



CONGRESS PROGRAMME

PHARMACY: Transforming outcomes!

78th FIP World Congress of Pharmacy and Pharmaceutical Sciences



FIPpharmacists

#FIPcongress

fip

GLASGOW 2018
FIP WORLD CONGRESS
2-6 September

Dear Colleagues and Friends,

The International Pharmaceutical Federation (FIP) and the Royal Pharmaceutical Society (RPS) are excited and honoured to welcome you here in Glasgow, Scotland, for FIP's 78th World Congress of Pharmacy and Pharmaceutical Sciences.

This post-industrial city, which is continuing to undergo positive change, is the perfect backdrop for the theme of this year's congress: Transforming outcomes.

During the next few days, pharmacy practitioners, pharmaceutical scientists and educators from around the globe will consider the many ways in which they can transform our profession, healthcare systems, and, ultimately, quality of life for those in our societies. Changes under discussion will include extending the role of pharmacists so that they play a fuller part in ensuring that patients and health systems achieve full benefit from the medicines people take, the profile and competence of the pharmacy workforce, and the advent of new technologies. We need to be the creators and controllers of transformation in our profession, and this congress will play an important part in this.

In the meantime, the city of Glasgow truly has something for everyone to enjoy: it was once named the European City of Culture and, since then, has continued to show why this was a well-deserved accolade. You will find world-class museums, galleries and award-winning visitor attractions, many of which are free to visit.

Thank you for making the excellent decision to join us for this 78th FIP world congress!



Carmen Peña
President, International Pharmaceutical Federation (FIP)

Ash Soni OBE
President, Royal Pharmaceutical Society (RPS)

Welcome

to the FIP Congress in Glasgow!

fip International Pharmaceutical Federation

YOUR HOSTS

ROYAL PHARMACEUTICAL SOCIETY

SEC Scottish Event Campus

VENUE



Scottish Event Campus (SEC)
Exhibition Way
Glasgow Metropolitan Area G3 8YW
Glasgow, UK
www.sec.co.uk

GLASGOW CONVENTION BUREAU

Visit Scotland™ | Alba™
Business Events

Your hosts

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Oliver van der Spek
Marketing & Business Development Manager
Rachel van Kesteren
Executive Secretary
Nilhan Uzman
FIP*Ed* Manager
Lin-Nam Wang
Communications Manager

CONGRESS INFORMATION

FIP Congresses & Conferences
Andries Bickerweg 5
2517 JP The Hague
The Netherlands
Office opening hours:
Monday to Friday 09:00 – 17:00 CET
Tel: +31 70 3021982
Fax: +31 70 3021998
Email: congress@fip.org
Website: www.fip.org/glasgow2018

SPONSORS

FIP and RPS greatly appreciate the support of:

HEALTH · HYGIENE · HOME

Gold Sponsor **Silver Sponsor**

Bronze Sponsor **Loyal Sponsor** **Loyal Sponsor**

CONGRESS REGISTRATION & ABSTRACT HANDLING

MCI Amsterdam
Schipluidenlaan 4
1062 HE Amsterdam
The Netherlands
Office opening hours:
Monday to Friday 09:00 – 17:00 CET
Tel: +31 20 5754220
Email: fip@mci-group.com

TOURS

For a selection of post-congress tours, day tours and sightseeing recommendations, please contact:

rabbie's
Be a part of it!

RABBIE'S
Tel: +44 141 291 5005
Email: bookings@rabbies.com
Explore at: www.rabbies.com
or come to the tours desk in the registration area.

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On-site registration

HANDLED BY:
MCI Amsterdam
Schipluidenlaan 4
1062 HE Amsterdam
The Netherlands

Office opening hours:
Monday to Friday 09:00 – 17:00 CET
Tel: +31 20 5754220
Email: fip@mci-group.com



On-site registration fees

FULL CONGRESS REGISTRATION	
FIP individual member	€ 1.200,00
Regular fee (non member)	€ 1.200,00
Student/Recent graduate	€ 1.200,00
IN ADDITION TO A FULL CONGRESS REGISTRATION (OPTIONAL)	
Pharmacy Technicians Symposium	€ 480,00
Deans Forum (only for Deans)	€ 480,00
SOCIAL EVENTS	
Fun Run	€ 10,00
Young Pharmacists' Group Night	€ 35,00
Section Dinner	€ 60,00
Closing Dinner	€ 95,00
Fellows Dinner (only for FIP Fellows)	€ 75,00
Accompanying person	€ 210,00
WITHOUT A FULL CONGRESS REGISTRATION	
Pharmacy Technicians Symposium (only)	€ 660,00
Deans Forum (only) (only for Deans)	€ 660,00
On site day card (can only be purchased on site)	€ 360,00

Payment

On-site payment of registration fees can be made: Credit cards (VISA, MasterCard or American Express) or cash (in Euros) will be accepted.

THE REGISTRATION FEE FOR PARTICIPANTS INCLUDES:

- Admission to all sessions
- Opening ceremony
- Welcome reception
- Access to the exhibition and the poster session
- Coffee/tea breaks
- Lunch bag (from Monday 3 to Thursday 6 September)
- Access to all submitted abstracts and biographies
- Congress bag with final congress programme and list of participants (name and country of all participants registered and paid by 31 July 2018)
- Access to a website where you can download the presentation slides of the speakers who gave permission (available as of 1 November 2018).

THE REGISTRATION FEE FOR ACCOMPANYING PERSONS INCLUDES:

- Opening ceremony
- Welcome reception
- Access to the exhibition and the poster session
- Coffee/tea breaks
- Lunch bag (from Monday 3 to Thursday 6 September)

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

Registration criteria

COUNCIL DELEGATE

In order to qualify for the council delegate registration fee, you must submit proof at the registration desk that you have been officially appointed to represent your organisation at the council meeting.
Please note that only ONE council delegate can be appointed per organisation.

PRESS

In order to qualify for press registration, you must go to the press room and obtain approval from the FIP communications department.

ACCOMPANYING PERSONS

A participant can register up to two accompanying persons. The fee for accompanying persons does NOT include admission to the sessions.

ON-SITE DAY CARDS

Day cards can only be purchased on site.
Please note: It is not possible to exchange a full congress pre-registration into a day card.

TERMS OF CANCELLATION

- As of 1 August 2018, the registration fee will not be refunded.
- The terms of cancellation are applicable in all circumstances, including if a visa is officially refused to the participant and/or accompanying person.
- All registrations are strictly personal: replacements or name changes are not possible. You may be asked to show an identification document (e.g. passport) when picking up your badge at the registration desk.

INSURANCE AND LIABILITY DISCLAIMER

The FIP Organising Committee, the Local Host Committee, FIP Headquarters and MCI Amsterdam (hereafter called "the organisers") may not be held responsible for any loss, injury or damage to any property, whatever the cause may be. Liability of persons and enterprises providing means of transportation or other services, however, remains unaffected. It is recommended that participants obtain adequate cover for travel, health and accident insurance before they depart from their countries. The organisers cannot accept responsibility for personal

injuries, or loss of, or damage to, private property belonging to the congress participants. Should, for any reason outside the organisers' control (including but not limited to acts of terrorism, extreme weather conditions and/or industrial action) the venue or speakers change, or the congress be cancelled, the organisers will endeavour to reschedule, but shall not be held responsible for any costs, damages or expenses incurred by registrants. If for any reason the organisers decide to make changes to the congress, they are not responsible for airfares, hotels or other costs incurred by registrants. The participants take part in the congress, all tours and trips at their own risk. Furthermore, the organisers may not be held liable for any costs or damages incurred resulting from acts outside of their control including but not limited to force majeure, strikes and/or public manifestations. Only written arrangements are binding. The sole legal venue is The Hague. Registration of a participant entails acceptance of these conditions.
In any disputes that may arise concerning the execution or interpretation of the present General Regulations, both parties agree that they will be subject to Dutch law and that the commercial courts of The Hague will be competent, without prejudice to the organisers' right to initiate proceedings under the laws and before the courts of the participant's registered office in the event any sums are due by the participant to FIP.

CERTIFICATE OF CONGRESS ATTENDANCE

In order to avoid unnecessary printing, all participants will be emailed their certificate of congress attendance as a PDF within 10 days of the close of the congress. Accompanying persons do not receive a certificate of attendance.

ABSTRACT CERTIFICATE

If you would like to receive a certificate for your poster or oral presentation, please email fip@mci-group.com after the congress and you will receive your certificate (as a PDF) by email.

REGISTRATION DESK

The registration desk will be open:

- Saturday 1 to Wednesday 5 September
  08:00 – 18:00
- Thursday 6 September
  08:30 – 16:00



Introduction of FIP

International Pharmaceutical Federation

The International Pharmaceutical Federation (FIP) is the global body representing pharmacy and pharmaceutical sciences. Through our 140 national organisations, academic institutional members and individual members, we represent over four million pharmacists, pharmaceutical scientists and pharmaceutical educators around the world.

To support the pharmacy profession
Founded in 1912, FIP is a non-governmental organisation with its head office in the Netherlands. Through our partnerships and extensive pharmacy and pharmaceutical sciences network, we work to support the development of the pharmacy profession, through practice and emerging scientific innovations, in order to meet the world's healthcare needs and expectations.

Leader of pharmacy at a global level
Molecules become medicines when pharmaceutical expertise is added. In turn, pharmacists — through ensuring responsible use — optimise the effects of these medicines. FIP is recognised as the leader of pharmacy at a global level. We continue to expand our presence, within pharmacy and pharmaceutical sciences, and influence through partnerships with some of the world's leading health, policymaking, education and science institutions.

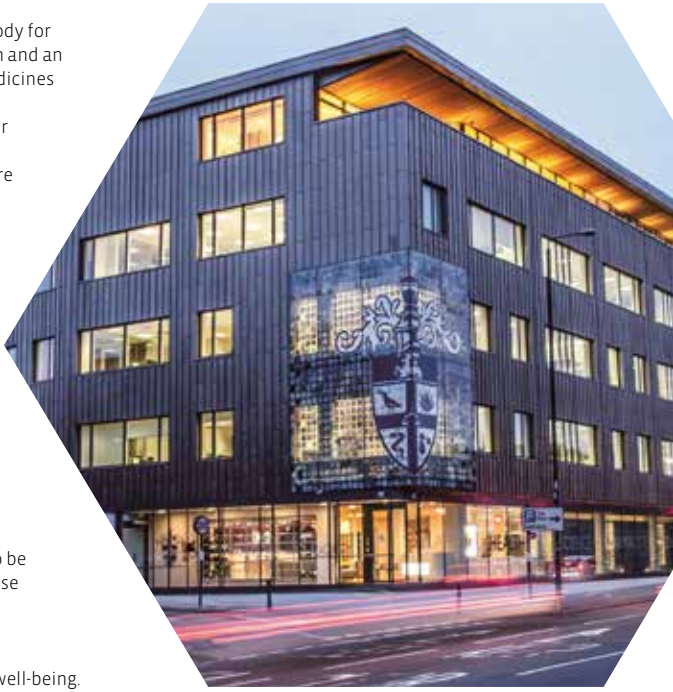
Individual membership
FIP has eight pharmacy practice sections and nine special interest groups (SIGs), which develop projects and initiatives. All individual members of FIP are automatically a member of the section (or Board of Pharmaceutical Sciences SIG) of their choice, through which they can interact with pharmaceutical colleagues with similar interests from all over the world. Find out more about FIP at the FIP booth in the exhibition.



ROYAL PHARMACEUTICAL SOCIETY

The Royal Pharmaceutical Society (RPS) leads the profession of pharmacy to improve the public's health and well-being.

Who we are:
The RPS is the professional membership body for pharmacists and pharmacy in Great Britain and an internationally renowned publisher of medicines information.
We advance the profession of pharmacy for public and patient benefit, to improve the health of the public and to secure the future of our members.



What we do
We support our members and customers to improve health outcomes for society. We deliver this through professional development and support; the provision of quality medicines information and advice. We are committed to improving patient care and safety through developing professional practice.

Our mission is to put pharmacy on the forefront of healthcare, and our vision is to be the world leader in the safe and effective use of medicines.

Our goals for 2016–21
- We will improve the public's health and well-being.
- We will be the professional voice of pharmacy.
- We will support the education and development of the profession.
- We will be a global publisher of medicines information and advice.
- We will drive and support research and innovation in medicines and healthcare.
- We will be a viable and sustainable organisation.

Accreditation for continuing education

FIP's World Congress of Pharmacy and Pharmaceutical Sciences is accredited by the countries listed below. Participants wishing to apply for continuing education credits should note the verification codes during the course of each session and make a declaration of their session attendance at *www.fip.org/glasgow2018/accreditation-continuing-education/* before 1 October 2018.

It is the sole responsibility of the participant to follow the instructions hereby, note the verification codes and provide the correct information via the FIP Congress website before 1 October 2018. After this deadline it is NOT possible anymore to apply for continuing education credits.

Austria

ÖSTERREICHISCHE APOTHEKERKAMMER

The congress sessions of the FIP world congress 2018 are automatically accredited in Austria, as agreed with the ÖAK (Österreichische Apothekerkammer – Federal Chamber of Pharmacists, number F20171003). Austrian participants are advised to note the verification codes during the course of each session and declare their session attendance via the FIP Glasgow 2018 website before 1 October 2018.

Germany

BAK

The congress sessions have been accredited by the Federal Chamber of Pharmacists of Germany (Bundesapothekerkammer) for pharmacists and pharmaceutical technicians, according to the CPE-guideline of the Federal Chamber of Pharmacists as follows: 1 credit point/45 minutes of attendance of the congress sessions, limited to 8 points a day in the category 2: Congress (maximum 43 points/participant). German participants are advised to note the verification codes during the course of each session and declare their confirmation of session attendance via the FIP Glasgow 2018 website before 1 October 2018. The participants may submit the certificate of attendance to their corresponding State Chamber of Pharmacists in the following three years in order to ensure that the points will be counted for their CPE-Certificate.

Japan

CPC Japan

The 2018 FIP congress is accredited by CPC (Council on Pharmacists Credentials) in Japan. The CPC providers award one point per 90 minutes of the session, with a maximum of 3 points per day. However, please note that the specific counting policy may depend on providers in Japan and we advise the participants to contact them for precise information. Japanese participants are advised to note the verification codes during the course of each session and declare their session attendance via the FIP Glasgow 2018 website before 1 October 2018.

Lebanon

نقابة صيادلة لبنان
ORDER OF PHARMACISTS OF LEBANON

The congress sessions are accredited by the Lebanese Order of Pharmacists. Participants from Lebanon are advised to note the verification codes during the course of each session and declare their session attendance via the FIP Glasgow 2018 website before 1 October 2018. They can list their participation on the basis of the hours of attendance and they will receive 1 CE credit per hour.

Macedonia (FYROM)

The 78th international congress of FIP is recognised as a valid form of continuing education by the Pharmaceutical Chamber of Macedonia and it has been accredited according to the chamber's legal act. Participants from Macedonia are advised to acquire a Certificate of Attendance.

Netherlands

KNMP

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 (max. 20 hours). Dutch participants are advised to note the verification codes during the course of each session and declare their session attendance via the FIP Glasgow 2018 website before 1 October 2018.

Norway

Norges Farmaceutiske Forening

The international congress of FIP is recognised as a valid form of continuing education by Norges Farmaceutiske Forening. Norwegian participants are advised to note the verification codes during the course of each session and declare their session attendance via the FIP Glasgow 2018 website before 1 October 2018.

Portugal

2,65 CDP

The 78th international congress of FIP is recognised as a valid form of continuing education by the Portuguese Pharmaceutical Society with a total of 2,55 Continuous Professional Development Credit Points. Portuguese participants are advised to note the verification codes during the course of each session and declare their session attendance via the FIP Glasgow 2018 website before 1 October 2018.

Sweden

FOKUS

The international FIP congress is recognised as a valid form of continuing education by the Swedish Pharmacists' Association. Participants are entitled to a maximum of 10 FOKUS points.

Switzerland

FPH FPH

The accredited congress sessions are recognised as valid continuing education by FPH. Swiss participants are kindly asked to follow the instructions below in order to get the FPH points accredited to their respective FPH account.

- Participants sending in their Confirmation of Attendance of the FIP world congress via email at info@fphch.org will obtain 100 FPH credits in total.
- Participants who would like to obtain credits for each session separately (according to the following scheme: 1 academic hour (45 min) = 6.25 FPH points) are required to note the verification codes during the course of each session and declare their session attendance via the FIP Glasgow 2018 website before 1 October 2018.

United Kingdom (for Scotland, England and Wales)

ROYAL PHARMACEUTICAL SOCIETY

The 78th FIP World Congress of Pharmacy and Pharmaceutical Sciences is accredited by the Royal Pharmaceutical Society as a training event.

United States of America

ACPE

FIP is an ACPE-accredited provider of continuing pharmacy education. Participants wishing to be awarded with ACPE credits should note the verification codes during the course of each session and declare their session attendance via the FIP Glasgow 2018 website before 1 October 2018. Please make sure you have submitted your NABP number and date of birth (in format MMDD) when you registered for the congress. After CPE units are processed by the ACPE and NABP, pharmacists will be able to login to a comprehensive electronic profile via the CPE monitor. Please note that only selected sessions are ACPE accredited; they are indicated by the ACPE logo next to the session.

The list of ACPE accredited sessions is available on the FIP Glasgow 2018 website under "Accreditation".

General events

COUNCIL MEETINGS

First Council meeting

Saturday 1 September, 09:00 – 12:30

Stakeholders' event

Saturday 1 September, 14.00 – 18.00

Second Council meeting

Sunday 2 September, 09:00 – 12:00

Third Council meeting

Thursday 6 September, 14:30 – 16:30

Room: Lomond Auditorium
(simultaneous translation for official delegates)
Official representatives from FIP member organisations and observer organisations will be admitted to the Council meetings (one delegate per organisation). Each representative will be asked to submit written proof when registering, that he or she has been officially appointed to represent his or her organisation. The Council meetings will also be attended by the FIP Bureau members and FIP section representatives. FIP individual members are welcome to attend most of the council meetings, but only as a silent audience. They may be asked to show their FIP membership card at the entrance of the room.

FIRST TIMERS MEETING

By invitation for first time participants only

Sunday 2 September, 12:30 – 14:00

Room: Alsh
At this meeting, first-timers will be able to meet not only experienced congress participants but also representatives from FIP sections and special interest groups. This is a great opportunity for new attendees to exchange ideas, meet interesting people and get involved in FIP's global network and the vast array of projects that FIP offers to all its members.

OPENING CEREMONY

Sunday 2 September, 15:00 – 17:00
14:00 – Doors open for guests
14:45 – Guests seated
15:00 – Official start

Room: Armadillo

Welcome by the Master of Ceremonies
Robbie Turner, Director of Pharmacy & Member Experience, Royal Pharmaceutical Society (RPS)

Welcome on behalf of the International Pharmaceutical Federation (FIP)
Carmen Peña, FIP President

Welcome on behalf of the Royal Pharmaceutical Society (RPS)
Ash Soni OBE, RPS President

Welcome by the First Minister of Scotland, Nicola Ferguson Sturgeon

Welcome on behalf of the city of Glasgow by the Lord Provost, Eva Bolander

Official opening of the congress

Presidential address
Carmen Peña, FIP President

Entertainment

Awards in Recognition of Excellence

André Bédat Award
The André Bédat Award recognises a pharmacist who is an outstanding practitioner and has made significant contributions to pharmacy at an international level.
It is the highest practitioner's award of FIP and this year its recipient is Lloyd Sansom from Australia.

Distinguished Science Award
FIP's Distinguished Science Award recognises an individual or group that has made an outstanding contribution to pharmaceutical science and who has been engaged with the work of FIP.
This year, the recipient of the Distinguished Science Award is Bert Leufkens from the Netherlands.



FIP Fellows (FFIP)
FIP fellowship recognises individual members of FIP who have exhibited strong leadership internationally, who have distinguished themselves in the pharmaceutical sciences and/or practice of pharmacy, who have contributed to the advancement of the pharmaceutical sciences and/or practice or pharmacy, and who have served FIP.

