



HELLENIC REPUBLIC
National and Kapodistrian
University of Athens

Faculty of Pharmacy



21st EAFP Annual
Conference

14-16/05/2015
University of Athens
Greece

Pharmacy Education and Training: Listening to the Stakeholders

A global perspective

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Immediate Past President of the European Association of Hospital Pharmacists EAHP

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No conflict of interest

A global perspective

- Pharmacists' workforce
- Bridging Pharmacy education with the new Pharmacists' roles
- Aligment with local current and future needs
- Quality assurance in pharmacy education



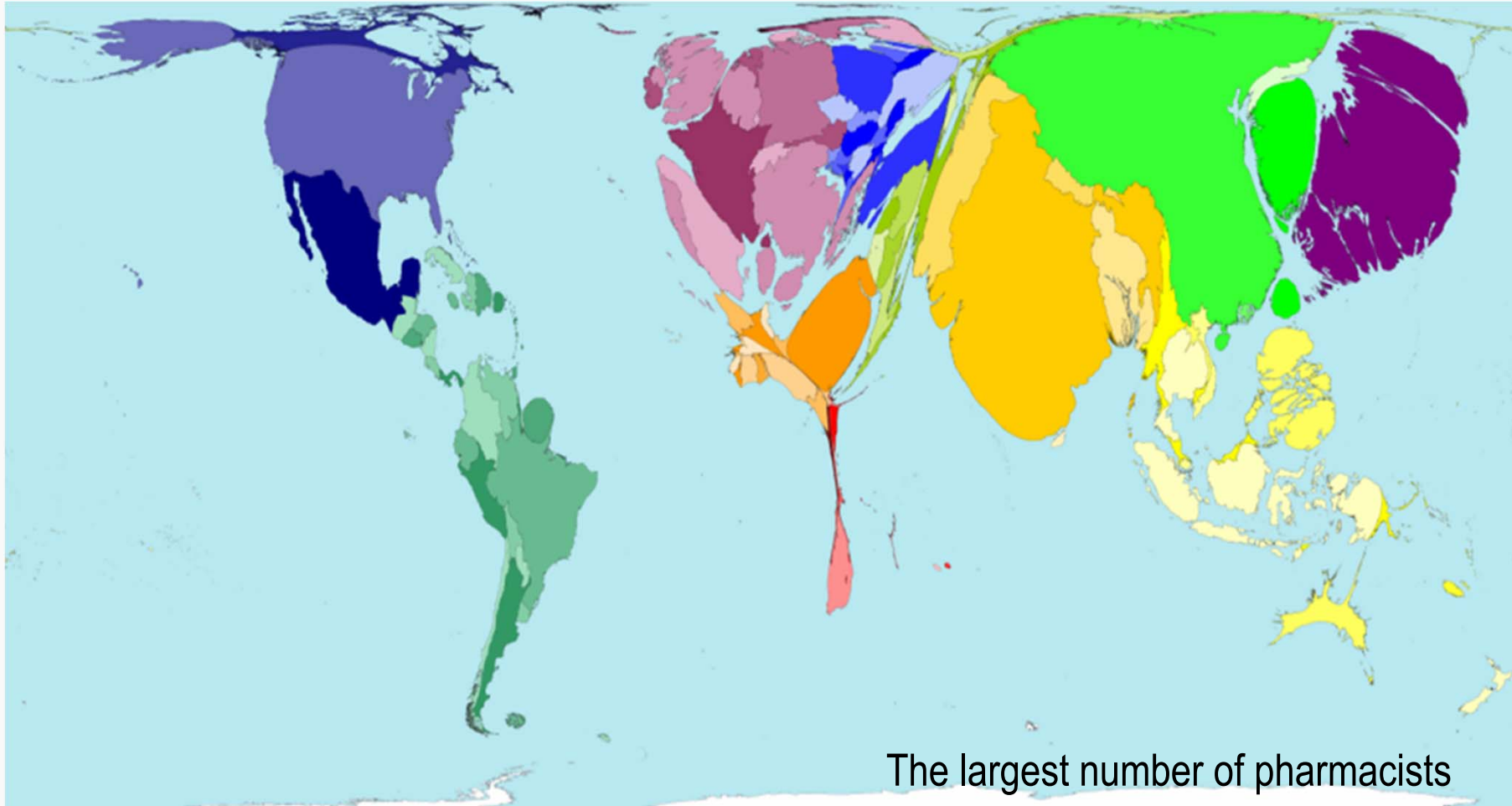
Pharmacists shortages

Pharmacists' workforce

New roles for
Pharmacists

Expanding scope of
the Pharmacist's profession

The Pharmacists' workforce



The territories with the fewest: Africa.
The highest: Japan

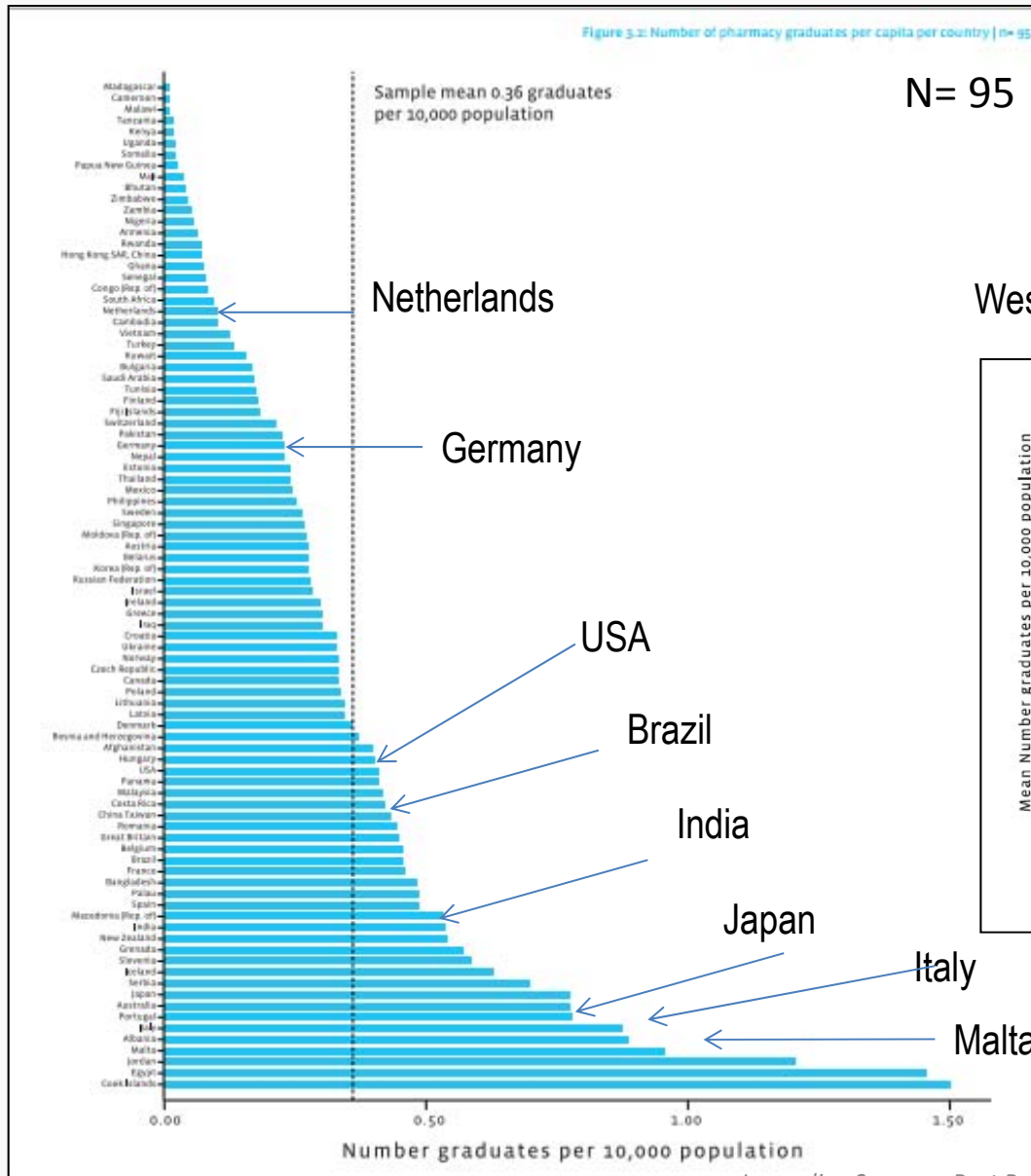
The largest number of pharmacists
in the world work in the territories
with the biggest populations:
India and China: 42% of all pharmacists .

