standards enable the formulation of a CPD framework to facilitate maintenance of competency

6. Accessibility and availability of CPD pathways need to be improved to reduce perceived barriers

Group D: Contribute to Improve Efficiency of Health System

Challenges

- Establish UHC
- HTA/Claim Database/Measure Rational Use
- Allocate budget for pharmacist reimbursement
- Encourage inter-professional collaboration

- Building relationship with patients/public/prescribers
- Add inter-professional curriculum in education
- Generalize evidences to show the value of professional practice so that associations can lobby the government to recognize the contribution of pharmacists
- Make policies and legalize the role of pharmacists to provide pharmaceutical care
- Automation, IT System for pharmacist intervention
- pharmacists should play an active role in developing the system
- High level health policy making body with pharmacist involvement
- Competency criteria for pharmacists
- Defined roles of pharmacy technician/physicians may have same role of dispensing as pharmacists.

Group D Summary Statements

7. Encourage inter-professional collaboration

8. Pharmacist association advocate the value of professional practice using evidence

Annex 6: The eight Region-wide issues [major common issue in colour]

	Original	Rewritten Summit version	Revised final version
1	Lack of a regulatory framework and enforcement capacity to ensures quality of medicines and effective supply chain management	The application of a legal/regulatory framework to ensure quality of medicines and supply chain management	A legal/regulatory framework must be applied to ensure quality of medicines and supply chain management
2	Irrational practices and behaviours of healthcare professionals and patients leading to poor health outcomes & AMR	Responsible and rational practices and behaviours of healthcare professionals and patients enhance health outcomes	Healthcare professionals and patients must practice and behave in a responsible and rational manner to enhance health outcomes.
3	Infra-structure and enabling systems are essential in providing effective medication management to patients	Infra-structure and enabling systems (e.g. workforce, regulation, funding sources, information and technology) to enhance effective medication therapy management for patients.	Infra-structure and enabling systems (e.g. workforce, funding sources, processes, structures, information and technology) must be in place to enhance effective medication therapy management for patients.
4	Presence and enforcement of legal and regulatory bases for effective medication therapy management to patients are required	The application of legal/regulatory framework to underpin effective medication therapy management for patients.	Legal/regulatory frameworks that support delivery of effective medication therapy management for patients must exist
5	National competency standards enable the formulation of a CPD framework to facilitate maintenance of competency.	National competency standards to enable the formulation of a professional development framework contributing to enhance patient care	National Competency Standards should be established to enable the formulation of professional development frameworks that lead to enhanced pharmacy practice and patient care.
6	Accessibility and availability of CPD pathways need to be improved to reduce perceived barriers	Improved accessibility and availability of professional development to reduce perceived barriers (e.g. cost, time, professional recognition) and increase participation.	Appropriate professional development opportunities must be available and accessible to address perceived barriers (e.g. time, cost, professional recognition) and to increase participation
7	Encourage inter-professional collaboration.	Inter-professional collaboration leads to better health systems and patient outcomes	Inter-professional collaboration should be encouraged to improve health systems and patient outcomes
8	Pharmacist association advocate the value of professional practice using evidence.	Pharmacist association should gather and use evidence to demonstrate the value of professional services	Pharmacist associations should gather and use evidence to demonstrate the value of professional services

Annex 7: World Café Round 2: Observations reported by each group

Group I: Policies and Regulation

Not all countries have a competency framework and a professional development framework or implementation strategies.

Factors relevant to the development of a National Competency and Professional Development Framework include:

- Global Template (FIP)
- Regional Template (WPPF)
- Compilation of National Frameworks in the Western Pacific
- Tactics/Strategies from different countries
- Consultancy/Support
- Establishment of National Working Group including all practice settings and stakeholders

Recognition by regulators as national policy:

- Endorsement from WHO, WPPF, and other recognized international agencies
- Evidence of healthcare and economic impact of pharmacists' services
- Political support from WPPF and FIP
- National organizations spearheading the building of consensus/stakeholder support

Action Plan - develop regional model of competency framework based on global model incorporating regional challenges and needs.

