Congress Programme

FIP World Congress of Pharmacy and Pharmaceutical Sciences 2013

Main theme:
Towards a Future Vision for Complex Patients
Integrated Care in a Dynamic Continuum

73rd International Congress of FIP
Dublin, Ireland
31 August - 5 September 2013
MSD is one of the world’s largest pharmaceutical companies and employs 2,300 people at operations in Carlow, Cork, Dublin, Tipperary and Wicklow. In the last five decades we have invested over €2.2bn in Ireland and our investment continues to grow, making MSD one of Ireland’s leading exporters both now and in the future.

At MSD, we work hard to keep the world well. How? By providing people all around the globe with innovative prescription medicines, vaccines, and consumer care and animal health products. We also believe our responsibility includes making sure that our products reach people who need them. We continue on our journey to redefine ourselves to bring more hope to more people around the world.

See all we’re doing at [msd.ie](http://msd.ie)
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Vice President
Dieter Steinbach
Honorary President
Joseph Odgers
Honorary President

LOCAAL HOST COMMITTEE
The Pharmaceutical Society of Ireland (PSI) is the co-host for FIP Dublin 2013 in partnership with a wide range of pharmacy organisations in Ireland. The Local Host Committee is representative of all sectors in Irish pharmacy. The committee is chaired by Paul Fahey, Immediate Past President of the PSI.

Mary Rose Burke
Lisa Coffey
Jacqui Dougan
Eoghan Hanly
Noeleen Harvey
Martin Henman
Steve Kerrigan
Maura Kinahan
Kate McClelland
Helen McEnery
Mike Morris
Leonora O’Brien
Caitriona O’Driscoll
Keith O’Hourihane
Darragh O’Loughlin
Joan Peppard

PSI COUNCIL SELECT COMMITTEE
Leonie Clarke
John Corr
Paul Fahey
Eoghan Hanly
Deirdre Larkin
Caitriona O’Driscoll
Keith O’Hourihane
Noel Stenson

PSI FIP 2013 TEAM
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Terri Cullinan
Kate O’Flaherty

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Secretary
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FIPEd Project Manager
Carola van der Hoeff
Congress Director
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Myriah Lesko
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Website: www.fip.org/dublin2013

SPONSORS
FIP and the PSI would like to express a special thank you to our generous sponsors:

Pfizer
ims
Actavis
Lloyd’s Pharmacy
MSD

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Health professional regulation – facing challenges to acting in the public interest

Attend the leading international conference on health professional regulation

Health professional regulation faces many challenges in a world characterised by political, social, economic and technological change. Widespread reform of health professional regulation reflects policy initiatives by many governments to ensure sustainable, efficient and effective health service delivery. But what are the implications, and how do we ensure the public’s best interests are met?

Scheduled to run over 1.5 days, immediately before the World Health Organization’s World Health Assembly in Geneva, the third World Health Professions Regulation Conference will provide participants with insights, perspectives and discussion on current challenges in health professional regulation.

Key speakers will explore the lessons learned from competence-based approaches to regulation, compare regulatory models and examine ways of promoting best practice in regulatory governance and performance.

Be part of the global community of health professionals who are interested in regulation, and discover effective ways of moving forward in Geneva in May 2014.

World Health Professions Regulation Conference 2014
Crowne Plaza Hotel, Geneva, Switzerland
www.whpa.org/whpcr2014

17 & 18 May 2014

Disclaimer:
Please note that the times shown by the app for the individual lectures are merely an indication. Actual starting/ending times of the lectures may vary depending on the course of the session and upon direction of the chairpersons.
The registration fee for participants includes:

- Admission to all sessions for which no additional registration is required
- Opening Ceremony
- Welcome Reception
- Entrance to the Exhibition
- New: Daily lunches and coffee/tea breaks. A choice of meat, fish or vegetarian is available
- Access to all submitted Abstracts and Biographies
- Congress Bag with Final Congress Programme and List of Participants (name and country of participants registered and paid by 1 August 2013)
- Access to a website where you can download the (slides of the) presentations (available as of 1 November 2013).

The registration fee for accompanying persons includes:

- Opening Ceremony
- Welcome Reception
- Entrance to the Exhibition
- New: Daily lunches and coffee/tea breaks

Please note that the fee for accompanying persons does NOT include admission to the sessions.

**CERtiFiCAtE oF AttEndAnCe**

If you would like to receive a Certificate of Attendance please make sure to collect your certificate during the congress at the registration desk. Certificates will NOT be sent after the congress!

Accompanying persons will not receive a certificate of attendance.

A certificate of session attendance (listing the sessions you attended during the congress) will also be offered to congress participants after the congress.

**ABstRACt CERtiFiCAtE**

If you would like to receive a poster certificate please make sure to collect this certificate during the congress at the Poster desk. Certificates for oral presentations will be handed out at the congress registration desk. Certificates will NOT be sent after the congress!

**REGISTRATION FEES**

<table>
<thead>
<tr>
<th><strong>On site</strong></th>
<th><strong>FIP Individual member</strong></th>
<th>€ 1,100,00</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Regular fee (non member)</td>
<td>€ 1,100,00</td>
</tr>
<tr>
<td></td>
<td>Student/Recent graduate</td>
<td>€ 1,100,00</td>
</tr>
<tr>
<td></td>
<td>On site day card</td>
<td>€ 350,00</td>
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<tr>
<td></td>
<td>Accompanying person</td>
<td>€ 150,00</td>
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<tr>
<td></td>
<td>Pharmacy Technicians Symposium (in addition to full congress registration)</td>
<td>€ 240,00</td>
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<tr>
<td></td>
<td>Pharmacy Technicians Symposium (only)</td>
<td>€ 440,00</td>
</tr>
</tbody>
</table>

On site payment of registration fees can be made:
- By credit card
- VISA, MasterCard or American Express are accepted
- Cash in Euro

**REGISTRATION DESK**

Entrance hall CCD
The registration desk at the CCD will be open:
- Saturday 31 August 2013 from 07:30 – 17:30
- Sunday 1 to Wednesday 4 September 2013 from 08:00 – 18:30
- Thursday 5 September 2013 from 08:30 – 14:30

**ACCREDITATION FOR CONTINUING EDUCATION**

**MACEDONIA (FYROM)**

The 73rd International Congress of FIP is recognized as a valid form of continuing education by the Pharmaceutical Chamber of Macedonia and has been accredited according to the Chamber’s legal act. The participants from Macedonia are advised to acquire a certificate of attendance.

**NETHERLANDS**

The congress sessions are accredited by the Royal Dutch Association for the Advancement of Pharmacy (KNMP) for community pharmacists. They can list their participation in PE-online on the basis of the hours of attendance. The Registration Committee will honour these continuing education hours on the basis of the certificate of attendance delivered by FIP.

**NORWAY**

The 73rd International FIP Congress has been accredited by the Norwegian Association of Pharmacists and is recognized as a valid form of continuing education. Norwegian congress participants are advised to obtain a certificate of attendance.

**AUSTRIA**

Oesterreichische Apothekerkammer

The congress sessions are automatically accredited in Austria, as agreed with the OAK (Österreichische Apothekerkammer – Federal Chamber of Pharmacists, number F20121106). The Austrian participants are advised to acquire a Statement of Continuing Education Credit according to the instructions published in this programme.

**FRANCE**

The HCFPC (Haut Comité de la Formation Pharmaceutique Continue) has accredited the 2013 FIP Congress. French participants are advised to ask for a Statement of Continuing Education that could be added in their Continuous Education portfolio. All French participants are kindly requested to complete the evaluation forms for each session they attend.

**GERMANY**

The congress sessions have been accredited by the Federal Chamber of Pharmacists of Germany (Bundesapothekerkammer) and have been approved for pharmacists and pharmaceutical technicians. The event has been assigned the accreditation-no BAK 2012/428, category 2: Congress.

**MCI Amsterdam | Eurocongress International**
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Fax: (+31) (0)20 6737306
E-mail: FIP@mci-group.com
Website: www.mci-group.com/thenetherlands
SWITZERLAND

The accredited congress sessions are recognised as valid continuing education FPH. Swiss participants are advised to acquire a Statement of Continuing Education Credit according to the instructions included in this Programme. An FPH-accreditation of other sessions of the FIP Congress is possible. The following amount of credits will be awarded:

- 3 hours = 25 credits
- 6 hours = 50 credits
- 9 hours = 75 credits

The Swiss Participants are asked to send in their confirmation of sessions attendance in order to get the FPH points accredited to their respective FPH account via mail fph@pharmaSuisse.org.

UNITED KINGDOM

Endorsed by the Royal Pharmaceutical Society.

COUNCIL MEETINGS
By invitation only
(simultaneous translation)
Saturday 31 August 2013
09:00 – 17:00 Liffey B
Thursday 5 September 2013
14:00 – 16:00 Liffey B

Only official representatives from FIP Member Organisations and Observer Organisations can be admitted to the Council Meetings. This means that each representative will be asked to submit written proof when registering, that he/she has been officially appointed to represent his/her organisation.
The Council Meetings will also be attended by the FIP Bureau Members and Section representatives.

OPENING CEREMONY
Sunday 1 September 2013
15:00 – 17:00 Auditorium

The Opening Ceremony will take place in the Auditorium of the CCD, please be on time as a high number of attendees are expected. The Opening Ceremony is open to all registered participants and their registered accompanying persons.

BREAKS
Forum
The coffee breaks during the sessions will take place between 10:00 and 11:00 in the morning and between 15:00 and 16:00 in the afternoon.
Between the sessions there will be a lunch break from 12:00 to 14:00.
Coffee, tea and lunch will be offered in the Exhibition area.

NEW!: DAILY LUNCHES INCLUDED
A choice of meat, fish or vegetarian will be made available.

POSTER SESSION
Monday 2 until Wednesday 4 September 2013
09:00 – 17:00 Forum

The poster area is open to all registered participants and their registered accompanying persons.
The following Sections are issuing Best Poster Awards:
- Community Pharmacy Section
- Industrial Pharmacy Section
- Hospital Pharmacy Section
- Pharmacy Information Section

The winners’ names will be put up at the poster registration desk as soon as they become available.
The FIP Community Pharmacy Section will also use Twitter @CommPharSection and the CPS Facebook page http://www.facebook.com/communitypharmacysection to make the announcement.
The allotted timeslots for hanging up the posters should be strictly observed. If you hang up your poster too early, it might be taken down with the former batch of posters.

**SATURDAY 31 AUGUST AND SUNDAY 1 SEPTEMBER 2013**

<table>
<thead>
<tr>
<th>Session</th>
<th>First poster</th>
<th>Last poster</th>
<th>No.</th>
<th>Instruction for Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liffey Meeting Room 3</td>
<td>PHT-P01</td>
<td>PHT-P06</td>
<td>6</td>
<td>Hang up poster on Saturday 08:00 - 09:00. Be at poster board on Saturday/Sunday 12:00 - 14:00. Take down poster on Sunday at 14:00.</td>
</tr>
</tbody>
</table>

**MONDAY 2 SEPTEMBER 2013**

<table>
<thead>
<tr>
<th>Session</th>
<th>First poster</th>
<th>Last poster</th>
<th>No.</th>
<th>Instruction for Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Pharmacy Section</td>
<td>HPS-P01</td>
<td>HPS-P169</td>
<td>169</td>
<td>Hang up poster on Sunday 09:00 - 11:30. Be at poster board on Monday 09:00 - 11:30. Take down poster on Monday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Pharmacy Information Section</td>
<td>PIS-P01</td>
<td>PIS-P24</td>
<td>24</td>
<td>Hang up poster on Monday 09:00 - 11:30. Be at poster board on Monday 09:00 - 11:30. Take down poster on Monday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Industrial Pharmacy Section</td>
<td>IPS-P01</td>
<td>IPS-P17</td>
<td>17</td>
<td>Hang up poster on Monday 09:00 - 11:30. Be at poster board on Monday 09:00 - 11:30. Take down poster on Monday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Laboratory and Medicines Control Services Section</td>
<td>LMCS-P01</td>
<td>LMCS-P07</td>
<td>7</td>
<td>Hang up poster on Monday 09:00 - 11:30. Be at poster board on Monday 09:00 - 11:30. Take down poster on Monday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Clinical Biology Section</td>
<td>CBS-P01</td>
<td>CBS-P05</td>
<td>5</td>
<td>Hang up poster on Monday 09:00 - 11:30. Be at poster board on Monday 09:00 - 11:30. Take down poster on Monday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Military &amp; Emergency Pharmacy Section</td>
<td>MEPS-P01</td>
<td>MEPS-P01</td>
<td>1</td>
<td>Hang up poster on Monday 09:00 - 11:30. Be at poster board on Monday 09:00 - 11:30. Take down poster on Monday 11:30 - 15:00.</td>
</tr>
<tr>
<td>History of Pharmacy</td>
<td>HIS-P01</td>
<td>HIS-P01</td>
<td>1</td>
<td>Hang up poster on Monday 09:00 - 11:30. Be at poster board on Monday 09:00 - 11:30. Take down poster on Monday 11:30 - 15:00.</td>
</tr>
</tbody>
</table>

**TUESDAY 3 SEPTEMBER 2013**

<table>
<thead>
<tr>
<th>Session</th>
<th>First poster</th>
<th>Last poster</th>
<th>No.</th>
<th>Instruction for Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Pharmacy Section 1: Unmet needs of complex patients</td>
<td>CPS1-P01</td>
<td>CPS1-P28</td>
<td>28</td>
<td>Hang up poster on Tuesday 09:00 - 11:30. Be at poster board on Tuesday 09:00 - 11:30. Take down poster on Tuesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Community Pharmacy Section 2: What are we doing to meet the needs of complex patients?</td>
<td>CPS2-P01</td>
<td>CPS2-P47</td>
<td>47</td>
<td>Hang up poster on Tuesday 09:00 - 11:30. Be at poster board on Tuesday 09:00 - 11:30. Take down poster on Tuesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Community Pharmacy Section 3: Emerging strategies for handling complex patients</td>
<td>CPS3-P01</td>
<td>CPS3-P17</td>
<td>17</td>
<td>Hang up poster on Tuesday 09:00 - 11:30. Be at poster board on Tuesday 09:00 - 11:30. Take down poster on Tuesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Formulation Design and Pharmaceutical Technology</td>
<td>FDP-P01</td>
<td>FDP-P37</td>
<td>37</td>
<td>Hang up poster on Tuesday 09:00 - 11:30. Be at poster board on Tuesday 09:00 - 11:30. Take down poster on Tuesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Natural Products</td>
<td>NPR-P01</td>
<td>NPR-P30</td>
<td>30</td>
<td>Hang up poster on Tuesday 09:00 - 11:30. Be at poster board on Tuesday 09:00 - 11:30. Take down poster on Tuesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Drug Design and Discovery</td>
<td>DDD-P01</td>
<td>DDD-P14</td>
<td>14</td>
<td>Hang up poster on Tuesday 09:00 - 11:30. Be at poster board on Tuesday 09:00 - 11:30. Take down poster on Tuesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Analytical Sciences and Pharmaceutical Quality</td>
<td>ASP-P01</td>
<td>ASP-P14</td>
<td>14</td>
<td>Hang up poster on Tuesday 09:00 - 11:30. Be at poster board on Tuesday 09:00 - 11:30. Take down poster on Tuesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Pharmacokinetics, Pharmacodynamics, Absorption, Distribution, Metabolism and Excretion</td>
<td>PAA-P01</td>
<td>PAA-P09</td>
<td>9</td>
<td>Hang up poster on Tuesday 09:00 - 11:30. Be at poster board on Tuesday 09:00 - 11:30. Take down poster on Tuesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Biotechnology</td>
<td>BIO-P01</td>
<td>BIO-P06</td>
<td>6</td>
<td>Hang up poster on Tuesday 09:00 - 11:30. Be at poster board on Tuesday 09:00 - 11:30. Take down poster on Tuesday 11:30 - 15:00.</td>
</tr>
</tbody>
</table>

**WEDNESDAY 4 SEPTEMBER 2013**

<table>
<thead>
<tr>
<th>Session</th>
<th>First poster</th>
<th>Last poster</th>
<th>No.</th>
<th>Instruction for Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Practice Research</td>
<td>PPR-P01</td>
<td>PPR-P114</td>
<td>114</td>
<td>Hang up poster on Wednesday 09:00 - 11:30. Be at poster board on Wednesday 09:00 - 11:30. Take down poster on Wednesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Social and Administrative Pharmacy Section</td>
<td>SAPS-P01</td>
<td>SAPS-P47</td>
<td>47</td>
<td>Hang up poster on Wednesday 09:00 - 11:30. Be at poster board on Wednesday 09:00 - 11:30. Take down poster on Wednesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Academic Pharmacy Section 1</td>
<td>APS1-P01</td>
<td>APS1-P35</td>
<td>35</td>
<td>Hang up poster on Wednesday 09:00 - 11:30. Be at poster board on Wednesday 09:00 - 11:30. Take down poster on Wednesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Academic Pharmacy Section 2: Addressing global complexities through educational innovation</td>
<td>APS2-P01</td>
<td>APS2-P12</td>
<td>12</td>
<td>Hang up poster on Wednesday 09:00 - 11:30. Be at poster board on Wednesday 09:00 - 11:30. Take down poster on Wednesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Regulatory Sciences</td>
<td>RSC-P01</td>
<td>RSC-P10</td>
<td>10</td>
<td>Hang up poster on Wednesday 09:00 - 11:30. Be at poster board on Wednesday 09:00 - 11:30. Take down poster on Wednesday 11:30 - 15:00.</td>
</tr>
<tr>
<td>Translational Research and Individualized Medicines</td>
<td>TRU-P01</td>
<td>TRU-P06</td>
<td>6</td>
<td>Hang up poster on Wednesday 09:00 - 11:30. Be at poster board on Wednesday 09:00 - 11:30. Take down poster on Wednesday 11:30 - 15:00.</td>
</tr>
</tbody>
</table>

### ADMISSION
All registered participants and registered accompanying persons have free admission to the exhibition.

### CONTACT
FIP Dublin 2013
The Pharmaceutical Society of Ireland
Tel: +353 1 218 4000
Email: fipdublin2013@thepsi.ie

### PRELIMINARY OPENING HOURS
The exhibition will be open for registered congress participants and registered accompanying persons during the following hours:

- **Sunday 1 September 2013**
  - From 16:30 to 18:00
- **Monday 2 September 2013**
  - From 09:00 to 18:30
- **Tuesday 3 September 2013**
  - From 09:00 to 18:30
- **Wednesday 4 September 2013**
  - From 09:00 to 18:30
**EXHIBITOR FLOOR PLAN**

**SOCIAL EVENTS**

**OPENING EXHIBITION AND FIP SHOWCASE**
Sunday 1 September 2013
17:00 – 18:00 Forum

The Exhibition for the 2013 FIP Congress will open in the Forum at the Convention Centre Dublin on Sunday 1 September. By way of welcome the Exhibition opening will be marked with a reception for delegates hosted with the Irish Pharmacy Union (IPU). The Exhibition at FIP Dublin will showcase local and international developments in pharmacy, and will provide a central meeting point and information zone throughout the Dublin Congress for FIP and Pharmacy in Ireland. The exhibition will run for three full days.