This year, FIP Fellowships will be given to:
- John Bell, Australia
- Tina Brock, Australia
- Oliver Bugnon, Switzerland
- Ulf Janzon, Sweden
- Peter Kielgast, Denmark
- Joseph Oddis, United States
- Jean Parrot, France
- Marion Schaefer, Germany
- Abdul Latif Sheikh, Pakistan
- Dieter Steinbach, Germany
- James Stevenson, United States
- Boyan Todorov, Netherlands
- Toyin Tofade, United States

2018 Health Promotion Campaign Award
– "My pharmacist knows me, I sign up" – Choose today your family pharmacist!
Frank Crasson (Association Pharmaceutique Belge, Belgium)

2018 Pharmacy Practice Improvement Programme Award
– Nursing Homes Pharmaceutical Care Programme
Grace Lee Wai Fong (Pharmaceutical Society of Singapore, Singapore)

2018 Pharmacy Practice Improvement Programme Award
– Project IMPACT Immunizations
Benjamin Bluml (American Pharmacists Association, USA)

FIP Foundation for Education and Research presentation
John Ware, Chairman of the FIP Foundation

Ton Hoek Scholarship for Global Leadership
Mac Ardy Gloria (Philippines)

Closing entertainment

POSTER SESSIONS

Monday 3 to Thursday 6 September

Location: Poster area Hall 4
The poster sessions will be open to all registered participants and their registered accompanying persons.

Poster sessions

The allotted timeslots for hanging up posters should be strictly observed

SATURDAY 1 AND SUNDAY 2 SEPTEMBER	FIRST POSTER	LAST POSTER	NR
Location: Hall 1			
PHARMACY TECHNICIANS	POS-PHT-001	POS-PHT-008	8
Total			**8**

Instructions for presenters: Hang up poster on Saturday between 08:00 and 09:00. Be at poster board on Saturday between 12:00 and 14:30. Take down poster on Sunday at 12:00

MONDAY 3 AND TUESDAY 4 SEPTEMBER	FIRST POSTER	LAST POSTER	NR
Location: Exhibition Hall 4			
COMMUNITY PHARMACY	POS-CPS-001	POS-CPS-176	176
DRUG DESIGN AND DISCOVERY	POS-DDD-001	POS-DDD-008	8
HOSPITAL PHARMACY	POS-HPS-001	POS-HPS-149	149
MILITARY AND EMERGENCY PHARMACY	POS-MEP-001	POS-MEP-016	16
PHARMACY TECHNICIANS	POS-PHT-001	POS-PHT-008	8
Total			**357**

Instructions for presenters: Hang up poster on Monday between 08:00 and 09:00. Be at poster board on Monday and Tuesday between 12:00 and 14:30. Take down poster on Tuesday between 14:00 and 16:00.

WEDNESDAY 5 AND THURSDAY 6 SEPTEMBER	FIRST POSTER	LAST POSTER	NR
Location: Exhibition Hall 4			
ACADEMIC PHARMACY	POS-APS-001	POS-APS-105	105
ANALYTICAL SCIENCES AND PHARMACEUTICAL QUALITY	POS-ASP-001	POS-ASP-014	14
BIOTECHNOLOGY	POS-BIO-001	POS-BIO-003	3
CLINICAL BIOLOGY	POS-CBS-001	POS-CBS-002	2
FORMULATION DESIGN AND PHARMACEUTICAL TECHNOLOGY	POS-FDP-001	POS-FDP-022	22
HEALTH AND MEDICINES INFORMATION	POS-HMI-001	POS-HMI-047	47
INDUSTRIAL PHARMACY	POS-IPS-001	POS-IPS-001	1
NATURAL PRODUCTS	POS-NPR-001	POS-NPR-027	27
HISTORY OF PHARMACY	POS-HOP-001	POS-HOP-003	3
PHARMACOKINETICS/PHARMACODYNAMICS & SYSTEMS PHARMACOLOGY	POS-PAA-001	POS-PAA-016	16
PHARMACY PRACTICE RESEARCH	POS-PPR-001	POS-PPR-035	35
REGULATORY SCIENCES	POS-RSC-001	POS-RSC-008	8
SOCIAL AND ADMINISTRATIVE PHARMACY	POS-SAP-001	POS-SAP-071	71
TRANSLATIONAL RESEARCH AND INDIVIDUALISED MEDICINES	POS-TRI-001	POS-TRI-003	3
Total			**357**

Instructions for presenters: Hang up poster on Wednesday between 08:00 and 09:00. Be at poster board on Wednesday and Thursday between 12:00 and 14:30. Take down poster on Thursday between 14:00 and 16:00.

WAIVER OF LIABILITY

All poster presenters are responsible for putting up and removing their own posters in a proper way and ***strictly within the indicated timeslots***.

If presenters hang their posters too early or do not remove their posters in time, FIP is not responsible for any damage that may occur if they have to be removed by staff members.

The poster area is open to all registered participants and their registered accompanying persons.
Thank you, mentors and reviewers!

Abstract Mentors / Reviewers

ACADEMIC PHARMACY SECTION	Dea	Herrera Ruiz
SOCIAL AND ADMINISTRATIVE PHARMACY SECTION	Timothy	Chen
CLINICAL BIOLOGY SECTION	Julien	Fonsart
COMMUNITY PHARMACY SECTION	Martin	Astbury
HOSPITAL PHARMACY SECTION	Josep M.	Guiu
INDUSTRIAL PHARMACY SECTION	Gabrielle	Wiederkehr
MILITARY AND EMERGENCY PHARMACY SECTION	Nita	Sood
HEALTH & MEDICINES INFORMATION SECTION	Vivien	Tong
WORKING GROUP HISTORY OF PHARMACY	Jacques	Gravé
PHARMACY TECHNICIANS SYMPOSIUM	Susan	James
SIG ON REGULATORY SCIENCES	Vinod	Shah
SIG DRUG DESIGN AND DISCOVERY	Takuya	Kumamoto
SIG FORMULATION DESIGN AND PHARMACEUTICAL TECHNOLOGY	Jayne	Lawrence
SIG PHARMACOKINETICS/PHARMACODYNAMICS & SYSTEMS PHARMACOLOGY	Stephan	Schmidt
SIG NATURAL PRODUCTS	Amanda	Corbett
SIG TRANSLATIONAL RESEARCH AND INDIVIDUALIZED MEDICINES	Michael	Sorich
SIG ANALYTICAL SCIENCES AND PHARMACEUTICAL QUALITY	Daniel	Tang
SIG BIOTECHNOLOGY	Michael	Ward
SIG ON PHARMACY PRACTICE RESEARCH	Martin	Schulz

FIP is extremely grateful to all volunteers who have dedicated their time and shared their expertise to make the best selection for our Poster and Oral presentation sessions. Thank you all!

Social events

WELCOME RECEPTION

Sunday 2 September, 17:00 – 19:00

Location: Exhibition area Hall 4
The Scottish Host Committee invites all participants and accompanying persons for a warm and festive welcome reception immediately after the opening ceremony. All guests will be treated to drinks and a selection of typical Scottish food in the perfect setting for catching up with old friends and making new ones.

FIP FUN RUN

Tuesday 4 September, 06:45 – 08:00

Location: Area around the SEC and the river, instructions available at registration
For a seventh year the FIP congress will include a 5 km fun run. The FIP Fun Run is an excellent event promoting a healthy lifestyle, and an alternative networking opportunity for delegates. We ask runners to register their interest in advance, as places are limited. The 10 Euro fee is a donation to the FIP Foundation for Education and Research, which helps the development of programmes to advance the pharmacy profession.

YPG (YOUNG PHARMACISTS' GROUP) EVENING

Tuesday 4 September, 06:45 – 08:00

Location: 29 Private Members Club
29 Royal Exchange Square, Glasgow

SECTION DINNERS

Wednesday 5 September, 20:00 – 22:30

Addresses of the venues are printed on the tickets
Academic Pharmacy Section
Clinical Biology Section
Community Pharmacy Section
Health and Medicines Information Section
Hospital Pharmacy Section
Industrial Pharmacy Section
Military and Emergency Pharmacy Section
Social and Administrative Pharmacy Section

CLOSING DINNER

Thursday 6 September, 19:30 – 23:00

Location: DoubleTree by Hilton Hotel Glasgow Central
Cambridge Street, Glasgow, G2 3HN, UK

DINNER TICKETS

Tickets for all the above-mentioned dinners can be purchased at the registration desk, subject to availability.





Overview of sessions and activities

		Armadillo	Lomond Auditorium	Alsh	Boisdale
SATURDAY 1 September 2018	**MORNING** (09:00 - 12:00)		1st Council Meeting	Biosimilars workshop	**D1** AIM Global Deans Forum (day 1) Part 1
	AFTERNOON (14:30 - 17:30)			Biosimilars workshop	**D1** AIM Global Deans Forum (day 1) Part 2
SUNDAY 2 September 2018	**MORNING** (09:00 - 12:00)		2nd Council Meeting	**D21** Pharmacy in Great Britain	**D2** AIM Global Deans Forum (day 2)
	LUNCH TIME (12:30 - 14:00)			First Timers Meeting	
	AFTERNOON (14:30 - 17:30)	Opening Ceremony, Opening Exhibition and Showcase (15:00 - 17:00)			
MONDAY 3 September 2018	**MORNING** (09:00 - 12:00)	**P1** "FIP Talks": Changing science, practice and education outcomes for the better			
	LUNCH TIME (12:30 - 14:00)	**D22** André Bédat lecture (12:45 - 13:30)		**D17** SIGN 1: Presentations from Mos	**C12** The Continuing Professional Development (CPD) Debate
	AFTERNOON (14:30 - 17:30)	**A1** - From bench to bedside: advancing pharmaceutical care	**D14** SOP What's new in Industry and Science?	**D24** FIP-WHO Patient and Medication Safety - Meeting the challenge	**B3** Expanding the role of pharmacists in primary health-care through collaborative non-dispensing services
TUESDAY 4 September 2018	**MORNING** (09:00 - 12:00)	**B1** Partners in health	**D15** SOP What's new in Practice? Part 1	**B5** Strategies to improve adherence – Technology needs communication	**C2** State-of-the-art Workforce Development Goals. How to implement them
	LUNCH TIME (12:30 - 14:00)	**C3** Homeopathy in pharmacies: The Great Debate	**D20** SIGN 4: Politics, advocacy and change in the pharmacy profession	**D18** SIGN 2: Presentations from Mos	**C4** Professional development tools to advance your pharmacy career
	AFTERNOON (14:30 - 17:30)	**C1** Global competencies for the pharmacy profession	**D16** SOP What's new in Practice? Part 2	**HaMIS Business Meeting** (14:30 – 16:00)	**C6** Teaching and implementing effective team building
	LATE AFTERNOON (17:30 - 18:00)				

		Armadillo	Lomond Auditorium	Alsh	Boisdale
SATURDAY 1 September 2018	**MORNING** (09:00 - 12:00)		1st Council Meeting	Biosimilars workshop	**D1** AIM Global Deans Forum (day 1) Part 1
	AFTERNOON (14:30 - 17:30)			Biosimilars workshop	**D1** AIM Global Deans Forum (day 1) Part 2
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	LUNCH TIME (12:30 - 14:00)			First Timers Meeting	
	AFTERNOON (14:30 - 17:30)	Opening Ceremony, Opening Exhibition and Showcase (15:00 - 17:00)			
MONDAY 3 September 2018	**MORNING** (09:00 - 12:00)	**P1** "FIP Talks": Changing science, practice and education outcomes for the better			
	LUNCH TIME (12:30 - 14:00)	**D22** André Bédat lecture (12:45 - 13:30)		**D17** SIGN 1: Presentations from Mos	**C12** The Continuing Professional Development (CPD) Debate
	AFTERNOON (14:30 - 17:30)	**A1 -** From bench to bedside: advancing pharmaceutical care	**D14** SOP What's new in Industry and Science?	**D24** FIP-WHO Patient and Medication Safety - Meeting the challenge	**B3** Expanding the role of pharmacists in primary health-care through collaborative non-dispensing services
TUESDAY 4 September 2018	**MORNING** (09:00 - 12:00)	**B1** Partners in health	**D15** SOP What's new in Practice? Part 1	**B5** Strategies to improve adherence – Technology needs communication	**C2** State-of-the-art Workforce Development Goals. How to implement them
	LUNCH TIME (12:30 - 14:00)	**C3** Homeopathy in pharmacies: The Great Debate	**D20** SIGN 4: Politics, advocacy and change in the pharmacy profession	**D18 SIGN 2: Presentations from Mos**	**C4** Professional development tools to advance your pharmacy career
	AFTERNOON (14:30 - 17:30)	**C1** Global competencies for the pharmacy profession	**D16** SOP What's new in Practice? Part 2	**HaMIS Business Meeting** (14:30 – 16:00)	**C6** Teaching and implementing effective team building
	LATE AFTERNOON (17:30 - 18:00)				

		Armadillo	Lomond Auditorium	Alsh	Boisdale
WEDNESDAY 5 September 2018	**BREAKFAST** (07:30 - 08:45)			**D12** Finding the humanitarian face of pharmacy	
	MORNING (09:00 - 12:00)	**A4** Breakthroughs in pharmaceutical nanotechnology for oral delivery of anticancer drugs	**D13** Professional regulation in a globalised environment	**D5** Better outcomes for Hepatitis C patients in your community	**C7** End-of-life communication and ethical decision-making
	LUNCH TIME (12:30 - 14:00)	**A5** Improving pharmacy research: Spotlight on seamless care	**D7** From theriaca to pharmacogenetic medicines: Pharmacy history	**D19** SIGN 3: Presentations from Mos	**C8** The Model of Improvement: How can your practice benefit?
	AFTERNOON (14:30 - 17:30)	**A6** Our emerging role in point-of-care testing	**B6** Minimising medicines misuse and abuse	**B7** Breaking down barriers to patient access – How to bring stakeholders together	**C9** Professional recognition and credentialing for transforming pharmaceutical care
THURSDAY 6 September 2018	**MORNING** (09:00 - 12:00)	**A7** Success stories of combatting CVD and diabetes through innovation	**D25** SOP What's new in Industry and Science? Part 2 (09:00 - 12:30)	**B8** How to write great lay summaries and empower patients	**C10** Training competent clinical pharmacists – Residencies, observation, assessment and feedback
	LUNCH TIME (12:30 - 14:00)	**D10** The Renaissance of community pharmacy: Is it time to let go of dispensing?		**D23** Hot Topic Session CPC	**D11** Global impact and use of FIP Education resources for workforce development
	AFTERNOON (14:30 - 17:30)		3rd Council Meeting	**B9** Global harmonisation of quality standards for medicines: Improving patient care and safety	**C11** Using the power of EPAs: Teaching and transforming practice

Overview of sessions and activities

Carron	Dochart 1	Dochart 2	Forth (Clyde)	Gala (Clyde)	Etive
					(08:30 - 09:00) **SIG RS**
D6 Putting health logistics into clinical pharmacy			**African Forum AGM** (09:00 -11:00)	**Women in Pharmacy Forum** (09:00 - 11:00) / **CPD Forum** (11:00 - 12:30)	
MEPS Business Meeting	**WDG Evaluation Forum**	**IT Platforms Forum**		**IPE Forum**	
D8 Supply chain solutions to strengthen emergency and disaster response	**YPG Business Meeting** Part 2		**SEARPharm Forum** (14:30 -16:20) **EMROPharm Forum** (16:30-18:30)		
D9 Sharing experience across borders: Training programmes			**EDT Business Meeting**	**SAPS Business Meeting**	
	IPS Assembly				
B10 Research: From marketing authorisation to patient use and beyond					

Theme of the congress:
Pharmacy: Transforming Outcomes!



D1 **9TH ACADEMIC INSTITUTIONAL MEMBERSHIP (AIM) GLOBAL DEANS FORUM**

Saturday 1 September
09:00 – 17:30

Room: Boisdale

Code: _____

Day 1
(By invitation, for deans who are members of AIM only)

Strategic planning and change management
The first day of the deans' forum will be focused on developing a strategic perspective for schools. A strategic perspective can facilitate the process of engagement when managing change. Day 1 will focus on methodologies that can be used to empower deans to transform a concept into a strategic and business plan, with a clear vision, mission and strategic objectives for their school. The programme will include a short welcome by Catherine Duggan, CEO of FIP.

Learning objectives

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

1. Identify concrete challenges and gaps in their current institutional strategic plan;
2. Explain strategic planning according to societal trends in light of technology evolution, disruptive innovation and education needs;
3. Describe the difference between a strategic plan and an operational plan;
4. Describe lead change management initiatives at their institutions, including efficient resources allocation and organisational change;

Type of session: Knowledge-based

Programme

09:00 – 09:15	**Introduction to the Global Deans Forum** Wayne Hindmarsh (Leslie Dan Faculty of Pharmacy, University of Toronto, Canada)
09:15 – 10:20	**Session I – Developing a strategic perspective for the school** **Chair:** John Pieper (St. Louis College of Pharmacy, USA) Planning and strategy development in schools and faculties — Challenges and opportunities James Honan (Harvard Graduate School of Education, USA) ***(Followed by Q&A)***
10:20 – 10:40	Coffee/tea break *(Hall 1)*
10:40 – 11:40 **11:45 – 12:45** **12:45 – 13:00**	**Workshop I: Organisational change** James Honan (Harvard Graduate School of Education, USA) **Part I: Individual assessment and development of a stakeholders mapping and logical model log frame** **Part II: Facilitated table discussions** **Wrap-up and morning conclusions** John Pieper (St. Louis College of Pharmacy, USA)
13:00 – 14:00	Lunch *(Hall 1)*
14:00 – 15:50	**Session II — Strategic planning for the future** James Honan (Harvard Graduate School of Education, USA) **Workshop II: Strategic planning and change management** **Part I: Action plan exercise**
15:50 – 16:10	Coffee/tea break *(Hall 1)*
16:10 – 17:00	**Part II: Facilitated table discussions & action plan presentations**
17:00 – 17:10	**Workshops wrap-up** James Honan (Harvard Graduate School of Education, USA)
17:10 – 17:25	**School of INN Project** Raffaella Giovanna Balocco (INN – International Non-proprietary Names programme, WHO, Switzerland)
17:25 – 17:30	**Closing remarks** Wayne Hindmarsh (Leslie Dan Faculty of Pharmacy, University of Toronto, Canada)
17:30 – 19:00	**AIM Global Deans Reception** *(Mezzanine)*

D2 9TH AIM GLOBAL DEANS FORUM

Sunday 2 September
09:00 – 17:30

Room: Boisdale

Code: _____

Day 2

(By invitation, for deans who are members of AIM only)

Conflict resolution

Resolving conflict is a key skill of successful senior academic leaders to prevent the negative impact of conflict at work on productivity, motivation and absenteeism. On Day 2 of the deans' forum, FIP will host Sandra Heidinger and Alison Locke from the University of Strathclyde. You'll have the opportunity to identify the most effective conflict management technique in common conflict scenarios and assess your own approach to dealing with difficult work situations.

Learning objectives

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

1. Describe how conflicts may arise and escalate in the workplace;
2. Describe how they can help — and hinder! — effective conflict resolution;
3. Explain the art of workplace communication;
4. Identify the most effective conflict management technique in common conflict scenarios;

Type of session: Knowledge-based

Programme

09:00 – 09:15	**Understanding conflict and its resolution — Gateway to transformational change** **Introduction and general principles**
09:15 – 10:20	**Workshop (Followed by Q&A)** **Chair:** Paul Gallagher (AIM Advisory Committee & Royal College of Surgeons, Ireland) **Speaker:** Alison Locke (University of Strathclyde, UK)
10:20 – 10:40	Coffee/tea break *(Hall 1)*
10:45 – 11:45	**Enabling transformational change through people — A case study** **Chair:** Paul Gallagher (AIM Advisory Committee & Royal College of Surgeons, Ireland) **Speaker:** Sandra Heidinger (University of Strathclyde, UK) ***(Followed by Q&A)***
11:45 – 12:00	**Wrap-up and closing remarks** Paul Gallagher (AIM Advisory Committee & Royal College of Surgeons, Ireland) Wayne Hindmarsh (AIM Advisory Committee & Leslie Dan Faculty of Pharmacy, University of Toronto, Canada)
12:00 – 12:30	Lunch *(Hall 1)*

D3 7TH GLOBAL PHARMACY TECHNICIANS' SYMPOSIUM: PARTNERS IN HEALTH

Saturday 1 September
09:00 – 17:30

Room: Carron

Code: _____

Day 1

Organised by* FIP*Ed

Introduction

This year's symposium theme is "Partners in health". Discussions will focus on the roles, education programmes and services that have evolved and serve to define pharmacy technicians and other pharmacy support workforce groups in a variety of contexts globally, particularly as part of the global mid-level health workforce cadre. The symposium will feature high-level plenary sessions, interactive discussions and workshops covering a wide range of topics and choices catering to different interest areas and groups.

