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Thank you for inviting me to participate in this Annual meeting of the National Pharmacists Union (NFU). It is indeed a privilege for me to be here today. The long history of collaboration between FIP and the Nordic countries pharmacy organizations has been vital. The promotion, support and development of various arms of practice have been well nurtured with good pharmaceutical sciences over the years in your respective countries.

Having the opportunity to listen to colleagues share experiences and ideas from a broad range of perspectives can be highly stimulating. Although Steffan mentioned to me that we would only be sharing ideas and discussing them but I think we should also work towards taking concrete steps towards our mutually shared goals.

I would like to challenge this group to reflect deeply on our organisations' and their roles in leveraging the value of the pharmacist. In doing so, our fundamental pre-suppositions and beliefs as leaders in the practice and science of pharmacy must be debated.

An American scientist, doctor, author and educator, Martin Henry Fischer, penned this famous statement in an era when science was flourishing with new life-saving discoveries and knowledge of the effects of treatments shifted drastically. This statement has been widely quoted, and remains highly quoted, continuing to reflect the uncertainty that is placed in the effectiveness and safety of medicines. As a pharmaceutical scientist myself, I would ask: are we developing the right medicines to support both the practitioners and the expectations and needs of our patients?

In recent history, we have witnessed a significant decline in the number of New Molecular Entities, (NMEs) introduced into therapeutic strategies, whereas, research and development budgets of most pharma companies have claimed to have gone up. Is it that we are not doing discovery research, or the right type of research, or is it the debate of Intellectual Property and its implementation beyond national borders which is holding us down? Perhaps it could be that we are not doing "appropriate research" and that could be why we are not being successful in discovery and development of new Novel NMEs research?

It is my view, that most pharma companies have invested and continue to invest heavily in "D" – development – rather than in "R"- research. For example, the first Benzodiazepine was a novelty, first Pril (ACE-inhibitor) was a novelty, first Sartan was a novelty, i.e. a new discovery in each case. Each of them is worthy of being qualified for Intellectual Property. However, the subsequent Benzodiazepines and Prils and Sartans are in my opinion "me toos". Thus, "true" pharmacological breakthroughs are becoming fewer and farther between, whereas "me too" appears to be increasing. These are simply variations on a theme, not a new melody.

As a community we have to consistently advocate that investment be made in truly innovative research. Another approach is to stimulate Governments as well as public-private partnerships to fund high risk, high reward research which targets conditions with significant potential for achieving substantial human health benefits.

As a pharmaceutical scientist my goal has been to create better medicines. Once medicines are developed, however, scientists then rely on practicing pharmacists to play a critical part in optimizing drug therapy – an absolute imperative for more effective patient outcomes.

For many of us, medicinal therapy represents a relatively standard, taken-for-granted healthcare intervention that involves diagnosis and treatment. As a pharmaceutical scientist, medicinal therapy represents a huge investment of time and resources, personal and financial, not only in the development of therapeutic strategies, but also in translating these strategies into effective practices which are affordable, deliverable, safe and available to consumers based on need and demand.

Unlike the 20th century, which might have been the Century of Physical Sciences, the 21st century will become the Century of the Life Sciences where people will live longer and healthier lives. In less than one hundred years, we have seen a doubling of the average life expectancy – with a great emphasis on and expectation of ‘quality of life’ issues.

Product to patient focus slide

This change in expectations and increased focus on quality of life have also had an impact on the role of the pharmacist. Over the past 25 years, Pharmacy Practice has moved from its original “product focus” to the “patient focus” at least in the developed countries of the world, Australia, Canada, US, Singapore, Japan, The United Kingdom, and many countries within Europe, especially Nordic countries. Now the pharmacist is increasingly playing a key role in assuring a safe and effective supply of medicine and pertinent information directly to the patient. Moreover the pharmacist participates in patient education, and works collaboratively with prescribers to assure that practice is based on the best available evidence for optimal therapeutic benefits. Pharmacists are also key players in promoting wellness, promoting adherence, preventing disease and contributing to disease management, so that patients enjoy the best possible results from their medicines.