**WELCOME RECEPTION**
Monday 2 September 2013
18:30 – 22:00 Guinness Storehouse, Market Street, St. James’s Gate, Dublin 8

The Guinness Storehouse in the heart of Dublin is the venue for the Welcome Reception. The Storehouse is situated in the legendary St. James’s Gate Brewery, home of GUINNESS® since 1759. The building is a former fermentation plant, but today it has been transformed into Ireland’s number one international visitor attraction and a world-class venue. With interactive displays over seven floors, and with an innovative internal design in the shape of a giant pint glass, an evening at Guinness Storehouse will provide a history of the great beer and extensive views of Dublin. The best in Irish hospitality and entertainment will be offered. Coaches will depart from the CCD (Convention Centre Dublin) as of 19:00. See notice boards in CCD for further information and departure points.

**FIP FUN RUN**
Tuesday 3 September 2013
06:45 – 08:00 Trinity College Dublin, Trinity College Campus

For a second year the FIP Congress will include a 5km Fun Run. It is intended that this will take place within the historic grounds of Trinity College Dublin in the heart of Dublin city. The FIP Fun Run is an excellent event promoting health and wellbeing, and an alternative networking opportunity for FIP delegates. Participation in the 5km Fun Run is free for all delegates of the FIP Congress but we ask runners to announce their intention to participate at the desk in the congress foyer as places will be limited. Runners should make their own way to Trinity College Campus on time for a pre-race briefing and race commencing at 07:00. Check at the CCD Information Desk for gate access points and route map for the Trinity Campus. Changing facilities will not be available on site.

**SECTON DINNERS**

**SECTION DINNER**

**Academic Pharmacy Section**
Clinical Biology Section
Community Pharmacy Section
Hospital Pharmacy Section
Industrial Pharmacy Section
Laboratories and Medicines Control Section

Military & Emergency Pharmacy Section (own arrangement)
Pharmacy Information Section
Social and Administrative Pharmacy Section

You will find the name and address of your restaurant on your dinner ticket.

**CLOSING DINNER**

**Thursday 5 September 2013**
20:00 – 24:00 Burlington Hotel

The Closing Dinner will be held in the Burlington Hotel, one of the premier luxury 4 Star Hotels in Dublin city centre. This Hotel’s grand ballroom is famous in Ireland.

**DINNER TICKETS**

You can purchase tickets for all the above mentioned dinners (Closing Dinner 200 Euro, Section Dinner 65 Euro – except for the MEPS dinner) from our official agent, Custom Ireland, at the Housing, Tours & Social Events desk in the registration area.
Main theme: Towards a future vision for complex patients: Integrated care in a dynamic continuum

A. Why are patients complex?

B. What are the needs of complex patients?

C. What are we doing to meet the needs of complex patients?

D. What are emerging strategies for treating complex patients?

E. Pharmacy Education

F. Cultivating the unexplored fields of complexity

SESSIONS PROGRAMME DUBLIN 2013

A 1. Why are patients complex?

B 1. Introduction session

B 2. Healthcare data - Safeguarding confidentiality

B 3. The need for better communication

C 1. Best practice in integrating drug therapy and patient care

C 2. Managing patients with cancer – The role of the pharmacist

C 3. Managing patients with renal impairment – The role of the pharmacist

C 4. Managing patients with asthma – The role of the pharmacist

C 5. Managing mentally ill patients – The role of the pharmacist

C 6. Anticoagulation: Pharmacists at the bleeding edge of patient care

C 7. Remuneration and implementation of community pharmacy services to complex patients

C 8. Trends in Community Pharmacy: Debating the future of the profession

C 9. The role of compounding in closing therapeutic gaps (parts 1 and 2)

C 10. Complex patients and obstacles to quality use of medicines: A patient's perspective

C 11. Collaborative approaches to dealing with complex medical conditions

C 12. Computer prompts versus clinical freedom (Debate)

C 13. Diagnostics in individualized medicine and pharmacotherapy. What you need to know

D 1. Implementing the vision

D 2. High quality support: The ultimate target of pharmacologists

D 3. The diversity of patients and its influence on pharmacopoeiological research

D 4. The diversity of social networks - Their influence on patient care

D 5. Pharmacy Practice Research session

D 6. The emergence of biologics as therapeutic agents

D 7. Fast forward to the future – Translating science into better patient care

D 8. How patient stratification and pharmacogenetics affect ADRs in complex patients

D 9. Individual therapy, individual care - Optimization in the face of complexity

E 1. Science – The best basis for the best practice?

E 2. Interprofessional education

E 3. Translating expert knowledge into patient care

E 4. Addressing global complexities through educational innovation

E 5. Pharmacy Education in FIP: The journey so far

E 6. Deans Forum

F 1. Pharmacy Technicians Symposium

F 2. Pharmacy and pharmaceutical sciences in Ireland

F 3. Conclusions of the Chief Pharmacists' Meeting

F 4. Translating laboratory results in pharmacy practice

F 5. The complexity of health challenges in 2020

F 6. Are we ready?

F 7. Creating the future leaders in pharmacy

F 8. Leadership session for young leaders

F 9. Providing hospital pharmacy services to meet the needs of complex patients - Can the Basel Statements help?

F 10. Pharmacy practice in the face of globalism, ethics and regulation

F 11. Commitment to ethical responsibility and professional autonomy in pharmacy

F 12. How can practitioners provide consumers with proper information on Herbas in different regulatory systems?

F 13. FIP Høst Madsen Medal lecture

F 14. Process validation

F 15. Improving communication between healthcare providers in disaster situations

F 16. Pharmacists in humanitarian work

F 17. Presentations from FIP member organisations (part 1)

F 18. Presentations from FIP member organisations (part 2)

F 19. Presentations from FIP member organisations (part 3)

F 20. Presentations from FIP member organisations (part 4)

F 21. Short oral presentations of the FIP Industrial Pharmacy Section

F 22. Short oral presentations of the FIP Community Pharmacy Section

F 23. Short oral presentations of the FIP Pharmacy Information Section

F 24. Short oral presentations of the FIP Social and Administrative Pharmacy Section

F 25. History of Pharmacy

F 26. Report on the Pharmacopoeia Meeting in India

F 27. Short oral presentations of the FIP Academic Pharmacy Section

F 28. Will availability of data lead to a paradigm change?

F 29. The value of Real World Evidence (RWE)

F 30. How can practitioners provide consumers with proper information on Herbas in different regulatory systems?

F 31. Are we ready?

F 32. Creating the future leaders in pharmacy

F 33. Leadership session for young leaders

F 34. Providing hospital pharmacy services to meet the needs of complex patients - Can the Basel Statements help?

F 35. Pharmacy practice in the face of globalism, ethics and regulation

F 36. Commitment to ethical responsibility and professional autonomy in pharmacy

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F 65. How can practitioners provide consumers with proper information on Herbas in different regulatory systems?
E 6 - DEANS FORUM (PART 1, 2, 3 AND 4)

Making the pharmacy curriculum relevant: Ensuring better patient outcomes

PROGRAMME

PART 1. PATIENT SAFETY: FROM A SAFE PHARMACIST TO A SAFE HEALTHCARE TEAM
Saturday 31 August 2013, 09:00 – 10:30 (1.5 hours)

Session Facilitator:
Ralph Altiere (University of Colorado, USA)

1. Guiding principles for developing team-based multi-professional patient safety education
Agnes Leotsakos (WHO, Switzerland)

2. Small group activities
Participants will begin to formulate plans for how they can integrate multi-professional patient safety education into their programs with emphasis on guiding principles and goals, learning approaches, the role of pharmacy in these programs and how to foster an international approach to multi-professional patient safety education. These discussions will provide patient-centered principles for the remainder of the Deans Forum programme.

PART 2. APPLYING COMPETENCIES TO PHARMACY EDUCATION
Saturday 31 August 2013, 10:45 – 12:00 and 14:00 – 15:15 (3 hours)

Session Facilitator:
Pierre Moreau (University of Montreal, Canada)

1. Lessons learned from including clinical practice in a predominantly science-based programme
Iva Jankovic (University of Zagreb, Croatia)

2. Small group activities
Examples will be shared where participants will be asked to reverse engineer a part of the curriculum based on the FIPEd Global Competency Framework, including, for example, how basic and clinical sciences are organized to develop needed competencies. Tips on managing curricular changes will also be discussed.

PART 3. ENSURING BETTER PATIENT HEALTH: MEASURING THE IMPACT OF OUR GRADUATES
Saturday 31 August 2013, 12:30 – 17:00 and Sunday 1 September 2013, 09:00 – 10:30 (3 hours)

Session Facilitator:
Bob Woodard (University of British Columbia, Canada)

1. THEnet Evaluation Framework for socially accountable health professional education
André Jacques Neusy (THEnet, Belgium)

2. Small group discussions
To discuss and revise the THEnet Evaluation Framework from a pharmacy perspective towards improvement of this tool for inter-professional use in education. To discuss what pharmacy schools define as social accountability. To identify metrics needed to measure impact and outcomes of our graduates and our education and how to develop evidence to show that education is socially accountable.

PART 4. DEVELOPING AIM: LINKING EDUCATION ACROSS FIP
(1.5 hours)
The FIP Education Initiatives is working across FIP to link developments in practice and science with education and vice versa. Participants will hear about upcoming projects, resources available and hot topics under debate across FIP in an effort to prepare your active participation in the FIP congress and developing the goals and activities of AIM.

1) FIP Education Initiatives – Bridging together practice and science in FIP
Henri Manasse (FIP, USA)

2) The impact of the Pharmaceutical Sciences
Daan Crommelin (University of Utrecht, The Netherlands)

3) Group discussion and survey on the development of AIM projects and activities
The discussions and outcomes of this forum will guide future FIP Education Initiatives actions and strategy.

Take this opportunity to be a part of the global movement of leaders who are transforming and achieving excellence in pharmacy and pharmaceutical science education.
Organised by FIP

Saturday 31 August 2013 and Sunday 1 September 2013
Liffey meeting room 3
Duration: 9h

SESSION 1 PART A: THE ROLES OF PHARMACY TECHNICIANS IN MANAGING COMPLEX PATIENTS
Saturday 31 August 2013, 09:30 – 11:00
The plenary session will highlight country differences in the roles, regulatory oversight, education, and interactions of pharmacy technicians with patients and colleagues:

1. How have pharmacy technicians’ roles evolved regarding patients with increasing complexities and associated comorbidities?
2. Are pharmacy technicians assuming more roles as patients’ care becomes increasingly complex?
3. What are new responsibilities being assigned to pharmacy technicians? (e.g., blood monitoring for patients using clozapine in Ireland)
4. How have regulations and education impacted pharmacy technicians’ ability to interact with complex patients?
5. What logistical roles are pharmacy technicians being assigned to in the care of complex patients? (e.g., unit dose packing, medicine shortage surveillance and procurement, patient follow-up calls, etc.)

LEARNING OBJECTIVES
At the conclusion of this session, participants will be able to:
1. Define a “complex patient”
2. Highlight the evolving roles and new responsibilities of pharmacy technicians with patients and colleagues.
3. Summarize the value of collaborative approaches.
4. Identify actions or approaches to adopt in their own practices.

Questions to be addressed include:
1. How are pharmacy technicians expected to interact with complex patients?
2. How extensively educated are pharmacy technicians with regards to the complexities at hand?
3. What practical or legal obligations exist for pharmacy technicians in interacting with such patients?
4. What roles do pharmacy technicians have in facilitating communication between the pharmacy team and other practitioners?

SESSION 1 PART B: THE ROLES OF PHARMACY TECHNICIANS IN MANAGING COMPLEX PATIENTS
Saturday 31 August 2013, 11:30 – 12:00
CHAIR
Susanne Engstrøm (Danish Association of Pharmaconomists, Denmark)
PROGRAMME
1. Simple yet effective tools to improve patient safety to complex patients
   Camilla Lindeblad (Copenhagen Sonderborg Pharmacy, Denmark)
2. Developing clinical support pharmacy technician roles
   Melissa White and Erin Clarke (Horizon Health Network, Canada)
3. Pharmacy technicians in Peru – Managing complex patients
   Aldo Alvarez (San Marcos University, South American Network Pharmacy Technicians, Peru)
4. Pharmacy technician roles in pharmaceutical supply chain management
   Marinska Rai (Ministry of Health and support workers, Bhutan)

SESSION 2: COMPLEX PATIENT CASE STUDIES
Saturday 31 August 2013, 14:00 – 17:00
This interactive session will feature five case studies that exemplify different aspects of patient ‘complexity,’ including medications, co-diseases, cultural, and socio-economic factors, and the varying roles pharmacy technicians have in different countries. These cases will discuss barriers real patients face in dealing with their conditions and offer insight on their interactions with pharmacists and other members of the healthcare team.

SESSION 3 PART A: COLLABORATIVE APPROACHES TO MANAGING COMPLEX PATIENTS
Sunday 1 September 2013, 09:30 – 11:00
CHAIR
Susan James (Ontario College of Pharmacists, Canada) and Margo Bjerre (KNMP and Optima Farma, The Netherlands)
PROGRAMME
1. Portugal: Collaborative approaches to managing complex patients
   João Joaquim (Portuguese Association of Pharmacy Technicians, European Association of Pharmacy Technicians, Portugal) and Cristiano Matos (Portuguese Association of Pharmacy Technicians, Portugal)
2. Finland: Collaborative approaches to managing complex patients
   Eeva Terasalmi (FIP, Finland)
3. Canada: Practical inter-professional collaboration models
   Carol O’Byrne (Pharmacy Examining Board of Canada, Canada) and Doreen Leong (College of Pharmacists of British Columbia, Canada)
4. Kenya: The revolving fund pharmacy model
   Evelyn Koigi (Kenya)

SESSION 3 PART B: COLLABORATIVE APPROACHES TO MANAGING COMPLEX PATIENTS
Sunday 1 September 2013, 11:30 – 13:00
CHAIR
Megan Coder (USA) and Tove Ytterbø (Norges Farmaceutiske Forening, Norway)
PROGRAMME
1. Pharmacy technician roles in compounding
   Ann Cheng, Cheri Kramer, Brenda Jensen and Stephanie Chacon (USA)
2. Pharmacy technician roles in communication and collaboration
   Karalyn Huxhagen (APS Friendly Care Pharmacy, Australia)
3. A modern approach for engaging pharmacy technicians and support workers in patient management: Experiences from Bangladesh
   Shariful Islam (International Center for Diarrhoeal Diseases Research – ICDDR, Bangladesh)
4. Ireland: Pharmacy technician roles in medicine shortages
   Yvonne Sheehan (National Association of Hospital Pharmacy Technicians, Ireland)

SYMPOSIUM WRAP-UP
Sunday 1 September 2013, 13:00 – 13:30
During this final session, an interactive summary of the two-day symposium will be provided. Special attention will be made to FIPED, International Pharmaceutical Federation Education Initiatives, the international collaborations under way, and how participants can interact with FIPED to help improve the healthcare offered to complex patients. Other international initiatives relevant to Pharmacy Support Workforce cadres will also be discussed.
**F 2 - PHARMACY AND PHARMACEUTICAL SCIENCES IN IRELAND**

**INTRODUCTION**
Pharmacy practice in Ireland is undergoing significant changes, following on from new legislation in 2007 to regulate the profession and expand the scope of practice of pharmacists. A new system of continuing professional development for pharmacists is being introduced via a new Irish Institute of Pharmacy, which will underpin the development of new roles for pharmacists, including specialisation.