For the first time, the Global Pharmacy Technicians Symposium programme will feature several clusters of parallel sessions and concurrent workshops. The parallel sessions will be a great opportunity to widen the discussion scope for all participants and better meet the needs of two distinct target audiences — pharmacy technicians and pharmacists working in partnership, and pharmacy administrators, educators, regulators and professional advocates looking to develop the pharmacy workforce within a broader context within healthcare systems.

The programme will include a short welcome by Catherine Duggan, CEO of FIP.

Programme

09:00 – 12:30	**Session 1: Plenary session — Strengthening and developing an essential workforce** **Chairs:** Tess Fenn (Association of Pharmacy Technicians UK) and Shane Desselle (Applied Pharmacy Solutions, USA)
09:00 – 09:10	**1. Symposium opening** Susan James (Ontario College of Pharmacists, Canada)
09:10 – 09:45	**2. WHO 2030 Global Strategy for Human Resources for Health** Ibadat Dhillon (Health Workforce Department, World Health Organization)
09:45 – 10:20	**3. The science of occupations — Understanding the development of occupations and evolution of a technical or mid-level support workforce within a profession** Zubin Austin (University of Toronto, Canada)
10:20 – 10:40	Coffee/tea break *(Hall 1)*
10:40 – 11:20	**4. Case examples** Samantha Quaye (University of Manchester, UK) Peter Kopelman (Royal College of Physicians, UK)
11:20 – 11:50	**5. Panel discussion with participant engagement**
11:50 – 12:00	**6. Session wrap-up**
12:00 – 14:30	Lunch *(Hall 1)*

Learning objectives

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

1. Understand the global need for health human resources and the role of mid-level cadres in providing sustainable and affordable health care services.
2. Identify specific examples of the evolution of mid-level cadres within a profession and common challenges in the integration of these workers within the profession.
3. Outline strategies to improve relationships between pharmacists, pharmacy technicians and other pharmacy support workers to optimise sustainable healthcare services.

Type of session: Knowledge-based

14:30 – 17:30	**Session 2: Two streams — A & B** **Stream A** — Individuals/Practitioners seeking professional development related to practice innovation **Stream B** — Educators, administrators, regulators, professional association representatives interested in advancing the pharmacy support workforce
14:30 – 15:10	**Stream A** **Chairs:** Cathy Schuster (Canadian Council of Accreditation of Pharmacy Programs, Canada) and Angie Lim (National Healthcare Group Pharmacy, Singapore) **1. Effective teams — Discussion forum on skill mixing and team playing** Helen Taylor (Whittington Health, UK)
15:10 – 15:50	**2. Practice innovation** **a. One-minute snapshots of poster presentations,** followed by a short Q&A period
15:50 – 16:10	Coffee/tea break *(Hall 1)*
16:10 – 17:30	**b. Short oral presentations with a focus on partners in health (pharmacists and pharmacy technicians working together)** - **Pharmacy technicians supporting public health roles** Kimberley McKeirnan (Washington State University College Pharmacy, USA) Stephanie Bradbury (North Idaho College, USA) - **Pharmabuddy, a Dutch approach to palliative care** Sonia Amini (SIR Institute for Pharmacy Practice and Policy, Netherlands) - **Automated unit dose dispensing** Camilla Lindeblad (The Danish Association of Pharmaconomists, Denmark) - **From IV technician to sterile compounding supervisor: A shared services model** Davida Bradley (Children's Hospital of Eastern Ontario, Canada) - **Delivering on pharmacy aseptic services nationally: Unwarranted variation, efficiencies and workforce** Khola Khan (NHS Improvement, UK)

Learning objectives

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

1. List the characteristics of effective teams and distinguish the different roles that team members can assume to promote high functioning teams and achievement of goals.
2. Identify personal behaviours that may be used to promote collaborative relationships with others and optimise the unique contribution of individual team members.
3. Describe a range of innovative practices from different country contexts that demonstrate complementary roles of pharmacy technicians in the delivery of pharmaceutical services.

Type of session: Knowledge-based

14:30 – 15:50	**Stream B** **Chairs:** Tamara Koehler (Centre for Education Development and Research in Health Professions UMCG, Netherlands) and Christina Durinck (European Association of Pharmacy Technicians) **1. The business case for mid-level workers** *Invited speakers will present examples of business models that support integration of mid-level workers – Discussion of facilitators and barriers to an integrated workforce* Zubin Austin (University of Toronto, Canada) Alex Adams (Idaho State Board, USA)
15:50 – 16:10	Coffee/tea break *(Hall 1)*
16:10 – 17:30	**2. Continuing Professional Development — Continuing education strategies** *With emphasis on promotion of intraprofessional collaboration within the pharmacy profession* Wendy Penny (Wales Center for Pharmacy Professional Education, UK) **Case example** Samuel Nyanje and Imran Manji (AMPATH, Kenya)

Learning objectives

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

1. Describe practice models that demonstrate the value of utilizing mid-level workers to augment patient care services and promote optimal utilisation of health human resources.
2. Identify common barriers and enablers to support positive intra and inter-professional relationships.
3. Establish continuing education programmes that create opportunities for pharmacy support workers and pharmacists to work in partnership in the delivery of pharmaceutical care.

Type of session: Knowledge-based

17:30 – 19:30	**Reception for all Pharmacy Technicians Symposium participants** *(Hall 1)*



D4 7TH GLOBAL PHARMACY TECHNICIANS' SYMPOSIUM: PARTNERS IN HEALTH

Sunday 2 September
09:00 – 12:00

Room: Carron

Day 2

Code: _____

Organised by* FIP*Ed

Programme

09:00 – 12:00	**Session 3: Plenary session** **Chairs:** Kat Hall (Reading University, UK) and Susan James (Ontario College of Pharmacists, Canada)
09:00 – 10:20	**1. Reducing medication errors, and the patient safety agenda** *Speakers will showcase collaborative efforts to reduce medication errors and improvement strategies for patient safety in medicines use. Emphasis will be on the role of the pharmacy support workforce as a contributor to a safer medication system, including a perspective from a patient with lived experience. A continuous quality improvement (CQI) model using a medication incident reporting approach will also be shared.* Marja Airaksinen (FIP Patient Safety Working Group, Finland) Leonora O'Brien (PharmaPod, Ireland) Chris Jerry (Emily Jerry Foundation, USA)
10:20 – 10:40	Coffee/tea break *(Hall 1)*
10:40 – 11:10	**2. Transforming the workforce** *An exploration of drivers for workforce transformation and initiatives that have proven successful in developing a mid-level workforce. Participants will engage in a discussion about strategies and techniques used for development of a support workforce including how to begin for those at ground zero.* Shane Desselle (Applied Pharmacy Solutions, USA)
11:10 – 11:50	**3. Case examples** Chun Yu-Wang (FIP Hospital Pharmacy Section, China Taiwan) Hugo Yik Hung Chow and Chak On Hui (Hong Kong Institute of Vocational Education, Hong Kong SAR)
11:50 – 12:00	**4. Symposium wrap-up** Susan James (Ontario College of Pharmacists, Canada)

Learning objectives

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

1. Describe the factors that contribute to patient safety in medicine use and explain the global impact of medication errors.
2. Explain the value of reporting medication incidents and identify the role that pharmacy technicians can play in creating a safer medication system.
3. Outline variations in the utilisation of pharmacy technicians from different country contexts.
4. State specific examples of strategies that have capitalised on the pharmacy support workforce to enhance the provision of pharmacy services.

Type of session: Knowledge-based

D21 PHARMACY IN GREAT BRITAIN

Sunday 2 September
09:00 – 12:00

Room: Alsh

Duration: 3h
Organised by the Local Host Committee

Introduction
Great Britain is home to some of the most advanced innovations in pharmacy, from exciting new roles for pharmacists in general practices, urgent and emergency care, and care homes, to independent prescribing and contributions to the development of new medicines. Pharmacists in Great Britain play a vital role in the unique National Health Service, as the first port of call for patient care, and in the pharmaceutical industry with innovations in drug discovery, design and formulation that are changing health care. Pharmacy in Great Britain is constantly evolving, with collaboration from pharmacists across every sector forming the future of pharmacy. Nationwide frameworks for advanced practice have been developed to ensure pharmacists exhibit excellence in all of their roles, with important work being done on the ever-evolving workforce. Attend this session to hear about how Great Britain contributes to pharmacy on a local, national and global level, to identify challenges and opportunities for innovation in pharmacy, and to learn about finding opportunities for growth in a changing world for pharmacists.

Programme

08:30 – 09:00	***Arrival and networking***
09:00 – 09:10	**1. Welcome and Introduction** Claire Thompson (Royal Pharmaceutical Society, UK)
09:10 – 09:20	**2. Pharmacy careers: Workforce delivery** Bernadette Brown (Cadham Pharmacy Health Centre, UK)
09:20 – 09:30	**3. Pharmacy careers: RPS leadership in workforce development/ strategic structures** Peter Kopelman (St. George's, University of London, UK)
09:30 – 09:40	**4. Pharmacy careers: Innovation in initial education** Nigel Ratcliffe (Keele University, UK)
09:40 – 09:55	**5. Pharmacy careers: From student to consultant** Mair Davies (Education, Royal Pharmaceutical Society, UK)
09:55 – 10:10	**6. Panel Q&A**
10:10 – 10:30	Coffee/tea break *(Hall 1)*
10:30 – 10:40	**7. From policy to publishing: Influence and impact—RPS leadership in policy and publishing** Karen Baxter (Pharmaceutical Press, Royal Pharmaceutical Society, UK)
10:40 – 10:50	**8. From policy to publishing: Influence and impact — Innovation in digital publishing and medicines information** Alina Lourie (Pharmaceutical Press, Royal Pharmaceutical Society, UK)
10:50 – 11:05	**9. Panel Q&A**
11:05 – 11:15	**10. Drug to patient: Collaboration and science** Gavin Halbert (University of Strathclyde, UK)

11:15 – 11:25	**11. Drug to patient: Innovation in formulation and drug targeting** Kevin Shakesheff (University of Nottingham, UK)
11:25 – 11:35	**12. Drug to patient: Industry and manufacture** Gino Martini (Royal Pharmaceutical Society, UK)
11:35 – 11:45	**13. Drug to patient: RPS leadership policy influence** Paul Bennett (Royal Pharmaceutical Society, UK)
11:45 – 11:55	**14. Panel Q&A**
11:55 – 12:00	***Closing remarks***

P1

"FIP TALKS": CHANGING SCIENCE, PRACTICE AND EDUCATION OUTCOMES FOR THE BETTER

Monday 3 September
09:00 – 12:00

Location: Armadillo

ACPE **Code:** _____

FIP Talks

Chairs
Lars-Åke Söderlund (FIP Programme Committee, Sweden) and
Arijana Meštrović (FIP Programme Committee, Croatia)
Duration: 3h

Organised by the FIP Programme Committee

Introduction
In some parts of the world, healthcare systems have improved dramatically over the years. Cancer and cardiac outcomes are better; waiting periods are shorter; patient satisfaction much higher, yet World Health Organization statistics still report uncontrolled health issues, such as neglected tropical diseases, immunisation needs and increasing mental illnesses. Almost 6 million children each year die under the age of five years, even though life expectancy worldwide is over 71 years.
Due to differences in financial background, legal frameworks and standards of practice, quality of care can be variable. Preventable illnesses are still widespread, and some health inequalities remain deep-rooted. Patients' needs are changing, pharmaceutical science is opening new possibilities and new treatment options are emerging. Our health systems need to adapt to take advantage of the opportunities that science and technology offer to patients, carers and those who serve them. Lifestyle issues also affect the outcomes of therapy, and the financial burden on our health systems.
Many countries will need to set out a clear direction for health reforms, showing why change is needed and what it will look like. Some initiatives will require new partnerships between regulation, practice and education, including patients, healthcare professionals, hospital and community pharmacy, and the pharmaceutical industry.
New techniques will be needed to improve patient and healthcare outcomes.
Pharmacists in different settings are the third largest healthcare professional group in the world after physicians and nurses. Hospital pharmacists are accepting new roles and developing clinical and pharmaco-economical skills;

pharmacists in industry and science are embracing new technologies and expanding the use of IT assets.
An emerging consensus among academics, professional organisations, and policymakers is that all pharmacists should be more visible and recognised in healthcare systems, especially those who work directly with the patients. They should adopt an expanded role in order to contribute to the safe, effective and efficient use of medicines — particularly when caring for people with multiple chronic conditions.
New roles for pharmacists are currently emerging, such as prescriber, vaccinator and health service provider. As such, we all now have an opportunity to transform our practices in a way that will deliver better outcomes for patients. Through transformative thinking, modern educational methods, policy development and success in demonstrating the profession's capacity, pharmacists can and should become part of the solution to the many challenges of the healthcare systems around the world.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 09:45	**1. Transforming outcomes on the global level: Meeting the global health challenges** Jim Campbell (Health Workforce Department, World Health Organization, UK)
09:45 – 10:20	**2. Transforming outcomes on the organisational level: Needs-based healthcare system reforms** Speaker TBA
10:20 – 10:40	Coffee/tea break
10:40 – 11:15	**3. Transforming outcomes on the national/regional level: Transformational change and involving stakeholders** Nicola Gray (NCD Child, UK)
11:15 – 11:50	**4. Transforming outcomes on the patient level: Meeting the personal health challenges** Sofia Crisostomo (Grupo de Ativistas em Tratamentos, Portugal)
11:50 – 12:00	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Describe how the combined healthcare workforce improves patient outcomes;
2. Identify why healthcare reforms are necessary and pharmacy's new and enhanced role in these reforms;
3. Explain the concept of transformational change and how to involve different stakeholders for improved outcomes;
4. Describe how pharmaceutical activities and strategies — in the new healthcare ecosystem — can meet the global challenges of health care, and improve outcomes by being developed into the new health hub.

Type of session: Knowledge-based

B2 HOW TO BETTER SUPPORT CARERS

Monday 3 September
12:30 – 14:00

Room: Carron

Chairs
Jaime Acosta Gómez (FIP Community Pharmacy Section, Spain) and Felicity Smith (Practice & Policy, UCL School of Pharmacy, UK)
Duration: 1.5h

ACPE **Code:** _____

Introduction

A carer is anyone, child or adult, who looks after a family member, partner or friend who needs help because of illness, frailty, disability or a mental health problem (including addiction) and cannot cope on their own without support. Many people, mainly women, are now balancing work, childcare and caring for their loved ones. Increasing numbers of older people often care for their partner while providing childcare for grandchildren, and parents of children with complex health needs know that they will be "lifetime" carers. Furthermore, in our changing societies most people are living longer and many are developing long-term clinical conditions. The positive shift to independent living and care at home, away from institutionalisation, while allowing people in need to maintain maximum independence and control over their own lives will continue to require a greater contribution from carers. Carers know the people whom they care for better than anyone else. They provide an extremely valuable service to the people whom they look after and thus, to society. Their knowledge can be extremely useful to health and social care professionals in planning patient care, and also in identifying problems that may require intervention such as scheduling and maintaining supplies and liaising with health professionals, especially when systems can be difficult to navigate or to access. Helping with the administration of medicines might also be challenging, especially when there may be different products and formulations that have to be scheduled at different times. Carers often have concerns about medicines — they notice side effects and may decide not to give something, they may worry that a medicine is not working, or they may have problems encouraging someone to take a medicine. On the other hand, they might not be informed about medicines, or they may, themselves, have sight problems which create difficulty with packaging or reading labels. Carers should be considered as crucial partners in achieving the responsible use of medicines and they are at the heart of 21st-century families and communities.

Community pharmacies and pharmacists are typically based in geographically accessible locations and, unlike physicians and other health professionals, are usually available for consultation without appointments, so many opportunities exist for pharmacists to interact with carers, and this offers an opportunity to transform outcomes in partnership with them and other health and social professionals.

Programme

12:30 – 12:40	***Introduction by the chairs***
12:40 – 13:15	**1. Presentation from a carer** Tommy Whitelaw (The Alliance, Scotland)
13:15 – 13:50	**2. Workshop, including cases to be discussed from different countries/cultures/illnesses/ carers**
13:50 – 14:00	***Conclusion by the chairs***

Learning objectives

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

1. Analyse how pharmacy services can meet the medicine-related and wider needs of carers more effectively, both for their loved ones and for themselves;
2. Demonstrate the types of attitude and behaviour that carers expect from pharmacists;
3. Differentiate what effect settings and cultures might have on the roles of carers and the pharmacy services that support them;
4. Demonstrate skills for counselling, coaching, teaching and care planning with families and carers.

Type of session: Application-based

C12

THE CONTINUING PROFESSIONAL DEVELOPMENT (CPD) DEBATE

Monday 3 September
12:30 – 14:00

Room: Boisdale

ACPE Code: _____

Chairs
Martin Henman (School of Pharmacy and Pharmaceutical Sciences, Trinity College, Ireland) and Catriona Bradley (IIOP Irish Institute of Pharmacy, Ireland)
Duration: 1.5h

Organised by the FIP Academic Pharmacy Section in collaboration with* FIPEd, *IPSF and YPG

Introduction
Continuing professional development, as a concept, is well known to pharmacists, but there is great variation in how different CPD systems are structured across different jurisdictions. In some countries, evidence of continuing education satisfies requirements for CPD. Others are more focused on an outcomes-based model and require evidence of impact on practice before an activity can be considered eligible as CPD. There is much debate about which is the best approach. This session aims to contribute to that debate. You will hear about two different CPD systems, one inputs-based and one outputs-based. You will be introduced to the concepts required for useful, constructive discussion and then you will have the opportunity to debate or to judge two live debates relating to different aspects of CPD. Come prepared for a lively exchange of ideas!

Programme

12:30 – 12:45	**1. Introduction: The concept of debate** Martin Henman (Trinity College, Ireland)
12:45 – 13:00	**2. Overview of a CPD system based on outcomes** Catriona Bradley (IIOP Irish Institute of Pharmacy, Ireland)
13:00 – 13:15	**3. Overview of a CPD system based on inputs** Mike Rouse (Accreditation Council for Pharmacy Education – ACPE, USA)
13:15 – 13:30	**4. DEBATE 1: An outcomes-focused CPD system is the best way of developing the patient-facing practice of pharmacy** Facilitated by Martin Henman, Catriona Bradley and Mike Rouse
13:30 – 13:45	**5. DEBATE 2:** **Recertification processes are the best way of developing the patient-facing practice of pharmacy** Facilitated by Martin Henman, Catriona Bradley and Mike Rouse
13:45 – 14:00	**6. Voting, debriefing, summary and closure** Martin Henman (Trinity College, Ireland)

Learning objectives
At the end of this session, participants will be able to:
1. Analyse a CPD system that is inputs based and one that is outcomes focused;
2. Compare different approaches to CPD evaluation;
3. Differentiate the merits and demerits of debating as a means of exploring issues;
4. Justify the benefits of being forced to defend a position which is counter to their own beliefs.

Type of session: Application-based

D17 SIGN SESSION 1 — SHARING IDEAS IN A GLOBAL NETWORK: TECHNOLOGICAL INNOVATION SUPPORTING AND ADVANCING PHARMACY PRACTICE

Monday 3 September
12:30 – 14:00

Room: Alsh

Code: _____

Chair
Eduardo Savio (FIP, Uruguay)
Duration: 1.5h

Organised by FIP

Introduction
FIP member organisations will present their best initiatives and challenges. Presentations will include the winning projects of the FIP Health Promotion Campaign Award and the FIP Pharmacy Practice Improvement Award.

Programme

12:30 – 12:35	***Introduction by the chair***
12:35 – 12:55	1. **Presentation of the winning project of the 2018 Pharmacy Practice Improvement Programme Award — Project IMPACT Immunizations** Benjamin Bluml (American Pharmacists' Association, USA)
12:55 – 13:15	2. **NHI PharmaCloud System and IT to ensure drug safety in Taiwan** Fe-Lin Lin Wu (Taiwan Society of Health-System Pharmacists, China Taiwan)
13:15 – 13:35	3. **Technological innovation supporting and advancing pharmacy practice** Cátia Sousa Marques (National Association of Pharmacists, Portugal)
13:35 – 13:55	4. **Use of national electronic healthcare records by pharmacists in Singapore** Lou Huei Xin (Pharmaceutical University of Singapore, Singapore)
13:55 – 14:00	***Conclusion by the chair***

D22 ANDRE BEDAT AWARD LECTURE: THE FUTURE OF HEALTHCARE AND THE FUTURE OF PHARMACY - CONVERGENCE OR DIVERGENCE?

