

# “Responding to the Pandemic Together” Programme

## Event 15: Challenging the Narrative on leadership in Gender Equity during the COVID-19 Pandemic

Delivered by the Workforce Development Hub and the Academic Pharmacy Section



# Moderator

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**Toyin Tofade, MS, PharmD, BCPS, CPCC, FFIP**

*Dean and Professor, Howard University College of  
Pharmacy*

*Secretary, FIP Academic Pharmacy Section*

*WDH Lead: Leadership Development*

*AIM Advisory Committee Member*

*FIP Program Committee Member*



@hurxdean



# Welcome to the “Responding to the Pandemic Together” events

## *FIP’s Special Online Programme on COVID-19*

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### **These webinars aim to**

- I. Provide relevant information and resources to the pharmacy workforce on Coronavirus SARS-CoV-2/COVID-19 pandemic.
- II. Share and discuss strategies and best practices for response to the pandemic.
- III. Describe sector or area-specific challenges in practice and education.
- IV. Engage frontline workers of the world about the realities facing them around the world.
- V. Discuss the implications of the pandemic, shortages that have been exacerbated by COVID-19, across our nations and regions.
- VI. Consider the impact of this disease on patients across age groups and with concurrent conditions.
- VII. Assess and discuss the evidence behind treatments and the process of developing therapies, vaccines and tests.



**To share ideas on webinar topics we should feature, or if you'd like to share your story on dealing with the pandemic please email**

**[lina@fip.org](mailto:lina@fip.org)**

# Important Links & Resources

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## FIP Covid-19 Information Hub

A comprehensive FIP webpage containing all of our resources and outputs relating to COVID-19, including recordings of previous webinars.

Link: <https://www.fip.org/coronavirus>

## FIP Facebook Group: “COVID-19 & pharmacy”

Link: <https://www.facebook.com/groups/covid19andpharmacy/>



# About the International Pharmaceutical Federation (FIP)



- The International Pharmaceutical Federation (FIP) is the global federation of national associations representing four million pharmacists and pharmaceutical scientists around the world.
- FIP's mission is to *“Improve global health by supporting the advancement of pharmaceutical practice, sciences and education.”* FIP's vision is a *“world where everyone benefits from access to safe, effective, quality and affordable medicines and pharmaceutical care”*.
- FIP was founded in 1912 in the Netherlands.

# FIP Academic Pharmacy Section Leadership

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- President: John A. Pieper
- Vice President: Arijana Mestrovic
- Secretary: Toyin Tofade
- Treasurer: Jenelle Sobotka
- Immediate Past President: Ralph J. Altieri
- Executive Committee:
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  - *Carl Schneider*
  - *Rula Darwish*
  - *Dalia Bajis*
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  - *Aukje Mantel-Teeuwisse*

# Announcements

## *FIP Digital Events House Rules*

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1. This webinar is being recorded and live streamed on Facebook
2. The recording will be **freely available** at [www.fip.org/coronavirus](http://www.fip.org/coronavirus) and on our YouTube channel
3. You may ask questions by typing them into the Q&A box
4. Your feedback is welcome ([webinars@fip.org](mailto:webinars@fip.org))

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# Learning Objectives

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1. Describe the gender equity gap in health care according to the WHO report
2. Describe examples of ways women and men are challenging the narrative during the COVID-19 pandemic
3. Discuss opportunities to continually recognize the gender equity gap and those who may take on formal or informal leadership roles during the COVID-19 pandemic to “change the narrative”



# Challenging the narrative on leadership in gender equity during the COVID-19 pandemic

**Date** 11 June **Time:** 15:00 CEST

In partnership with:

Workforce Development Hub (WDH),  
FIP Academic Pharmacy Section (AcPS),  
Workforce Development Goals (WDG) 6 and 10

Panelist



**Miranda Law**

Clinical Assistant Professor;  
FIP Global lead for WDG 6 (USA)

Moderator



**Toyin Tofade**

Dean and Professor  
(USA)

Panelist



**Vibhuti Arya**

Professor and Advisor; Global Lead, Gender  
Equity and Diversity WDG 10 (USA)