As part of its reforms of pharmacy education and training, Ireland was one of the first countries to introduce a competency framework for pharmacists which used the FIP draft global framework as a mapping tool. Pharmacists in Ireland have in the past few years started to provide new services, including seasonal influenza vaccination services, and further developments in both community and hospital practice are under discussion.

Ireland is well known as a strong base for the pharmaceutical industry, and pharmacists in industry and education play a key role in the development of the profession in Ireland.

The programme will give a broad view of the current developments in all practice areas in Ireland and the ongoing plans for the further development of the profession and the provision of pharmaceutical care and services to patients. In addition, there will be opportunities to visit community, hospital and other practice settings to get a closer look at practice in Ireland, and to see what experiences can be shared with colleagues from around the world.

**LEARNING OBJECTIVES**
At the conclusion of this session, participants will be able to:
1. Describe the key elements of current practice and developments in pharmaceutical care in community and hospital pharmacy settings in Ireland
2. Explain the system of undergraduate education and of Continuing Professional Development and the steps taken to assure the competence of pharmacists
3. Describe the network of regulatory bodies in Ireland that assure the quality of pharmaceutical care for patients and society
4. Describe the scale and scope of the pharmaceutical industry in Ireland
5. Give an overview of pharmacy practice research in Ireland

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**SUNDAY**

**PROGRAMME**

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<tr>
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<td>Welcome from the Chair</td>
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<tr>
<td>09:20</td>
<td>Introduction &amp; regulatory environment</td>
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<td>09:40</td>
<td>Education and research</td>
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<td>10:00</td>
<td>Pharmaceutical industry in Ireland</td>
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<td>Break</td>
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<td>Socio-economical reasons for complexity</td>
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<td>Hospital practice</td>
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<td>Community practice</td>
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<td>11:30</td>
<td>Q &amp; A</td>
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**MONDAY**

**PROGRAMME**

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**CHAIR**

Martin Henman (Trinity College Dublin, Ireland)
**F 17 - PRESENTATIONS FROM FIP MEMBER ORGANIZATIONS (PART 3)**
Organised by the FIP Bureau

**Monday 2 September 2013, 12:15 - 13:45 Liffey B**
Duration: 1h

**INTRODUCTION**
During this series of sessions, FIP Member organisations showcase their innovations and achievements or give an update on their national pharmaceutical policy. This is a great opportunity for all congress participants to have a wider perspective on the evolution of our profession in other countries and to be inspired by these examples for developing new activities.

**LEARNING OBJECTIVES**
At the conclusion of the session, participants will be able to:
- Summarize how new services to patients have been implemented in Croatia
- List what tools and changes have been adopted to enable and facilitate the new roles of pharmacists in Croatia
- Summarize the main initiatives of the Bangladesh Pharmaceutical Society and other stakeholders from Bangladesh to improve the community pharmacy sector
- Describe the tools developed in Beijing Tiantan Hospital to support Rational Drug Administration
- Summarize the medication risk management strategy at the Peking University Third Hospital

**CHAIR**
Prafull Sheth (FIP, India)

**PROGRAMME**
1) Pharmacy in Croatia - Times of change
   Anjana Meštrović (Croatian Pharmaceutical Society, Croatia)
2) Evolution of the community pharmacy in a least developed country: Bangladesh experience
   Nasser Shahraray Zahedee (Bangladesh Pharmaceutical Society, Bangladesh)
3) Presentations from the Chinese Pharmaceutical Association: Establishment and applying Support System of Rational Drug Administration through Pharmacy Tools website
   Zhigang Zhao and Weizhong Shi (Beijing Tiantan Hospital, Capital Medical University, China)
4) Practice on medication risk management
   Rongsheng Zhao (Peking University Third Hospital China)

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**F 21 - SHORT ORAL PRESENTATIONS OF THE FIP INDUSTRIAL PHARMACY SECTION**
Organised by the FIP Industrial Pharmacy Section

**Monday 3 September 2013, 12:15 - 13:45 Wicklow Hall 1**
Duration: 1.5h

**LEARNING OBJECTIVE**
At the conclusion of the session, participants will be able to:
- Describe several original industrial pharmacy contributions from young pharmacists or young pharmaceutical scientists

**PROGRAMME**
1) Fabrication of FP Metered Dose Inhaler for Chronic Obstructive Pulmonary Diseases
   Priya Priya (Sauraashtra University, India)
2) Converting conventional parenteral formulations in CDC pre-filled syringes
   Aayush Agarwal (Rostelabs Bioscience Ltd., India)
3) Effect of gamma radiation on veterinary premixes containing antibiotics
   Terezinha de Jesus Andrei Pinto (Faculty of Pharmaceutical Sciences of University of Sao Paulo, Brazil)
4) Characterization of Kurdistan-Gankawa natural clay and its application in the formulation of medicine hydrochloride tablets
   Mohammed Awi (Sulaimani University, Iraq)
5) Influence of antiadherents on mechanical and thermal properties of acrylic polymeric films
   Aya Foul (Future University, Egypt)
6) Pharmaceutical industry manufacturing capacity in the WHO Eastern Mediterranean Region
   Mohamed Abdelhalim Farag (WHO, Egypt)
7) Microparticles for pulmonary delivery of Fluticasone Proprionate: Multifactorial assessment of process and formula variables
   André Sa Couto (Faculty of Pharmacy, Portugal)

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**B 1 - INTRODUCTION SESSION: UNMET NEEDS OF THE COMPLEX PATIENT**
Organised by the 2013 Programme Committee

**Monday 2 September 2013, 14:00-17:00 Liffey B**
Duration: 3h

**INTRODUCTION**
An understanding of why patients are complex requires knowing the specific needs of these patients as well as an understanding of their disease and comorbidities. Because of the biologic, medical, socio-economic and cultural differences among complex patients, there may be complicated information needed about their medicines. Examples include taking them properly spaced from other medicines, tailoring the selection and dose of medicines to the relevant laboratory data and to take into account cultural and religious beliefs into making treatment decisions. Prescribers and patients should agree on expectations about the use of the prescribed medicines and the consequences of their improper use. This session will explore these needs from scientific and practice perspective.

**LEARNING OBJECTIVES**
At the conclusion of this session, participants should be able to:
- Describe cultural differences among complex patients
- Differentiate between the scientific and practice perspectives of medication
- Give examples of complicated information needed to properly take medications
- Describe the importance of agreed-upon expectations of adherence between the caregiver and patient

**CHAIR**
Robert DeChristoforo (FIP Programme Committee, USA)

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**E 3 - TRANSLATING EXPERT KNOWLEDGE INTO PATIENT CARE**
Organised by the FIP Education Initiatives (FIPEd) Development Team

**Monday 2 September 2013, 14:00 – 17:00 Wicklow Hall 2b**
Duration: 3h

**INTRODUCTION**
Ensuring that the science of medicines is translated into patient care is a foundation for pharmaceutical practice; all healthcare systems are looking at ways to introduce innovation more effectively into healthcare. This session will have a focus on the complexity of therapy and the application of medicines expertise. The session will explore how practitioner development policies can facilitate this, by linking the science of pharmacy with healthcare delivery. The scientific and social ‘distance’ between innovation and translation into practice will be debated.

**LEARNING OBJECTIVES**
At the conclusion of the session, participants will be able to:
- Define concepts such as ‘basic’ science, ‘practice’ and capability
- Explain how these concepts are interlinked
- Explain how to develop better comparisons in international perspectives from practitioners and educators
- Explain how practitioner development frameworks can assist with translations of science into practitioner capabilities

**PROGRAMME**
An expert panel will debate the issues surrounding the provision of practice in modern health care systems.

Topics for debate will include:
1. Strategies for translational education (professional perspectives);
2. E & T opportunities and the use of frameworks and other tools (the capability agenda);
3. Patient care and how the practice perspective can be better understood by scientific faculty.

The panel will include a mixture of expert practitioners and scientists who are engaged with professional education. The session will finish with audience participation and small group working, and will aim to compare and contrast different views on how to close the “knowledge gap” – the speed (or slowness) by which scientific innovation is translated into practice developments, including an examination of the social and behavioral sciences.

**CHAIR FOR PART I**
Mike Rosse (USA)

**PART I**
1) Science into practice
   Koss McKinnon (Australia)
   T.C. Flescher (Ghana)
   Duncan Graig (United Kingdom)

**CHAIR FOR PART II**
Andrea Bruno (FIPEd, United Kingdom)

**PART II**
3) Practice through science - Practitioner Perspective
   Hannah Wilton (United Kingdom)
   Ian Coombes (Australia)
   Nobesuthu Sibanda (Namibia)

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2) Workshop activity with participants
   While the workshop is ongoing we will ‘pair up’ a senior scientist with a practitioner, to make recommendations to present back for finale

4) Feedback from the workshop groups

5) Closing remarks
   Ian Bates (United Kingdom)
F 4 - TRANSLATING LABORATORY RESULTS IN PHARMACY PRACTICE
Organised by the FIP Clinical Biology Section
Monday 2 September 2013, 14:00 – 17:00 Liffey Hall 3
Duration: 3h

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Describe the different aspects of the clinical biology pharmacist’s practice (laboratory medicine pharmacist) and differences between specialists and non-specialists.
- Summarize the different challenges of the clinical biologist’s education at the pre- and post-graduation levels.
- Describe the pharmacist’s role in laboratory contexts.
- Provide case studies of laboratory practice and pharmacist’s role in complex or chronic pathologies.

CHAIR
Bernard Poggi (FIP CBS, France)

PROGRAMME
1) Introduction by the Chair
Eeva Terasalmi (FIP, Finland)

2) Challenges of health into 2020
• Communicable diseases and pharmacy based programmes
  Manjin Ghazal (FIP CPS, India)

3) Non-communicable diseases and pharmacy based programmes
  Suzete Costa (Associação Nacional das Farmácias, Portugal)

4) We are good - But could we be better?

5) Break

F 5 - THE COMPLEXITY OF HEALTH CHALLENGES IN 2020: ARE WE READY?
Organised by the FIP Community Pharmacy Section
Monday 2 September 2013, 14:00 – 17:00 Wicklow Hall 2a
Duration: 3h

INTRODUCTION
The Basel Statements for the future of hospital pharmacy were developed in 2008 and have been distributed widely. The World Hospital Pharmacy Research Consortium (WhoPReC) has been established to research the impact and uptake of these statements around the globe. This session will outline the role of WhoPReC and research that has occurred in various regions of the world. Furthermore, we will look at how the Basel Statements can help when dealing with patient complexities.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Summarize the role of WhoPReC and its relationship to the Hospital Pharmacy Section.
- Explain how the Basel Statements have been used in a hospital in China.
- Reflect on the differences between hospitals in China and the variations in understanding and uptake of Basel Statements.
- Explain the importance of the statements in managing complex patients through case study examples (Africa and Ireland).
- Make links between the Basel Statements and national policy documents (Canada and USA).
- Reflect on the different influences of prescribing in the Western Pacific Region and factors that influence the level of services provided to complex patients.

CHAIR
Betty Chaar (University of Sydney, Australia)

F 8 - PROVIDING HOSPITAL PHARMACY SERVICES TO MEET THE NEEDS OF COMPLEX PATIENTS - CAN THE BASEL STATEMENTS
Organised by the FIP Hospital Pharmacy Section and WhoPReC
Monday 2 September 2013, 14:00 – 17:00 Wicklow Hall 1
Duration: 3h

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Reflect on Hospital Pharmacies’ Influences on Prescribing in the complex or chronic pathologies.
- Make links between the Basel Statements and national policy documents (Canada and USA).
- Summarize the benefits and limitations of reciprocity and mutual recognition agreements.
- Analyze information of effects and interaction of herbals to pharmaceuticals for which of course the regulatory systems differ.
- Analyze information of effects and interaction of herbals to pharmaceuticals for which of course the regulatory systems differ.
- Progress in regulation of Internet pharmacies.
- Summarize the role of WHoPReC and its relationship to the Hospital Pharmacy Section.
- Experience with mutual recognition agreements.

CHAIRS
Malcolm Broussard (Louisiana Board of Pharmacy, USA) and Steven Marty (Pharmacy Board of Australia, Australia)

PROGRAMME
1) Introduction
2) What is WHoPReC and how does it fit in with FIP HPS?
Rebekah Moles (University of Sydney, Australia)
Dechun Jang (Chinese Pharmaceutical Association, China)

3) How have the Basel Statements helped the pharmacists in Africa manage complex patients? A case study
Andy Gray (University of Kwazulu Natal, South Africa)
Gail Melanoty (St. James’s Hospital Dublin, Ireland)

4) Crosswalk with the Canadian Society of Health Systems’ pharmacy statements and The Basel Statements - Has Basel got it covered?
Neil Mackinnon (University of Arizona, USA)

5) We are good - But could we be better?

6) Providing hospital pharmacy service to meet the needs of complex patients - Can The Basel Statements help?

7) How can we assess the impact of these Statements? From interviews to surveys - The research agenda
Diane Ginsburg (University of Texas, USA)

CHAIRS
Marian Costelloe (Monash University, Australia) and Joy van Oudtshoorn (FIP SIG on Natural Products, South Africa)

PROGRAMME
1) Current issues in regulation of Internet pharmacies
Carmen Catizone (National Association of Boards of Pharmacy, USA)

2) Panel discussion of these pharmacy regulatory issues

F 12 - HOW CAN PRACTITIONERS PROVIDE CONSUMERS WITH PROPER INFORMATION ON HERBALS IN DIFFERENT REGULATORY SYSTEMS?
Organised by the FIP Special Interest Group on Natural Products
Monday 2 September 2013, 14:00 – 17:00 Liffey Hall 2
Duration: 3h

INTRODUCTION
Herbals are now one of the most common healthcare tools in our daily life. They harbor a vast variety of products and are traded internationally. Most of these herbals are supposed to have mild effects, but sometimes they have severe adverse effects and interaction with conventional medicines. Consequently, proper standards and regulatory systems for herbals are required, and practitioners are requested to provide consumers with proper information. However, it is a complicating factor that some countries regard herbals as food supplements and others as pharmaceuticals for which of course the regulatory systems differ.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Outline current international regulation of herbals.
- Explain differences in regulatory systems for food supplements and pharmaceuticals.
- Analyze information of effects and interaction of herbals to provide consumers with proper knowledge.

CHAIRS
Michiho Ito (FIP SIG on Natural Products, Kyoto University, Japan) and Joy van Oudtshoorn (FIP SIG on Natural Products, South Africa)

PROGRAMME
1) Introduction
Michiho Ito (FIP SIG on Natural Products, Kyoto University, Japan)

2) Herbals in the pharmacopoeia
Carmen Catizone (National Association of Boards of Pharmacy, USA) and Joy van Oudtshoorn (FIP SIG on Natural Products, South Africa)

3) Crosswalk and Consumer with proper information on herbals
Duncan Rudkin (General Pharmaceutical Council, United Kingdom)

4) How can we manage this situation?