www.worldmapper.org 2004 WHO data

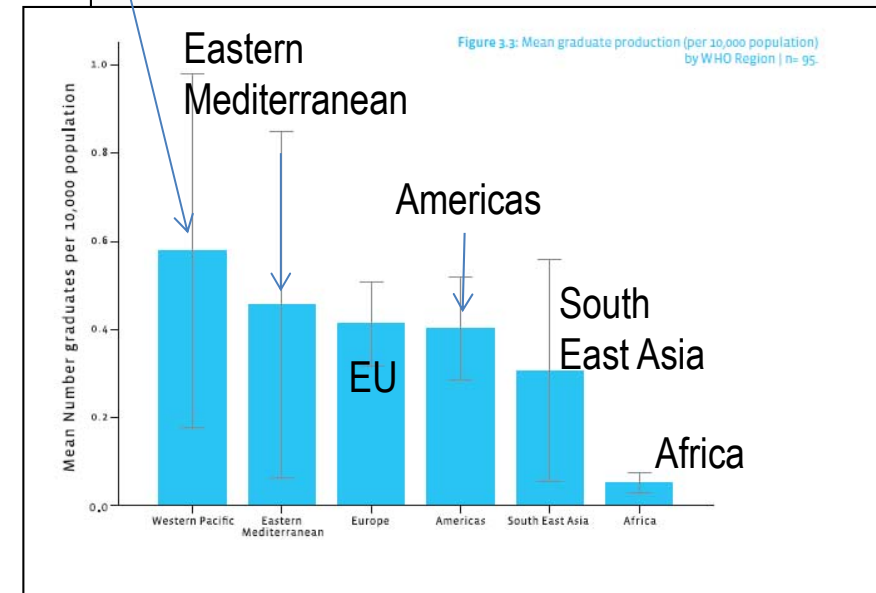
Graduates per 10 000 population



FIP FIPed Global Education Report, 2013



Western Pacific



Jordan

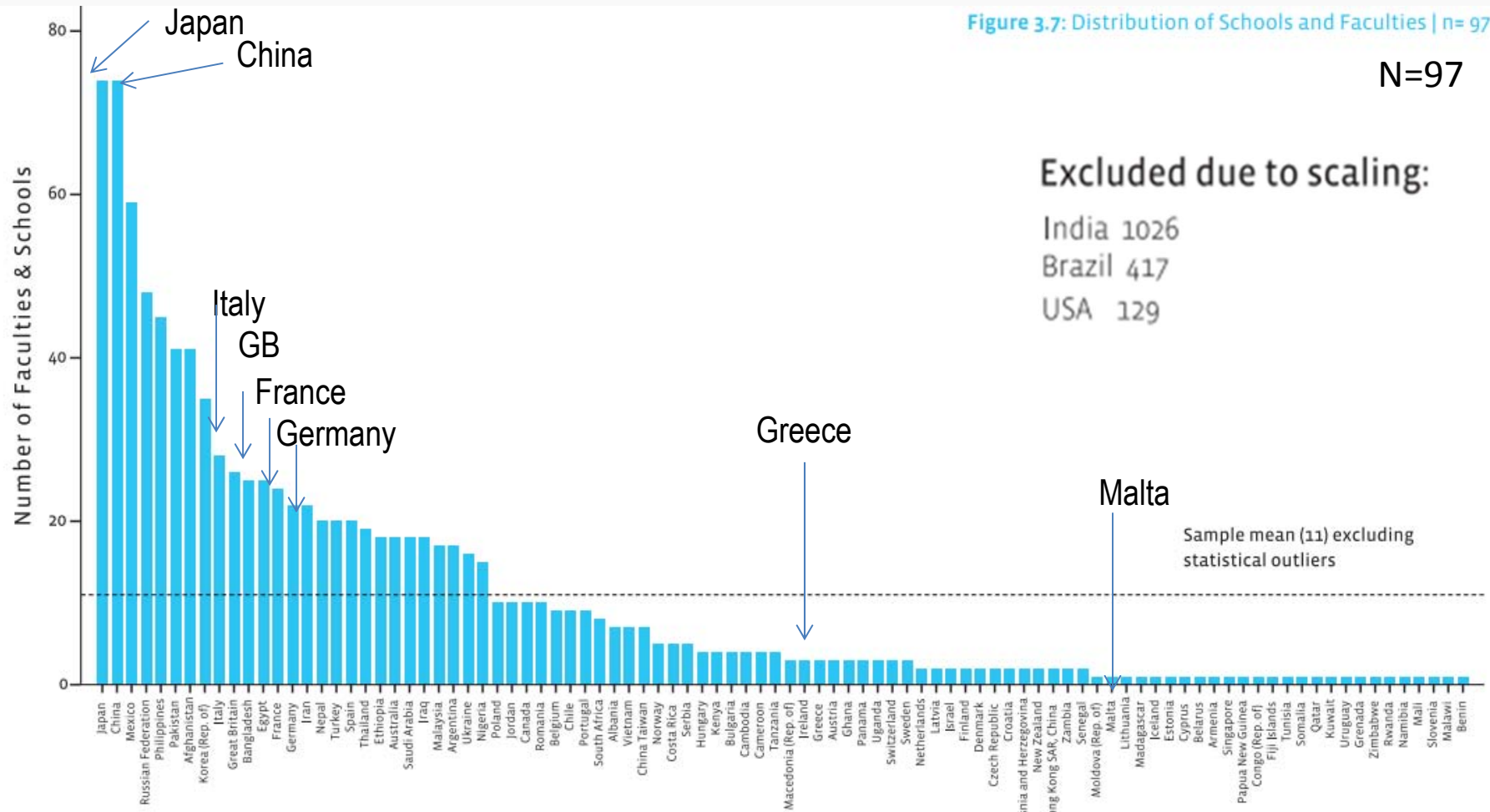
Egypt

Cook Islands

Schools and faculties of Pharmacy



Schools and Faculties of Pharmacy, *FIP FIPeD Global Education Report, 2013*



Jacqueline Surugue, Past President of EAHP, Past President of FIP Hospital Section, Athens, 14 May 2015

Do we have enough Academics
- Pharmacists and Pharmaceutical Scientists –
in our Schools / Faculties of Pharmacy?

How far can e-learning, distance learning, online courses, MOOCs, webinars... be a substitute, especially in remote and rural areas?

Can virtual worlds help?

 Workforce planning

Bridging Pharmacy education with the new Pharmacists' roles

Jacqueline Surugue, Past President of EAHP, Past President of FIP Hospital Section, Athens, 14 May 2015

The role of pharmacists is changing:

Societal changes:

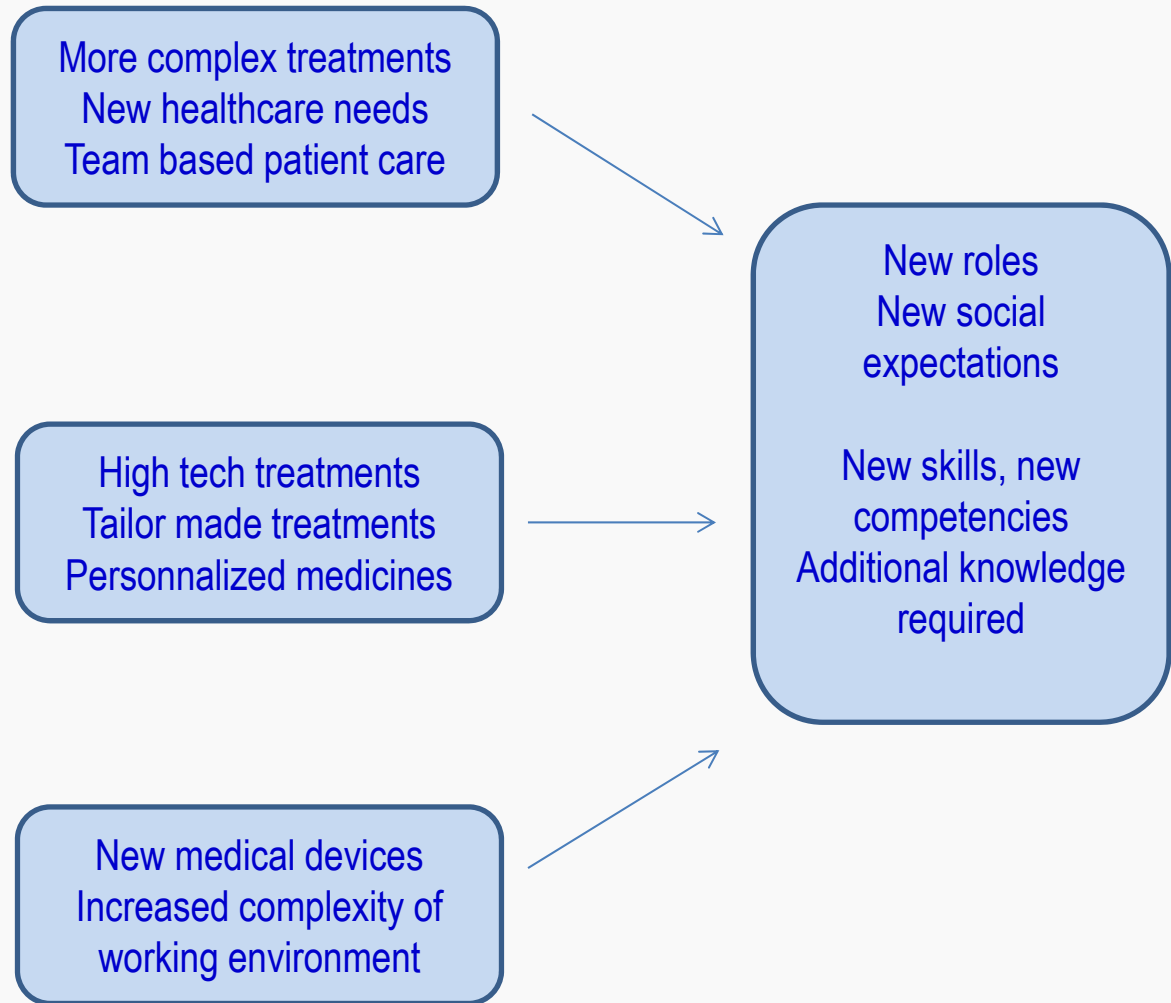
Aging population
Increase of NCD
Polypathologies,
More demanding patients

Explosion of knowledge:

Genomics, proteomics,
Pharmacogenetics, pharmacogenomics
Bioengineering and nanotechnologies

Explosion of technology:

Automation, robots, BCMA
ICT, information systems
Connected devices



For competent and accountable pharmacists

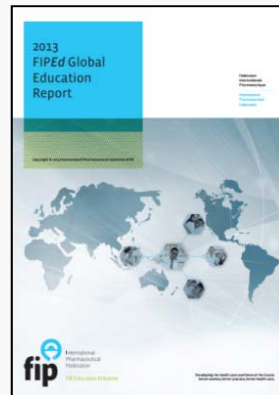


A 5-year action plan
A Global conference
on Pharmacy education

http://www.fip.org/files/fip/PharmacyEducation/FIPEd_ActionPlan_2014-2018.pdf

On global level

FIP Ed Initiative



WHO Education Guidelines

<http://whoeducationguidelines.org>

On EU level

Pharmine I,
Pharmine II....



