In 2010 FIP will take its congress to Lisbon, Portugal, which is very pleased to once again host FIP after 26 years!

**Welcome to Portugal!**

Portugal is part of the Iberian Peninsula in the southwest of Europe, with a total resident population of 10,617,575 inhabitants (Year 2007). The population is mainly distributed in urban areas, the two main being the greater Lisbon and greater Porto regions, corresponding to 3.0 and 1.5 million inhabitants, respectively.

Portugal has the world's 19th highest quality-of-life, according to The Economist Intelligence Unit. It is also the 14th most peaceful and the 13th most globalized country in the world.

It has a Mediterranean climate, being one of the warmest European countries – therefore being highly sought for tourism purposes, particularly in the summer.

The country is often associated with internationally known poets such as Luís de Camões and Fernando Pessoa, good cuisine and wine, Fado music and internationally awarded football/soccer players!

Portugal is also recognised for its active role during the Age of Discovery and for its explorers – thus being the appropriate venue to host the FIP Congress theme “From Molecule to Medicine to Maximising Outcomes – Pharmacy’s Exploratory Journey”.

**Healthcare in Portugal**

The Portuguese Health System is governed by its mission, which is to guarantee that all citizens have access to health care, based on the principle of a citizen’s right to health. The Portuguese constitution states that health care is to be delivered through “a universal, comprehensive and free of charge National Health Service”, funded by the general State budget.

Regarding medicines’ financing, these are co-paid by the patient and the government, according to a reimbursement system in which the proportion is defined according to the therapeutic class and the patient’s situation. On average, the PHS covers 70.0% of medicines’ costs. There are also some smaller systems, which reimburse medicines for specific groups of patients, such as those working for State companies, banks, or the military, among others. These can have different reimbursement percentages, which can be as high as 100%. In addition, patients may decide to subscribe insurance plans from private companies which reimburse healthcare costs not covered by the PHS.
Primary health care in the public sector is mostly delivered through publicly funded and managed health centres, whilst secondary and tertiary care is mainly provided in public hospitals. However, private companies that have been gradually entering the market already provide care for patients, and can present benefits in terms of waiting times for scheduled surgeries and consultations.

The Pharmacy Profession

Currently there are approximately 10,353 practicing pharmacists in Portugal. Some of the most visible fields of practice in Portugal are community pharmacy (59%), clinical analysis (10%), hospital pharmacy (7%) and pharmaceutical industry (7%).

The teaching of pharmacy in Portugal started as being practice-based. Later on, the creation of schools (first established in 1836) led to a 3-year degree, which evolved to the current framework of 5 years, incorporating a 6-months training period (in accordance with the Bologna process).

There are currently five Public and four Private Faculties of Pharmacy, with over 5000 students enrolled in pharmaceutical sciences degrees with a total of more than 500 graduating each year.

The representative body for the pharmaceutical profession is the Portuguese Pharmaceutical Society, for which membership is compulsory to practice. It represents over 10,000 professionals in various areas of activity, and it is responsible for the accreditation and granting of license to practice and specialist training, and also revalidation of the license to practice based on continuing professional development. Furthermore it reinforces the disciplinary code with powers to censure poor quality practice.

There are also several associations, which represent different fields of activity within pharmacy practice, for example community pharmacy (National Association of Pharmacies - ANF), hospital pharmacy (Portuguese Association of Hospital Pharmacists - APFH), clinical analysts (Portuguese Association of Clinical Analysts – APAC) or pharmaceutical industry (APIFARMA). Furthermore, there is an organisation that specifically represents the interests of young pharmacists (Portuguese Association of Young Pharmacists - APJF).

The Portuguese National Association of Pharmacies (ANF) has by mission the protection of the common interests of the legal owners of community pharmacies, whom ANF represents, supporting them in the social-political, professional, economic, financial and fiscal domains, as well as the protection of the common interests of the population, in particular of patients.

Founded in 1975, the Association has 2,668 members (96% of the total number of community pharmacies), although membership is not compulsory. ANF has national, regional and local governing bodies, which allows for a tight network of representatives with forthright communication with the National Board. Unity is considered the most valuable asset of the association.

ANF acts as a practice body, developing and facilitating the implementation of good practices and providing evidence-based information related to the practice; a business oriented body, defending the economic interests of pharmacists, through negotiations with the Government and other stakeholders; a labor-law body, through the involvement in collective agreement and the application
of labor law; and a lobbying body, in charge of the representation and the defense of the pharmacists in the political world.

To accomplish these roles, ANF is involved in various activities such as the professional area, with a drug information center and a pharmaceutical services department; marketing and merchandising; pharmaceuticals (through the involvement in wholesale); information technologies; innovation and training; research and development; healthcare; and financial, through its own factoring company.