5) Guidelines for regulatory control of herbal medicinal products in South Africa: Current status and challenges
James Sye (The University of the Western Cape, South Africa)

6) Australian herbal guidelines
John Miller (John Miller Consulting, Australia)

7) Regulation of herbal products as dietary supplements
Jocelyn Chasse (Emerson Ecologics, USA)
C 6 - ANTICOAGULATION: PHARMACISTS AT THE BLEEDING EDGE OF PATIENT CARE
Organised by the FIP Hospital Pharmacy Section
Tuesday 3 September 2013, 09:00 - 12:00 Liffey A
Duration: 3h

INTRODUCTION
The care of patients who require anticoagulation is highly complex and fraught with risk. In the ambulatory setting, warfarin is the most commonly prescribed anticoagulant, and requires careful monitoring to obtain thromboprophylaxis while avoiding bleeding complications. In the acute care setting, heparin is a high-risk medicine that must also be monitored carefully to obtain the desired effect (prevention or treatment of thrombus) while avoiding dangerous adverse effects. Pharmacists have taken the lead worldwide in providing anticoagulation management for their patients. This session will focus on clinical programmes in which pharmacists have demonstrated their ability to improve patient outcomes in this area.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Describe the evidence supporting the role and value of pharmacists in the provision of anticoagulation care to ambulatory and hospitalised patients
- Describe a successful anticoagulation programme, led and staffed by pharmacists, proven to improve patient outcomes
- List emerging anticoagulation technologies that will influence future care of patients

CHAIR
Lee Vermuellen (FIP HPS, USA)

PROGRAMME
1) Medicine use review and medication reconciliation
Poppe van Mo (Van Mo Consulting, The Netherlands)
2) Best practice in integrating drug therapy and pediatric patient care
Regine Vaillancourt (Children’s Hospital of Eastern Ontario, Canada)
3) Safety and efficiency evidence, for a collaborative pharmaceutical service program, as it is currently implemented in Swiss nursing homes
Isabelle Anguish (Policlinique Medecine Universitaire de Lausanne, Switzerland)

Break

4) The Pharmacy Dots Initiatives: An integrated model to address the gaps and challenges in TB prevention and control
Foppe van Mil(Van Mil Consulting, The Netherlands)

5) Methadone: An opioid substitution therapy and the care of the complex patient
Denis O’Driscoll (Cherry Orchard Hospital, Ireland)

6) Debate / Panel discussion

4) New anticoagulant drugs
Erin Fox (University of Utah, USA)

C 8 – TRENDS IN COMMUNITY PHARMACY: DEBATING THE FUTURE OF THE PROFESSION
Organised by the FIP Community Pharmacy Section, the FIP Young Pharmacists’ Group and the International Pharmaceutical Students’ Federation

Tuesday 3 September 2013, 09:00 - 12:00 Wicklow Hall 2a
Duration: 3h

INTRODUCTION
Medication reconciliation and improving the transitions of care are recognized critical steps in the management of patients. One of the most frequently found root causes in reported sentinel events is the breakdown of communication. Through healthcare information exchange and interoperability, there is the opportunity to create a longitudinal medical record. This interoperability is a fundamental requirement for the healthcare system to derive the societal benefits promised by the adoption of electronic medical records (EMRs). It is paramount that pharmacists in primary and secondary care also communicate within this framework, but are they taking this opportunity to do so? And how will the role of the pharmacist be in accessing and contributing to these records? This session will explore these issues further.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Summarize the importance of medication reconciliation as a means to bridge the gap in healthcare and increase patient safety
- Debate the importance of establishing communication channels between primary and secondary healthcare sectors
- Describe the opportunities for community pharmacy presented by collaborative care
- Express the rationale behind the establishment of an electronic patient health record and ensure interoperability
- Critically discuss the future challenges for pharmacists in accessing and contributing to electronic patient records

CHAIRS
Maria Creed (Mater Misericordiae University Hospital, Ireland)

PROGRAMME
1) Systematic reviews and economic evaluations of pharmacist-participated Warfarin Therapy Management
William Beck (University of Illinois Chicago, USA)

2) Plenary session: Science competencies for contemporary and future pharmacists and the concepts of translational science

Responses:
Fatma Karapinar (Saint Lucas Andreas Hospital, The Netherlands)

3) Electronic patient health records and interoperability – Challenges and opportunities
Paul Fahey (Pharmaceutical Society of Ireland, Ireland)

Responses:
Elina Aaltonen (FIP YPG, Finland)

Representative from IPSF

E 1 - SCIENCE - THE BEST BASIS FOR THE BEST PRACTICE?
Organised by the FIP Academic Pharmacy Section, the FIP Education Development Team and the FIP Board of Pharmaceutical Sciences

Tuesday 3 September 2013, 09:00 - 12:00 Wicklow Hall 2b
Duration: 3h

INTRODUCTION
Science - basic, translational, clinical, outcomes research, social sciences - informs best practices for patient care. Key issues include identification of the requisite science foundation, best practices in teaching science in the professional curriculum and relating science to practice and patient care.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Describe science competencies needed by the contemporary pharmacist
- Explain translational science and its application to practice
- Describe case studies in the educational environment that demonstrate translation of science into practice
- Develop practical educational examples of translating science into practice for use at your home institution

PROGRAMME
The programme will begin with two plenary presentations that will address the science competencies required by contemporary and future pharmacists and the concepts of translational science. These talks will be followed by short case studies of educational models in which science has a direct impact on practice. The session will end with a panel discussion of all speakers with an extended question and answer period to generate thoughtful and fruitful discussions of science education informing practice.

2) Plenary session: Science competencies for contemporary practice

3) Case study

4) Plenary session: Translational research/science and practice

William Beck (University of Illinois Chicago, USA)

4) Case study: Can artificial intelligence assist the medication review process by identifying clinically relevant drug-related problems and making appropriate recommendations

Greg Peterson (University of Tasmania, Australia)

5) Panel discussion

3) Anti-coagulant needs of anticoagulated patients
Folke van Mil (Van Mil Consulting, The Netherlands)

5) Panel discussion

5) Plenary session: Medication reconciliation – An opportunity for collaboration

Responses:
Sarah Sinclair (FIP YPG, Australia)

Representative from IPSF

5) Panel discussion

5) Anti-coagulant needs of anticoagulated patients
Folke van Mil (Van Mil Consulting, The Netherlands)
F 3 - CONCLUSIONS OF THE CHIEF PHARMACISTS’ MEETING
Organised by FIP
Tuesday 3 September 2013, 09:00 – 12:00 Liffey Hall 1
Duration: 3h

INTRODUCTION
Prior to the 2013 FIP Congress, a Chief Pharmacists Meeting will be organized by the Department of Health of the Government of Ireland, the International Pharmaceutical Federation and the Pharmaceutical Society of Ireland. This meeting aims to gather the pharmaceutical advisers at the Ministries of Health to discuss issues of relevance for them. The session will be a follow-up of the Ministers Summit on the Benefits of Responsible Medicines Use organized during the FIP Centennial.

The conclusions of this meeting will be reported during this session.

CHAIR
Andy Gray (FIP, South Africa)

LEARNING OBJECTIVES
At the conclusion of this session, participants will be able to:
• List the key topics discussed at the Chief Pharmacists meeting
• List the key conclusions for each topic

F 11 - THE VALUE OF REAL WORLD EVIDENCE (RWE) - WILL AVAILABILITY OF DATA LEAD TO A PARADIGM CHANGE?
Organised by the FIP Industrial Pharmacy Section and the FIP Pharmacy Information Section
Tuesday 3 September 2013, 09:00 – 12:00 Liffey Hall 2
Duration: 3h

INTRODUCTION
The session will present and discuss how Real World Evidence (RWE) can be used to better evaluate treatment, both with regards to clinical outcome and value for money. Today’s IT technology makes it easier to follow each individual treated and in many countries, registries on treated patients for a particular disease are established, like rheumatoid arthritis, diabetes etc. These registries make it possible to evaluate patient adherence, outcomes, possible adverse events etc. at the individual level and in a longer perspective to improve treatment for the individual. These registries can also be an important tool to document the value for money spent on medicines. In the long run, RWE can make it possible to make also available medicines that are only clinically or economically feasible for small populations as these can be identified in a more structured way. RWE data may also become an important tool for improving adherence and here pharmacists may play a very important role to assist and guide the consumer.

LEARNING OBJECTIVES
At the conclusion of this session, participants will be able to:
• Summarize the current status of Real World Evidence
• List several potential areas that can benefit from RWE
• Discuss the role of the pharmacist in this development.

CHAIRS
Ulf Anzon (FIP IPS, Sweden) and Boyan Todorov (FIP PIS, The Netherlands)

PROGRAMME
1) To what extent are Real World Evidence data collected today? Good examples from existing centers of excellence in different areas
Per Troen (IMS Europe, United Kingdom)

2) Real World Evidence, a tool for the citizen/patient to follow his/her personal health status. Furthermore, a platform for improved adherence to treatment recommendations including life style changes where the pharmacist can play a paramount role to assist the citizen/patient, a practical example from HIV care in Sweden
Joakim Soderberg (Health Solutions, Sweden)

3) Real World Evidence, a substitute for phase IV and late phase III clinical trials that could make earlier introduction of new medicines possible
Bert Leunkens (University of Utrecht, The Netherlands)

4) Real World Evidence, a substitute for HTA modeling and providing a platform for reward of innovation and pay for performance
Richard Bergström (EFPPIA, Sweden)

5) Real World Evidence, a substitute for pharmacovigilance reporting and safety documentation?
Niklas Nordin (Uppsala Monitoring Centre/WHO Collaborating Centre for International Drug Monitoring, Sweden)

Break

6) Real World Evidence, a substitute for phase IV and late phase III clinical trials that could make earlier introduction of new medicines possible
Bert Leunkens (University of Utrecht, The Netherlands)

C 11 - COLLABORATIVE APPROACHES TO DEALING WITH COMPLEX MEDICAL CONDITIONS
Organised by the FIP Young Pharmacists’ Group
Tuesday 3 September 2013, 12:15 – 12:45 Wicklow Hall 1
Duration: 3h

INTRODUCTION
As medical technology improves, longevity of patients increases. With this increase comes the likelihood of multiple disease states, and thus more complex medication and lifestyle regimens. Collaboration between healthcare professionals ensures that the patient benefits due to decreased risk of multiple medications and procedures, and ensures that all aspects of the patients’ well being is monitored. This can improve patient outcome and increase patients’ knowledge of their own health. This session will outline several situations where collaborative practice has worked effectively, and will give some insight on how these collaborations were initiated.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
• Describe several original pharmacy contributions from young pharmacists or young pharmaceutical scientists, with the focus on “From development to marketing”
• Demonstrate how you can be assistance to their practice
• Distinguish what aspect of patient care you can effectively collaborate on, and with whom

CHAIR
Marielle Nieuwhof (FIP IPS, The Netherlands)

F 18 - PRESENTATIONS FROM FIP MEMBER ORGANISATIONS (PART 2)
Organised by the FIP Bureau
Tuesday 3 September 2013, 12:15 – 13:45 Liffey Hall 2
Duration: 1.5h

INTRODUCTION
During this series of sessions, FIP member organisations showcase their innovations and their achievements or give an update on their national pharmaceutical policy. This is a great opportunity for all congress participants to have a wider perspective on the evolution of our profession in other countries and to be inspired by these examples for developing new activities.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
• Identify situations where collaboration would be beneficial
• Describe the process of implementing GPP in pharmacy regulation in Montenegro
• Describe the support obtained via the Technical Assistance and Information Exchange Instrument (TAIEX) of the European Union
• Describe strategies that APBA can offer or be involved with, in order to enhance the research career of its postgraduate student membership

CHAIR
Mariet Eksteen (FIP YPG, South Africa)
Tuesday 3 September 2013, 14:00 – 17:00 Wicklow Hall 2

PROGRAMME

1) What and how much should we discuss with patients? 
Parisa Aslani (FIP PIS, University of Sydney, Australia)

2) Patients versus clinicians – Who is the decision maker? 
Henry Young (University of Wisconsin, USA) or Wei Wen Chong (National University of Malaysia, Malaysia)

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
• Identify the types of Cognitive Pharmaceutical Services for complex patients
• Develop a program for the implementation of these services
• Advocate for the implementation of Cognitive Pharmaceutical Services
• Demonstrate the clinical and economic aspects of these services

CHAIRS
Charlie Bertrum (University of Technology - Sydney, Australia) and Charlotte Rossing (Pharmakon, Denmark)

Tuesday 3 September 2013, 14:00 – 17:00 Wicklow Hall 2b

INTRODUCTION
The Forum for Innovators is a program that has been successfully managed by the Community Pharmacy Section for 6 years. It attracts a large number of participants and is characterised by case study presentations, a plenary session and discussion forum. The program was developed with the purpose of creating a forum for sharing experiences and exchanging information. Managing change to implement professional services as well as high quality core activities that meet the social need is extremely important for community pharmacy professional and economic survival and development. The expertise of pharmacists in the area of complex patients needs further development. This program will assist national organisations and individual members by developing their capacity to offer cognitive pharmaceutical services to complex patients.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
• Identify approaches to patient-centered care using a number of evidence-based guidelines in the delivery of healthcare to patients with multiple conditions and chronic disease exemplars.
• Develop a program for the implementation of these services
• Advocate for the implementation of Cognitive Pharmaceutical Services

CHAIRS
Charlie Bertrum (University of Technology - Sydney, Australia) and Charlotte Rossing (Pharmakon, Denmark)

Tuesday 3 September 2013, 14:00 – 17:00 Liffey Hall 2

Introduction
The Host Madsen Medal is made possible by the support of Danmarks Apotekerforening, the Association of Danish Pharmacists. The Host Madsen Medal is the highest Pharmaceutical Sciences Award of FIP and is awarded every two years, to an eminent pharmaceutical scientist who has particularly distinguished himself by his research. This year, the Host Madsen Medal will be awarded to Prof. Dr. Daan J. A. Crommelin (Utrecht University, The Netherlands).

B 3 - THE NEED FOR BETTER COMMUNICATION
Organised by the FIP Social and Administrative Pharmacy Section

Tuesday 3 September 2013, 14:00 - 17:00 Wicklow Hall 1

INTRODUCTION
This workshop will address the complex nexus between evidence-based practice and patient centered care. Taking a shared decision making approach to care may not always result in the adoption of evidence-based practice. Case studies and examples will be used to discuss this aspect of pharmacy practice.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
• Investigate the implications of shared decision making and other patient-centered approaches to the delivery of evidence-based practice by pharmacists
• Advocate the place of clinical judgment and the implementation of evidence-based guidelines
• Explain the deficiencies of (single condition) evidence-based guidelines in the delivery of healthcare to patients with multiple comorbidities
• Identify approaches to patient-centered care using a number of chronic disease exemplars

CHAIR
Timothy Chen (FIP SAPS, University of Sydney, Australia)

Tuesday 3 September 2013, 14:00 – 17:00 Liffey Hall 1

INTRODUCTION
The Høst Madsen Medal is the highest Pharmaceutical Sciences Award of FIP and is awarded every two years, to an eminent pharmaceutical scientist. The Høst Madsen Medal is made possible by the support of European Funds (Technical Assistance and Information Exchange Instrument - TAIEX).

1) Researchers of the future
Parisa Aslani (Australasian Pharmaceutical Science Association, Australia)

3) Presentation from the Korean Pharmaceutical Association

F 13 - FIP HOST MADSSEN MEDAL LECTURE
THE PHARMACEUTICAL SCIENCES: WHAT IS AHEAD OF US? A HORIZON SCAN
Organised by the FIP Board of Pharmaceutical Sciences

Tuesday 3 September 2013, 12:00 – 14:00 Liffey Hall 2

The Host Madsen Medal is made possible by the support of Danmarks Apotekerforening, the Association of Danish Pharmacists. The Host Madsen Medal is the highest Pharmaceutical Sciences Award of FIP and is awarded every two years, to an eminent pharmaceutical scientist who has particularly distinguished himself by his research. This year, the Host Madsen Medal will be awarded to Prof. Daan J. A. Crommelin (Utrecht University, The Netherlands).

B 2 - HEALTHCARE DATA - SAFEGUARDING CONFIDENTIALITY
Organised by the FIP Hospital Pharmacy Section and the FIP Pharmacy Information Section

Tuesday 3 September 2013, 14:00 - 17:00 Liffey A

INTRODUCTION
Health professionals, including pharmacists, have increasing need for access to patient data for clinical review of complex patients. In parallel there are social changes which are tending to restrict access to patient data. This session is intended to explore the legislation and ethics relating to the issue and give participants pointers to help their own practice.

LEARNING OBJECTIVES
At the conclusion of this session, participants will be able to:
• Describe the ethics relating to confidentiality of personal health data
• List examples of legislation introduced internationally covering confidentiality
• Translate the significance of confidentiality of data to pharmacy practice in own scenario
• Adopt learning from this session to own practice

CHAIRS
Yasuo Takeda (FIP HPS, Japan) and Lindsay McClure (FIP PIS, United Kingdom)

Tuesday 3 September 2013, 14:00 – 17:00 Wicklow Hall 1

INTRODUCTION
This year, the Høst Madsen Medal will be awarded to Prof. Dr. Daan J. A. Crommelin (Utrecht University, The Netherlands).