Monday 3 September
12:45 – 13:30

Location: Armadillo

Chair
Dominique Jordan (FIP, Switzerland)
Duration: 0.75h

Organised by the FIP Board of Pharmaceutical Practice

Introduction
The André Bédat Award is the highest pharmaceutical practice award of FIP and is awarded every two years (in the even years) at the FIP congress.
This year the award will go to Lloyd Sansom (University of South Australia, Australia).

A1 FROM BENCH TO BEDSIDE: ADVANCING PHARMACEUTICAL CARE

Monday 3 September
14:30 – 17:30

Location: Armadillo

Code: _____

Chairs
Hiroshi Suzuki (FIP Programme Committee, Japan) and
Michael Ward (FIP Programme Committee, Australia)
Duration: 3h

Organised by the FIP Programme Committee

Introduction
Recent development of science and technology has promoted pharmacotherapy. However, in order to obtain the best outcome, development of individualised therapy is required. In this session, by taking the examples of the pharmacotherapy of cancer, infectious diseases and Alzheimer's disease, and drug-induced toxicity, recent advances in individualised medicine are introduced. We will discuss how pharmacists can contribute to individualised therapy.

Programme

14:30 – 14:40	***Introduction by the chairs***
14:40 – 15:15	**1. Efficient tumour therapy depending on the characteristics of cancer cells** Sabrina Arena (University of Torino, Italy)
15:15 – 15:50	**2. Analysis of drug-induced toxicity** Raul Andrade (University of Málaga, Spain)
15:50 – 16:10	Coffee/tea break
16:10 – 16:45	**3. Suitable utilisation of antibiotics to avoid the appearance of drug-resistant bacteria** Jodi Lindsay (University of London, UK)
16:45 – 17:20	**4. Disease progression and suitable pharmacotherapy** Nick Holford (University of Auckland, New Zealand)
17:20 – 17:30	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Adopt the suitable utilisation of molecular targeted drugs depending on the characteristics of tumours;
2. Evaluate the classification of patients in terms of pharmacological response in the initial process for safe and efficient drug treatment;
3. Demonstrate the importance of suitable utilisation of antibiotics by learning how bacteria acquire resistance in patients;
4. Investigate how the concept of PPK is expanded to predict disease progression and drug effects.

Type of session: Application-based

B3 EXPANDING THE ROLE OF PHARMACISTS IN PRIMARY HEALTHCARE THROUGH COLLABORATIVE NON-DISPENSING SERVICES

Monday 3 september
14:30 – 17:30

Room: Boisdale

ACPE Code: _____

Chairs
Silvana Nair Leite (Federal University of Santa Catarina, Brazil) and
Tara Hehir (FIP Social and Administrative Pharmacy Section, Australia)
Duration: 3h

Organised by the FIP Social and Administrative Pharmacy Section in collaboration with the FIP Community Pharmacy Section and the FIP Hospital Pharmacy Section

Introduction
In some countries, pharmacists have been hired in non-dispensing and team-based services in primary healthcare (PHC) facilities. This represents a great opportunity to consolidate pharmacy as a health profession. However, their prevalence and roles in PHC settings such as general practices and family health centres are not well known. This session will identify and discuss the experiences of some countries and services that integrate pharmacists in PHC settings, searching the opportunities, constraints and results of these experiences. This session will also provide a vision of the future of the profession on this healthcare level and the implications for pharmacy training.

Programme

14:30 – 14:40	***Introduction by the chairs***
14:40 – 15:15	**1. Assessment of new pharmaceutical services in general practices in the UK** Matthew Boyd (University of Nottingham, UK)
15:15 – 15:50	**2. Pharmacists' identity and practice results in primary healthcare teams in Ontario** Lisa Dolovich (University of Toronto, Canada)
15:50 – 16:10	Coffee/tea break
16:10 – 16:35	**3. Health support teams, non-dispensing and management pharmaceutical practices in the public health system in Brazil** Silvana Nair Leite (Federal University of Santa Catarina, Brazil)
16:35 – 17:00	**4. Integrating community pharmacies and general practices** Luis Lourenço (FIP Community Pharmacy Section, Portugal)
17:00 – 17:25	**5. Pharmaceutical services in primary healthcare in the USA** Kelly Epplen (University of Cincinnati, USA)
17:25 – 17:30	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Identify the primary healthcare setting as the pharmacist's workplace;
2. Describe pharmacists' practices in primary healthcare internationally;
3. Explain diverse experiences of pharmacists' integration in primary healthcare teamwork, including challenges of collaborative practice;
4. Outline the future of pharmacists' integration as a primary healthcare professional.

Type of session: Knowledge-based

B4 INTER-PROFESSIONAL EDUCATION: TRANSFORMING OUTCOMES FOR THE 21ST CENTURY

Monday 3 September
14:30 – 17:30

Room: Carron

ACPE Code: _____

Chairs
Jill Boone (James L. Winkle College of Pharmacy, University of Cincinnati, USA) and James White (International Pharmaceutical Students Federation, Australia)
Duration: 3h

Organised by FIPEd in collaboration with the FIP Academic Pharmacy Section, the FIP Community Pharmacy Section, the FIP Hospital Pharmacy Section, IPSF and the FIP Young Pharmacists Group

Introduction
Innovative tools to educate our students for a contemporary health system are needed. Both the teaching techniques and the students impact the educational outcomes of health professionals. Traditional education is often lecture based and focused on a single discipline. This approach is known for its limitations. It results in students being passive and they only study course content most likely to be assessed by memorising theory without insight. This surface learning only allows knowledge retention for a short time, which limits the integration of curriculum content as a whole. Unfortunately, these methods also do not develop any graduate attributes or employability skills which are needed in an interprofessional working environment. Interprofessional team-based learning (TBL) addresses many of these limitations. Interprofessional education (IPE) is imperative to enhance a collaborative practice care model throughout the world. Successful, progressive programmes have evolved to engage students and practitioners into TBL environments where two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. TBL strategies allow for deeper learning of course content and holistic understanding of the theory in order to apply these theoretical principles in practice. From these active involvements, students have the opportunity to develop and improve certain essential generic skills such as working with others in a team, proper communication with fellow students, problem-solving, interpersonal communication, lifelong learning and adaptability skills. These are essential competencies needed by all healthcare professionals.
It is thus of the utmost importance that pharmacy schools and colleges use IPE to change the model of practice in the 21st century.

Programme

14:30 – 14:35	***Introduction by the chairs***
14:35 – 15:00	**1. IPE today and tomorrow — An overview of where IPE is** Jill Boone (University of Cincinnati, USA)
15:00 – 15:25	**2. Team-based learning** Mariet Eksteen (Pharmaceutical Society of South Africa, South Africa)
15:25 – 15:50	**3. Successful model of student IPE: Interprofessional Team Healthcare Competition — Challenging skills and developing teams** Timothy Chen (The University of Sydney, Australia)
15:50 – 16:10	Coffee/tea break
16:10 – 16:35	**4. Activity: Identify possible barriers for the implementation of active learning strategies in IPE**

16:35 – 17:00	5.	**Models of practitioner engagement creating interprofessional awareness and enhancing collaboration in the 21st century** Tiffiny Diers (University of Cincinnati, USA)
17:00 – 17:25	6.	**Activity: Small groups of participants exchange experiences and react to the information presented in order to take IPE forward**
17:25 – 17:30		***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Describe the importance and status of IPE throughout the world;
2. Identify different cooperative educational teaching strategies suitable for IPE;
3. Outline solutions to overcome barriers for IPE implementation;
4. Identify best practices for enhancing IPE within each participant's practice/country.

Type of session: Knowledge-based

D14 WHAT'S NEW IN INDUSTRY AND SCIENCE? PART 1

Monday 3 September
14:30 – 18:00

Room: Lomond Auditorium

Code: _____

Chairs
Gabrielle Wiederkehr (ACCESS Regulatory Consulting GmbH, Switzerland)
and Takuya Kumamoto (Hiroshima University, Japan)
Duration: 3.5h

Organised by the FIP Industrial Pharmacy Section and all FIP special interest groups

Introduction
Short oral presentations selected from submitted abstracts.

Programme

14:30 – 14:40	1.	**Operational excellence: Achieving quality compliance for small-scale manufacturing industries** Forum Jalundhwala (Shreenath Chemicals, India)
14:40 – 14:50	2.	**Novel polyamine analogues prevent biofilm formation in a Staphylococcus aureus isolate** Rami Alnajadat (University of Bath, UK)
14:50 – 15:00	3.	**Effect on cognition of berries, grape and pomegranate biophenols: A general review** Lama Aldamen (Middle East University, Jordan)
15:00 – 15:10	4.	**Pristimerin exacerbates injury in conditionally reprogrammed patient-derived lung cancer cells** Yubo Tang (Department of Pharmacy, The First Affiliated Hospital, Sun Yat-sen University, China)
15:10 – 15:20	5.	**Essential oils as potent anti-helicobacter pylori agents inhibiting urease activity** Anna Malm (Medical University in Lublin, Poland)

15:20 – 15:30	6. **Complementary and alternative medicines: Perspectives in breast and prostate cancer** Beverley Glass (James Cook University, Australia)
15:30 – 15:40	7. **Characterising amorphous spray-dried dispersion rate-controlling dissolution mechanisms using FBRM** Clare Rawlinson-Malone (Bristol-Myers Squibb, UK)
15:40 – 15:50	8. **Quality assessment of glibenclamide and nifedipine tablets in community pharmacies in Lagos State** Arinola Joda (University of Lagos, Nigeria)
15:50 – 16:10	Coffee/tea break
16:10 – 16:20	9. **Rapid quantitative analytical methods for liposomal drugs** Masaru Kato (Showa University, Japan)
16:20 – 16:30	10. **Iontophoresis-assisted delivery of pilocarpine to the eyeball through eyelid skin** Gerard Lee See (Josai University, Japan)
16:30 – 16:40	11. **Solid-lipid nanoparticles as a novel technology for delivering minocycline to the ischaemic brain** Roderick Walker (Rhodes University, South Africa)
16:40 – 16:50	12. **Does cosmetic layered application affect permeation of actives?** Florencio Jr. Arce (Josai University, Japan)
16:50 – 17:00	13. **Appropriate drug dosing in obese patients and patients after bariatric surgery** Marc de Leeuw (Royal Dutch Pharmacists Association – KNMP, Netherlands)
17:00 – 17:10	14. **Antiemetic treatment of women with hyperemesis gravidarum** Lone Holst (University of Bergen, Norway)
17:10 – 17:20	15. **Feasibility testing of a theory-based intervention to improve older adults' adherence to medicines** Deborah Patton (Queen's University Belfast, UK)
17:20 – 17:30	16. **A randomised clinical trial of the effect of pharmacist feedback on inhaler adherence and technique** Susan O'Dwyer (Boots Ireland, Ireland)
17:30 – 17:40	17. **Description and development of an educational programme for general practice pharmacists** Helen Benson (University of Technology Sydney, Australia)
17:40 – 17:50	18. **Study on medication therapy management by pharmacists for elderly patients with hypertension in China** Hailian Wang (Xuanwu Hospital of Capital Medical University, China)
17:50 – 18:00	***Q&A and conclusion by the chairs***

D24 FIP-WHO PATIENT AND MEDICATION SAFETY — MEETING THE CHALLENGE

Monday 3 September
14:30 – 17:30

Room: Alsh

ACPE Code: _____

Chair
Marja Airaksinen (University of Helsinki, Finland)
Duration: 3h

Organised by FIP in collaboration with the World Health Organization (WHO)

Introduction

Pharmacists are the ultimate experts in medicines and medication management processes. According to 2011 FIP/WHO Good Pharmacy Practice (GPP) guidelines, the aim of pharmacy practice is to "contribute to health improvement and to help patients with health problems to make the best use of their medicines."
Pharmacists are in a unique position to address the challenges related to medication. They are also well positioned to minimise the risk inherent in the transfer of care between hospitals/healthcare systems and the community, and to have the chance to develop their roles in medication optimisation and adherence, prevention of illness and safety incidents, adoption of best practices, patient self-management and monitoring, and collaborative health care. Pharmacists are becoming more involved in both therapeutic decisions and advocacy of stewardship programmes. Additionally, on the global level, FIP is working in close collaboration with the WHO and its patient safety programme. Patient safety was identified to be the high-priority topic for FIP in its interaction with the WHO. Patient safety has become an even more important area of collaboration as WHO launched the third Global Patient Safety Challenge last year, focused on medication safety. The overall goal of the Challenge "Medication without Harm" is to reduce medication errors and medication-related harm by 50% in the next five years, worldwide.
This session will present the challenge and its implementation strategies. What is the role of the WHO in supporting countries to achieve this ambitious goal? What has been done so far? What is the role of pharmacists and their national organisations? This session will present strategies on how to stimulate action and creation of new policies and practices/services at country and international level to improve patient safety.

Programme

14:30 – 14:35	***Introduction by the chair***
14:35 – 15:05	1. **WHO Global Patient Safety Challenge focused on medication safety** Minna Häkkinen (WHO, Switzerland)
15:05 – 15:30	2. **FIP's work in patient safety** Marja Airaksinen (University of Helsinki, Finland)
15:30 – 15:50	3. **Examples of pharmacist-led practices in patient safety in Oman** Sara Al-Balushi (Ministry of Health, Sultanate of Oman)
15:50 – 16:10	Coffee/tea break
16:10 – 16:40	4. **Development and implementation of innovative policies enhancing the improvement in patient outcomes with medicines** Alpana Mair (Effective Prescribing and Therapeutics – Scottish Government)
16:40 – 17:10	5. **Tools for pharmacists** Barbra Fobi (Institute for Safe Medication Practices — ISMP, USA)
17:10 – 17:30	***Q&A, summary and wrap up***

Learning objectives

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

1. Define the importance of pharmacists' activities and services focused on medication safety;
2. Identify the gaps in medication safety;
3. Outline the implementation strategies of the Global Patient Safety Challenge focused on medication safety in different countries.

Type of session: Knowledge-based

A2 BIOLOGICAL DRUGS AND GENE THERAPY — HOT TOPICS ON REGULATION AND POLICIES AFFECTING USE

Tuesday 4 September
09:00 – 12:00

Room: Carron

ACPE **Code:** _____

Chairs

Cody Midlam (Willis Towers Watson, USA) and Jennifer Dressman
(Institute of Pharmaceutical Technology Biocenter, Johann Wolfgang Goethe University, Germany)
Duration: 3h

Organised by the FIP Social and Administrative Pharmacy Section in collaboration with the FIP Hospital Pharmacy Section, the FIP Industrial Pharmacy Section, the FIP SIG on Biotechnology and the FIP SIG on Regulatory Sciences

Introduction

This session focuses on new technologies and approaches in pharmacotherapy, including emerging ethical dimensions associated with their implementation. Advances in drug discovery, formulation, compounding, delivery systems and mathematical modelling can be used to translate such innovations into better outcomes in populations and individuals. The phrase "from bench to bedside" has been used to describe the process of taking advances in basic research and transferring them to clinical practice. Also referred to as translational medicine, this approach combines diverse disciplines, expertise and techniques, and has resulted in the development of therapeutic options for diseases that were previously poorly managed and resigned to the use of existing therapies. This session discusses processes taking innovative biological drugs and gene therapy from bench to bedside.

Small patient populations and sophisticated post-marketing surveillance systems may result in faster approval of biological drugs and gene therapy, where safety and efficacy are determined more at the bedside and less at the bench. Even with fast approval, the costs of treating patients with biological drugs and gene therapy are typically extremely high. Furthermore, these novel pharmaceuticals may not be appropriate for future generic competition based on their complexity alone. The combination of these factors has the potential to change the pharmaceutical landscape, including how drugs are accessed, paid for and managed.

Considering this changing pharmaceutical landscape, this session will present hot topics on regulation and policies affecting the use of biological drugs and gene therapy, and explore the contribution that pharmacists make in this evolving area. It will review new approvals and the global pipeline to examine the current approval process for biological drugs and gene therapy and discuss future expectations in a rapidly advancing field.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 09:45	**1. Policies and programmes affecting the utilisation of increasingly complex drugs; examples from the USA and the world** Susan Cantrell (AMCP, USA)

09:45 – 11:20	2.	**Hot topics on regulation and policies affecting the utilisation of biological drugs and gene therapy**
09:45 – 10:20		**a. Risks and benefits of fast-track approval** Prateek Jain (Decision Resources Group, India)
10:20 – 10:40		Coffee/tea break
10:40 – 11:00		**b. Biosimilars and biobetters: Interchangeability issues for pharmacists, physicians and regulators** Iqbal Ramzan (The University of Sydney, Australia)
11:00 – 11-20		**c. Challenges for biologics development from a pharmaceutical point of view** Hanns-Christian Mahler (Lonza AG, Switzerland)
11:20 – 11:50	4.	**Panel discussion on future perspectives with a focus on:** **a. Pricing of recent therapies around the world** **b. Feasibility of generic novel therapies (exon-skipping, CAR-T)** Facilitated by Jennifer Dressman
11:50 – 12:00		***Conclusion by the chairs***

Learning objectives

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

1. Define the landscape of novel therapies, including biologics and gene therapies;
2. Outline the regulatory framework and policies affecting the utilisation of biological drugs and gene therapy;
3. Identify challenges associated with biological drugs and gene therapy concerning approval and managing costs;
4. Chart the evolving complexity of developing generic or biosimilar alternatives to newer therapies.

Type of session: Knowledge-based

B1 PARTNERS IN HEALTH

Tuesday 4 September
09:00 – 12:00

Location: Armadillo

ACPE Code: _____

Chairs

Betty Chaar (The University of Sydney, Australia) and
Toyin Tofade (Howard University, USA)
Duration: 3h

Organised by the FIP Programme Committee

Introduction

In the complex health arena, a key proposition is that no person acting alone is as effective as a team to drive best practices and outcomes. Another key factor supporting best outcomes is access to the best information to support optimal choices and the empowerment patients.
World class health care can only be delivered through an integrated system in which every part works to improve outcomes for patients. Quality has become a leading principle in health care and embraces patient safety, clinical effectiveness and patient experience.
The understanding of interprofessional teamwork often starts during initial education and training, and should continue, in various forms, throughout a professional's career. In addition, partnerships with patients and other stakeholders are becoming a more common feature of health care and the development of medicines, bringing both challenges and benefits. This session will explore some examples of how healthcare professionals, including pharmacists, patients and

the pharmaceutical industry are working together to try to improve the care provided to patients. The value and impact of different partnerships with a special focus on patient-pharmacy partnerships will be highlighted.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 09:45	**1. Partners in education** Cecilia Igwilo (Pharmaceutical Society of Nigeria, Nigeria)
09:45 – 10:20	**2. Partners in practice** Ravi Sharma (Primary Care Lead GP Pharmacist, UK)
10:20 – 10:40	Coffee/tea break
10:40 – 11:15	**3. Partners in medicines development** Mike Hannay (University of Nottingham, UK)
11:15 – 11:50	**4. Partners in communication** Sherif Kamal (Children Cancer Hospital 57357, Egypt)
11:50 – 12:00	***Conclusion by the chairs***

Learning objectives

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

1. Describe the benefits and challenges of successfully introducing interprofessional learning in pharmacy degree courses;
2. Identify examples of where information and insight from a patient can improve the development of a new medicine;
3. Explain how patient care can be enhanced by including a pharmacist in the general practice health team;
4. List the benefits patients derived from a more integrated healthcare service where different stakeholders collaborate for improved outcomes.

Type of session: Knowledge-based

B5 STRATEGIES TO IMPROVE ADHERENCE — TECHNOLOGY NEEDS COMMUNICATION

Tuesday 4 September
09:00 – 12:00

Room: Alsh

ACPE **Code:** _____

Chairs

Anna Laven (Pharmabrain, Germany) and
Kerstin Neumann (Johnson & Johnson, Germany)
Duration: 3h

Organised by the FIP Industrial Pharmacy Section

Introduction

Life-saving drugs are fully effective only when they are prescribed for the right patient and if patients use them correctly. The reasons why patients are often unable to use medicines correctly vary enormously. Additional and individual support, e.g., via patient-centred counselling or appropriate devices are, therefore, required to foster adherence. It is not only community pharmacists who can enhance adherence — hospital pharmacists and the pharmaceutical industry also have a contribution to make. In this session, different and innovative ways and concepts to do so will be presented and discussed. An updated, comprehensive overview of tools will be provided, packed into meaningful educational content.