History of Pharmacy

Portugal not only embraces its Discoveries throughout the world but also treasures the history of the pharmaceutical profession. So definitely something that you can’t miss during your stay in Portugal is the Pharmacy Museum. Located near the centre of Lisbon, the Pharmacy Museum is the only museum of Universal History in Portugal and one of the most complete in the world, displaying a vast collection of historical and scientific testimonies, crossing 50,000 years of History.

The Pharmacy Museum covers two thematic areas: Pharmacy in the World and Pharmacy in Portugal.

Ground 1 showcases the History of Pharmacy in the World (ca. 3,500 b.C. to 2000 A.D.). Health and pharmacy themes are illustrated by items produced by civilisations and cultures as distant in time from each other as Mesopotamia, Egypt, Greece, Rome, the Inca, the Aztecs, Islam, Tibet, China, Japan and, finally, European Pharmacy since the Middle Ages till 1929—with the isolation of penicillin by the English scientist Alexander Fleming. Some of the latest items you can find in the exhibition are the portable pharmacies used by Space Orbiter “Endeavour” in the last mission of the millenium.

Pharmacy in Portugal (c. 1450 to 1960) is showcased in Ground 0 and it re-creates spaces and ambiances to enable visitors to more immediately understand the historical and technological evolution of Portuguese Pharmacy, from the 15th century till today. Special reference should be made to the re-creation of a genuine late 19th-century traditional Chinese pharmacy, brought from Macao.

Pharmacy Practice Today

Pharmacy practice, particularly in what regards community pharmacy, has undergone a significant number of legislative changes in the past few years, which have had a noteworthy impact on the pharmaceutical profession.

Until 2005, Portugal had a highly regulated system, in which pharmacy ownership law established that only qualified pharmacists could own, manage and supervise a single pharmacy. Pharmacy chains were therefore not allowed. Regarding the opening of new pharmacies, the law established rules based on demographic and geographical criteria, which implied that a pharmacy could only be opened, by public tender, if there was a minimum of 4,000 inhabitants in that area and if there was no other pharmacy in a 500 metre radius. Pharmacies in Portugal also had the exclusive right of preparation and dispensing of all medicines for human use and medical devices.
Deregulation started in 2005, when legislation was published allowing the selling of all non-prescription medicines outside pharmacies, in dully registered outlets. In November 2007, and following a series of media coverage, a report published by the Competition Authority and negotiations with the National Association of Pharmacies, a new legal regime for community pharmacies came into force.

The main change introduced in the regulatory framework was the end of the exclusive ownership of pharmacies by pharmacists, i.e. anyone would be entitled to own a pharmacy, except for health professionals with prescribing right (i.e. doctors), associations representing pharmacies, wholesalers and the pharmaceutical industry, as well as unions of the respective workers, wholesalers, pharmaceutical industry, private prescription centres (hospitals, clinics) and third-payers or co-payers of medicines. However, the restriction on the existence of chains was maintained, with no individual owner, company or group of companies able to own, operate or manage more than four pharmacies. The public tender of concession to open a new pharmacy was also maintained, with a decrease in the demographic and geographic criteria to 250 meters and 3 500 inhabitants, respectively.

Further changes were gradually introduced in legislation, such as the authorisation of mail order and distance selling of medicines over the Internet through pharmacies, the establishment of minimum opening hours and the mandatory existence of a minimum of 2 pharmacists per pharmacy.

Statistics released by FIP in the 2009 Global Pharmacy Workforce Report reflect some of the recent changes in Portugal with respect to pharmacy practice and education regulation. The country came 12th out of 50 surveyed with respect to density of pharmacists per 10 000 inhabitants [see Figure 1], with almost 80% of practicing pharmacists being female.

**Figure 1**

![Density of pharmacists per 10,000 population](image)
Reflecting on the evolving role of community pharmacy as a gateway to the healthcare system, and based on the successful involvement of pharmacies in various patient-centred pharmaceutical services, new legislation also came into force clarifying and expanding the types of services that may be provided in pharmacies. These services include: homecare services, first aid assistance, medicines and vaccines administration, use of diagnostic and therapeutic means, pharmaceutical care programmes, information campaigns and collaboration in health educational programmes.

Meanwhile pharmacists working in clinical analysis are facing profound changes in the organisation of the activity due to the entrance of international companies in the market; hospital pharmacists struggle to cope with a shortage of staff in hospital pharmacies with a view to increase their clinical role near patients and the healthcare team; universities face an increase in the number of students whilst the budget continues to decrease.

Faced with such challenges and opportunities, pharmacies and pharmacists in Portugal are experiencing some of the most interesting times for pharmacy in Portugal.

We therefore invite you to visit us and acknowledge how pharmacists are seizing the opportunities presented by change!