B 1 - UPDATE PHARMACY REGULATION AND LEGISLATION TO SUPPORT GOOD PHARMACY PRACTICE
Organised by the FIP Community Pharmacy Section

Tuesday 3 September 2013, 14:00 – 17:00 Wicklow Hall 2

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
• Develop a program for the implementation of these services
• Advocate for the implementation of Cognitive Pharmaceutical Services
• Demonstrate the clinical and economic aspects of these services

CHAIRS
Charlie Bertrum (University of Technology - Sydney, Australia) and Charlotte Rossing (Pharmakon, Denmark)

Tuesday 3 September 2013, 14:00 – 17:00 Wicklow Hall 2b

INTRODUCTION
The goal of the program is to strengthen pharmacists understanding of diagnostics and biomarkers in personalized medicine and prepare them to play a role in a multi-disciplinary patient care.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
• List the general features of a good biomarker
• Describe how to use biomarkers/diagnostics in personalized medicine
• Compare biomarkers and their use as key elements for drug monitoring and disease management
• Identify current advances of genomic biomarkers focusing on cancer and chronic diseases

CHAIRS
Majid Moridani (FIP SIG on Individualized Medicine, USA) and Bernard Rogg (FIP CBS, France)

Tuesday 3 September 2013, 14:00 – 17:00 Wicklow Hall 1b

INTRODUCTION
The program was developed with the purpose of creating a forum for sharing experiences and exchanging information. Managing change to implement professional services as well as high quality core activities that meet the social need is extremely important for community pharmacy professional and economic survival and development. The expertise of pharmacists in the area of complex patients needs further development. This program will assist national organisations and individual members by developing their capacity to offer cognitive pharmaceutical services to complex patients.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
• Identify the types of Cognitive Pharmaceutical Services for complex patients
• Analyse the difference in these services
• Demonstrate the clinical and economic aspects of these services
• Identify approaches to patient-centered care using a number of chronic disease exemplars

CHAIR
Timothy Chen (FIP SAPS, University of Sydney, Australia)
pharmacy practice. The vision we are building in new profession concept of advanced models of care are implemented around the world to reach the situation. Health information management models and different practical knowledge and personal experience, based giving the pharmacists safe and firm starting point in decision-making process. Translating science into practice is one of the main pharmacy frames scientific background of pharmaceutical care, includes the ability to make right decision, morally based, in right time, with right premises, driven by evidences. Evidence based pharmacy frames scientific background of pharmaceutical care, giving the pharmacists safe and firm starting point in decision-making process. Translating science into practice is one of the main challenges in pharmacy profession. Furthermore, practical knowledge and personal experience, based on theory and science needs a “human touch” to clarify what would be the ethically best decision to help a patient in any given situation. Health information management models and different models of care are implemented around the world to reach the vision we are building in new profession concept of advanced pharmacy practice.

**D 1 - IMPLEMENTING THE VISION**

Organised by the 2013 Programme Committee

**TUESDAY**

**Tuesday 3 September 2013, 14:00-17:00 Liffey B**

**INTRODUCTION**

Are we ready to implement the vision of advanced practice in our care for complex patients? Is it a standard in use to compare with, to be sure we are advancing our practice? Who is an “advanced practitioner” - a person with advanced competence or capability in a narrow area of practice, or a person with advanced levels of competency across a broad range of areas – or both? Competence includes the ability to make right decision, morally based, in right time, with right premises, driven by evidences. Evidence based pharmacy frames scientific background of pharmaceutical care, giving the pharmacists safe and firm starting point in decision-making process. Translating science into practice is one of the main challenges in pharmacy profession. Furthermore, practical knowledge and personal experience, based on theory and science needs a “human touch” to clarify what would be the ethically best decision to help a patient in any given situation. Health information management models and different models of care are implemented around the world to reach the vision we are building in new profession concept of advanced pharmacy practice.

**LEARNING OBJECTIVES**

At the end of this session participants will be able to:

- Identify how advanced practitioners’ competencies are defined and how they can be assessed and developed
- Describe the concept of translating science into pharmacy practice
- Explain the implementation of various health information management models in patient care
- Build a concept of interdisciplinary and inter-professional models of care for complex patients

**CHAIR**

Arijana Mestrovic (FIP Programme Committee, Croatia)

**PROGRAMME**

1) Competences required for advanced level care  
   Jennifer Marriott (Monash University, Australia)

2) Translating science into practice  
   Ross McKinnon (Flinders Centre for Cancer Prevention and Control, Australia)

3) Health information management models  
   Lawrence Brown (University of Tennessee Health Science Center, USA)

4) Models of care (from the Drug Room to Accountable Care)  
   Olivier Bugnion (Policlinique Médicale Universitaire de Lausanne, Switzerland)

**WEDNESDAY**

**F 16 - PHARMACISTS IN HUMANITARIAN WORK**

Organised by the FIP Community Pharmacy Section and the FIP Military & Emergency Pharmacy Section

**Wednesday 4 September 2013, 07:30 – 08:45 Liffey Hall 1**

**INTRODUCTION**

Beyond the practice any pharmacist conducts in his/her primary role, there are unending opportunities for pharmacists to be involved in humanitarian volunteer charitable efforts. This session is intended to highlight the personal engagement of one or two pharmacists who have seen a pressing need and responded to it.

**LEARNING OBJECTIVES**

At the conclusion of the session, participants will be able to:

- Advocate the role of the pharmacists in emergency situations
- Describe the planning framework required for pharmacist involvement and collaboration in a humanitarian effort
- Describe how pharmacists may become involved in humanitarian projects

**CHAIR**

Warren Meek (FIP CPS, Canada)

**PROGRAMME**

1) Communication between pharmacists and victims in a disaster  
   Mari Harada (Japanese Red Cross, Japan)

2) Pharmacists in humanitarian work. Why not you?  
   Kevin Boner (Full Health Medical, Ireland)

3) The challenges of cancer survivorship: Implications for pharmacists  
   Agnes Vitry (University of South Australia, Australia)

4) Oncology education and training in Schools of Pharmacy – Where we are and where we should go  
   Michael Newton (West Virginia University, USA)

**C 10 - COMPLEX PATIENTS AND OBSTACLES TO QUALITY USE OF MEDICINES – A PATIENT’S PERSPECTIVE**

Organised by the FIP Young Pharmacists’ Group

**Wednesday 4 September 2013, 09:00 – 12:00 Wicklow Hall 1**

**INTRODUCTION**

Many sessions are traditionally given to explaining how obstacles to patient communication should be overcome. Many of these obstacles are defined by experts in this field; these people are all highly educated professionals with a strong knowledge background. Patients have a vast array of experience and knowledge - and thus every patient will have a different set of obstacles. To apply a generalisation about perceived obstacles to the majority of patients can sometimes be inappropriate and may pathways, psycho-oncology, nutrition, long term effects of cancer treatments (including cognitive effects, neurotoxicity, second tumours, fertility issues etc).

**CHAIR**

Ross McKinnon (Flinders Centre for Cancer Prevention and Control, Australia)

**PROGRAMME**

1) Overview of the changes in cancer treatments, emergence of targeted therapy, survival trends, economic issues etc.  
   Ross McKinnon (Flinders Centre for Cancer Prevention and Control, Australia)

2) The challenges of cancer survivorship: Implications for pharmacists  
   Agnes Vitry (University of South Australia, Australia)

3) The continuity of care and the roles of community pharmacists in the chronic cancer care  
   Marie-Paule Schneider (Policlinique Médicale Universitaire de Lausanne, Switzerland)

4) Oncology education and training in Schools of Pharmacy – Where we are and where we should go  
   Michael Newton (West Virginia University, USA)
result in a poor interaction outcome. We would like to have REAL patients with complex conditions explain what they find most appropriate and most useful when being addressed by healthcare professionals. We would like to also have small groups to role play scenarios to practice these new communication techniques. By demonstrating, we learn more effectively.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Identify unique obstacles each patient may be presented with
- Evaluate the current extent of knowledge of the patient
- Modify the information imparted to the patient to compensate for current knowledge
- Demonstrate the extent of knowledge acquisition by patient

CHAIRS
Mariet Eksteen (FIP YPG, South Africa) and Boyan Todorov (FIP PIS, Bulgaria)

PROGRAMME
1) 1 A patient’s perspective - Communication with healthcare professionals
   Tara Hehir (FIP YPG, Australia)
2) Communication skills - How to individualise information for each patient
   Parisa Aslani (University of Sydney, Australia)
3) Workshop - Small groups to work on individual role plays
   Facilitators: Mariet Eksteen (FIP YPG, South Africa), Boyan Todorov (FIP PIS, Bulgaria), Tara Hehir (FIP YPG, Australia) and Parisa Aslani (University of Sydney, Australia)
4) Groups outcome presentation

D 2 - HIGH-QUALITY SUPPORT: THE ULTIMATE TARGET OF PHARMACOLOGISTS
Organised by the FIP Military & Emergency Pharmacy Section
Wednesday 4 September 2013, 09:00 – 12:00 Liffey Hall 1
Duration 3h

INTRODUCTION
This session is intended to focus on the core roles for MEPS members of emergency response and pharmacologists. In the current global situation of frequent natural disasters, it is important that MEPS members are able to share ideas and processes. This will enable better response to meet the needs of patients in situations where all patients become ‘complex’.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- List the principles of drug donations
- Perform better practice in the transportation of pharmaceuticals in emergency situations
- Describe a type of pharmaceutical tracking system for stock management

CHAIRS
Wendy Walker (FIP MEPS, Australia) and Eiko Kobayashi (FIP MEPS, Japan)

PROGRAMME
1) Managing donations of requested and unrequested pharmaceuticals
   Alex Kossyak (USAID, USA)
2) Good military transportation practice of medicines in missions and emergency situations within the regulatory framework
   Thomas Zimmerman (Central Institute of the Bundeswehr Medical Service Munich, Germany) and Lixin Xu (Second Military Medical University, China)
3) From factories to patients: A whole procedure of the medicine electronic monitoring system of the CPLA
   Xiaoyan (Second Military Medical University, China)
4) Colombia - Sierra Leone: A South-South non-governmental pharmaceutical cooperation experience
   Andrea Carolina Reyes Rojas (Colombia)
5) An ounce of prevention is worth a pound of cure: Moving from healthcare to health in the military health system
   Nita Sood (Public Health Service, USA)

D 3 - THE DIVERSITY OF PATIENTS AND ITS INFLUENCE ON PHARMACOEPIDEMIOLOGICAL RESEARCH
Organised by the FIP Social and Administrative Pharmacy Section
Wednesday 4 September 2013, 09:00 – 12:00 Liffey A
Duration 3h

INTRODUCTION
The use of pharmacoepidemiological research is becoming an increasingly important research approach for informing safe and effective use of pharmacotherapy and for informing medication policy. This session will cover some of the advances in pharmacoepidemiological methods including the use of linked databases.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Identify the place of pharmacoepidemiological research in informing healthcare delivery in diverse patient groups
- Identify the use of pharmacoepidemiological methods in improving healthcare delivery and policy to diverse population groups
- Identify any clinical, legal, research, social and ethical implications for the linking of databases in pharmacoepidemiological research
- Evaluate the implications of pharmacoepidemiological research on the delivery of healthcare to diverse patient groups

CHAIRS
Albert Wertheimer (FIP SAPS, USA) and Jiang Dechun (Chinese Pharmaceutical Association, China)

PROGRAMME
1) The role of racial differences in personalized medicine
   Anke-Hilse Maitland van der Zee (University of Utrecht, The Netherlands)
2) Using pharmacoepidemiological methods to inform practice about drug effects in diverse patient groups
   Katja Hakkarainen (Finland)
3) Real World Databases and pharmacoepidemiological studies
   Weng Huang (China Taiwan)
4) Reliability of racial and ethnic classification in large data sources and its contribution to data heterogeneity
   Abraham Hartema (USA)

E 2 - INTERPROFESSIONAL EDUCATION
Organised by the FIP Academic Pharmacy Section
Wednesday 4 September 2013, 09:00 – 12:00 Wicklow Hall 2b
Duration 3h

INTRODUCTION
Team based care is becoming the standard for healthcare practice. It is incumbent upon pharmacy education programs to develop robust interprofessional education programs in collaboration with colleagues in other health professions and associated fields (e.g., human factors involving systems engineering and cognitive psychology) to prepare graduates to practice in team based, complex care environments. One critical aspect of team based healthcare for which each team member has responsibility is patient safety that is especially important in complex patients. This session will focus on patient safety as a key example of interprofessional education.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Describe interprofessional patient safety education models
- Develop insights into the value and implementation of interprofessional patient safety education
- Develop ideas or plans for implementing interprofessional patient safety education at your home institution

PROGRAMME
Short plenary talks will begin the session to familiarize the audience with patient safety education principles and implementation strategies followed by examples of interprofessional patient safety education programs currently in use or development.

Audience members will then be asked to work in groups to conduct a SWOT analysis of the examples given in the plenary talks and formulate plans for development of interprofessional patient safety education at their institutions. Each group will report out its analyses and plans.

F 14 - PROCESS VALIDATION
Organised by the FIP Special Interest Group on Regulatory Sciences
Wednesday 4 September 2013, 09:00 – 12:00 Liffey Hall 3
Duration 3h

INTRODUCTION
Definition of Process Validation: The documented evidence that the process, operated within established parameters, can perform effectively and reproducibly to produce a medicinal product meeting its predetermined specifications and quality attributes (Annex 15 to the EU Guide to Good Manufacturing Practice, 2001). In the traditional approach the manufacture of a number of validation batches confirms that the process is under control. The implementation of the new ICH guidelines Q8 Pharmaceutical development, Q9 Risk Management and Q10 Quality Systems introduces a more systematic, science and risk based approach to product and process development. This provides opportunities for a more holistic approach to process validation across the product lifecycle. The lifecycle approach to process validation can be described in three stages: Process Design and development, process verification by manufacture of a number of commercial scale batches and maintenance of the process in a state of control during routine commercial production.

The recent updates of the FDA and EMA guidelines on process validation reflect these concepts.

LEARNING OBJECTIVES
At the conclusion of the session, the participants will be able to:
- Define what process validation is and what importance it has for the quality of the products
- Describe the traditional and lifecycle approach of process validation
- Compare the requirements of the FDA Guideline and EMA Draft Guideline
- Detect the opportunities of the validation concepts for continual improvement throughout the product lifecycle
- Translate the ideas of the updated validation guidelines to applications in hospital and community pharmacies

CHAIRS
Dieter Friedel (Bayer Pharma, Germany) and Vinod Shah (Consultant, USA)

PROGRAMME
1) What is process validation? Traditional and life cycle approach;
   FDA guidance
   Simon Smith (Pfizer, United Kingdom)
**F 19 - PRESENTATIONS FROM FIP MEMBER ORGANISATIONS (PART 3)**

Organised by the FIP Bureau

Wednesday 4 September 2013, 12:15 - 13:45 Liffey B

Duration: 1.5h

**INTRODUCTION**

During this series of sessions, FIP member organisations showcase their innovations and their achievements or give an update on their national pharmaceutical policy. This is a great opportunity for all congress participants to have a wider perspective on the evolution of our profession in other countries and to be inspired by these examples for developing new activities.

**LEARNING OBJECTIVES**

At the conclusion of the session, participants will be able to:

- Identify the medicine journey in French hospitals
- Advocate the responsibility of French hospital pharmacists in this process
- Summarize the changes introduced in Japan by the last major reform of pharmacy education

**CHAIR**

Eva Terasalmi (FIP, Finland)

**PROGRAMME**

1) E-medication and medication management
   - Max Wellan (Austrian Chamber of Pharmacists, Austria)

2) Pharmacy education reform: Towards a 6-year training
   - Nobuo Yamamoto (Japan Pharmaceutical Association, Japan)

3) Medicine journey at the hospital: A coherent pharmaceutical responsibility
   - Philippe Arnaud (Syndicat National des Pharmaciens, Praticiens Hospitaliers et Praticiens Hospitaliers Universitaires, France)

**F 26 - REPORT ON THE PHARMACOPEIA MEETING IN INDIA**

Organised by the FIP Board of Pharmaceutical Sciences

Wednesday 4 September 2013, 12:15 - 13:45 Wicklow Hall 2b

Duration: 1.5h

**INTRODUCTION**

The Second International Meeting of World Pharmacopoeias was organized in April 2013 in India by World Health Organization (WHO) and Indian Pharmacopoeia Commission (IPC), an Autonomous Institution of the Ministry of Health and Family Welfare, Govt. of India. It was as a follow up after various meetings held in 2011 towards harmonisation of Pharmacopoeias, including the conference “The international world of pharmacopoeias - Now and in future” (held jointly by FIP and WHO at the FIP Centennial). A session is scheduled for this conference to summarise the available evidence regarding the role and impact of pharmacy services for these patient populations.

**LEARNING OBJECTIVES**

At the conclusion of the session, participants will be able to:

- Recognize the positive and negative effects of computer generated information.
- Identify risk management issues – The possibility of computer error and the impact this could have
- Recognize the positive and negative effects of computer generated information.