Programme

09:00 – 09:05	***Introduction by the chairs***
09:05 – 09:30	**1. Introducing a better understanding of adherence** Bernard Vrijens (ESPACOMP, Belgium)
09:30 – 09:55	**2. Pharmacogenomics — How to choose the right drug for the right patient** John Papastergiou (School of Pharmacy, University of Toronto, University of Waterloo, Canada)
09:55 – 10:20	**3. Using QR codes for patient education — How the pharmaceutical industry can support adherence** Kerstin Neumann (Johnson & Johnson, Germany)
10:20 – 10:40	Coffee/tea break
10:40 – 11:05	**4. Smart devices for adherence — The dos and don'ts** Sheila Ryder (Trinity College, Ireland)
11:05 – 11:30	**5. Virtual reality — How to use avatars to improve counselling skills, an example using atrial fibrillation** Stephen Chapman (University of Keele, UK)
11:30 – 11:55	**6. Structured pharmaceutical counselling — Short interventions to improve adherence in patients with non-communicable diseases** Anna Laven (Pharmabrain, Germany)
11:55 – 12:00	***Conclusion by the chairs***

Learning objectives

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

1. Define the real meaning of adherence;
2. Outline the basic principles of pharmacogenomics, strategies for implementing pharmacogenomic services in practice and real-world case examples that highlight improvement in adherence from one of the world's first community pharmacy-directed pharmacogenomic clinics;
3. Identify how a virtual patient allows practice in a risk-free environment;
4. Describe how to improve counselling skills by using the right method and the right strategy at the right time.

Type of session: Knowledge-based

C2 GLOBAL WORKFORCE DEVELOPMENT GOALS — PROGRESS AND EVALUATION

Tuesday 4 September
09:00 – 12:00

Room: Boisdale

ACPE Code: _____

Chairs

Ian Bates (UCL School of Pharmacy, UK) and Susan James (Ontario College of Pharmacists, Canada)

Duration: 3h

Organised by* FIP*Ed* *in collaboration with the FIP Academic Pharmacy Section, the FIP Community Pharmacy Section, the FIP Hospital Pharmacy Section, the FIP Social and Administrative Pharmacy Section, FIP's SIG on Pharmacy Practice Research, IPSF and the FIP Young Pharmacists Group

Introduction

As a result of the Global Conference on Pharmacy and Pharmaceutical Sciences Education, held in Nanjing, China, in 2016, a set of global Pharmaceutical Workforce Development Goals (PWDGs) were developed by FIP and FIP*Ed* through a consultation process. The PWDGs are intended to guide FIP's member organisations, partners and stakeholders to support the development of the pharmaceutical workforce from pre-service to advanced practice. Research, evaluation and progress monitoring of the outcomes of the goals is vital to advance the pharmaceutical workforce. In this session, sharing the innovations, tools and best practices in a creative hub environment will allow participants to engage with the PWDGs and take away ideas to develop their own national strategies according to international recommendations. Participants will be invited to engage with the vision and strategic plans of FIP*Ed* for the PWDGs.

Programme

09:00 – 09:05	***Introduction by the chairs***
09:05 – 09:30	**1. The global healthcare workforce: Impact and capacity — How globalisation impacts on national priorities** Tana Wuliji (World Health Organization)
09:30 – 09:55	**2. Innovation in academy (focus on the schools, universities and education providers) — PWDGs 1 to 3** Jacqui McLaughlin (UNC Eshelman School of Pharmacy, USA)
09:55 – 10:20	**3. Tools for professional development (focus on the pharmaceutical workforce) — PWDGs 4 to 8** Amy Chan and Raymond Anderson (Commonwealth Pharmacists Association, UK)
10:20 – 10:40	Coffee/tea break
10:40 – 11:05	**4. Strategies for systems (focus on policy development, governmental strategy and planning, and monitoring systems) — PWDGs 9 to 13** Rose-Marie Parr (NHS Scotland, UK) and Ailsa Power (NHS Education for Scotland, Scotland)
11:05 – 11:50	**5. Workshop activity**
11:50 – 12:00	***Conclusion by the chairs***

Learning objectives

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

1. Describe the importance of the PWDGs;
2. Identify the key messages of the PWDGs and how they relate to local activities;
3. Describe the progress of the PWDGs according to the three clusters and how they can be applied locally or transnationally.

Type of session: Knowledge-based

D15 WHAT'S NEW IN PRACTICE? PART 1

Tuesday 4 September
09:00 – 12:00

Room: Lomond Auditorium

Code: _____

Chairs

Timothy Chen and Vivien Tong (The University of Sydney, Australia)
Duration: 3h

Organised by all FIP sections

Introduction
Short oral presentations selected from submitted abstracts.

Programme

09:00 – 09:10	1.	**A Lebanese school of pharmacy contribution to a multinational project of interprofessional education** Dalal Hammoudi (Lebanese International University, School of Pharmacy, Lebanon)
09:10 – 09:20	2.	**Developing a platform to join pharmaceutical education with practice** Filipa Alves Costa (Ordem dos Farmacêuticos, Portugal)
09:20 – 09:30	3.	**Pharmacy5in5: Building an online learning platform to advance pharmacy practice** Kelly Grindrod (University of Waterloo, Canada)
09:30 – 09:40	4.	**Working together: Using disaster table top exercises to teach interprofessional collaboration** Elizabeth McCourt (Queensland University of Technology, Australia)
09:40 – 09:50	5.	**Validation of a simulation-based assessment framework for pharmacy students in medicines supply** Hayley Croft (University of Newcastle, Australia)
09:50 – 10:00	6.	**Opportunities for pharmacy in Bergen health cluster: An interprofessional hub for primary care** Reidun Lisbet Skeide Kjome (University of Bergen, Norway)
10:00 – 10:10	7.	**Vocational training of pharmacy technicians in South Africa** Hlonelikaya Nondwe Masiza (South African Pharmacy Council, South Africa)
10:10 – 10:20	8.	**Assessing the impact of medicines information in low-resource settings via the Pharmaid scheme** Chloe Tuck (Spoonful of Sugar, UK)
10:20 – 10:40		Coffee/tea break
10:40 – 10:50	9.	**Public knowledge and perceptions of antibiotics and antimicrobial resistance: A global survey** Amy Hai Yan Chan (University College London, UK)
10:50 – 11:00	10.	**Traditional Chinese medicine and drug-induced anaphylaxis in Beijing's pharmacovigilance database** Xiaotong Li (Peking University Third Hospital, China)
11:00 – 11:10	11.	**Non-pharmacological determinants of hypertension: A nationwide cross-sectional study in Lebanon** Michelle Cherfan (Lebanese International University, Lebanon)
11:10 – 11:20	12.	**Potentially inappropriate medications with risk of major adverse cardiac and cerebrovascular events** João Pedro Aguiar (Faculty of Pharmacy, University of Lisbon, Portugal)
11:20 – 11:30	13.	**Economic burden of healthcare associated infections with resistance in Chinese public hospitals** Jing Sun (Chinese Academy of Medical Sciences & Peking Union Medical College, China)
11:30 – 11:40	14.	**Reliability and utility of an adapted hospital clinical pharmacy patient prioritisation tool** Raliat Onatade (Barts Health NHS Trust, UK)
11:40 – 11:50	15.	**Research competence — Targeting identified gaps to build research capability and capacity** Andrew Matthews (The Society of Hospital Pharmacists of Australia, Australia)
11:50 – 12:00		***Q&A and conclusions by the chair***

C3 **HOMEOPATHY IN PHARMACIES: THE GREAT DEBATE**

Tuesday 4 September
12:30 – 14:00

Location: Armadillo

ACPE **Code:** _____

Chairs
Betty Chaar (The University of Sydney, Australia) and
Andy Gray (University of KwaZulu Natal, South Africa)
Duration: 1.5h

Organised by the FIP Ethics Expert Group and the FIP SIG on Analytical Sciences and Pharmaceutical Quality

Introduction
Homeopathic medicines are prepared by taking a substance (e.g. plant, animal material, or chemical), diluting it in water or alcohol, then forcefully hitting the container against a hand or a surface. This process is repeated several times. Homeopathic medicines include pellets placed under the tongue, tablets, liquids, ointments, sprays and creams. Based on the assessment of the evidence of effectiveness of homeopathy, it has been concluded that there are no health conditions for which there is reliable evidence that homeopathy is effective other than as a placebo.
One opinion is that homeopathy should not be used to treat health conditions that are chronic, serious, or that could become serious. People who choose homeopathy may put their health at risk if they reject or delay treatments for which there is good evidence for safety and effectiveness. People who are considering whether to use homeopathy should first get advice from a registered health practitioner, including the pharmacist. Those who use homeopathy should tell their health practitioner and should keep taking any prescribed treatments.
One the other hand, there remain advocates of homeopathy and some pharmacists persist in providing homeopathic treatments in their pharmacies. This is a contentious issue and clarification of a unified position may help pharmacists better understand the implications of the provision of this type of therapy.
This session is also intended to give an opportunity to practising pharmacists to voice their opinions on this matter. Attendees will be provided with voting materials to allow them to express their views in a spontaneous and powerful manner. The debate and subsequent voting could influence FIP policymaking and statement formulation.

Programme

The Great Debate — The motion "Pharmacists should not sell or dispense homeopathic products"	
12:30 – 12:34	***Introduction by the chairs***
12:34 – 12:57	**1. For the motion** Geoff Tucker (University of Sheffield, UK)
12:57 – 13:20	**2. Against the motion** Christine Glover (Glover's Integrated Healthcare, UK)
13:20 – 13:25	**3. Ethical considerations related to homeopathy** Betty Chaar (The University of Sydney, Australia)
13:25 – 13:35	**4. Responses and summary** Facilitator: Andy Gray (University of KwaZulu Natal, South Africa) **Against the motion** Christine Glover (Glover's Integrated Healthcare, UK) **For the motion** Geoff Tucker (University of Sheffield, UK)
13:35 – 14:00	**5. Open forum — Questions from the audience with speakers and chairs as panel, vote and concluding comments**

Learning objectives
At the end of this session, participants will be able to:
1. List the claims for the mechanism of action of homeopathy;
2. Specify the level of evidence for the efficacy of homeopathy;
3. Distinguish important ethical issues in the provision of homeopathy;
4. Identify methods/resources to aid pharmacists' challenges relating to homeopathy.

Type of session: Knowledge-based

C4 PROFESSIONAL DEVELOPMENT TOOLS TO ADVANCE YOUR PHARMACY CAREER

Tuesday 4 September
12:30 – 14:00

Room: Boisdale

ACPE Code: _____

Chair
Miranda Law (College of Pharmacy, Howard University, USA)
Duration: 1.5h

Organised by the FIP Young Pharmacists Group in collaboration with the FIP Academic Pharmacy Section, the FIP Social and Administrative Pharmacy Section, the FIP SIG on Pharmacy Practice Research and IPSF

Introduction
Professional development (PD) is a critical component in advancing pharmacy careers, both for young pharmacists and established pharmacists. Regardless of where a pharmacist is in his or her career, there will always be the need for PD, particularly as there is constant evolution within the healthcare workforce and in the needs of the patients and the public. Unfortunately, it is not always obvious what PD activities one should pursue to meet pharmacy workforce needs, or how PD can be used to help career advancement. This session aims to provide the following:
- Examples of how young pharmacists and established pharmacists have used professional development to advance their pharmacy careers;
- Information for the audience to self-assess which PD activities will benefit them to develop their own careers and allow for transformative growth and capability;
- Team-based learning activities on some of the modern tools for professional development, including social media outlets such as LinkedIn and Twitter.

This session will be a mix of presentations and participant engagement activities.

Programme

12:30 – 12:35	***Introduction by the chair***
12:35 – 13:25	**1. Advancing your career: Modern tools for professional development**
12:35 – 12:50	**a) A student's perspective** Israel Bimpe (International Pharmaceutical Students' Federation, Rwanda)
12:50 – 13:05	**b) A young pharmacist's perspective** Miranda Sertić (Faculty of Pharmacy and Biochemistry, University of Zagreb, Croatia)
13:05 – 13:20	**c) An established professional's perspective** David Steeb (UNC Eshelman School of Pharmacy, USA)
13:20 – 13:40	**2. World Café** Topics may include, but will not be limited to, emotional intelligence, networking, innovation and problem solving, mentorship and grant writing

13:40 – 13:55	**3. Panel discussion and Q&A**
13:55 – 14:00	**4. Wrap up and outcomes** Miranda Law (College of Pharmacy, Howard University, USA)

Learning objectives
At the end of this session, participants will be able to:
1. Describe PD tools young pharmacists and established career pharmacists have used to advance their pharmacy career;
2. Identify avenues for PD that will best assist them in reaching their long-term career goals;
3. Outline basic concepts to develop PD tools for career advancement.

Type of session: Knowledge-based

C5 MEDICINES INFORMATION — COUNTRY CASE STUDIES

Tuesday 4 September
12:30 – 14:00

Room: Carron

ACPE Code: _____

Chairs
Katri Hameen-Anttila (FIMEA, Finland) and Pradeep Mishra (GLA University, India)
Duration: 1.5h

Organised by the FIP Health and Medicines Information Section

Introduction
Medicines information is essential to empower patients in appropriate and quality use of medicines, and to ensure safe use of medicines. More attention should be paid to coordinating widely available medicines information resources in health care. Collaboration and action towards high quality medicines information through well-planned, structured medicines information strategies that are embedded in national medicines policies should be enhanced globally. The potential to learn from other countries' experiences should be capitalised on, especially from countries that have established medicines information policies and strategies. Through collaboration, a global approach to developing medicines information may be reached and linked with medicines management policies. FIP published a report in 2017 called "Medicines information: Strategic development". This session describes this report and discusses its implementation.

Programme

12:30 – 12:35	***Introduction by the chairs***
12:35 – 12:45	**1. Why focus on medicines information (MI)?** Vivien Tong (FIP Health & Medicines Information Section, Australia)
12:45 – 12:55	**2. How to develop MI in low-resource settings?** Pradeep Mishra (GLA University, India)
12:55 – 13:40 12:55 – 13:10	**3 How to develop MI on national/regional level — The process of strategic development of MI** **a) Findings from the work of the working group and example from Finland** Katri Hameen-Anttila (FIMEA, Finland)
13:10 – 13:25	**c) Example from UK** DK Theo Raynor (University of Leeds, UK)
13:25 – 13:40	**d) Example from Canada** Kelly Grindrod (University of Waterloo, Canada)

13:40 – 13:55	**4. FIP Policy Statement on MI update: Strategies for the future on strategic development of MI** Parisa Aslani (The University of Sydney, Australia)
13:55 – 14:00	***Conclusion by the chairs***

Learning objectives

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

1. Adopt the key messages of the FIP report "Medicines information: Strategic development" published in 2017;
2. Advocate for the integral role of medicines information in many aspects of pharmacy practice including: rational prescribing, dispensing and use of medicines, medication safety and pharmacovigilance and health literacy;
3. Detect the specific challenges in developing medicines information in low-resource settings;
4. Adopt strategies for strategic development of medicines information on regional and national levels.

Type of session: Application-based

D18 SIGN SESSION 2 — SHARING IDEAS IN A GLOBAL NETWORK: RECENT ADVANCEMENTS IN PHARMACY PRACTICE AND REGULATION

Tuesday 4 September
12:30 – 14:00

Room: Alsh

Code: _____

Chair

Eeva Terasälmi (FIP, Finland)

Duration: 1.5h

Organised by FIP

Introduction

FIP member organisations will present their best initiatives and challenges. Presentations will include the winning projects of the FIP Health Promotion Campaign Award and the FIP Pharmacy Practice Improvement Award.

Programme

12:30 – 12:35	***Introduction by the chair***
12:35 – 12:55	**1. Presentation of the winning project of the 2018 Health Promotion Campaign Award – "My pharmacist knows me, I sign up" – Choose today your family pharmacist!** Lieven Zwaenepoel (Belgian Pharmaceutical Association, Belgium)
12:55 – 13:15	**2. Responsible use of medicines in the Christmas holidays** Sofía Segura (College of Pharmacists of Costa Rica, Costa Rica)
13:15 – 13:35	**3. Changes in the laws relating to pharmacy in Israel** Howard Rice (Pharmaceutical Association of Israel, Israel)
13:35 – 13:55	**4. GPP implementation in Mongolia** Zuzaan Zulzaga (Association of Pharmacy Professionals of Mongolia, Mongolia)
13:55 – 14:00	***Conclusion by the chair***

D20 SIGN SESSION 4 — SHARING IDEAS IN A GLOBAL NETWORK: POLITICS, ADVOCACY AND CHANGE IN THE PHARMACY PROFESSION

Tuesday 4 September
12:30 – 14:00

Room: Lomond Auditorium

Code: _____

Chair
Arijana Meštrović (FIP Programme Committee, Croatia)
Duration: 1.5h

Organised by the FIP Programme Committee

Introduction
This is a session about political actions that should be taken by pharmacists' associations or pharmacy leaders to get pharmacists recognised in the healthcare system and remunerated for their services. The dynamic relationship between the key sectors of the pharmacy profession (regulation/policy-education-practice) should be managed in a strategic way. Empowered by the best examples and motivational talks from leaders of FIP, leaders and individuals can advocate better for the pharmacy profession and health delivery in their own countries.

Programme

12:30 – 12:35	***Introduction by the chair***
12:35 – 12:55	**1. a. Focus on advocacy, policy and change** **b. Results of a survey of FIP member organisations — What do we need to be empowered to act?** Arijana Meštrović (FIP Programme Committee, Croatia)
12:55 – 13:15	**2. Case studies with successful approaches to change** Dominique Jordan (FIP, Switzerland) Mike Rouse (Accreditation Council for Pharmacy Education, USA) Jurate Švarcajte (Belgium)
13:15 – 13:30	**3. Panel discussion: Best strategies in advocacy for the profession** Dominique Jordan (FIP, Switzerland) Mike Rouse (ACPE, USA) Jurate Švarcajte (Belgium)
13:30 – 13:45	**4. Roundtable discussion: Interactive session with the audience** Moderated by the chair and with all the speakers
13:45 – 13:55	**5. Feedback from the audience** Dominique Jordan (FIP, Switzerland) Mike Rouse (ACPE, USA) Jurate Švarcajte (Belgium)
13:55 – 14:00	**6. Closing remarks and commitment to act**

Learning objectives
At the end of this session, participants will be able to:
1. Describe best practices gathered by FIP experience in advocacy for the profession;
2. Outline proactive approaches in the political environment to advance pharmacy practice and recognition in their own national context;
3. Explain how to manage stakeholder engagement to achieve strategic goals for the profession;
4. Specify the importance of the dynamic relationship between practice-regulation/policy-education and other sectors of the pharmacy profession nationally and internationally.

Type of session: Knowledge-based

A3 PHARMACOGENOMICS: IMPLEMENTATION IN PHARMACY PRACTICE

Tuesday 4 September
14:30 – 17:30

Room: Carron

ACPE **Code:** _____

Chairs
Luis Lourenço (Farmacia Central, Portugal) and Marion Schaefer (Institut fur Klinische Pharmakologie, Germany)
Duration: 3h

Organised by the FIP Community Pharmacy Section in collaboration with the FIP Social and Administrative Pharmacy Section

Introduction
It is routine for physicians and pharmacists to consider factors such as age, body mass, renal function and drug interactions in an attempt to avoid unintentional drug consequences. Nonetheless, genetic factors alone can account for anywhere between 20 and 95% of the variability in drug response, yet these often go unrecognised. In recent years, clinical pharmacogenomics research has made significant progress in defining which genetic variations are important for influencing interpatient variability in drug response.
Pharmacogenomics is about determining the right dose of the right drug for the right patient, and this science has the potential to be a real game changer for the healthcare system and the role of the community pharmacist, furthering the growth of their patient care role and personalised relationship with patients.
Pharmacogenomics is the science of how an individual's unique genetic make-up influences his or her responses to a drug. With predictive modelling, it helps the healthcare professional personalise treatments that work best for the patient while also considering other variables such as the environment, changing lifestyle, and severity of a condition. This personalisation helps to avoid or mitigate medication side effects, improve results and will, ultimately, lead to better patient outcomes.