However, in many public policy circles, the role of the profession of pharmacy and its contributions are too often unrecognized and misunderstood. This is because many in the public policy domain work on the old, mistaken perception that pharmacists have a limited role that involves dispensing and selling of medicinal products. Perhaps this misinformed perception is driven by the environment or historical legacy, but what is being neglected and overlooked is what is happening “behind the scenes” at the point of patient care both in ambulatory and in-patient settings.

In effect our members are right to demand that the profession and science of pharmacy gain influence, be visible and demonstrate the value of pharmacists and medicines. FIP has understood this challenge and, in developing the new strategic plan, has embraced the vision that (quote on slide): ***“Wherever and whenever decision makers discuss any aspects of medicines on a global level, FIP is at the table.”***

As the global network of pharmacists and pharmaceutical scientists, FIP has an inherent obligation to be at the table wherever and whenever medicine is being discussed. This obligation requires pharmacists and pharmaceutical scientists to use their know-how and expertise in medicines and medication management to improve global healthcare. The commitment of pharmacists and pharmaceutical scientists, as the world’s medication experts, and their professional and ethical responsibility to use their skills and knowledge, will ensure better patient care, patient safety, and, in turn, patient health.

Demonstrating true value – evidence based practice

If pharmacists and pharmaceutical scientists want their skills and services to be known to the global population; if decision-makers are to pay attention and listen to the profession – then we pharmacists and pharmaceutical scientists must demonstrate true value to the global community. By showing how the profession and science **add** benefit for the patient and **add** value to the healthcare system, global health can be positively influenced.

Our organisations cannot do this alone. At a time when best evidence is needed to support health, we too need to support and encourage our members to engage in appropriate research in practice and sciences, document their work, and disseminate the evidence demonstrating their added value.

There is a growing evidence base, which demonstrates that the pharmacist's role in collaborating with patients results in positive outcomes and improved patient safety and health. Continual exploration of the profession's role, based on the provision of high quality research, is of great value to public health and health systems worldwide.

New evidence is published every day – in June this year, one of the highest impact journals in medicine, the Journal of the American Medical Association, published a randomised controlled trial on the Effectiveness of Home Blood Pressure Monitoring, Web Communication, and **Pharmacist Care** on Hypertension Control: an innovative way to communicate and interact with patients, which also shows a very positive benefit of the role of the pharmacist in helping patients control their blood pressure.

In countries like Australia, cognitive services such as home medicines reviews are recognized and paid for by the government. The efforts in lobbying of the government included widespread campaigns of the public and also providing sound evidence that pharmacists' interventions in diabetes care, medicine profiling, asthma care and dose administration aids have shown benefit and increased patient satisfaction.

Internationally, a number of systematic reviews published by the Cochrane Collaboration have concluded that community pharmacy interventions have some positive effects on smoking cessation in patients, hypertension and adherence to asthma and COPD treatments.

As leaders in pharmacy practice and science we need to do more to capture and collate this wealth of evidence and to share it with our governments, partners and the public.

Working together to leverage the value of the pharmacist

In a world where evidence, lobbying and contacts are more important than ever, it is crucially important that sustainable partnerships are constructed between organizations with similar values and interests. Certainly, within the EU, there are several organisations that can and do work in a harmonious network to represent the profession and science of pharmacy. We should not allow our diverse areas of practice to fracture this network and web of resources. These engagements, if well conducted, can significantly raise the profile and visibility of pharmacy.

An example of the work that colleagues are undertaking in Canada is in conducting a national consultation towards building consensus on the patient-pharmacist relationship. Through this action plan in Canada, the profession is aiming to engage all stakeholders and enact an enabling

regulatory framework, authorizing pharmacists to deliver expanded services in new practice models and move forward.

FIP Vision 2020 prism

A prism has been chosen as a visual representation of the FIP strategic plan. The light of the FIP Vision is refracted through the prism of the FIP Mission.