**CHAIRS**

Karin Graf (FIP CPS, Germany) and Martin Astbury (FIP CPS, United Kingdom)
**D 6 - THE EMERGENCE OF BIOLOGICALS AS THERAPEUTIC AGENTS**

**Organised by the FIP Board of Pharmaceutical Sciences**

**Wednesday 4 September 2013, 14:00 - 17:00 Liffey A**
Duration: 3h

**LEARNING OBJECTIVES**
At the conclusion of the session, participants will be able to:
- Identify challenges and potential solutions to designing drug formulations for biological therapeutics to be used in developing countries
- Describe the unique pharmacological properties of antibody-based drugs and how these properties influence therapeutic regimen design and management
- Identify methods used to meet the challenges in developing peptide and protein drugs
- Describe current and emerging analytical techniques to measure protein-based drugs, ligands, and endogenous biomarkers in complex matrices

**PROGRAMME**

**CHAIR FOR PART I**
Ian Bates (United Kingdom)

**PART I**

- **1) Overview, mission and vision of FIPED**
  Ian Bates (United Kingdom)

- **2) An outline of the current domains of practice in FIPED, together with outcomes achieved and progress**
  - Competency (foundation level):
    - Andrea Bruno (FIPED, United Kingdom)
  - Leadership:
    - Tina Brock (UK)
  - Pharmacy Education journal:
    - Tom Renee (Namibia)
  - Pharmacy Support Workforce:
    - Andrew Brown (Australia)
  - Quality assurance:
    - Mike Rouse (US)
  - Strategic projects and communications:
    - Diane Gal (FIPED, Belgium)

- **3) A discussion/workshop of the utility and purpose of global leadership in education practice and policy. Better training leads to better care: Making this happen.**
  - Competency (advance practice):
    - Kirstie Galbraith (Australia)
  - Continuing Professional Development/Continuing Education:
    - Toyn Tolled (USA) and Mike Rouse (US)
  - Interprofessional learning:
    - Jill Boone (USA) and Tina Brock (UK)

**E 5 - PHARMACY EDUCATION IN FIP: THE JOURNEY SO FAR...**

**Organised by the FIP Education Initiatives (FIPEd) Development Team**

**Wednesday 4 September 2013, 14:00 - 17:00 Wicklow Hall 3b**
Duration: 3h

**INTRODUCTION**
This session charts the development of global leadership in professional education by FIP. The current status of FIPEd and project reports will be presented. Delegates will be invited to engage with the vision and strategic plans of FIPEd, and join in a debate with how educational leadership can be translated into local visions for developing the profession.

**PROGRAMME**

**CHAIR FOR PART II**
Mahama Dwiweyja (Ghana)

**PART II**

- **4) 2013 FIPEd Global Education Report launch**
  - Data overview:
    - Diane Gal (FIPED, Belgium)
  - Case studies overview:
    - Claire Anderson (United Kingdom)
  - Future developments:
    - Chris John (United Kingdom)

**F 6 - CREATING THE FUTURE LEADERS IN PHARMACY**

**Organised by the FIP Hospital Pharmacy Section and the FIP Academic Pharmacy Section**

**Wednesday 4 September 2013, 14:00 - 17:00 Wicklow Hall 1**
Duration: 3h

**INTRODUCTION**
Many pharmacy practitioners begin their careers with responsibilities that do not primarily involve the management and leadership of departments and programs. In mid-career they value leadership training greatly for the complex programs and services they must manage.

**LEARNING OBJECTIVES**
At the conclusion of the session, participants will be able to:
- Identify those leadership skills that pharmacist who are mid-career wish to have
- Describe programs that have been developed and delivered in various areas
- Analyze the content of leadership programs and the methods of delivery
- Analyze the outcomes of the leadership programs in terms of student satisfaction and use

**PROGRAMME**

- **1) Clinical pharmacology of antibody-based therapeutics**
  - Donald Mager (FIP SIG on PKPD and ADME, USA)

- **2) The development of peptide and protein drugs**
  - Ronald Bowsher (B2S Consulting, USA)

- **3) Bioanalytical challenges in measuring protein-based drugs and biomarkers**
  - Andreia Bruno (FIP SIG on Biotechnology, Australia)

- **4) 2013 FIPED Global Education Report launch**
  - Diane Gal (FIPED, Belgium)

  - Mehdi Dridi (Direction Générale de la Santé Militaire de Tunis, Tunisia)

- **6) The content and methods of delivery of leadership training**
  - Eiko Kobayashi (Japanese Red Cross, Japan)

- **7) The outcomes of leadership training: The ASHP Foundation experience**
  - Stephen Allen (American Society of Health-System Pharmacists' Foundation, USA)

**F 15 - IMPROVING COMMUNICATION BETWEEN HEALTHCARE PROVIDERS IN DISASTER SITUATIONS**

**Organised by the FIP Military & Emergency Pharmacy Section**

**Wednesday 4 September 2013, 14:00 - 17:00 Liffey Hall 1**
Duration: 3h

**INTRODUCTION**
In emergency situations, it is important that healthcare providers are able to communicate - both with each other and with their patients. This session will include strategies for the use of pictograms, other tools that can be used to aid patient responses and for working together with responding teams from different nations.

**LEARNING OBJECTIVES**
At the conclusion of the session, participants will be able to:
- Explain lessons learned by MEPS responders in emergency situations
- Identify some of the training needs for pharmacists responding to an emergency
- Identify pharmaceutical quality assessment processes for supplying humanitarian NGO
- Identify the nature of coalition operations in humanitarian aid/disaster relief situations

**CHAIRS**
Richard Wossolobe (FIP MEPS, Austria) and Sylvain Grenier (FIP MEPS, Canada)

**PROGRAMME**

- **1) Natural disaster response from a pharmacy standpoint**
  - Regis Vaillancourt (Children's Hospital of Eastern Ontario, Canada)

- **2) Pharmacist education for disaster response**
  - Eiko Kobayashi (Japanese Red Cross, Japan)

- **3) Pharmaceutical quality awareness training among humanitarian NGO’s**
  - Christophe Luys (Quamed, Belgium)

- **4) Evaluation and comparison of the injury condition and rescue parameters in the Tangshan, Wenchaun and Yushu earthquake of China**
  - Kuai Liying (The Institution of Health Service and Medical Information of Beijing, China)

  - Mehdi Dridi (Direction Générale de la Santé Militaire de Tunis, Tunisia)
F 22 – SHORT ORAL PRESENTATIONS OF THE FIP COMMUNITY PHARMACY SECTION

Organised by the FIP Community Pharmacy Section

Wednesday 4 September 2013, 14:00 – 17:00 Liffey Hall 2
Duration: 3h

INTRODUCTION
Pharmacists will be asked to submit abstracts for this session based on the selected themes. Oral communications will be selected from the abstracts submitted.

THEMES
1. Unmet needs of complex patients;
2. What are we doing to meet the needs of complex patients?
3. Emerging strategies for handling complex patients

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Describe different solutions that have been put in place by pharmacists and pharmacies to meet the needs of complex patients;
- List a number of healthcare initiatives undertaken by individual pharmacists and/or pharmacy organisations;
- Compare and contrast different national strategies of handling complex patients.

CHAIRS
Warren Meek (FIP CPS, Canada) and Martin Astbury (FIP CPS, United Kingdom)

PROGRAMME
1) Practice accreditation - A tool to achieve the Community Pharmacy Section Vision 2020
Lynnae Mahaney [Center for Pharmacy Practice Accreditation, USA]

2) Community pharmacists’ knowledge of sexually transmitted infections (STIs) and practice of syndromic management of STIs in Lagos State, Nigeria
Arinola Joda (University of Lagos, Nigeria)

3) Five pillars of adherence
Dirk Broeckx (Prepare for the Future (PaF - IFB), Belgium)

4) Three years cost-benefit performance of Home Pharmaceutical Care project in Taiwan
Yen Huei Tarn (Taiwan Pharmacists Association, China Taiwan)

5) Meeting the complex patient needs in community pharmacy settings
Dragoslav Petronijevic (Pharmacy Belgrade, Serbia)

6) IPU NET: An innovative web-based application to support and promote the role of community pharmacy in providing healthcare services to patients
Elizabeth Hootor (Irish Pharmacy Union, Ireland)

7) The beliefs about medicines questionnaire utility as a tool in medication review
Margarida Caramona (University of Coimbra, Portugal)

8) Medicines book for aboriginal health workers in Australia
Frances Vaughan (Centre for Remote Health, Australia)

9) NetCare, a telemedicine service in Swiss community pharmacies: One year after implementation
Martine Ruggli (Pharmatrade, Switzerland)

10) Improved drug use for patients with complex medications - A successful Swedish method by using the empowered patient for increased patient safety
Lars-Åke Söderlund (Apoteket AB, Sweden)

11) The use of Smart Phone Applications (Apps) in community pharmacy practice
Fionnuala Johnstone (Royal College of Surgeons, Ireland)

12) Meeting the needs of complex patients through intra-professional and inter-professional collaboration
Carol O’Byrne (Pharmacy Examining Board of Canada, Canada)

THURSDAY

C 4 - MANAGING PATIENTS WITH ASTHMA – THE ROLE OF THE PHARMACIST

Organised by the FIP Community Pharmacy Section

Thursday 5 September 2013, 09:00 – 12:00 Liffey A
Duration: 3h

INTRODUCTION
Pharmacists are in a pivotal position to contribute to the overall management of asthma. Pharmacists can educate patients by providing information on how to use inhaled medications and peak flow meters. In addition, pharmacists can refer patients who use over-the-counter medications to physicians for medical care. Pharmacists can also be a valuable source of important information for other members of the healthcare team. They can monitor medication use and help identify patients with poorly controlled asthma.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Identify care issues of asthma patients;
- Describe common mistakes in performing the inhalation technique;
- Describe most successful interventions for patients with asthma;
- Describe skills and knowledge that are required to counsel patients with asthma;
- Describe community pharmacists’ involvement in medication reviews for patients with asthma;
- Contrast which interventions are allocated more to physicians and which more to pharmacists.

CHAIRS
Nina Greise (ABDA, Germany) and Karl Graf (FIP CPS, Germany)

PROGRAMME
1) What are the needs of patients with asthma?
Martin Henman (Trinity College, Ireland)

2) What can pharmacists do for patients with asthma at the time the medicine is dispensed?
Martin Schütt (ABDA, Germany)

3) Medication review for patients with asthma
Ines Krass (University of Sydney, Australia)

D 7 - FAST FORWARD TO THE FUTURE – TRANSLATING SCIENCE INTO BETTER PATIENT CARE

Organised by the FIP Board of Pharmaceutical Sciences

Thursday 5 September 2013, 09:00 – 12:00 Liffey Hall 2
Duration: 3h

INTRODUCTION
As patients get older with multiple diseases associated with polypharmacy there is an increasing need to accelerate and apply developments in the pharmaceutical sciences that improve the targeting of drug therapy and that provide rapid and acceptable point-of-care drug monitoring, drug information and dosage guidance. This session will summarise developments in multitarget drug design, so-called ‘smart’ drug delivery, and new approaches to improving patient variability in drug response (including those associated with drug-drug interactions) based on population-based physiological pharmacokinetic-pharmacodynamic modelling, genetic testing and miniaturised real-time monitoring devices.

LEARNING OBJECTIVES
At the conclusion of the session, participants will be able to:
- Design drugs for multiple targets;
- Improve the targeting of drugs through formulation development;
- Improve the individualisation of drug dosage through the use of physiological based pharmacokinetic-pharmacodynamic modelling;
- Improve the monitoring of drug effects through the use of miniaturised real-time devices and closed-loop regulated drug delivery systems.
Many barriers lie en route to attaining clinical utility of personalised medicine in common healthcare practice, some of which involve cost, expertise, and bioethics - as not all patients will be treated the same way. During this session, participants are invited to take on the challenge of critically assessing the implementation of personalised medicine in their respective countries. Wrapping up this session will be an inspiring discussion addressing the challenges, and potential solutions. As well, participants can glean a blueprint of future directions pharmacists can take in advancing the optimisation of healthcare and therapy for individuals.

**LEARNING OBJECTIVES**

At the conclusion of the session, participants will be able to:
- Explain and describe the fundamental principles of pharmacogenomics in clinical practice and list its relevant advantages
- Define the required structural, educational and organisational needs for the successful implementation of optimised pharmaceutical care through pharmacogenomics
- Outline the potential changes to interprofessional therapeutic dynamics with the progression of personalised medicines
- Evaluate strategies for the management of complex patients in the context of pharmacogenomics, and the implementation of this individualised service within varying systems of healthcare models
- Discuss the impact of personalised medicines on bioethics

**CHAIR**

Marcou Ben Guebila (IPSF Chairperson of Pharmacy Education, Tunisia)

**PROGRAMME**

1) Pharmacogenomics for dummies: Diagnostics and treatment
2) Optimising pharmaceutical care for complex patients – Deployment strategies
3) Bioethics of personalised medicine
4) Enhancing the continuity of care through interprofessional collaboration in the deployment of personalised medicines

**Break**

**Key issues debate**

**E 4 - ADDRESSING GLOBAL COMPLEXITIES THROUGH EDUCATIONAL INNOVATION**

Organised by the FIP Education Initiatives (FIPed) Development Team

**INTRODUCTION**

There is much innovation occurring in both education and service delivery. This session will aim to showcase examples of innovative educational practice that have wider global applicability. The exhibition will provide examples of how the complexities of modern pharmaceutical healthcare delivery can inform better practitioner development strategies through the use of innovation in education, and vice versa.

**LEARNING OBJECTIVES**

At the conclusion of the session, participants will be able to:
- Describe new innovative education technologies
- Discuss and contrast transnational applications of these innovations
- Give examples of local implementation strategies and the opportunities available through collaboration and networks

**PROGRAMME**

The programme will have a short introduction outlining the concepts of showcasing innovation. Presenters have been shortlisted through an abstract submission process. This will be followed by a Q&A session to encourage greater understanding of the examples portrayed, and identifying how transnational barriers can be minimised, after each part.

1) Introduction
   - Mike Rouse (USA)

2) Processes
   - Improving pharmacy students' analytic reasoning skills for evidence-based medication use, system evaluation and policy-making: Alan Lyles (USA)
   - Intra-lecture Assessment and Adaptive Teaching (ILAA): A concept and application to enhance instruction and learning. Gamal Hussein (USA)
   - Q&A

3) Curriculum
   - UK-PUTH exchange project: Difference and similarity between pharmacy education programs and reform initiatives: Zhan Maping Yi (China)
   - Indian pharmacy curriculum: A comparison with USA, Finland and Denmark: Siva Venkata (Denmark)
   - Q&A

4) 17/Demonstrations
   - SABER - Building an online global pharmacy education delivery: Marian Costelloe (Australia)
   - Implementation of an educational virtual resource in a low-resource setting: Timothy Rennie (Namibia)
   - A virtual pharmacy as a learning tool: Françoise Crever (Canada)
   - Q&A

**PART IV CHAIR**

Kirstie Gallbraith (Australia)

3) Clinical
   - Impact of pharmacist interventions on health related quality of life in HIV/AIDS patients: Winifred Gireu (Nigeria)
   - Training of pharmacists at Makerere University, Uganda: Richard Adon Adome (Uganda)
   - An example of inter-disciplinary, inter-professional collaborative learning across four different future healthcare workers: Siva Venkata (Denmark)

6) Closing remarks

Ian Bates (United Kingdom)

**F 10 - COMMITMENT TO ETHICAL RESPONSIBILITY AND PROFESSIONAL AUTONOMY IN PHARMACY**

Organised by the FIP Working Group on Pharmacist Ethics, Autonomy and Professionalism and the FIP Board of Pharmaceutical Practice

**THURSDAY**

**INTRODUCTION**

The main purpose of this session is the discussion of the general relationship between pharmacists' professional autonomy (in all sectors of practice) and the responsible use of medicines. The importance of practitioners' autonomy in fulfilling the profession's societal mandate, highlighting the relationship between pharmacists' autonomy and public trust, will also be discussed.

**LEARNING OBJECTIVES**

At the conclusion of the session, participants will be able to:
- List the main ethical concerns in pharmacy profession nowadays
- Advocate the importance of ethics, professionalism and autonomy in the decision making process in pharmacy
- Explain pharmacists' ethical responsibility in complex patient care protocols by recognizing importance of understanding patients concerns, beliefs and backgrounds
- Investigate self-adherence to the code of ethics and main moral principles in the pharmacy profession
- Design a self - concept of pharmacy health professional considering ethical and professional issues in practice and science

**CHAIR**

Toyin Tolfaade (USA)

**PROGRAMME**

1) Introduction
   - Mike Rouse (USA)

2) Processes
   - Improving pharmacy students' analytic reasoning skills for evidence-based medication use, system evaluation and policy-making: Alan Lyles (USA)
   - Intra-lecture Assessment and Adaptive Teaching (ILAA): A concept and application to enhance instruction and learning. Gamal Hussein (USA)
   - Q&A

3) Curriculum
   - UK-PUTH exchange project: Difference and similarity between pharmacy education programs and reform initiatives: Zhan Maping Yi (China)
   - Indian pharmacy curriculum: A comparison with USA, Finland and Denmark: Siva Venkata (Denmark)
   - Q&A

4) 17/Demonstrations
   - SABER - Building an online global pharmacy education delivery: Marian Costelloe (Australia)
   - Implementation of an educational virtual resource in a low-resource setting: Timothy Rennie (Namibia)
   - A virtual pharmacy as a learning tool: Françoise Crever (Canada)
   - Q&A

**PART IV CHAIR**

Kirstie Gallbraith (Australia)

3) Clinical
   - Impact of pharmacist interventions on health related quality of life in HIV/AIDS patients: Winifred Gireu (Nigeria)
   - Training of pharmacists at Makerere University, Uganda: Richard Adon Adome (Uganda)
   - An example of inter-disciplinary, inter-professional collaborative learning across four different future healthcare workers: Siva Venkata (Denmark)

6) Closing remarks

Ian Bates (United Kingdom)
introduction
Compounding is a service that has again been increasingly adopted by pharmacists over the last three decades. Researchers at the University of Sydney have identified some of the motives of these pharmacists as: a strategic focus on commercialisation; professional satisfaction, demand by patients and doctors for customised medications; and financial returns that are in line with a professional service. Compounding today is not the same as 50 years ago. Pharmacists now have access to a huge range of ingredients, compounding equipment and dosage forms, and are able to help patients and doctors solve medication problems that many have given up trying to fix. The emphasis on solving medication problems has moved compounding from a product focused activity to one in which the compounding pharmacist is a hugely valuable member of the patient’s healthcare team.

learning objectives
At the conclusion of the session, participants will be able to:
- Describe how to manage and implement GMP in the pharmacy setting.
- Describe how to guarantee the quality of the product in small scale production.
- Portray and understand the role of compounding in paediatric medicines.
- Portray and understand the role of compounding in oncology.
- Portray and understand the role of compounding in dermatology.