Panelist



**Carlene McMaugh**

Community pharmacist; Global Lead,  
Gender Equity and Diversity WDG 10  
(Australia)

Panelist



**Nadia Bukhari**

Academic Pharmacist; Global lead,  
Gender Equity WDG 10 (UK)

Panelist



**Minesh Parbat**

Chief Pharmacist; Lead for Leadership  
Development WDG 6 (UK)

## Speaker 1

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**Miranda Law, PharmD, MPH, BCPS**

Clinical Assistant Professor

Director of International Experiences and  
Engagement

Howard University College of Pharmacy

Global Lead WDG 6

USA

Email: [miranda.law@howard.edu](mailto:miranda.law@howard.edu)

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***A Brief Review of the Gender  
and Equity Analysis by WHO***

# What are the current stats?

## *Women in Leadership*

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- Women constitute 70% of the global workforce but hold only 25% of senior roles
- Gender discrimination constrains women's leadership/seniority
- **Gender discrimination constrains men** (ie. those wanting to enter nursing)
- Women's disadvantage intersects with/multiplied by other identities (ie. race, class)
- Gendered leadership gap in health is a barrier to achieving SDGs and UHC
- Major gaps in research from low- and middle- income countries on gender and equity in the health workforce

[https://www.who.int/hrh/resources/en\\_exec-summ\\_delivered-by-women-led-by-men.pdf?ua=1](https://www.who.int/hrh/resources/en_exec-summ_delivered-by-women-led-by-men.pdf?ua=1)

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# What Impact is this Having?

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- The health systems in the world are NOT as strong as they could be.
    - Delivered by women, led by men – 69% of global health organizations are headed by men and 80% of board chairs are men, those who are delivering the health care do NOT have equal say in design and policies of health plans.
  - Occupational segregation drives the pay gap AND leads to loss of talent.
    - Women dominate nursing, men dominate surgery (horizontal segregation)
    - Men dominate senior, higher-status, higher-paid roles (vertical segregation)
  - Female workers must fit into systems designed for male life patterns.
    - Gender bias, discrimination, and inequity is systemic and many countries lack policies to address gender equality and dignity at work (ie. sex discrimination, sexual harassment, equal pay, social protection)
    - Workplace gender equity may be 200 years away
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# What Needs to Be Done?

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## Change the narrative

- Women are the base of the pyramid that global health rests and they should be valued as change agents of health, not victims
- Prime examples of how individuals (both men and women) are leading during the COVID-19 pandemic illustrate the impact that gender roles have in healthcare provision

## Speaker 2

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**Vibhuti Arya, PharmD, MPH**

Professor and Advisor  
St. John's University  
New York City Department  
of Health and Mental Hygiene  
Global Lead WDG 10  
USA

Email: [aryav@stjohns.edu](mailto:aryav@stjohns.edu)

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**How Do We Change the Narrative?**

# Structural Dynamics

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- ▶ Recognition of power dynamics
  - ▶ *At the table, but not supported*
- ▶ Intersectionality of gender and race + structural racism

HARMFUL TO ALL

# Pandemic Shifts

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- ▶ Work from home
  - ▶ *ALL the work shifted to home*
  - ▶ *PLUS remote connections and splitting attention*
- ▶ Homeschooling and housework + work productivity in the same space
- ▶ Intentionality around separation of work and home

Whose Zoom calls get prioritized?

Who gets the office space?

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# Led By Men, Delivered By Women... still

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- ▶ Women in supportive roles
  - ▶ *Peer-reviewers, not publishers*
  - ▶ *Informal caregiving (parents + kids)*

# WORK-AT-HOME MOM



What my friends think I do.



What my mom thinks I do.



What I think I do.



What society thinks I do.



What I really do.