The Mission is, in turn, displayed in the spectrum of the three FIP Strategic Objectives and their achievement through four FIP Tactical Approaches.

With these Strategic Objectives and Tactical Approaches, coupled with a vibrant organisation and governance supported by committed Member Organisations, FIP should realize its 2020 Vision.

With its 120 Member Organisations, FIP represents and serves almost two million practitioners and scientists around the world. The membership of FIP has evolved to become the most extensive global pharmacy and pharmaceutical sciences network. This network is continuing to expand its presence and influence through partnerships with some of the world's leading healthcare, educational and scientific institutions.

In order to build upon several significant accomplishments of the past several years, the new FIP strategic plan will focus on increasing the awareness and reputation of both FIP and the role of the pharmacist.

FIP has evolved its Mission to create both action and outcome to make pharmacists' global face more visible and voice better heard. A lot more needs to be done to make the pharmaceutical profession better known and respected worldwide.

To achieve its mission, FIP will stress the importance of quality services offered by practitioners both in community and in hospital pharmacies. Increasing its advocacy to governments and international bodies for greater recognition and appreciation of the responsible role of pharmacist's right from discovery, development to delivery to medicines and their rational and appropriate use. FIP will also focus on patients and their right to safe and effective drug therapy for all medical needs. This involves dealing with contemporary issues such as counterfeit medicines, the legitimacy of internet pharmacies, weak practice of regulations in developing countries, epidemics and pandemics - HIV/AIDS, TB, malaria, avian-flu and SARS, which respect no borders.

FIP has always served both pharmacy practice and pharmaceutical sciences and will continue to do so through the guidance of the member organizations. In addition to these two objectives, FIP is committed in its strategic objectives, to a third one: to increase its role in reforming pharmacy and pharmaceutical sciences education.

FIP's goal of increasing the status of the pharmacist is supported by the success of past and ongoing initiatives. Much has resulted from the work FIP has done internally and through mutually beneficial partnerships with key global players, such as, the World Health Organization (WHO).

Among other projects, FIP and WHO jointly published "Developing pharmacy practice: A focus on patient care." This handbook examines the pharmacist's role in the healthcare team from a policy perspective and calls on pharmacists to become more highly involved in local and global healthcare. To become more effective health professionals, it is also emphasised that pharmacists need to gain important skills in management, leadership, advocacy and change management.

Therapies of the future will also require greater clinical pharmacy input to maximize their safety and effectiveness. Unless the education of clinical pharmacists is fully developed and continually updated, the benefits from advances in the pharmaceutical sciences resulting in new medicines will be suboptimal.

As appropriate pharmacy education and human resources for health are key to leveraging the value of the pharmacist, FIP has focussed a main strategic objective in this area. Existing partnerships have been nourished and at the first Global Forum on Human Resources for Health, held in Kampala in March of this year, FIP, together with WHO and UNESCO, launched the Pharmacy Education Action Plan 2008 – 2010. This plan entails a joint effort in developing appropriate framework and quality standards for educational curricula development in Science and Practice, to meet present and future workforce needs and expectations.

As previously seen in the prism, the strategic objectives will be achieved through four Tactical Approaches – building constructive partnerships, increasing the visibility of FIP, increasing revenues and increasing communication; which I would like to discuss with you here.

FIP is focused on further cultivating current partnerships and initiating new opportunities with other global stakeholders.

As a founding partner of the World Health Professions Alliance (WHPA), FIP has played a role in bringing together pharmacists, nurses, physicians and dentists in initiatives that focus on the mutual needs of each health profession, while recognizing the unique values and distinctive contributions that each profession brings to patient care. This alliance works to support governments, policy-makers, and the WHO to deliver effective and cost-efficient quality healthcare. Over 22 million healthcare professionals can be reached worldwide through this alliance, providing a valuable source of knowledge, experience, and collaboration.