Chair: Eugene Lutz (FIP CPS, USA)

programme
1) Biopharmaceutical principles of compounding
Giovanni Pauletti (University of Cincinnati, USA)
2) When NOT to compound and considerations before compounding
Maria Carvalho (Portugal)
3) Guidelines and standards in compounding
Gigi Davidson (USP Compounding Expert Committee 2012-15, USA)
4) Quality assurance in pharmacy compounding/preparation
Holger Reimann (Germany)
5) Compounding in pediatric medicines
Lisa Ashworth (Children’s Medical Center of Dallas TX, USA)
6) Sterile compounding
Vasayani Subramaniam (Veterans Health Administration, USA)
7) Compounding in dermatology
Francesc Llambi (APROFARM – COF Barcelona, Spain)

f 7 - LEADERSHIP SESSION FOR YOUNG LEADERS
Organised by the FIP Young Pharmacists’ Group and FIPEd
Thursday 5 September 2013, 12:15 – 13:45 Wicklow Hall 2b
Duration: 1.5h
introduction
An effective leader has the ability to get a group of diverse and talented people to work together towards a common goal.

Although it may sound easy, inspiring individuals to work collaboratively can be challenging. Great leaders find ways to affect others in a positive way, using their strength to benefit others and have a lasting and determining influence on people’s performance. To succeed as a talented leader, you need to encourage everyone on your team to contribute and perform their individual duties and responsibilities at a high level of proficiency. Great leaders find ways to connect with people and help them fulfill their potential.

Learning objectives
At the conclusion of the session, participants will be able to:
- Demonstrate effective communication with and positive influence on others.
- Challenge the status quo and encourage people to move out of their comfort zone.
- Build trusting and positive relationships with others.
- Conduct growth and change within yourself, others and organisations.
- Improve their ability to make sound decisions.
- Explain ways to help others understand the organisation’s big picture.
- Create a positive work environment through effective coaching and development techniques.

Chair: Niels Kristensen (FIP, Denmark)

Programme
1) Hospital pharmacy in Europe: The Vision Summit 2014
Roberto Frontini (EAHP, Germany)
2) Iraq Pharmacists’ Syndicate, a decade of ups and downs. Where are we now?
Manal Younus and Haidar Al-Jawadi (Iraqi Syndicate of Pharmacists, Iraq)
3) Programmes aimed at chronic polymedicated patients: conSigue and Adhítrete
Laura Martin-Gutierrez (Consejo General de Colegios Oficiales de Farmaceuticos, Spain)

F 26 - SHORT ORAL PRESENTATIONS OF THE FIP SOCIAL AND ADMINISTRATIVE PHARMACY SECTION
Organised by the FIP Social and Administrative Pharmacy Section
Thursday 5 September 2013, 12:15 – 13:45 Liffey Hall 1
Duration: 1.5h
Learning objective
At the conclusion of the session, participants will be able to:
- Describe a variety of current research projects, research methods, new data and emerging trends with respect to social and administrative pharmacy projects from around the globe.

Chair: Marina Altagracia (FIP SAPS, Mexico) and Osa Al-Ahbab Al-Bannay (FIP SAPS, United Arab Emirates)

Programme
1) 12:15 Opening
2) 12:20 Public perceptions of pharmacists: The effect of information sharing about pharmacists’ education, skills and scope of practice
Jason Perepelkin (University of Saskatchewan, Canada)
3) 12:28 A review of internet-based news media stories about expanded roles for pharmacists
Lawrence Brown (University of Tennessee, USA)
THE ROLE OF THE PHARMACIST

• Compare and contrast the comfort and confidence of pharmacists in the delivery of care to consumers with mental disorders (and other conditions affected by stigma) with physical illnesses
• Explain barriers (such as mental health stigma) to the provision of effective educational programmes for pharmacists in mental healthcare
• Advocate the need for and benefit of specific educational programmes for pharmacists in mental health

CHAIR
Timothy Chen (FIP SAPS, University of Sydney, Australia)

PROGRAMME

1) Innovative educational approaches to tackling mental health
David Gardiner (Dalhousie University, Canada)

2) Implications of disease stigma on the delivery of effective care by pharmacists
Claire O’Reilly (Pharmaceutical Society of Australia, Australia)

Break

3) Patients as partners in the delivery of mental healthcare
Graham Thornecroft (Institute of Psychiatry – King’s College London, United Kingdom)

D 5 - PHARMACY PRACTICE RESEARCH – ASSESSING THE EVIDENCE AND RESEARCH NEEDS OF INTEGRATED CARE FOR COMPLEX PATIENTS

Organised by the FIP Board of Pharmaceutical Practice

Thursday 5 September 2013, 14:00 – 17:00 Liffey Hall 2
Duration: 3h

INTRODUCTION
Pharmacy Practice Research (PPR) has been instrumental in showing the effectiveness of pharmacists’ interventions to improve optimal use of medicines by individual patients and patient groups in various healthcare settings. Within the scope of the conference on care for complex patients, emphasis shall be given to the impact of the pharmacist in care for elderly polypharmacy patients. Multi-morbidities in these patient groups call for individualised care, since disease specific guidelines and practice standards are often of limited use when focusing on individual patients. The research efforts on the value of the pharmacist interventions in complex patients including the research on integrated care service development are topics to be discussed in this session.

However, the development of PPR differs from country to country and there are several lessons to learn from examples and best practices. Therefore an overview of the development of PPR and examples of studies to show how interventions were evaluated (structure, process and outcomes) will provide cutting edge evidence and function as a source of inspiration for those who want to become more involved in PPR.

LEARNING OBJECTIVES
At the conclusion of this session, participants will be able to:
• Identify the key issues in the development of Pharmacy Practice Research focusing on complex patients
• Advocate the value of pharmacists’ contributions to integrated care
• Distinguish the current evidence of pharmacist care for complex patients
• Outline trends in Pharmacy Practice Research based on examples of studies in various countries

CHAIRS
Martin Schulz (Goethe-University Frankfurt, Germany), Charlie Benrimjo (University of Technology – Sydney, Australia) and Han de Gier (University of Groningen, The Netherlands)

PROGRAMME

1) Welcome and introduction

2) Effectiveness of integrated care for complex patients – What’s the evidence?
Carmel Hughes (Queen’s University Belfast, United Kingdom)

3) The complicated problems of complex patients: Answering the needs of palliative care
Eimear O’Dwyer (Our Lady’s Hospice and Care Services, Ireland)

4) Family physician attitudes toward pharmacist-delivered comprehensive medication management
Julia Baretham (University of Saskatchewan, Canada)

5) Critical analysis of the evidence on the effectiveness of Cognitive Pharmaceutical Services (CPSS) in aged patients’ clinical outcomes
Loreto Sáez Benito (San Jorge University, Spain)

6) Cost-effectiveness analysis of pharmaceutical care in hypertension and diabetes in Poland – A Markov model
Agnieszka Skowron (Jagellonian University Medical College, Poland)

7) Multi-morbidities and individualized care: What are the research needs?
Carol Armour (University of Sydney, Australia)

8) Analytic and concurrent medication use amongst elderly Irish adults
Martin Hennan (Trinity College Dublin, Ireland)

9) Telemonitoring: A unique method for pharmacists to provide education and care to diabetes patients
Laura Shane-McWhorter (University of Utah, USA)

10) Management of mild anxiety and sleep disorders by pharmacists in France: Results of an observational study
Laurence Terzan (Boiron, France)

D 8 - HOW PATIENT STRATIFICATION AND PHARMACOGENETICS AFFECT ADRS IN COMPLEX PATIENTS

Organised by the FIP Special Interest Groups on Translational Research and Individualized Medicines

Thursday 5 September 2013, 14:00 – 17:00 Liffey Hall 1
Duration: 3h

LEARNING OBJECTIVES
At the conclusion of this session, participants will be able to:
• Describe the importance of clinical assessment of adverse drug reactions in complex patients
• Identify the current prognostic and predictive biomarkers in oncology
• Explain the latest relationship of pharmacogenomics and adverse drug reactions
• Identify the genetic predisposing factors for drug induced hypersensitivity reactions

CHAIR
Anke-Hilse Mariad-van der Zee (University of Utrecht, The Netherlands)

PROGRAMME

1) The current and future status of personalized medicine and pharmacogenetic testing
Michael Ward (University of South Australia, Australia)

2) How patient stratification and pharmacogenetics affect ADRs in complex patients
Ana Alfrevit (University of Liverpool, United Kingdom)

3) Pharmacogenomics of ADRs to cardiovascular drugs
Anke-Hilse Mariad-van der Zee (University of Utrecht, The Netherlands)

Break

4) Personalized medicine for molecular target drug
Akihiro Hamada (National Cancer Center Research Institute, Japan)

5) The economics of stratified medicine
Ken Redekop (Erasmus University, The Netherlands)
**FIRST TIMERS MEETING**

Organised by FIP  
(on invitation and for First Time participants only)

**Sunday 1 September 2013, 12.30 - 14.00 Liffey Hall 1**

This year the First Timers meeting will be very special as the FIP president, Michel Buchmann, will greet the first timers. Moreover, the first timers will be able to meet not only experienced congress participants but also representatives from FIP Sections and Special Interest Groups. Therefore this will be a great opportunity for new attendees to exchange ideas, meet interesting people and become involved in FIP’s global network and the vast array of projects that FIP offers to all our Members!

**PHARMABRIDGE**

Pharmabridge aims at strengthening pharmaceutical services in developing (DC) and transitional countries through coordinated support from the pharmacy establishment and individual pharmacists in developed countries. The project even goes beyond this: It also aims at creating links amongst pharmacists worldwide and is supported by the International Pharmaceutical Federation (FIP), its Board of Pharmaceutical Practice (BPP) and the Commonwealth Pharmaceutical Association (CPA).

All those interested in the project, be it from developing or developed countries, wanting to establish contacts with colleagues from other countries (or even a specific country) are invited to attend this meeting.

**MEET THE SIG MEETINGS**

Organised by the FIP Special Interest Groups

**Monday 2 September 2013, 17:00 – 18:00**

Wicklow meeting room 1 & Liffey meeting room 4

**Wednesday 4 September 2013, 17:00 – 18:00**

Wicklow meeting rooms 1 & 2

FIP currently has 8 scientifically oriented Special Interest Groups and here you will have the opportunity to find out what they have to offer to you and what you can offer to them.

At the Meet the SIG Meetings the Chair of the SIG will start with a general introduction to the SIG. Then the focus will be on how to become engaged in the SIG. The specific impact of the SIG on pharmacy practice will also be indicated.

If you would like to keep updated throughout the year about this subject and/or you would like to become involved, please talk to the Chair and provide him with your contact details (or send them to FIP at paula@fip.org).

All SIGs are looking for more active interaction and participation and thus are interested in meeting you too!
BUSINESS MEETINGS

OVERVIEW SECTION BUSINESS MEETINGS/GENERAL ASSEMBLIES
The Section Business Meetings / General Assemblies are open to all interested participants.

- **FIP Academic Pharmacy Section**
  Tuesday 3 September 2013, 12:00-14:00 Wicklow Hall 2b

- **FIP Clinical Biology Section**
  Tuesday 3 September 2013, 11:00-12:00 EcoCem room

- **FIP Community Pharmacy Section**
  Wednesday 4 September 2013, 09:00-12:00 Liffey meeting room 3

- **FIP Hospital Pharmacy Section**
  Tuesday 3 September 2013, 12:15-13:45 Liffey meeting room 3

- **FIP Industrial Pharmacy Section**
  Wednesday 4 September 2013, 12:00-14:00 Liffey meeting room 3

- **FIP Military & Emergency Pharmacy Section**
  Wednesday 4 September 2013, 13:00-14:00 Liffey Hall 1

- **FIP Pharmacy Information Section**
  Monday 2 September 2013, 11:00-13:00 Liffey meeting room 3

- **FIP Social and Administrative Pharmacy Section**
  Wednesday 4 September 2013, 12:30-14:00 Wicklow Hall 2a

- **FIP Young Pharmacists Group (YPG)**
  Tuesday 3 September 2013, 14:00-17:00 EcoCem room

FOLLOW FIP

We proudly present to you our social media websites. As a global leader in representing over three million pharmacists and pharmaceutical scientists, FIP is now able to connect all the members and individuals together via our social media networks. Please follow us with interesting developments and discussions in the field of pharmacy on Facebook, Twitter and LinkedIn.

- **Facebook**
  - News and updates
  - Foto’s and video’s

- **LinkedIn**
  - Find your contacts
  - Invite new/important contacts

- **Twitter**
  - Keep up to date with the congress news and agenda points
  - And discover more!

Record your video for the ‘I am a Pharmacist’ project. Come to the FIP booth in the exhibition and make an appointment to record your video.

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HOUSING AND TOURS

WALKING TOUR OF DUBLIN CITY CENTRE
A walking tour of some of Georgian and Medieval places will orientate and educate delegates in brief on Dublin’s past and present. On this tour your private local guide will highlight some of the many cultural features on a walking stroll through the streets and even some of the pubs these famous literature fellows used to frequent.

The tour will include a guided visit to Trinity College where you will see the famous Book of Kells and the Long Library and St. Patrick’s Cathedral.

- **Duration**
  - 4 hours

- **Cost per person**
  - €28.00
  - Based on a minimum of 20 and maximum of 35 participants

- **Includes:**
  - English-speaking guide
  - Entrance fees to Book of Kells and Old Library at Trinity College and St Patrick’s Cathedral

- **Not Included:**
  - Food and beverage

- **Available dates:**
  - Sunday September 1st to Friday September 6th

Please contact Custom Ireland at the Housing, Tours & Social Events desk in the registration area to enquire about a tour while you stay in Dublin. Here are some touring options:

- **Walking to Dublin City Centre**
  - A walking tour of some of Georgian and Medieval places will orientate and educate delegates in brief on Dublin’s past and present. On this tour your private local guide will highlight some of the many cultural features on a walking stroll through the streets and even some of the pubs these famous literature fellows used to frequent.
  - The tour will include a guided visit to Trinity College where you will see the famous Book of Kells and the Long Library and St. Patrick’s Cathedral.
  - **Duration:** 4 hours
  - **Cost per person:** €28.00
  - Based on a minimum of 20 and maximum of 35 participants
  - **Includes:**
    - English-speaking guide
    - Entrance fees to Book of Kells and Old Library at Trinity College and St Patrick’s Cathedral
  - **Not Included:**
    - Food and beverage
  - **Available dates:** Sunday September 1st to Friday September 6th
CELTSIC HistoRy in tHE BoynE VALLEy

The Boyne Valley in County Meath (north of Dublin) is among Europe’s most ancient attractions and it is a world heritage site. The megalithic passage tombs at Newgrange, Knowth and Dowth date to 3200 B.C. On excavation in the 20th century it was discovered that on winter solstice rays of sun enter the narrow tomb passageway to illuminate the depths of the burial chamber, making it a wondrous ancient solar observatory. These sites are known too for their celtic stone engravings, and detailed building techniques.

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Trim Castle, the largest Anglo-Norman castle in Ireland, was constructed over a thirty year period by Hugh de Lacy and his son Walter. Hugh de Lacy was granted the Liberty of Meath by King Henry II in 1176 in an attempt to curb the expansionist policies of Richard de Clare (Strongbow).

dUBLIN’S ART TREASURES

Enjoy a guided tour of Ireland’s National Gallery at Merrion Square with a famous Irish art expert. Professor O’Sullivan will take you on a private tour of the Irish Rooms at the Gallery explaining Ireland’s complex history through some stunning works of art. This unique experience gives the guest a mesmerising insight to the Irish through art.