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In this moment of history... All of that and more within the space of parenting during activism

## Speaker 3

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**Minesh Parbat, MPharm(Hons), ClinDip, IPresc**

Chief Pharmacist

North Solihull Primary Care Collaborative - Primary  
Care Networks, UK

Global Lead WDG 6

Email: [minesh.parbat@nhs.net](mailto:minesh.parbat@nhs.net)



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**Case Studies from India and the UK**

# Mansi Shah Doshi

## India (Vadodara and Mumbai)

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### Profile

**Medicines Optimisation (support practice) Clinic (MOC) in community:**

- ▶ Private clinic: with a Consultant Rheumatologist in Vadodara, Gujarat

**Polyclinic (multispeciality clinic with medical prescribers) Mumbai, Maharashtra:**

- ▶ Service development & MO support
  - Development of clinical pharmacy services and MOC/(s) in community/hospitals



# Mansi Shah Doshi

## India (Vadodara and Mumbai)

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### Leadership during Pandemic

Practice across 2 cities (since 2011):

- ▶ Travel to and fro & Tele/Video Consultations inherent to practice (for education, counselling & medicines information)

**Gradually Increasing Awareness in the immediate community during the Pandemic (of a Profession & Practice Largely Unknown):**

- ▶ Virtual practice (during the partnership & likely blended in the future): partnering with prescribers & patients
  - ▶ Development of virtual consultations & simpler round the clock access
  - ▶ Digital/tele-Support to Individuals & Prescribers for medicines information
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# Mansi Shah Doshi

## India (Vadodara and Mumbai)



### Challenges as a Woman, Pharmacist & Leader

- ▶ Clinical pharmacists: not front line practitioners & not 'COVID warriors'
  - Challenges: Time management with tele-consultations & provision of appropriate information beyond social media
- ▶ “Lack of awareness about & acceptance of the profession, services & impact”: general population & other HC professionals
- ▶ “Gender: not a challenge during the pandemic or otherwise in practice”
- ▶ “Seniority and experience is more significant an issue”

*“this practice in India is in line with PPR, 2015 & amendment 2019 in India”*

# Jagdeep Sangha UK



## ▶ Profile

- ▶ Pharmaceutical Advisor – Primary care
- ▶ Dudley CCG Pharmaceutical Public Health

## ▶ Leadership during Pandemic

- ▶ *Rapid re-design of local End of Life care Pathway for medicines supply, to ensure those with greatest requirement for end of life medicines (e.g. injections) are prioritised for medicines.*
- ▶ *The EOLC overnight on call service was mobilised within 72 hours of the EOLC community pathway redesign and became operational 10/4/2020.*
- ▶ *Support with medicines requirements for the Hot or Red centre. This involved using our community pharmacy partner,*
- ▶ *Led on new guidelines for prioritisation of drug monitoring in primary care during Covid 19*  
*<https://www.dudleyformulary.nhs.uk/page/117/covid-19>*
- ▶ *Provided input to the re-developed clinical guidelines for end of life care medicines in primary care during COVID.*
- ▶ *Maintaining a robust governance assurance even during a pandemic.*



# Jagdeep Sangha UK

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## Challenges as a Man, Pharmacist and Leader

- ▶ “Being male, during this pandemic has allowed me to demonstrate leadership in response to a changing and fluid situation”.
  - ▶ “I have taken autonomous decisions to ensure a prompt response as was needed to maintain patient access to medicines, whilst ensuring safety and quality of service delivery was unaffected”.
  - ▶ “More than being male, I am proud that I have been able to demonstrate strong leadership during this COVID pandemic as a minority ethnic; of which there are limited individuals within our organisation.”.
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# Najma Ibrahim

## UK



### ▶ Profile

- ▶ I am a locum community pharmacist working in Community Pharmacy in Dudley, UK

### ▶ Leadership during Pandemic

- ▶ Partnership with prescribing pharmacists, nurses and doctors to provide a service for COVID positive patients
- ▶ Pharmacy was commissioned to provide end of life medication during COVID.