- Compiling national competency frameworks from the region
- Providing support and expertise to national organizations in developing competency framework
- Consolidating collaboration with WHO- WPRO on workforce development
- Collating and providing regional evidence and stimulating generation of local data
- Providing policy support (eg. letters of support, visits/meetings, national event) to influence regulators

Group II: Desired Outcomes

National Context

- All countries in the Western Pacific Region should have their own competency standards.
- The professional development framework, based on the competency standards should provide for classifying levels of competencies and outcomes—basic to advance as well as credentialing /privileging including specializations.
- Development and adoption of monitoring criteria for assessing desired outcomes (both learning outcomes and application into the workplace).
- Recognition of credentialing system of the professional organization for structured implementation
- Regional context
- Development of template on standard of competencies as well as areas of specialization.
- Closer collaboration of organizations of countries within WPPF in the formulation, development and implementation of competency standards and professional development framework.
- Implementation strategies
- Allowances should be made for the application of competency framework and modes of professional development based on geographical make-up and country needs.
- Quality assurance of professional development programs.
- Utilization of technology in professional development programs.

WPPF as an organization:
- to take lead in collection and analysis of data on countries and formulate strategies.
- to provide a platform for pharmacy leaders to be capable of addressing their respective country's professional development needs.
- to assist in the formulation of mutual recognition agreements among countries in the region with regard to harmonized descriptors of competencies and professional development framework.

Examples of activities that can be provided by WPPF:
- Formulation of Guidance documents
- Provision of opportunities for collaboration
- Research activities
- Provision of training activities
- Guidance in policy development
- Regional access to programs

Group III: Education and Training

There is a need to develop national competency standards:
- based on individual country needs, but balancing science and practice competencies.
- educate the profession, public & health professionals about what they mean.

There is a need for structure around professional development:
- mechanism for monitoring competency recognition for specialization.
- credentialing.

There is a need for competency assessment at all levels - undergraduate, professional, re-entry, late career:
- selective auditing, peer assessment, portfolios.
- integrity in reporting.

Implementation strategies
- development of competency standards.
- provide resources/materials/guidelines.
- train leaders on how to develop competency standards.
- train the trainers on how to use the standards.
- quality assurance to ensure that the needs are being addressed.
- competency assessment.
- tools and training programs for assessors.

Group IV: Pharmacist's Roles

- The role of the pharmacist will depend upon the level/ existence of national competency standards in countries.
- Pharmacists need to be in leadership teams/authority positions e.g regulatory bodies/council/government bodies which can formulate/endorse/approve/mandate national competency standards and continuing professional education.
- Some mismatch between graduate and work-force practice competence
- Continuing Professional Development should promote and fill the gaps.
- Pharmacists should keep abreast of competency standards and aspire to advanced practice professional development.
- Reflect and identify their gaps and area of continuing professional development and follow up.

Implementation Strategies

- Benchmark from countries with existing competency standards and contextualize to local settings to enhance patient care.
- Pharmacists to collaborate with other healthcare professionals eg. Doctors, Nurses to understand each other roles in patient care.
- Pharmacists association should continually engage/network with or take up influential positions with law enforcement institutions (eg. Pharmacy Council, FDA, Board of Pharmacy Practice, Ministry of Health).
- Curriculum development should reflect competency standards focusing on patient care with the foundation of pharmaceutical sciences.
- Pharmacy practitioners should have strong representation in stakeholder groups of educational institutions.
- Identify champions from professional organizations to form the driving force in setting standards and the role of the pharmacist in patient care.
- WPPF/FIP can assist providing expertise, funding opportunities for research to establish/promote the pharmacist role in patient care (eg. Medication therapy Management).

Annex 8: Evaluation

Freehand comments provided in the Summit evaluation:

The summit was:
- Open, contributory process, well organised, good methodology, relevant participants.
- It was able to generate ideas from the participants.
- The process was very systematic. Issues are current and relevant to the profession.
- Good opportunity to meet other pharmacy leaders and learn from the experience.
- Overall good sharing and engagement among the country representatives.
- Good sensing and appreciation of what goes on in other countries / challenges.

What was the best aspect of the summit?
- Sharing of the experiences and country situations.
- Collaboration.
- Competency and pharmacist role.
- Open discussion, good facilitators.
- Gain development experience.
- Program format with socials.
- National competency policy and professional association advocacy.
- The opportunity for interaction and the Café system for individual participation.
- Sharing and exchanging experiences and opinions.
- The process. Hearing the experience from other countries.
- Open sharing. Relationships and networking. Networking aspect