Programme

14:30 – 14:35	***Introduction by the chairs***
14:35 – 15:00	**1. Pharmacogenomics: What is it? Why bother? Who pays? How much? Why pharmacy?** Theo Dingermann (STRATIPHARM, Germany)
15:00 – 15:25	**2. Pharmacogenomics: A driving force for personalised medicines** Yolande Saab (Lebanese American University, Lebanon)
15:25 – 15:50	**3. Implementation of a novel pharmacogenomic screening programme in community pharmacy — Practice experiences and how to get started** John Papastergiou (Shoppers Drug Mart, Canada)
15:50 – 16:10	Coffee/tea break
16:10 – 16:35	**4. How to set up a pharmacogenomic service in a hospital** Jill Kolesar (University of Kentucky, USA)
16:35 – 17:20	**5. Roundtable discussions and debate: What is the impact of pharmacogenomics — for healthcare, for the patient and for the pharmacy?**
17:20 – 17:30	***Conclusion by the chairs***

C1 GLOBAL COMPETENCIES FOR THE PHARMACY PROFESSION

Tuesday 4 September
14:30 – 17:30

Location: Armadillo

ACPE Code: _____

Chairs
Don Mager (University at Buffalo, USA) and
Toyin Tofade (Howard University, USA)
Duration: 3h

Organised by the FIP Programme Committee

Introduction
This session will focus on different aspects of competencies that pharmacists have to achieve according to the FIP Global Competency Framework. It will describe not only the competency-based education and training of pharmacists that empowers them to advance pharmacy practice, but also best practices leading to improved health and well-being of patients. By fully engaging with patients, pharmacists empower them to take control of their own health and together with the patient and their other healthcare providers work as a team to improve the lives of patients. Examples of best achievements in practice, education and training and measuring health outcomes from pharmacist patient care services will provide practical take-home tips for attendees to advance pharmacy practice and improve health outcomes in their home communities.

Programme

14:30 – 14:40	***Introduction by the chairs***
14:40 – 15:15	**1. FIP Global Competency Framework — Profile of pharmacy profession** Dalia Bajis (The University of Sydney, Australia)
15:15 – 15:50	**2. Key players in different settings of pharmacy** Mark Timoney (Department of Health, UK)
15:50 – 16:10	Coffee/tea break
16:10 – 16:40	**3. How to achieve the outcomes? Evaluation in a real-life setting** Hilde Ariansen (Apotekerforeningen, Norway)
16:40 – 17:10	**4. Innovation and education for competency development** Magaly Rodriguez de Bittner (University of Maryland, USA)
17:10 – 17:25	**5. Panel discussion: Where to start?**
17:25 – 17:30	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Identify the globally adapted competency framework in different settings of the pharmacy profession;
2. Outline the global tool in a local environment;
3. Define how the pharmaco-economic approach can empower new services and projects in the pharmacy profession;
4. List examples of best practice in educational innovations to achieve needed competencies.

Type of session: Knowledge-based

C6 TEACHING AND IMPLEMENTING EFFECTIVE TEAM BUILDING

Tuesday 4 September
14:30 – 17:30

Room: Boisdale

ACPE Code: _____

Chairs
Arijana Meštrović (Pharma Expert, Croatia) and
Linda Garrelts MacLean (Washington State University, USA)
Duration: 3h

Organised by the FIP Academic Pharmacy Section, in collaboration with the FIP Hospital Pharmacy Section, FIPEd, IPSF and FIP's Young Pharmacists Group

Introduction
A key component of leadership is building and maintaining strong teams. This requires an ongoing application of skills to foster trust, share communications, manage debate and conflict, identify shared team goals and ensure accountability among the team to deliver results for success.
Academia must prepare student pharmacists to be effective in participating in and facilitating the creation of strong teams in the workplace.

This workshop will highlight approaches necessary to build strong teams. The session will start with a hands-on, fun exercise, which will provide rich insights into how teams work together. This dynamic and engaging start to the session will provide participants with an opportunity to reflect on their own reaction to team environments.
This will be followed by a presentation on building, leading and evaluating strong teams.
Three team leaders from around the world will share their experiences of team working, which will provide participants with insights to different team approaches.
Finally, ways in which the team-building skills can be addressed in the undergraduate pharmacy curriculum will be discussed through a facilitated discussion.

Programme

14:30 – 14:35	***Introduction by the chairs***
14:35 – 15:00	**1. Setting the stage: The Marshmallow Challenge** Arijana Meštrović (Pharma Expert, Croatia)
15:00 – 15:25	**2. Building, leading and evaluating strong teams** Jenelle Sobotka (University of Cincinnati, USA)
15:25 – 15:50	**3. Applying to practice: Signposting resources that can be used to support the follow up in practice** Linda Garrelts MacLean (Washington State University, USA)
15:50 – 16:10	Coffee/tea break
16:10 – 16:55	**4. Team-building experiences** Catriona Bradley (IIOP Irish Institute of Pharmacy, Ireland) Lauren Jonkman (University of Namibia, Namibia) Sara Al-Balushi (Ministry of Health, Sultanate of Oman)
16:55 – 17:20	**5. Academia's role in teaching and implementing leadership in team building: Group discussions** Arijana Meštrović (Pharma Expert, Croatia)
17:20 – 17:30	**6. Concluding activities and remarks** Linda Garrelts MacLean (Washington State University, USA)

Learning objectives
At the end of this session, participants will be able to:
1. Choose at least five characteristics that cause a team to function poorly;
2. Adopt at least five techniques and methods to build strong teams that work together effectively;
3. Produce a team assessment tool to assess performance;
4. Advocate the importance of leadership in balancing the needs of teams with the needs of organisations.

Type of session: Application-based

D16 WHAT'S NEW IN PRACTICE? PART 2

Tuesday 4 September
14:30 – 17:30

Room: Lomond Auditorium

Code: _____

Chairs
Timothy Chen (The University of Sydney, Australia) and
Martin Astbury (Royal Pharmaceutical Society, UK)
Duration: 3h

Organised by all FIP sections

Introduction
Short oral presentations based on submitted abstracts.

Programme

14:30 – 14:40	1.	**Check your heart health at the pharmacy** Marianne Norelius (Apoteket AB, Sweden)
14:40 – 14:50	2.	**Nationwide implementation of Netcare after successful pilot in Switzerland** Martine Ruggli (pharmaSuisse, Switzerland)
14:50 – 15:00	3.	**A four-year evaluation of the discharge medicines review service provision across all Wales** Karen Hodson (Cardiff University, UK)
15:00 – 15:10	4.	**Developing a community pharmacists' antibiotic prescription checklist** Philip Howard (University of Leeds, UK)
15:10 – 15:20	5.	**Know your vascular age: A feasibility study on a new service in community pharmacies** Ema Paulino (FIP, Portugal)
15:20 – 15:30	6.	**Quality related events reported by community pharmacies in Nova Scotia: A seven-year analysis** Adrian Boucher (University of Toronto, Canada)
15:30 – 15:40	7.	**Multidisciplinary protocol for skin cancer screening in community pharmacies in Barcelona** Guillermo Bagaría (Collegi de Farmacèutics de Barcelona, Spain)
15:40 – 15:50	8.	**Association between Brazilian hospital pharmacy practices and knowledge of the FIP Basel Statements** Lorena Rocha Ayres (Federal University of Espírito Santo, Brazil)
15:50 – 16:10		Coffee/tea break

16:10 – 16:20	**9. Implementing unit-based pharmacist model to improve patient care at Cleveland Clinic** Abu Dhabi Osama Al-Quteimat (Cleveland Clinic Abu Dhabi, United Arab Emirates)
16:20 – 16:30	**10. Designing tools to support review and reduction of inappropriate polypharmacy in older inpatients** Mai Duong (Kolling Institute, The University of Sydney, Australia)
16:30 – 16:40	**11. A description of gamification used in teaching second language pharmacy technician students** Teri-Lynne Fogarty (Nelson Mandela University, South Africa)
16:40 – 16:50	**12. Use of medicines and health services for chronic obstructive pulmonary disorder in Australia** Renly Lim (University of South Australia, Australia)
16:50 – 17:00	**13. Evolving professional roles: How Canadian pharmacists make sense of their prescribing role** Theresa Schindel (University of Alberta, Canada)
17:00 – 17:10	**14. How effective are pharmacist services in improving patient health outcomes? A systematic review** Margaret (Mags) Watson (University of Bath, UK)
17:10 – 17:20	**15. Health outcomes associated with initial oral antidiabetic medication adherence among US veterans** Justin Gatwood (University of Tennessee College of Pharmacy, USA)
17:20 – 17:30	***Q&A and conclusions by the chairs***

D12 FINDING THE HUMANITARIAN FACE OF PHARMACY

Wednesday 5 September
07:15 – 08:45

Room: Alsh

ACPE Code: _____

Chair
Warren Meek (C7 Consulting Limited, Canada)
Duration: 1.5h

Organised by the FIP Community Pharmacy Section in collaboration with the FIP Military & Emergency Pharmacy Section

Introduction
The role of pharmacists in humanitarian causes and natural disasters is continuing to evolve as organisers and policymakers understand the value that pharmacists bring to those various events. In some cases, pharmacists volunteer from a purely selfless internal motive to help; in other cases, there is an organised political requirement for pharmacy to be included in the medical team assigned to provide relief and support to some event. This session showcases how pharmacists have gone beyond their daily activities to offer humanitarian support.

Programme

07:15 – 07:25	*Light breakfast*
07:25 – 07:30	***Introduction by the chair***
07:30 – 08:05	**1. Migrants, refugees and internally displaced persons (IDPs) — Support by pharmacists** Marwan Ghazi El Akel (School of Pharmacy, Lebanese International University, Lebanon)

08:05 – 08:40	**2. Experience as a Save the Children responder** Petra Straight (Save the Children, UK)
08:40 – 08:45	***Conclusion by the chair***

Learning objectives
At the end of this session, participants will be able to:
1. Describe the role of the pharmacist in emergency situations;
2. Identify the requirement for unique policies and procedures in these situations;
3. Identify the planning framework required for pharmacist involvement and collaboration in a humanitarian effort;
4. Describe how pharmacists may become involved in humanitarian projects.

Type of session: Knowledge-based

A4 BREAKTHROUGHS IN PHARMACEUTICAL NANOTECHNOLOGY FOR ORAL DELIVERY OF ANTICANCER DRUGS

Wednesday 5 September
09:00 – 12:00

Location: Armadillo

ACPE **Code:** _____

Chairs
Prateek Jain (Biopharma Insights, Decision Resources Group, India) and Linda Hakes (FIP, UK)
Duration: 3h

Organised by the FIP Young Pharmacists Group in collaboration with the FIP Industrial Pharmacy Section and the FIP SIG on Formulation Design and Pharmaceutical Technology

Introduction
Oral delivery of anticancer drugs has been an important topic of research for a decade. Unfortunately, most of the anticancer drugs, either old or novel, with high therapeutic efficacy, do not realise their full potential in the market. The main reason is low oral bioavailability of these molecules due to the gastrointestinal (GI) drug barrier and other instabilities. Therefore, in the current regimen of chemotherapy, anticancer drugs are administered in a painful manner through intravenous injection or infusion in hospital settings, which leads to high costs, non-compliance and eventual failure of the therapy.

The solution to these challenges is oral chemotherapy. The success of this could profoundly change the clinical practice of chemotherapy and significantly improve the quality of life of cancer patients. Pharmaceutical nanotechnology and formulation sciences are the crucial stakeholders in solving the problems of drug delivery that may provide solutions to change the way of making and taking medicines. Fortunately, there has been a plethora of advances in understanding drug delivery of small molecules to targeted organs, bypassing the GI tract and allowing protection from destructive enzymes in the body.

In the past few years there has been a global debate on whether to look for new molecules in oncology, or to unleash the full potential of existing molecules and save billions of dollars on drug development and clinical trials. Interestingly, the latter has been voted for and practised for many reasons. Drug reformulation of existing molecules plays a fundamental role in improving patient compliance and refining clinical outcomes. It also empowers the full commercial potential of a molecule to be recognised and maximises returns on investment. Drug reformulation also reveals a number of marketing chances at different stages of the product lifecycle that help to achieve strategic goals. This session will address the key challenges that can be overcome to make chemotherapy at home a reality. The learnings can enlighten researchers to develop innovative strategies for oral drug delivery of anticancer drugs.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 09:45	**1. Pharmacokinetic considerations and challenges in oral anticancer drug delivery** Geoff Tucker (University of Sheffield, UK)
09:45 – 10:20	**2. Novel materials in oral anticancer drug delivery, where are we?** Prateek Jain (Biopharma Insights, Decision Resources Group, India)
10:20 – 10:40	Coffee/tea break
10:40 – 11:15	**3. Novel formulations and the biopharmaceutical challenges of oral cancer therapy** Gavin Halbert (Strathclyde University, UK)
11:15 – 11:50	**4. Socio-economic benefits of chemotherapy at home: The future** Sandeep Parsad (PGY2 Oncology, University of Chicago Medicine, USA)
11:50 – 12:00	***Conclusion by the chairs***

Learning objectives

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

1. Describe the current formulation technologies for oral delivery of small molecules in cancer chemotherapy;
2. Explain the significance of improving the ease of administration for cancer patients;
3. List the innovative strategies to revitalise the existing molecules and maximise returns on investment;
4. Describe how to extend the scope of a molecule.

Type of session: Knowledge-based

C7 END-OF-LIFE COMMUNICATION AND ETHICAL DECISION-MAKING

Wednesday 5 September
09:00 – 12:00

Room: Boisdale

ACPE Code: _____

Chairs

Maria Allinson (Ethics Expert Group, UK) and
Lindsay McClure (FIP Health and Medicines Information Section, UK)
Duration: 3h

Organised by the FIP Health and Medicines Information Section and the FIP Ethics Expert Group

Introduction

Pharmacists as healthcare providers are, on occasion, confronted with the need to communicate with patients who are approaching the end of life. There are challenges and issues on which pharmacists need to reflect and act when such a situation arises. What we communicate is important, but the way in which we communicate is also of the utmost sensitivity and importance. Pharmacists also need to be aware of and competent in handling ethical issues related to end-of-life decision-making.

Euthanasia in particular is a concept that not all pharmacists know about or can agree with. Some countries have euthanasia well embedded in their healthcare systems, while others are yet to legalise this practice in their healthcare systems. In both cases, pharmacists need to be aware of their own right to conscientious objection and weigh that against patients' rights in end-of-life decision-making.

This session will provide a platform for pharmacists to learn about issues relating to end-of-life decision-making, gain communication skills and awareness around the topic of euthanasia, and be asked to reflect on these aspects of end-of-life decision-making as they relate to pharmacy practice.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 09:45	**1. Death and dying: How do healthcare professionals manage and what are the issues for pharmacists?** Sami Isaac (The University of Sydney, Australia)
09:45 – 10:20	**2. Communication: What to say to someone who is dying?** Wilma Göttgens (Radboud University Medical Centre, USA)
10:20 – 10:40	Coffee/tea break
10:40 – 11:15	**3. End-of-life decision-making: The tension between spirituality, pain, rights of patients and the role of healthcare providers** William Zellmer (American Society of Health-System Pharmacists — ASHP, USA)
11:15 – 11:55	**4. Facilitated discussion** Attendees will be asked to distribute themselves among tables, labelled "for moral objection" or "against moral objection" or "what do you say to someone who is dying?"
11:55 – 12:00	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Analyse the complex ethical/practical issues relating to the end of life;
2. Question perspectives surrounding end-of-life care and euthanasia;
3. Investigate contemporary ethical issues facing pharmacists in palliative care and euthanasia;
4. Dispute the right of the pharmacist to conscientious objection and the conditions entailed.

Type of session: Application-based

D5 BETTER OUTCOMES FOR HEPATITIS C PATIENTS IN YOUR COMMUNITY

Wednesday 5 September
09:00 – 12:00

Room: Alsh

ACPE Code: _____

Chairs
Manjiri Gharat (Indian Pharmaceutical Association, India) and
Julie Akers (Washington State University, College of Pharmacy, USA)
Duration: 3h

Organised by the FIP Community Pharmacy Section in collaboration with the FIP Academic Pharmacy Section

Introduction
Hepatitis C virus (HCV) affects approximately 150 million people globally. Many people, however, are unaware of the fact that an acute HCV infection is usually asymptomatic. This results in the unintentional spread of the virus as well as unnecessary progression of hepatitis, leading to negative patient outcomes and higher healthcare costs. Standard of care (SOC) tests are time-consuming and expensive, leading to many patients not being screened or having delays in results and care, assuming access to testing is even available. Many patients are symptom-free or have non-specific complaints; hence providers do not routinely order SOC testing. Rapid point-of-care (POC) tests for HCV have been proven to be more cost-effective and convenient when compared with SOC tests.

Pharmacists are in an ideal position to impact change as it relates to hepatitis C. Community pharmacists can increase patient access to screening, counselling and — most importantly — provide a referral into the healthcare system. Pharmacists within clinics or health systems can manage patient care, from ordering and interpreting laboratory results to managing the complex medication regimen many patients face.

Pharmacy-based testing also has the potential to reach at-risk individuals who are not tested for HCV elsewhere. When combined with integrated specialist referral, it has the potential to reduce the burden of undiagnosed HCV and engage new diagnoses directly with specialist care.

This session will examine the many ways in which pharmacists can impact patient outcomes, discuss how specialised training can be implemented into pharmacy education, and enable participants to leave with an overview of how to be involved in policy change.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 09:45	**1. Overview of the worldwide hepatitis C landscape** Antons Mozalevskis (WHO Regional Office Europe, World Health Organization)
09:45 – 10:20	**2. Utilisation of pharmacists as patient care providers for hepatitis C patients** Julie Akers (College of Pharmacy, WSU, USA)
10:20 – 10:40	Coffee/tea break
10:40 – 11:15	**3. Implementing innovative patient care training in pharmacy education** Patricia Acuña Johnson (University of Valparaiso, Chile)
11:15 – 11:50	**4. Pharmacist-provided patient care services on a global scale** Peter Guthrey (Pharmacy Guild of Australia, Australia)
11:50 – 12:00	***Conclusion by the chairs***

Learning objectives

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

1. Describe why hepatitis C is a global concern;
2. Define the many practice settings in which pharmacists are involved in patient care for those with hepatitis C;
3. Outline policy development and solutions to barriers of implementing patient care services;
4. Identify key variations among pharmacy practice worldwide and how it affects a cohesive effort toward innovation.

Type of session: Knowledge-based

D6 PUTTING HEALTH LOGISTICS INTO CLINICAL PHARMACY

Wednesday 5 September
09:00 – 12:00

Room: Carron

ACPE **Code:** _____

Chairs

Steve Shaddock and
Wendy Walker (Australian Defence Forces, Australia)
Duration: 3h

Organised by the FIP Military & Emergency Pharmacy Section

Introduction

While the pharmacy practitioner is taught about the safe and effective use of medicines and their side effects, there is relatively no instruction on logistics as a part of their structured pharmacy training. However, emergency pharmacists and military pharmacists are nearly always required to undertake a health logistics function as part of their scope of practice when working in a humanitarian environment or military operation. The logistic function is an important component for all health professionals on deployment to be able to sustain the healthcare of their patients. In many cases, the health logistic training may only be accessed once the pharmacy practitioner is employed by an organisation.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 09:45	**1. Centre for Emergency and Disaster Pharmacy: Training and research** Nicolas Widmer (Universities of Geneva and Lausanne, Swiss Armed Forces, Switzerland)
09:45 – 10:20	**2. Training of an AUSMAT pharmacist** Mel Morrow (National Critical Care and Trauma Response Centre, Northern Territory, Australia)
10:20 – 10:40	Coffee/tea break
10:40 – 11:15	**3. A study of trauma severity and drug consumption based on medical big data** Zhu Zhanzou (Pharmacy School of the Second Military Medical University, China)
11:15 – 11:50	**4. The UK military Ice Maidens expedition to cross Antarctica** Nics Wetherill (Royal Army Medical Corps, UK)
11:50 – 12:00	***Conclusion by the chairs***

Learning objectives

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

1. Identify the training required for the clinical pharmacist to obtain the health logistics knowledge to be able to undertake his or her role;
2. Describe the experiences gained on deployments or on a specific deployment(s) that pharmacist has undertaken;
3. Explain the lessons learnt.