### ▶ Challenges as a Woman, Pharmacist & Leader

- ▶ “Men and women are still not seen as equal in this day and age”
- ▶ “Extremely important to put gender role barriers aside and for all of us to come together as human beings to help and support one another”
- ▶ “Frontline workers have simply been inspiring; not only the amount of hours and effort that everyone has put in but also how hard society have worked to help support frontline workers”

## Speaker 4

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**Carlene McMaugh, BSc, Mpharm, MPs**

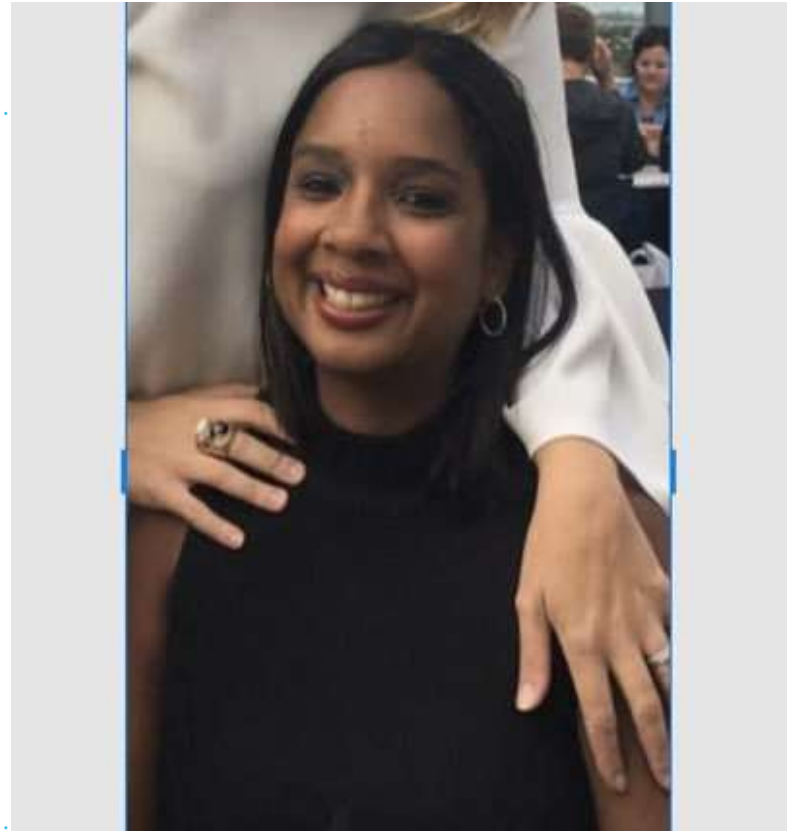
Community Pharmacist

Novartis

Global Lead WDG 10

Australia

Email: [CarleneNgoma@hotmail.com](mailto:CarleneNgoma@hotmail.com)



**Leadership during CoViD-19**

# Leadership during CoViD-19

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A brief overview of leadership and innovation arising from or adapting to the impacts of Covid-19 on health delivery and healthcare workforce

## Anna Barwick BPharm (Hons) MClinPharm AACPA AdvPP(II) MPS MSHP

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- ▶ Created an online portal to empower health care consumers through telehealth & health information resources
- ▶ Website includes podcasts, videos, and telehealth consults with pharmacists in a flexible working arrangement

### **What Anna hopes her project looks like in:**

- ▶ 3 months – working trial of telehealth by pharmacists for common ailments and medication management. Hopes to accumulate evidence that this is a valued service meeting a gap in the market
  - ▶ 1 year – employing multiple pharmacists to offer video content, telehealth consultations and regular blogs
  - ▶ 5 years – servicing patients across Australia and potentially internationally
  - ▶ Anna's advice: Find a cheer squad - family, mentors, friends and colleagues who will pull you through when you second-guess yourself
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## Brad Butt Bpharm MPS AACP JP

- ▶ Brad provides services in his pharmacy that assist men with urological disorders, & a related support group Australia wide.
- ▶ Clinic runs 3 days a week in a consultation space seeing 20 patients a week & multiple referrals sites to the men's health clinic or even self referral.
- ▶ Dispensary business has also specialised to support this service
- ▶ During coronavirus, demand grew, which had to be balanced against increased need to utilise the space for immunisation
- ▶ Brad's existing service provided much needed contact for people who were otherwise receiving telehealth services during isolation.