The Gallery hosts a vast permanent collection of Irish art and this will be the focus of your visit. Your docent will acquaint you with paintings by John Lavery and Jack B Yeats among others. The National Gallery was purpose built and opened to the public in 1864. In more recent times a contrasting light-filled extension has increased the space to house extensive visiting collections, while the permanent collection includes the works of Vermeer, Monet, Caravaggio’s The Taking of Christ and the Irish portrait gallery.

dUBLIN’S ART TREASURES

Available dates: Sunday September 1st to Friday September 6th

GUINNESS DUBLIN CITY TOUR

The Guinness® Dublin tour was devised by Custom Ireland along with Guinness archivist Eibhlín Roche.

This tour of Dublin city focuses on the immense philanthropic and architectural legacy of the Guinness family on Dublin through the years.

Focal visits will include the Guinness Storehouse, St. Stephen’s Green, Dublin Castle and St. Patrick’s Cathedral.

The tour will include lunch at the Guinness Storehouse.

Duration
6 hours

Cost per person
€ 58.00

Based on a minimum of 35 and maximum of 50 participants

Includes:
• coach transportation from CCD (Convention Centre Dublin)
• English-speaking guide
• entrance fees to Guinness Storehouse with Perfect Pint Tuition and St. Patrick’s Cathedral
• water on board

Not included:
• food and beverage

Available dates: Sunday September 1st to Friday September 6th

THE GARDEN OF IRELAND

County Wicklow, on Dublin’s southern doorstep, is often referred to as the ‘Garden of Ireland’. Along with some of the finest gardens available for the public to enjoy is a rugged, often harsh landscape that dips and rises, providing some spectacular scenery and photo opportunities.

First visit the monastic site at Glendalough. There is an ancient round tower and remains with origins in the 6th century. Sitting in a beautiful lake-filled glacial valley, Glendalough provides a welcome break from city bustle. In the afternoon visit Powerscourt House & Gardens, one of the most beautiful country estates in Ireland. The house and gardens at Powerscourt are probably the finest in Ireland, both for their design and their dramatic setting at the foot of Great Sugar Loaf Mountain.

Duration
8 hours

Cost per person
€ 45.00

Based on a minimum of 35 and maximum of 45 participants

Includes:
• coach transportation from CCD
• entrance fees to Powerscourt House & Gardens and Glendalough Visitor Centre
• water on board coach

Not included:
• food and beverage

Available dates: Sunday September 1st to Friday September 6th

GUINNESS DUBLIN CITY TOUR

THE GARDEN OF IRELAND

Available dates: Sunday September 1st to Friday September 6th

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CELTIC HistoRy in tHE BoynE VALLEy

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GENERAL INFORMATION

BADGES
Participants will be handed their name badges at the registration desk. Due to tight security regulations all participants and accompanying persons must wear their badges throughout the Congress.
Participating persons in white badges, including a barcode, will be admitted to the sessions. Accompanying persons (badges in a different color, without a barcode) may attend the Opening Ceremony, social events and tours but will not be allowed to attend sessions. Please note that your badge will be scanned at the entrance and exit of each session. This information will only be used for accreditation and evaluation purposes.

You will be provided with a choice of coloured dots for your badge to indicate your language(s):

- = English
- = Spanish
- = French
- = Chinese
- = German
- = Other

BREAKS
The coffee breaks during the sessions will be between 10:00 and 11:00 and between 13:00 and 14:00. In the exhibition area, between the sessions there will be a lunch break between 12:00 and 14:00.

DRESS
Informal dress is acceptable for all sessions but business attire is recommended for the Opening Ceremony.

MEDIA ROOM
The Congress Media Room will offer a number of services, strictly limited for official press representatives and professional journalists. They will have access to written press material (press releases, speakers’ presentations, etc.) and to working facilities as well as a chance to socialise with their colleagues. There will also be a series of media briefings highlighting prominent topics. Press accreditation and Press registration are required to have access to the Congress Media Room (Liffey meeting room b).

NO SMOKING
Please note that all FIP Congresses are tobacco-free. Smoking is NOT allowed anywhere, not in the session rooms, not in the exhibition area, not in the poster sessions and not in the registration area.

TECHNICAL EQUIPMENT IN SESSION ROOMS
All session rooms will have LCD projectors and laptops. There will be a technician available in every session room. Speakers will receive detailed instructions with regard to their presentation prior to the Congress.

TRANSPORT TO/FROM CONVENTION CENTRE DUBLIN
Luas Red Line train runs from downtown city locations such as Heuston Station, Jervis Street, O’Connell Street, Abbey Street and Connolly Station to Convention Centre Dublin (CCD). Stop at Mayor Square or Spencer Dock for CCD. Tickets can be purchased on the station platform. www.luas.ie

Dublin Bus number 151 in direction Docklands runs along the Dublin Quays by CCD. Exact fare is required for payment with the bus driver or multi-trip tickets can be purchased in convenience stores or at Dublin Bus on O’Connell Street. Dublin bus operates Airlink service 747 direct to Dublin airport. www.dublinbuses.ie

Dublin Bikes operate multiple city stations where you can conveniently pick up and park a blue city bike for a minimal visitor fee. The nearest bike station to CCD is Custom House Quay (at Sean O’Casey Bridge). www.dublinbikes.ie

Taxis are widely available day and night in the Dublin area and are a convenient mode of transport. Taxi ranks are visible throughout the city, at the airport and by CCD or can be hailed on street. Dublin taxis should have a green and blue sticker along the door and a yellow roof display. Fares are metered and tips are discretionary.
Aircoach bus services run from various pick-up points in the city, at the airport and by CCD or can be hailed on street. Dublin taxis should have a green and blue sticker along the door and a yellow roof display. Fares are metered and tips are discretionary.

LIABILITY
The FIP Organising Committee, the Irish Host Committee, Custom Ireland and MCI accept no liability for personal injuries, or for loss of or damage to property belonging to Congress participants and/or accompanying persons, incurred either during or as a result of the Congress.

PICK UP A MASTERS IN CLINICAL PHARMACY. TO GO.

Master of Science in Clinical Pharmacy

The QUB School of Pharmacy was named as the top Pharmacy School in the UK by the ‘Sunday Times University Guide 2013’, and is consistently rated among the top Schools of Pharmacy in the UK.

Our Distance Learning Centre has been providing high quality postgraduate programmes for pharmacists since 1989. The Centre provides MSc programmes in both clinical and community pharmacy in a part-time, distance learning format. This involves a blend of home study and work-based learning.

Distance learning is popular with students as it allows them to arrange their studies to suit their lifestyle and they can incorporate many of the learning activities into their normal work routine. In addition, our delivery format is popular with employers as staff are not required to leave the workplace to attend lectures or study days.

Our Master of Science in Clinical Pharmacy is a 3-year part-time programme. The overall aim is to improve the knowledge base and practical skills of hospital pharmacists so that they can contribute more fully to the provision of clinical pharmacy services. The programme has been developed in collaboration with clinical pharmacy specialists in the United Kingdom. The emphasis in the first year is on developing clinical skills and knowledge of common clinical topics such as the management of pain and infection. In the second year, the emphasis is on the application of clinical pharmacy skills within a number of therapeutic specialties and on the development of literature evaluation and research skills.

Students undertake a practice-based research project in the final year.

PG Certificate & PG Diploma awards are available. Credit may be awarded for previous postgraduate courses.

International applications welcomed.

Our next programme will commence in September 2014. For further information and to apply, please visit our website, or contact the Distance Learning Manager, Brian McCaw:

Tel: 028 9097 2004
E-mail: b.mccaw@qub.ac.uk
Closing date: 30th June 2014

To find out more about Distance Learning at Queen’s School of Pharmacy visit www.qub.ac.uk/pha
The International Pharmaceutical Federation Academic Institutional Membership, or FIP AIM, is a distinctive FIP Membership that allows Faculties and Schools of Pharmacy to become inter-connected on a global platform of discussion, leadership and shared challenges and successes. The FIP AIM focuses on the evolution of Faculties and Schools of Pharmacy – fostered by Faculty Deans and decision makers – alongside the ongoing changes in pharmacy practice, science, research and their respective funding.

All Faculties and Schools of Pharmacy from around the world are welcome to apply for a FIP AIM. These Academic Institutes are represented by their Deans, Vice Deans and other Decision Makers within the Membership activities such as online discussion platforms and our annual Global Deans Forum at the FIP Congress.

The FIP AIM allows you and your Faculty to:
- Join the network of Leaders in the Academic World
- Share knowledge and resources on relevant and current topics at “decision-maker” levels
- Connect your staff to the AIM faculty network in the online Member Only area
- Profile your University in the up-to-date Official World List of Pharmacy Schools
- Post job opportunities and recruit Staff worldwide through the online webtool
- Have access to FIP Publications (ie the International Pharmacy Journal) and the FIP Pharmacy Education Taskforce

AIM Deans Forum
Each year at the FIP World Congress of Pharmacy and Pharmaceutical Sciences, the FIP AIM hosts a Deans Forum, inviting all representative Deans from the Faculties and Schools within the Membership to meet each other and discuss current and relevant topics in an international arena. Expert speakers from around the world as well as innovative interactive opportunities are featured over the 2-day event, this year taking place at the Royal College of Surgeons in Dublin, on Saturday 31 August and Sunday 1 September.

For more information on AIM and the Global Deans Forum please visit http://aim.fip.org

THE FIP ACADEMIC INSTITUTIONAL MEMBERSHIP (AIM)

PHARMACEUTICAL SCIENCES BEYOND 2020
— THE RISE OF A NEW ERA IN HEALTHCARE

5th FIP Pharmaceutical Sciences World Congress (PSWC)
MELBOURNE, AUSTRALIA
13 – 16 April 2014

One exciting venue, where the leading pharmaceutical scientists from across the globe will meet to discuss the future. Where will the pharmaceutical sciences stand beyond 2020? What should be your focus? What will be the breakthroughs and the pitfalls? How can we meet the biggest challenges? Join us in dynamic Melbourne and discover how we are on the verge of a new era in healthcare.

PLENARY
Peter C. Doherty AC, FAA, FR5
Nobel Laureate in Physiology or Medicine (1996) and Author

SESSIONS INCLUDE:
- Natural products - Sustainable use of medicinal plant resources
- Crossing the bridge - Bridging studies
- Emerging trends in biomarker technology
- Evolution of the biosimilar regulatory landscape - challenges and opportunities
- Immunogenicity mitigation strategies for biosimilars
- Nanotechnologies for drug delivery
- Pharmacoepidemiology/Pharmacovigilance stream
- PK/PD to enhance model-based drug development
- Pharma consortia: Breaking down the silos
- Emerging markets - East meets West
- New molecular and cellular targets for the treatment of human disease

WORKSHOPS (OPTIONAL)
- Biosimilar monoclonal antibodies
- Challenges with poorly watersoluble drugs
- Translational modelling
- Transporters in drug disposition

For the Full programme please see: www.fip.org/pswc2014!
## OVERVIEW OF SESSIONS AND MEETINGS

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<th>Auditorium</th>
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<th>Liffey B</th>
<th>Liffey Hall 1</th>
<th>Liffey Hall 2</th>
<th>Wicklow Hall 1</th>
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**SATURDAY 31 August 2013**

**Morning 09:00 - 12:00**
- Council Meeting

**Afternoon 14:00 - 17:00**
- Council Meeting

**SUNDAY 1 September 2013**

**Morning 09:00 - 12:00**
- F2 - Pharmacy in Ireland

**Lunchtime 12:30 - 14:00**
- First Timers meeting

**Afternoon 15:00 - 18:00**
- Opening Ceremony, Opening Exhibition and Showcase

**MONDAY 2 September 2013**

**Morning 09:00 - 12:00**
- A2 - Why are patients complex?
- F27 - Presentations from FIP member organisations (part 3)
- F21 - Short Oral Presentations IPS

**Lunchtime 12:15 - 13:45**

**Afternoon 14:00 - 17:00**
- F9 - Pharmacy practice: globalism, ethics and regulation
- B2 - Intro: Unmet needs of the complex patient
- F4 - Translating laboratory results into pharmacy practice
- F22 - Herbas and information
- F8 - Can the Basel Statements help?

**TUESDAY 3 September 2013**

**Morning 09:00 - 12:00**
- C6 - Anticoagulation
- C1 - Best practice in integrating drug therapy / care
- F3 - Conclusions of the Chief Pharmacists Meeting
- F21 - Real World Evidence
- F23 - Short Oral Presentations of PIS

**Lunchtime 12:15 - 13:45**

**Afternoon 14:00 - 17:00**
- F38 - Presentations from FIP member organisations (part 3)
- C13 - Host Madsen Medal Lecture (13:00 - 14:00)
- C11 - Collaborative approaches

**AT THE CCD DURING FIP 2013**

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<tr>
<th>Wicklow Hall 2a</th>
<th>Wicklow Hall 2b</th>
<th>Wicklow meeting room 1</th>
<th>Liffey meeting room 3</th>
<th>Liffey meeting room 4</th>
<th>EcoCem room</th>
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**SATURDAY 31 August 2013**

**Morning 09:00 - 12:00**
- F1 - Part 1 - Pharmacy Technicians
- F1 - Part 2 - Pharmacy Technicians

**SUNDAY 1 September 2013**

**Morning 09:00 - 12:00**
- F2 - Pharmacy in Ireland

**LUNCHTIME 12:15 - 13:45**

**Afternoon 14:00 - 17:00**
- F5 - Complexity of health challenges in 2020
- E3 - Translating expert knowledge into patient care
- SIG meetings (12:00 - 18:00)

**MONDAY 2 September 2013**

**Morning 09:00 - 12:00**
- PIS Business meeting (11:00 - 13:00)

**Lunchtime 12:15 - 13:45**

**Afternoon 14:00 - 17:00**
- F5 - Complexity of health challenges in 2020
- E3 - Translating expert knowledge into patient care
- SIG meetings (12:00 - 18:00)

**TUESDAY 3 September 2013**

**Morning 09:00 - 12:00**
- C8 - Trends in Community Pharmacy
- E5 - Science - The best basis for the best practice?
- CBS Business meeting & General Assembly

**Lunchtime 12:15 - 13:45**

**Afternoon 14:00 - 17:00**
- C13 - Diagnostics in individualized medicine
- YPG Business meeting
## OVERVIEW OF SESSIONS AND MEETINGS

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<td>Morning</td>
<td>09:00-12:00</td>
<td>F16 Pharmacists in humanitarian work</td>
<td>C2 Managing patients with cancer</td>
<td>D2 High-quality support: The ultimate target of pharmacologists</td>
<td>F14 Process validation</td>
<td>C10 Complex patients and obstacles to quality use of medicines</td>
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<td>Lunchtime</td>
<td>12:15-13:45</td>
<td>F39 Presentations from FIP member organisations (part 3)</td>
<td>MEPS General Assembly &amp; Business Meeting</td>
<td>Pharmabridge Meeting</td>
<td>C12 Computer prompts versus clinical freedom</td>
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<td>Afternoon</td>
<td>14:00-17:00</td>
<td>C6 Managing patients with asthma</td>
<td>C4 Managing patients with renal impairment</td>
<td>F15 Improving communication in disaster situations</td>
<td>F21 Short Oral Presentations CPS</td>
<td>F6 Creating the future leaders</td>
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<td>09:00-12:00</td>
<td>C10 Individual therapy, individual care</td>
<td>B7 Translating science into better patient care</td>
<td>C6 The role of compounding (part 1)</td>
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<tr>
<td>Lunchtime</td>
<td>12:15-13:45</td>
<td>F20 Presentations from FIP member organisations</td>
<td>F24 Short Oral Presentations SAPS</td>
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<td>F28 Commitment to ethical responsibility</td>
<td>E4 Educational innovation</td>
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## AT THE CCD DURING FIP 2013

**WEDNESDAY 4 September 2013**

- **Auditorium**
- **Liffey A**
- **Liffey B**
- **Liffey Hall 1**
- **Liffey Hall 2**
- **Wicklow Hall 1**
- **Wicklow Hall 2a**
- **Wicklow Hall 2b**
- **Wicklow meeting room 1**
- **Wicklow meeting room 2**
- **Liffey meeting room 3**
- **Liffey meeting room 4**
- **EcoCem room**

**Morning 07:30-08:45**

- F16 Pharmacists in humanitarian work
- C2 Managing patients with cancer
- D2 High-quality support: The ultimate target of pharmacologists
- F14 Process validation
- C10 Complex patients and obstacles to quality use of medicines
- F39 Presentations from FIP member organisations (part 3)
- MEPS General Assembly & Business Meeting
- Pharmabridge Meeting
- C12 Computer prompts versus clinical freedom

**Morning 09:00-12:00**

- E2 Interprofessional education
- CPS Steering Committee Meeting (09.00-12.00)
- SAPS Business Meeting
- F26 Report on the Pharmacopoeia Meeting in India
- IPS Business meeting (12.00-14.00)

**Morning 09:00-12:00**

- F20 Presentations from FIP member organisations
- F24 Short Oral Presentations SAPS

**Afternoon 14:00-17:00**

- F28 Commitment to ethical responsibility
- E4 Educational innovation
- F7 Leadership session for young leaders
- F25 History of Pharmacy
- F27 APS Short Oral Presentations
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