Post graduate specialisations

Specialisation in hospital pharmacy



Mentioned in the sectorial Pharmacy Directive 1985/ 432/ EEC

Mention disappeared in Directive 2005/36/EU

Reintegration approved by EU Parliament on its first plenary session Feb 2004 grace to EAHP active lobbying

But not kept in the final text because of generalistic focus of the 2005 Directive

Common Training Framework (CTF) made possible by Amendement 09/10/2013

FIP Hospital Section's Basel overarching statements

Postgraduate clinical courses should be developed to prepare hospital pharmacists for collaborative prescribing of medicines, including instruction in legal and professional accountability.

Continuing professional development CPD



Alignement with local current and future needs

Universal Health Coverage...

Care for all

Meds for all

Access to all



World Health Assembly Resolution 58.33, 2005 and 64.9, 2011

- “Urged countries to develop health financing systems to:
 - Ensure all people have access to needed services
 - Without the risk of financial ruin linked to paying for care”

... in a world of waste, despite limited healthcare resources



50% of all medicines worldwide are
prescribed, dispensed, or sold
Inappropriately
50% patients fail to take them correctly

WHO Policy Perspectives on Medicines, Sept 2002

500 billion US \$
(8% Total Health Expenditure)
could be avoided globally per year
through a better use of drugs.

IMS, Advancing the responsible use of medicines, Oct 2012



Jacqueline Surugue, Past President of EAHP, Past President of FIP Hospital Section, Athens, 14 May 2015

FIP Hospital Section's Basel overarching statements



Responsible use of medicines and medical devices

The responsible use of medicines means:

→ That a medicine is only used when necessary and that the choice of medicine is appropriate based on what is proven by scientific and/or clinical evidence to be most effective and least likely to cause harm. This choice also considers patient preferences and makes the best use of limited healthcare resources.

→ There is timely access to and the availability of quality medicine that is properly administered and monitored for effectiveness and safety.

→ A multidisciplinary collaborative approach is used that includes patients and those in addition to health professionals assisting in their care.

FIP Hospital Section's Basel Statements:

<http://www.fip.org/baselstatements>

<http://www.fip.org/www/index.php?page=globalconf>

Updated in FIP 2015
Bangkok Congress

Jacqueline Surugue, Past President of EAHP, Past President of FIP Hospital Section, Athens, 14 May 2015



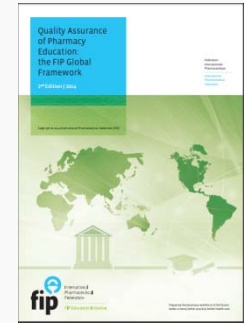
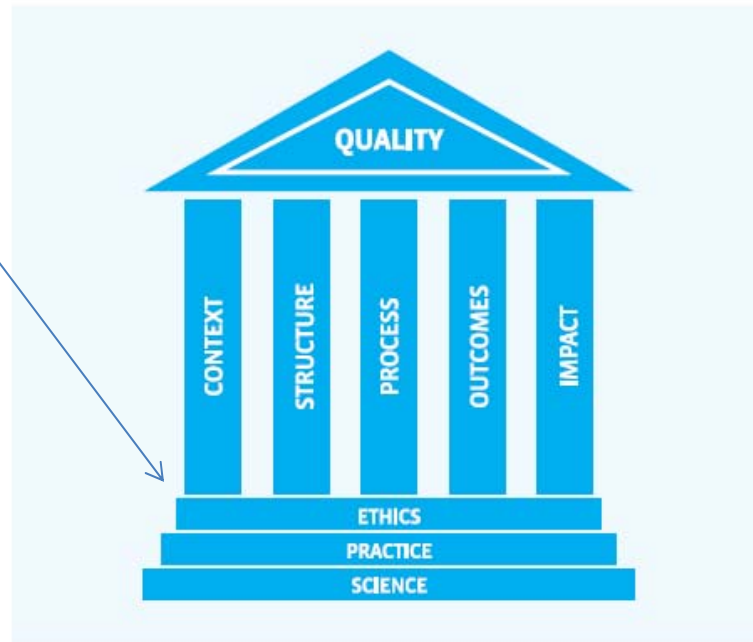
A needs based approach

Linking pharmacy education with the health care needs of populations



Ethics

Figure 5: The Pillars and Foundations of Quality.



fip International Pharmaceutical Federation

Approved by the FIP Council in August 2014 in Bangkok.