Type of session: Knowledge-based

D13 PROFESSIONAL REGULATION IN A GLOBALISED ENVIRONMENT – CHALLENGES AND OPPORTUNITIES

Wednesday 5 September
09:00 – 12:00

Room: Lomond Auditorium

Code: _____

Chairs

Ema Paulino (FIP Programme Committee, Portugal) and
Gonçalo Sousa Pinto (FIP, Spain)
Duration: 3h

Organised by the FIP Programme Committee

Programme

09:00 – 09:10	***Opening and introduction by the chair***
09:10 – 09:30	**I. Contemporary challenges facing professional regulators from across the globe** Lloyd Sansom (University of South Australia, Australia)
09:30 – 10:00	**II. Registration and beyond: Delivering value, engaging the profession. Experiences and strategies from different organisations In countries with compulsory membership in professional organisations with regulatory functions, what strategies do regulators use to deliver value to members, promote cohesion in the profession and promote sustained competence across the country? How does their role compare to that of voluntary membership associations?** Sonia Ruíz (General Pharmaceutical Council of Spain, Spain) Walter da Silva João (Federal Council of Pharmacy of Brazil, Brazil)
10:00 – 10:20	**Debate**
10:20 – 10:40	Coffee/tea break
10:40 – 11:40	**III. Workforce mobility and migration** In an increasingly globalised world, pharmacists often practise in countries with professional cultures and healthcare needs different from those of the places where they received their foundation training. This may generate challenges for individual practitioners as well as the profession as a whole, but also great opportunities. How do professional regulators set out strategies in terms of workforce capacity and competence in an international environment?
10:40 – 10:55	**a) Professional mobility and competence recognition in France and the European Union** Carine Wolf-Thal (French Chamber of Pharmacists, France)
10:55 – 11:10	**b) Regulating internal mobility and competence in countries with regulatory diversity** Carmen Catizone (National Association of Boards of Pharmacy, USA)
11:10 – 11:40	**c) Professional migration: Challenges and opportunities in workforce capacity strategies**
11:10 – 11:20	Prosper Hiag (National Order of Pharmacists of Cameroon, Cameroon)
11:20 – 11:30	Michael Jung (Federal Union of German Associations of Pharmacists, Germany)
11:30 – 11:40	Mariam Galadari (Emirates Pharmaceutical Society, United Arab Emirates)
11:40 – 11:55	**Debate**
11:55 – 12:00	***Conclusion by the chair***

Learning objectives

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

1. Identify the contemporary challenges facing professional regulators from across the globe;
2. Describe the experiences and strategies from different organisations;
3. Explain the lessons learnt.

Type of session: Knowledge-based

A5 IMPROVING PHARMACY RESEARCH: SPOTLIGHT ON RESEARCH DESIGN, METHODS AND DISSEMINATION

Wednesday 5 September
12:30 – 14:00

Location: Armadillo

Code: _____

Chairs
Jonathan Penm (Faculty of Pharmacy, University of Sydney, Australia) and
Martin Schulz (Department of Clinical Pharmacy, Freie Universität Berlin, Germany)
Duration: 1.5h

Organised by the FIP Hospital Pharmacy Section in collaboration with the FIP Academic Pharmacy Section and the FIP SIG on Pharmacy Practice Research

Introduction
Pharmacists are frequently engaged in quality-improvement activities and pharmacy practice research. Just as sharing the results of clinical research is an obligation of clinical investigators, pharmacists producing meaningful information through quality improvement and practice research may also have that obligation. This session will assist pharmacists to develop pharmacy practice and quality-improvement initiatives and identify ways to publish their results in peer-reviewed journals. We will use this session to highlight research being published by pharmacists and update participants on the latest practices.

Programme

12:30 – 12:35	***Introduction by the chairs***
12:35 – 13:10	**1. Proving the value: Levels of evidence in pharmacy practice** Fernando Fernandez-Llimos (University of Lisbon, Portugal)
13:10 -13:45	**2. Examples of pharmacy practice research — Pros, cons and practical tips for design and conduct** Ross Tsuyuki (University of Alberta, Canada)
13:45 – 14:20	**3. Now what? Identifying practice gaps and publishing your quality-improvement initiatives** Ana Hincapie (University of Cincinnati, USA)
14:20 – 14:30	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Classify the levels of evidence used in pharmacy practice research;
2. Contrast the strengths and limitations of different study types;
3. Evaluate different approaches to pharmacy practice research design and conduct using real examples;
4. Analyse potential journals to pursue publication of continuous quality-improvement initiatives in pharmacy and what to expect from the publication process.

Type of session: Application-based

C8 THE MODEL OF IMPROVEMENT: HOW CAN YOUR PRACTICE BENEFIT?

Wednesday 5 September
12:30 – 14:00

Room: Boisdale

ACPE Code: _____

Chair
Charlotte Rossing (Pharmakon, Denmark)
Duration: 1.5h

Organised by the FIP Community Pharmacy Section

Introduction
Pharmaceutical care and quality assurance have been the backbone of the development of community pharmacies for the past 35 years. We all agree that the responsibility for patient outcomes based on the implementation of safe and effective medicines management is among the core responsibilities for pharmacists in community and hospital practice. Then why is it so hard?
This model of improvement was developed by the Institute of Healthcare Improvement in Boston, USA, and is now used all over the world to enhance healthcare and secure the implementation of core patient outcomes based on simple tools.
www.ihi.org/Pages/default.aspx

Scotland has worked with this model of continued improvement of care for some years and has implemented it at government level. Jason Leitch, the clinical director of healthcare quality and strategy, is responsible for patient support and public involvement policy, NHS planning, reducing health equalities, effective pharmaceutical services, supporting dentistry in primary and secondary sectors, and implementing quality improvement across the government and the broader public sector. He will share valuable experiences and examples from the healthcare system in Scotland. For inspiration take a look at this YouTube clip:
www.youtube.com/watch?v=H_Z1ZvjlKDE

This is a unique opportunity to learn from other healthcare professionals and for pharmacists to get inspiration for the future implementation of safe and effective medicines use for their patients.
The participants will be introduced to the model of improvement based on experiences from Scotland and will also be introduced to a pharmacy owner who has used the model in his own pharmacy to improve it. This model is based on the plan-do-study-act cycle, and therefore it is applicable for community pharmacies in their future work with quality and medication safety.

Programme

12:30 – 12:35	***Introduction by the chair***
12:35 – 13:05	**1. The model of improvement** Laerke Poulsen (Pharmakon, Denmark)
13:05 – 13:35	**2. What matters to me — The model of improvement** Jason Leitch (Directorate for Healthcare Quality and Improvement, Scottish Government, UK)
13:35 – 14:05	**3. The model of improvement in community pharmacies** Amparo Perez Benajas (Doctora en Farmacia, Spain)
14:05 – 14:25	**4. Taking the tools home** Moderated by the chair, Charlotte Rossing, the participants will discuss how to apply the messages in their own settings.
14:25 – 14:30	***Conclusion by the chair***

Learning objectives
At the end of this session, participants will be able to:
1. Install the model of improvement;
2. Adopt the learnings from the Scottish healthcare system on how to improve patient outcomes;
3. Adopt the model of improvement in pharmacy;
4. Install tools to start at their own pharmacy.

Type of session: Application-based

D7 FROM THERIACA TO PHARMACOGENETIC MEDICINES: PHARMACY HISTORY

Wednesday 5 September
12:30 – 14:00

Room: Lomond Auditorium

ACPE Code: _____

Chairs
Jacques Gravé (Sauvegarde du Patrimoine Pharmaceutique, France) and Uroš Čakar (University of Belgrade, Serbia)
Duration: 1.5h

Organised by the FIP Working Group on the History of Pharmacy in collaboration with the FIP Industrial Pharmacy Section and the International Society for the History of Pharmacy

Introduction
Tomorrow's drugs are the children of yesterday's drugs. It is important for pharmacists to know how their profession has evolved. The history of drugs is exciting and allows you to go further and further into therapy with experience.

Programme

12:30 – 12:35	***Introduction by the chairs***
12:35 – 13:10	**1. Make an exhaustive list of museum sites on the history of pharmacy — First exposed countries: France and Serbia** Jacques Gravé (Sauvegarde du Patrimoine Pharmaceutique, France) and Uroš Čakar (University of Belgrade, Serbia)
13:10 – 13:45	**2. The substance of desire: A pharmaco-historical perspective on Turkish aphrodisiacs** Halil Tekiner (International Society for the History of Pharmacy, Turkey)
13:45 – 14:20	**3. Advancements in drug discovery in Africa** Didier Mouliom (FIP IPS, Cameroon)
14:20 – 14:30	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Identify drug discoveries during the history of different countries;
2. Describe the evolution of therapies in these countries;
3. Describe the influence of pharmacists in that evolution;
4. Outline how tomorrow's pharmacists will learn the lessons of their predecessors in order to make the medicines of tomorrow.

Type of session: Knowledge-based

D19 SIGN SESSION 3 — SHARING IDEAS IN A GLOBAL NETWORK: ADVANCING PHARMACISTS' SERVICES AND COMPETENCE DEVELOPMENT

Wednesday 5 September
12:30 – 14:00

Room: Alsh

Code: _____

Chair
Jacqueline Surugue (FIP, France)
Duration: 1.5h

Organised by FIP

Introduction
FIP member organisations will present their best initiatives and challenges. Presentations will include the winning projects of the FIP Health Promotion Campaign Award and the FIP Pharmacy Practice Improvement Award.

Programme

12:30 – 12:35	***Introduction by the chairs***
12:35 – 12:55	1. **Presentation of the winning project of the 2018 Pharmacy Practice Improvement Programme Award — Nursing Homes Pharmaceutical Care Programme** Grace Lee (Pharmaceutical Society of Singapore, Singapore)
12:55 – 13:15	2. **Looking forward to Abu Dhabi 2019! Recent innovations in pharmacy practice in the United Arab Emirates** Mohamed Magoury (Emirates Pharmaceutical Society, United Arab Emirates)
13:15 – 14:05	3. **Advancement of pharmacist clinical competencies through international collaboration** Alan Lau (Board of Pharmacy Specialties/American Pharmacists' Association, USA)
14:05 – 14:25	4. **From competency to competence – An Australian journey** Bronwyn Clark (Australian Pharmacy Council, Australia)
14:25 – 14:30	***Conclusion by the chair***

A6 OUR EMERGING ROLE IN POINT-OF-CARE TESTING

Wednesday 5 September
14:30 – 17:30

Location: Armadillo

ACPE Code: _____

Chair
Lee Vermeulen
(Colleges of Medicine and Pharmacy, University of Kentucky, USA)
Duration: 3h

Organised by the FIP Hospital Pharmacy Section in collaboration with the FIP Clinical Biology Section and the FIP Community Pharmacy Section

Introduction

Point-of-care testing (POCT) is defined as laboratory testing conducted at or near the site of patient care. While some POCT has been conducted for decades (e.g., blood glucose testing for people with diabetes), recent advances in technology have broadened the potential for testing. POCT can be conducted in a wide range of settings for the management of acute and chronic diseases, as well as for screening and prevention. POCT applications have been developed for the care of patients with heart disease, stroke, cancer and a wide range of infectious diseases, to name a few. Although the testing process is simple and can be performed with little training, the interpretation and clinical application of point-of-care test results is no less complicated than testing done in a conventional laboratory. The role of the pharmacist in POCT will be explored in this session. The pharmacist can be a particularly effective manager of POCT, partnering with clinical laboratory personnel to evaluate the accuracy of tests, and incorporating testing into routine practice at the bedside and in the community pharmacy setting, allowing him or her to improve the care provided to patients by adding critical test results to his or her understanding of the patient and the medication therapy received. The application of POCT in clinical practice will be explored in this session, as well as the challenges faced by pharmacists implementing POCT programmes, including issues regarding test accuracy and result documentation, as well as legal and financial concerns.

Programme

14:30 – 14:40	***Introduction by the chair***
14:40 – 15:15	**1. Overview of technical and clinical aspects of point-of-care testing** Marileia Scartezini (Federal University of Paraná, Brazil)
15:15 – 15:50	**2. Value and challenges of hospital pharmacy applications of point-of-care testing** Takafumi Naito (Hamamatsu University Hospital, Japan)
15:50 – 16:10	Coffee/tea break
16:10 – 16:40	**3. Value and challenges of community pharmacy applications of point-of-care testing** John Shaske (Howe Sound Community Pharmacy/Ascent on Health, Canada)
16:40 – 17:10	**4. Future technical and practical advances necessary to maximise the value of point-of-care testing by pharmacists** Donald Klepser (University of Nebraska Medical Center, USA)
17:10 – 17:25	**5. Panel discussion with Q&A** Facilitated by Lee Vermeulen (University of Kentucky, USA)
17:25 – 17:30	***Conclusion by the chair***

Learning objectives

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

1. Describe the availability of point-of-care tests, and the technological framework in which they are developed;
2. Outline the opportunities for incorporating POCT into various pharmacy practice settings, particularly in the hospital and community;
3. List the challenges associated with implementing POCT in various pharmacy settings, and potential shortcomings of the testing that can be conducted;
4. Chart the future course of development of POCT that pharmacists should follow to be prepared to adopt testing into their clinical programmes.

Type of session: Knowledge-based

B6 MINIMISING MEDICINES MISUSE AND ABUSE

Wednesday 5 September
14:30 – 17:30

Room: Lomond Auditorium

Code: _____

Chairs
Ola Ghaleb Al Ahdab (Drug Department, Ministry of Health, Abu Dhabi, United Arab Emirates) and Yamira Suarez Perez (Centre for State Quality Control of Drugs — Cuban National Drug Regulatory Authority, Cuba)
Duration: 3h

Organised by the FIP Social and Administrative Pharmacy Section in collaboration with the FIP Community Pharmacy Section, the FIP Hospital Pharmacy Section and the FIP Industrial Pharmacy Section

Introduction
Misuse and abuse of medicines are a growing public health concern worldwide. Pharmacists are ideal healthcare professionals to mitigate the risks due to their detailed knowledge, skills and competence in medicines management. As the most accessible healthcare professional in the community, pharmacists are well positioned to provide useful approaches and awareness that include early intervention, prevention, treatment and recovery from support services. Strategies adopted may span professional, technical, ethical, logistic and personal domains. These may include efforts to reform, rebalance and address drug control policies, and highlighting public health roles of pharmacists as partners with the healthcare community and patients. Diversion and abuse of analgesic medicines such as opioids is becoming increasingly more prevalent. Unlike illegal drugs, prescription medicines include controlled and semi-controlled medicines which are often readily accessible because of their legitimate use for a range of medical purposes. Some studies suggest that most prescription drug abusers get medicines free from a friend or relative who holds a prescription, and the incidence of abuse is high among teenagers and young adults. Some people may unintentionally use prescription medicines improperly by self-medicating without advice from a pharmacist or medical practitioner. Others may use prescription medicines inappropriately as a result of dependence or addiction to them.
In response, regulators and healthcare providers in collaboration with other stakeholders can set strategies and policies to restrict the use of controlled or semi-controlled medicines in order to restrict access to such medicines in an attempt to minimise and prevent potential and actual misuse and abuse. Pharmacists are often required to implement such strategies.
In this session we will elaborate on the current trend globally and differentiate between the misuse and abuse of medicines. We will explain the differences and similarities between psychological and physiological dependence, and we will provide examples for successful management strategies, highlighting the role of pharmacists.

Programme

14:30 – 14:40	**Introduction to the session** Yamira Suarez Perez (Centre for State Quality Control of Drugs — Cuban National Drug Regulatory Authority, Cuba)
14:40 – 15:15	**1. Current trend of the misuse and abuse of medicines globally** Kelly Grindrod (University of Waterloo, Canada)
15:15 – 15:50	**3. Medicines with potential for misuse, abuse and diversion** Osama Ibrahim (Emirates Pharmacy Society, Abu Dhabi, United Arab Emirates)
15:50 – 16:10	Coffee/tea break
16:10 – 16:45	**4. The consequences of medicines misuse and abuse** Tareq Qassem (Erada Center Dubai, United Arab Emirates)

16:45 – 17:20	**5. Best practices and successful management strategies that minimise medicines misuse, abuse and diversion** Vaiyapuri Subramaniam (Pharmacy Benefits Management, Veterans Health Administration, USA)
17:20 – 17:30	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Outline the current trend for misuse and abuse of medicines globally;
2. Identify medicines that are being misused, abused and diverted;
3. Describe the prevalence, impact and consequences of medicines misuse and abuse;
4. Specify management strategies and best practices that minimise medicines misuse, abuse and diversion, focusing on the pharmacist's role in public health by promoting responsible use of medicines.

Type of session: Knowledge-based

B7 BREAKING DOWN BARRIERS TO PATIENT ACCESS — HOW TO BRING STAKEHOLDERS TOGETHER

Wednesday 5 September
14:30 – 17:30

Room: Alsh

ACPE Code: _____

Chairs
Gabrielle Wiederkehr (ACCESS Regulatory Consulting GmbH, Switzerland) and Katja Hakkarainen (StatFinn & EPID Research, Sweden)
Duration: 3h

Organised by the FIP Industrial Pharmacy Section in collaboration with the FIP Social and Administrative Pharmacy Section

Introduction
There are several barriers to effective access to medicines along the pathway from drug development through regulatory approval to initial treatment and proper patient management. The nature of those barriers differs substantially in various parts of the world. In emerging markets, they include low awareness of patients and healthcare professionals of the right treatments or the benefits of new medicines, inadequate accessibility to care as often there are not enough hospitals, diagnostic equipment or trained medical staff, lack of availability of medicines in local pharmacies or hospitals and unaffordability.
In the industrialised world, market access used to be assured if a pharmaceutical product was safe, effective and of good quality. Today, as private and government payers grow more powerful, market access to innovative new drugs is far more challenging due to the need to contain rising costs, the proliferation of competing drugs in the same therapeutic area, and reliance on evidence-based medicine and health technology assessments which drive payer decisions. In addition, growth of the generics segment and the emergence of biosimilar drugs have given payers additional choices when deciding which products they will cover.
Furthermore, an important step to market access remains the need to obtain regulatory approval. Even though technical requirements have been harmonised over the past few years to a large degree, there are still substantial differences in how regulators actually approach the reviews.

Programme

14:30 – 14:40	***Introduction by the chairs***
14:40 – 15:15	**1. What is needed from stakeholders to remove barriers to market access in emerging markets?** Sola Solarin (Savanté Consulting, Nigeria)
15:15 – 15:50	**2. What obstacles stand in the way of faster development and launch of innovative new medicines and how can they be overcome?** Hermann Schulze (Mallinckrodt Pharmaceuticals Ltd, Switzerland)
15:50 – 16:10	Coffee/tea break
16:10 – 16:45	**3. Benefits and risks of early market access** Richard Huckle (Pope Woodhead & Associates Ltd, UK)
16:45 – 17:20	**4. Can real-world evidence contribute to faster access to medicines for patients?** Katja Hakkarainen (StatFinn & EPID Research, Sweden)
17:20 – 17:40	***Q & A***

Learning objectives

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

1. Identify the key barriers to patient access to medicines in different parts of the world;
2. Identify potential ways to overcome those barriers;
3. Describe how the different stakeholders could more effectively collaborate and contribute to faster and wider access to medicines for patients;
4. Describe potential risks and risk management of early access to medicines.

Type of session: Knowledge-based

C9 PROFESSIONAL RECOGNITION AND CREDENTIALING FOR TRANSFORMING PHARMACEUTICAL CARE

Wednesday 5 September
14:30 – 17:30

Room: Boisdale

ACPE **Code:** _____

Chairs

Kirstie Galbraith (Monash University, Australia) and
Mike Rouse (Accreditation Council for Pharmacy Education, USA)
Duration: 3h

Organised by FIPEd in collaboration with the FIP Academic Pharmacy Section, the FIP Community Pharmacy Section, the FIP Hospital Pharmacy Section, the FIP SIG on Pharmacy Practice Research, IPSF and FIP's Young Pharmacists Group

Introduction

This session will share models, systems and resources for themes involving professional recognition and credentialing to transform pharmaceutical care. For pharmacists to be fit for practice, they need to engage with continuous professional development in order to become lifelong learners and to have their advanced practice recognised (in a generalist or a specialist area). The process by which that may occur may not be clearly stated once pharmacists start practising. This session aims to showcase examples of professional recognition and credentialing that have made an impact in pharmaceutical care, examples of global cooperation, and how networks can be useful

for professional development. Participants will be invited to engage in a brainstorm activity to identify collaborations to help solve national challenges in these activities. This session will provide the opportunity for FIP members and member organisations to share their best practices and to engage in a global network for transnational professional recognition, across all settings of practice; it will be a mix of leading-edge presentations and participant engagement activities.