## Pharmaceutical Society of Australia

Provided a leadership role in keeping pharmacists informed about CoViD-19 from the Australian perspective, as well as coordinating with multiple jurisdictions on regulation changes to assist continuity of care

- ▶ Emergency Supply – advocated for & assisted with implementation of “emergency” supply of medicines without prescription for up to 30 days supply (previously 3)
- ▶ Image Prescriptions – helped ensure pharmacists understood how to work with image prescriptions – which provided legal status to faxed & emailed prescriptions. Very complex due to conflicting state vs federal legislation
- ▶ Medicines Shortages – assisted with communications about shortages, communications to consumers about stockpiling, and worked with government to develop therapeutic substitution.
- ▶ Electronic Prescriptions – assisting with the implementation of truly electronic prescriptions (paperless), from communications, workflow impacts, and advocacy to ensure pharmacists are included in system design
- ▶ Fast, effective, clear communication through regular webinars, dedicated micro-websites, and member engagement (email, social media).

## Speaker 5

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**Nadia Bukhari (UK-Pakistan)**

Academic Pharmacist

University College London

Global lead, Gender Equity, FIP

Email: [n.bukhari@ucl.ac.uk](mailto:n.bukhari@ucl.ac.uk)







**Huma Rasheed**  
*BPharm, PhD*

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**Job title:**

Assistant Professor + President NAWP

**Work place:** Institute of Pharmaceutical Sciences  
University of Veterinary and Animal Sciences  
Lahore

***What has been your role during covid19. How have you acted as a leader in your role?***

- Academic
- Researcher
- Clinician



## ***What has been the impact on work life balance?***

- *Increase in workload both at work and at home*
- *Internet connectivity*
- *Housework Vs school work Vs my job*

## ***Achievements and sacrifices made?***

- *More productive*
- *Task orientated*
- *Brought families together*
- *Able to spend more time with children*



***Do you think men and women have the same opportunity to reach leadership position in pharmacy workforce? what are the challenges and barriers?***

- *No*
- *Work timings*
- *Patriarchy*



**Rukhsana Yousaf**

*BPharm, MPhil*

**Job title:**

TPN + Aseptics Pharmacist

**Work place:**

Children's Hospital, Lahore

***What has been your role during covid19. How have you acted as a leader in your role?***

- *Services continued despite lockdown*
- *Daily exposure a concern*
- *Psychological impact*
- *PPE*



## ***What has been the impact on work life balance?***

- *Emotional Stress*
- *Fear of bringing virus home*
- *No home help due to lockdown*
- *Impacting mental wellbeing*

## ***Achievements and sacrifices made?***

- *Having to work whilst others can work from home*
- *Working around the clock to provide a service*
- *Restricting contact with loved ones*



**Do you think men and women have the same opportunity to reach leadership position in pharmacy workforce? what are the challenges and barriers?**

- Public sector hospitals – yes
- Community pharmacy – less opportunities for women
- Work- life balance; being a homemaker and a career woman



## Zunair Maqsood

*Pharm-D, MBA, MPhil*

### **Job title:**

Pharmacist

### **Work place:**

Govt. Kot Khawaja Saeed Teaching Hospital, Lahore

***What has been your role during covid19. How have you acted as a leader in your role?***

- *Educate staff*
- *SOPs for safe practice at work*
- *Procurement for PPE and sanitation, Procurement for hydroxychloroquine*



## ***What has been your role during covid19. How have you acted as a leader in your role?***

- *Educate staff*
- *SOPs for safe practice at work*
- *Procurement for PPE and sanitation*
- *Procurement for hydroxychloroquine*

## ***What has been the impact on work life balance?***

- *Blurred lines*
- *Protect my family and baby*
- *Working after hours from home*
- *Unable to spend time with the family as working around the clock*
- *Impacting family life*



## ***Achievements and sacrifices made?***

- *Successfully treating patients and discharging them home*
- *Having to work despite lockdown*
- *Family life suffering*

## ***Do you think men and women have the same opportunity to reach leadership position in pharmacy workforce? what are the challenges and barriers?***

- *Women face more challenges than men*
- *Male dominated society*
- *Restrictions on women*
- *Men should support their wives*
- *Need more female role models*



# Question Time

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*Please use the chat board to log your questions & comments.*

*Today's question(s):*

- 1.
- 2.
- 3.

# Thank you for participating!



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Please provide your feedback through the 4-question survey that will appear to you at the end of the event