FIP STATEMENT OF PROFESSIONAL STANDARDS
Codes of ethics for pharmacists

Introduction

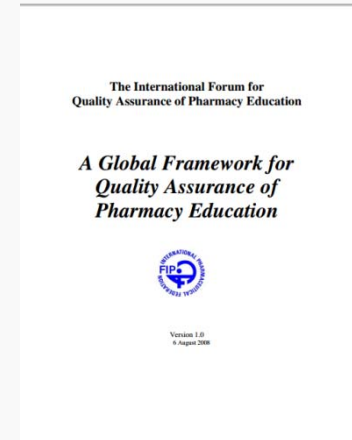
A profession is distinguished by the willingness of individual practitioners to comply with ethical and professional standards, which exceed minimum legal requirements.

The role of the pharmacist is continuing to develop. The pharmacist is recognised as the expert on medicines.¹ Pharmacists are given the responsibility, within the overall health system, to help people to maintain good health, to avoid ill health and, where medication is appropriate, to promote the responsible use of medicines. They assist patients, their carers,² and those to whom they provide professional services to gain maximum therapeutic benefit from their medicines. To practise as a pharmacist means undertaking any role, whether remunerated or not, in which the individual uses his/her professional skills and knowledge. Pharmaceutical practice is not restricted to the provision of direct clinical care, but also includes working in a non-clinical relationship with consumers, patients or carers, in the discovery, development, manufacturing of medicines, in maintaining the supply chain or its procurement, in general management or administration, in education, research, advisory, regulatory, or policy development roles. The code of ethics will therefore apply to pharmacists in all practice settings. At all times, pharmacists should strive to provide the best possible care for consumers, patients and carers, with due regard for the limitations of available resources and the principles of equity and justice. Pharmacists can only fulfil their role if they are afforded the necessary professional autonomy to act in the best interests of patients and carers.

Recognising these circumstances, this statement of professional standards relating to codes of ethics for pharmacists is intended to reaffirm and state publicly the obligations that form the basis of the roles and responsibilities of pharmacists. These obligations, based on established ethical principles, are provided to enable national associations and regulators of pharmaceutical practitioners, through their individual codes of ethics, to guide pharmacists in their relationships with patients and carers, and with other health professionals and society generally. They should also guide individual pharmacists in their daily practice of the profession.

¹ The term "medicines" is used, as is recommended by the World Health Organization. The terms "medications" or "drugs" may be more common in some settings.
² The terms "carers" and "caregivers" are considered to be synonymous.





Quality Assurance in Pharmacy education:

FIP Global Framework for Quality Assurance of pharmacy education 2008



Jacqueline Surugue, Past President of EAHP, Past President of FIP Hospital Section, Athens, 14 May 2015

Recognition of the Pharmacist as part of the Health care team



FIP Hospital Section's Basel overarching statements

To promote interprofessional education and team-based care, **the role of hospital pharmacists, including collaborative prescribing, should be included in the curriculum of other health care professionals, and the roles of other health care professionals should be included in the pharmacy curricula.**

Support staff: pharmacy technicians

Approx 475 000 pharmacy technicians in EU
2 to 4 years curriculum

EAPT : European Association of Pharmacy Technicians
Bachelor level ?



FIP Hospital Section's Basel overarching statements

The **training programs of pharmacy support staff** should be nationally formalized, harmonized, and credentialed within a defined scope of practice.

75th FIP World Congress of Pharmacy and Pharmaceutical Sciences

Better practice – science based, evidence driven

Düsseldorf, Germany 29 September - 3 October 2015



DÜSSELDORF 2015
FIP WORLD CONGRESS
29 September - 3 October

www.fip.org/dusseldorf2015/



Jacqueline Strugue, Past President of EAHP,
Past President of FIP Hospital Section,
Athens, 14 May 2015



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Thank you for your attention



Janqueline Burugue, Past President of EAHP
Past President of FFP Hospital Section,

Athens, 14 May 2015