Together with its partners in the World Health Professions Alliance and the World Confederation for Physical Therapy, in May FIP cohosted the First World Health Professions conference on Regulation. The response was astounding. Exceeding the expectations of all, over 500 pharmacists, dentists, nurses, physicians, physio-therapists and government officials discussed the critical importance of professional regulation as essential to safe, quality patient care.

The two-day conference in Geneva, Switzerland highlighted the fact that professional self-regulation was under more scrutiny than ever before in many countries, and that often national health professional associations were not being consulted. Discussion also focused on the impact of international trade in services agreements and the increasing cross-border movement of both patients and health professionals. Questions were asked and answers were sought in determining how we all as health care professionals may regulate ourselves in a way that leads to better patient care and health outcomes.

Other successes in promoting the value of the pharmacist through partnership collaboration are exemplified in the work done on combating counterfeit medicines. Since counterfeit medicines are a global concern and menace for the public as well as for health professionals, the WHO established an International Medical Products Anti-Counterfeiting Task Force (IMPACT). FIP, on behalf of WHPA, is the chair of the communication group of IMPACT. The WHPA was requested and developed a toolkit for health professionals and patients. The aim of the toolkit is to raise awareness and to provide tools and strategies to detect counterfeit medicines. This is a clear example of how international collaboration

within the healthcare team can tackle urgent problems through highly relevant initiatives for the good of the population.

Growing partnerships and increasing visibility

The ideas and efforts do not stop here. For pharmacists to increase their professional visibility they cannot simply depend on one or two successful initiatives. A recent exciting and innovative concept, being developed jointly by WHPA members and allied organisations, is concerning an inter-professional campaign on Positive Practice Environments (PPE). This builds on previous work undertaken by the group to produce guidelines on incentives for health professionals.

As we know, being a healthcare professional, working at the front line of practice, is challenging and demanding. A poor work environment can, ultimately, be the link that leads to poor quality patient care. So much of what we do relies on the motivation, productivity and performance of individuals. As organisations and employers, we need to care for our employees by ensuring their health, safety and personal well-being.

WHO Global Health Workforce Alliance Campaign Objectives

The campaign, being proposed to the Global Health Workforce Alliance of the WHO, aims to:
Raise awareness, understanding and support of all relevant stakeholders about the positive impact healthy and supportive work environments have on the health sector as a whole.

Apply the principles of positive practice environments and facilitate their establishment in the health sector.

Offer a global platform to share information, good practices and lessons learned.

Recognise those settings that meet the criteria of PPE.

The proposal encompasses a clear rationale, at a time of great need for additional and high quality human resources for health.

Such a project will have a high impact in demonstrating how health professionals and organisations can use a collective voice, and take action, to build stronger, better and more positive practice environments.

Communication

Just as communication with patients is a fundamental aspect of a pharmacist's work, effective communication strategies are a fundamental part of engaging with the public, leaders in healthcare and governments. Effective communication can help build a collective sense of identity of pharmacists and pharmaceutical scientists in meeting the highest ideals and standards of practice, science, and education.

Colleagues, your presence here illustrates a dedication and commitment to thinking, looking and acting outside of your every day environments. For many, being involved in FIP offers exposure to areas unknown, and reveals aspects of practice and science to which we have yet to be exposed.

Your achievements, including your contributions to FIP, are admirable. Through the support and participation of the Member Organisations in the Nordic countries, FIP is able to successfully advocate and promote the Pharmacy Profession on a global scale.

I encourage you on behalf of your peers in the international Pharmacy and Pharmaceutical Sciences community, to continue working both in Europe and beyond. Please recognize that much still remains to be done in achieving true Global Health, especially in the underdeveloped and

developing regions of the world – which are being ravaged by unusual burdens of disease, illness and poverty.

I challenge you for the future to be global leaders in the provision of safe, influential and invaluable health care. The good health of each of us depends on the “Good Pharmacy Practice” of all of us. As FIP moves towards celebrating its centenary in 2012 – we look forward to collaborating and supporting the valuable partnership we have in building understanding, promoting, and leveraging the value of the pharmacist.