Programme

14:30 – 14:35	***Introduction by the chairs***
14:35 – 15:00	**1. Perspectives from practitioners on professional recognition and credentialing: Changing careers** Ian Coombes (Royal Brisbane and Women's Hospital, Australia)
15:00 – 15:25	**2. Perspectives from member organisations on professional recognition and credentialing: Shaping the workforce through professional standards** Paul Bennett (Royal Pharmaceutical Society, UK) Lóa María Magnúsdóttir (Icelandic Pharmacy Association, Iceland)
15:25 – 15:50	**3. Should advanced practice be regulated? Balancing risk and benefit in delivering clinical care** Lita Chew (Ministry of Health, Singapore)
15:50 – 16:10	Coffee/tea break
16:10 – 16:35	**4. Examples of strategies for professional recognition and how they lead to transforming pharmaceutical care — Case studies and examples of how careers and clinical services can be developed through professional recognition** Peter Kopelman (Royal College of Physicians, UK) William Ellis (Board of Pharmacy Specialties, USA)
16:35 – 17:20	**5. Workshop activity**
17:20 – 17:30	***Conclusion by the chairs***

Learning objectives

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

1. Describe the importance of professional recognition in a professional career pathway;
2. Identify networks, resources and key stakeholders that can support activities towards professional recognition and credentialing;
3. Describe case-examples of transforming pharmaceutical care from different countries and member organisations, connecting professional recognition and patients' outcomes;
4. Specify how global projects and networks can be applied locally or transnationally.

Type of session: Knowledge-based

D8 SUPPLY CHAIN SOLUTIONS TO STRENGTHEN EMERGENCY AND DISASTER RESPONSE

Wednesday 5 September
14:30 – 17:30

Room: Carron

ACPE Code: _____

Chairs
Nita Sood (US Public Health Service, USA) and
Jane Dawson (New Zealand Defence Force, New Zealand)
Duration: 3h

Organised by the FIP Military & Emergency Pharmacy Section

Introduction
This session will focus on innovations and best practices in the pharmaceutical supply chain to consistently ensure availability of safe, effective and quality essential medicines during emergencies. It will provide examples of successful and failed operations. The session will provide practical tips for attendees to implement solutions into their current pharmaceutical supply chains to strengthen emergency pharmacy response readiness.

Programme

14:30 – 14:40	***Introduction by the chairs***
14:40 – 15:15	**1. Guidance on medicines selection, supplies management and rational use** Yohei Inoue (Narita Red Cross Hospital, Japan)
15:15 – 15:50	**2. Resilience of the pharmaceutical supply chain – A neglected issue in Germany?** Frederik Vongehr (Pharmaceutical Consultant, Germany)
15:50 – 16:10	Coffee/tea break
16:10 – 16:45	**3. Civilian and military cooperation needed to advance pharmaceutical care and transform outcomes** Mauricio Aragno (Médecins Sans Frontières, Argentina)
16:45 – 17:20	**4. Formula to help assure an uninterrupted pharmaceutical supply chain** Alex Kosyak (US Public Health Service, USA)
17:20 – 17:30	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Describe the supply chain strategy to meet the essential medicines needs for a humanitarian assistance/ disaster response;
2. Identify the different relationships needed for the supply chain to operate effectively and efficiently;
3. Explain the process for monitoring performance and continuous improvement of the supply chain;
4. Categorise lessons learnt from successful and failed supply chain operation scenarios.

A7 SUCCESS STORIES OF COMBATTING CVD & DIABETES THROUGH INNOVATION

Thursday 6 September
09:00 – 12:00

Location: Armadillo

ACPE Code: _____

Chairs
Lars-Åke Söderlund (Apoteket AB, Sweden) and
Pamela Heaton (University of Cincinnati, Division of Pharmacy Practice and Administrative Sciences, USA)
Duration: 3h

Organised by the FIP Community Pharmacy Section in collaboration with the FIP Social and Administrative Pharmacy Section

Introduction
Chronic diseases constitute the largest burden of disease in our health systems. This implicates the need to look at measures to improve prevention and management of chronic disease in primary care. However, to meet the chronic disease challenge successfully, pharmacy can effectively contribute to tackle two of its largest — and most costly — components: cardiovascular disease (CVD) and diabetes.
CVD is the number one cause of mortality in most OECD countries and accounts for around a third of all deaths. Many more patients suffer considerable loss in their quality of life due to CVD, particularly through stroke and congestive heart failure. Rising levels of obesity, high cholesterol and hypertension have led to more people being diagnosed with metabolic syndrome, which in turn is a key risk factor for CVD and diabetes.
By using pharmacy for improved outcomes, our nations can better meet the challenges of chronic diseases, leading to:
- Longer, healthier lives for our patients;
- Greater productivity for employers; and
- More efficient and effective healthcare expenditure for governments.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 09:45	**1. The effectiveness of pharmacist interventions on cardiovascular risk** Ross Tsuyuki (University of Alberta/Faculty of Medicine and Dentistry, Canada)
09:45 – 10:20	**2. The effectiveness of screening for diabetes in a community pharmacy setting** Ines Krass (University of Sydney, Australia)
10:20 – 10:40	Coffee/tea break
10:40 – 11:15	**3. Check your heart health at the pharmacy** Marianne Norelius (Apoteket AB, Sweden)
11:15 – 11:50	**4. The appropriate communication skills** Carl Schneider (The University of Sydney, Australia)
11:50 – 12:00	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Explain the value and improved outcomes of pharmacist interventions in CVD & diabetes;
2. Express the value of the right communication skills needed;
3. Describe a model for how to start a support programme at the local environment;
4. Distinguish how to collaborate with healthcare professionals, patients and the pharmaceutical industry in order to transform patient outcomes.

Type of session: Knowledge-based

B8

HOW TO WRITE GREAT LAY SUMMARIES AND EMPOWER PATIENTS

Thursday 6 September
09:00 – 12:00

Room: Alsh

ACPE Code: _____

Chairs
DK Theo Raynor (University of Leeds, UK) and
Sini Eskola (Regulatory Affairs, EFPIA, Belgium)
Duration: 3h

Organised by the FIP Health and Medicines Information Section in collaboration with the FIP Industrial Pharmacy Section

Introduction
Lay summaries of regulatory documents are playing an increasing role in empowering and engaging patients. One of the first types of lay summary, public assessment reports, produced by the European Medicines Agency, is well established. Pharmaceutical companies will soon have to produce lay summaries for clinical trial results, in addition to the risk management plan (RMP) summaries that they now have to produce. This means that staff working for pharmaceutical companies, notably pharmacists, have an interest because they have to write these summaries but may not necessarily have the skills to write effectively for lay people. Equally important stakeholders are practising pharmacists (including those working in medicines information), who could be the ideal intermediaries to help patients get the most out of these summaries. Patients are the target for these summaries, and so they themselves have an important role, and a patient representative will be on the panel of the session. Research into these summaries suggests that we are not providing lay people with the information they want, in the form that they want. There is now draft guidance and in this session key stakeholders will discuss putting this guidance into practice.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 09:45	**1. The regulations and guidance** Juan Garcia Burgos (Stakeholders and Communication Division, European Medicines Agency, UK)
09:45 – 10:20	**2. General principles for developing lay summaries — What the research tells us** DK Theo Raynor (University of Leeds, UK)
10:20 – 10:40	Coffee/tea break
10:40 – 11:00	**3. What user testing has shown about how best to develop clinical trial results summaries** Angelika Joos (Merck, USA)
11:00 – 11:20	**4. What do patients want from lay summaries?** Nick Hartshorne-Evans (Pumping Marvellous, UK)
11:20 – 11:50	**5. Workshop — Evaluating a clinical trial results lay summary** Led by DK Theo Raynor and Nick Hartshorne-Evans
11:50 – 12:00	***Conclusions by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Describe the nature of lay summaries and their role in policy and practice;
2. State the key principles to apply to the writing of these summaries;
3. Identify the role of the pharmacist in maximising the benefits of the summaries to patients;
4. Explain a lay summary for patient-centredness.

Type of session: Knowledge-based

C10 TRAINING COMPETENT CLINICAL PHARMACISTS — RESIDENCIES, OBSERVATION, ASSESSMENT & FEEDBACK

Thursday 6 September
09:00 – 12:00

Room: Boisdale

ACPE Code: _____

Chairs
Rebekah Moles (Faculty of Pharmacy, The University of Sydney, Australia)
and Douglas Scheckelhoff (Office of Practice Advancement, American Society of Health-Systems Pharmacists, USA)
Duration: 3h

Organised by the FIP Hospital Pharmacy Section in collaboration with the American Society of Health-System Pharmacists (ASHP)

Introduction
Pharmacists need to maintain competencies and gain new ones throughout their careers. Many countries have mandated continuing professional development programmes, but many of these programmes provide pharmacists with knowledge and rarely test the application of this knowledge. Residency programmes, in contrast, are comprehensive and develop a pharmacist's competence over time. The ongoing use of peer observation that is cross-referenced to competencies coupled with feedback is needed to ensure pharmacists maintain competence and develop new advanced skills throughout their career. But how can we provide this assessment and feedback on a regular basis? The purpose of this session is to demonstrate examples of how the standard of clinical pharmacy has been improved to ensure that patients receive excellent pharmaceutical care. Training of pharmacists does not stop upon university graduation, so this session will outline the pharmacy residency training programmes and other strategies that have been used to train and empower registered practitioners and highlight the importance of monitoring one's practice and the provision of feedback. Further collaboration with the FIP Academic Pharmacy Section has also been sought. This session addresses one of the key issues in pharmacy education — the ongoing lifelong learning that occurs throughout practice — and covers how we can effectively improve and maintain competence through observation, assessment and feedback. Those involved have a wealth of experience and expertise in the development, implementation and evaluation of training programmes for pharmacists such as clinical residencies, development and monitoring of standards for advanced practice and also in innovative observational training programmes where immediate feedback and coaching is provided.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 09:45	**1. Developing clinical competency — Going from university to an advanced practitioner, how do we know we are competent?** Dalia Bajis (The University of Sydney, Australia)
09:45 – 10:20	**2. Residency programme structure and role in developing clinical practice competencies** Douglas Scheckelhof (American Society of Health-Systems Pharmacists, USA)
10:20 – 10:40	Coffee/tea break
10:40 – 11:05	**3. Beyond a residency programme — Ongoing competency assessment in the workplace** Abdul Latif Sheikh (FIP Hospital Pharmacy Section, Pakistan)
11:05 – 11:25	**4. Competency assessment in community pharmacy — An innovative programme of weekly mystery shopping with feedback** Jack Collins (The University of Sydney, Australia)
11:25 – 11:55	**5. Workshop — The art of giving feedback**
11:55 – 12:00	***Conclusion by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Analyse the current components necessary to implement a residency programme in their country;
2. Advocate the importance of self and peer assessment against key competencies;
3. Perform peer assessment that can be used in practice;
4. Install a peer-observation service and feedback for ongoing learning.

Type of session: Application-based

D9 SHARING EXPERIENCE ACROSS BORDERS: TRAINING PROGRAMMES

Thursday 6 September
09:00 – 12:00

Room: Carron

ACPE Code: _____

Chairs
Kari Franson (Department of Clinical Pharmacy, University of Colorado, USA) and Agathe Wehrli (Pharmabridge, FIP, Switzerland)
Duration: 3h

Organised by the FIP Academic Pharmacy Section in collaboration with the FIP Hospital Pharmacy Section

Introduction
Across the world, there is considerable variability in educational and healthcare practices. Sharing information and experience about pharmacy education and clinical pharmacy services around the globe will provide opportunities to advance clinical practice worldwide. International pharmacy practitioner training programmes, such as Pharmabridge, are an excellent opportunity to facilitate this sharing of information and experience. Training programmes like these allow participants to take new practices back to their home institutions as well as to provide insights to the host institutions.

Programme

09:00 – 09:05	***Introduction by the chairs***
09:05 – 09:30	**1. Overview of the Pharmabridge programme** Kari Franson (University of Colorado, Skaggs School of Pharmacy and Pharmaceutical Sciences, USA)
09:30 – 10:20	**2. Active learning session — Group discussion** - Discuss the needs the programme fulfils - Discuss the benefits of the programme — for host and participant Facilitated by Kari Franson and Agathe Wehrli
10:20 – 10:40	Coffee/tea break
10:40 – 11:05	**3. Examples of programme structures from various host institutions and a description of participant experiences** Ina Donat (Robert Gordon University – RGU, Scotland) Ken Schafermeyer (International Programmes, St Louis College of Pharmacy, USA)

11:05 – 11:30	4.	**Best practices and lessons learnt** - Before commitment - Before arrival - During the visit - Follow up Chinenye Ifeoma Onodugo (University of Nigeria Teaching Hospital, Nigeria) Sreedharan Nair (Department of Pharmacy Practice, Manipal College of Pharmaceutical Sciences, India)
11:30 – 11:50	5.	**Active learning session to explore and discuss challenges and obstacles** Facilitated by Kari Franson and Agathe Wehrli
11:50 – 12:00	6.	**Panel questions, answers and conclusions** Agathe Wehrli (Pharmabridge, FIP, Switzerland)

Learning objectives
At the end of this session, participants will be able to:
1. Describe benefits of Pharmabridge;
2. Identify best practices for hosting international pharmacists through Pharmabridge;
3. Describe benefits and opportunities for continuing collaboration between visiting learners and host sites.

Type of session: Knowledge-based

D25 WHAT'S NEW IN INDUSTRY AND SCIENCE? PART 2

Thursday 6 September
09:00 – 12:30

Room: Lomond Auditorium

Code: _____

Chairs
Takuya Kumamoto (Hiroshima University, Japan) and
Amanda Corbett (UNC Eshelman School of Pharmacy, USA)
Duration: 3.5h

Organised by the FIP Industrial Pharmacy Section and all FIP special interest groups

Introduction
Short oral presentations selected from submitted abstracts.

Programme

09:00 – 09:10	1.	**Identification and characterisation of six synthetic cannabinoid agonists by NMR and UHPLC-QTOF/MS/MS** Husain Naqi (University of Bath, UK)
09:10 – 09:20	2.	**Analysis of tamoxifen, endoxifen and 4-hydroxytamoxifen in dried blood spots (DBS) of breast cancer patients by LC-MS/MS** Yahdiana Harahap (Universitas Indonesia, Indonesia)
09:20 – 09:30	3.	**Downregulation of mir-133b-5p by REST promotes prostate cancer metastasis to bone by targeting TGF** Yubo Tang (Department of Pharmacy, The First Affiliated Hospital, Sun Yat-sen University, China)

09:30 – 09:40	**4. Hyaluronic acid conjugated multi-walled carbon nanotubes for colon cancer targeting** Ashish Jain (Adina Institute of Pharmaceutical Sciences Sagar M.P., India)
09:40 – 09:50	**5. Establishment of drug release determination method for Nestorone® intravaginal ring** Meiying Ning (National Research Institute for Family Planning, China)
09:50 – 10:00	**6. Radiation engineered functional nanogels as therapeutic and diagnostic imaging agents** Siti Janib (MNA, Malaysia)
10:00 – 10:10	**7. Formulation and evaluation of polymer-free, in-situ forming vesicles** Nada El Hoffy (Future University, Egypt)
10:10 – 10:20	**8. The mechanism of acute promyelocytic leukaemia treatment using the Realgar-Indigo Naturalis formula** Xiaobo Wang (Beihai Hospital, China)
10:20 – 10:40	Coffee/tea break
10:40 – 10:50	**9. Measurement of infliximab and anti-drug antibody levels in patients with inflammatory bowel disease** Sho Masui (Kyoto University Hospital, Japan)
10:50 – 11:00	**10. Impact of PEAR1 gene polymorphisms on clinical outcomes of Chinese acute coronary syndrome patients** Sibei Qin (Peking University Health Science Centre, China)
11:00 – 11:10	**11. Pharmacists' identification of counterfeit drugs and perceptions of stakeholders' partnership in Egypt** Amira Bashir (Faculty of Pharmacy, Alexandria University, Egypt)
11:10 – 11:20	**12. Assessment of non-adherence factors using original score sheets in the Setsuyaku Bag Campaign of Japan** Takao Shimazoe (Department of Clinical Pharmacy and Pharmaceutical Care, Graduate School of Pharmaceutical Sciences, Japan)
11:20 – 11:30	**13. Barriers and facilitators to deprescribing inappropriate medicines in long-term care facilities** Emma Bolton (University of Leeds, UK)
11:30 – 11:40	**14. Non-medical prescribers' opinions and beliefs of non-medical prescribing practice in oncology** Sophie Harding (Velindre Cancer Centre, UK)
11:40 – 11:50	**15. Exploring accredited pharmacists' pharmacovigilance work processes during home medicines reviews** Marea Patounas (Queensland University of Technology, Australia)
11:50 – 12:00	**16. Making every opportunity count — What do student pharmacists need to know?** Myra Mackenzie (Robert Gordon University, UK)
12:00 – 12:10	**17. The impact of drugs on the environment: What do pharmacists and technicians believe?** Judith Singleton (Queensland University of Technology, Australia)
12:10 – 12:20	**18. The role of pharmacy in integrated urgent & emergency care / NHS 111 Yorkshire Ambulance Service** Usha Kaushal (NHS 111 Yorkshire Ambulance Service, UK)
12:20 – 12:30	***Q&A and conclusions by the chair***

D10 THE RENAISSANCE OF COMMUNITY PHARMACY: IS IT TIME TO LET GO OF DISPENSING?

Thursday 6 September
12:30 – 14:00

Location: Armadillo

ACPE Code: _____

Chairs
Lars-Åke Söderlund (Apoteket AB, Sweden) and
Warren Meek (C7 Consulting Limited, Canada)
Duration: 1.5h

Organised by the FIP Community Pharmacy Section in collaboration with FIP's Young Pharmacists Group

Introduction
In almost all parts of the world pharmacists are looking forward to, and working for, the expansion of their professional role, for example, by optimising the use of medicines. Healthcare systems are also realising, more and more, that pharmacy and pharmacists actually can contribute to better outcomes, and a sustainable healthcare model. A number of clinical and evidence-based services have been developed by community pharmacy in order to help patients to acquire a life in health.

Is the core role of the pharmacy of the future to dispense medicines? And is an evolution of pharmacy practice the way to go, or is a revolution needed? And what kind of revolution is needed?
Today, a range of systems and technologies are available to support the medicines supply and use processes. However, pharmacists will need to ensure that they harness technologies in a way that will support their professional aspirations and that they are not bypassed by the IT initiatives being applied in the development of our healthcare systems. This development is driven not only by our healthcare systems, but by new providers and actors on the market, as well as by the patients themselves. Will the pharmacist of the future be less involved in dispensing? Should we focus more on the patient, and less on the medicine? And where is the future? With the pharmacist or at the pharmacy?

Several strong trends are present in today's pharmacy market:
- Consumers are becoming more technology-enabled;
- Healthcare will be built around the technology-enabled patient in a new healthcare eco-system;
- New technology-assisted interventions will start to replace compounded medicines;
- New niche actors are entering the market of pharmacy.

Technology is everything
In any profession, the exploration of new roles must always be welcome. But is exploration of a role enough, or are new roles needed for pharmacy? Of course, pharmacy and pharmacists have always developed services in response to new and changing customer demands as well as changes in technology, from the introduction of computers to new, more advanced and complex medicines. The pharmacy profession should now ask how pharmacies should evolve. As the development of technology is exponential, how can community pharmacy be transformed to a technology-hub, prepared for the future? Or, can and will technology replace community pharmacy?
The profession of pharmacy is thus at a significant crossroads between its conventional medicines dispensing identity and a pioneering clinical role with healthcare provider status.

Society's use of technology continues to increase and technology is becoming more accessible and sophisticated; digital health is here to stay. Pharmacy examples include automation that can fill prescriptions and applications that provide drug information.

How will pharmacy practice evolve to meet the needs of the 21st century healthcare system? That is up to us, and if we don't take measures to define it in our own terms, somebody may define it for us. This session will discuss the necessary development of community pharmacy, and how to design the technology-hub for the future healthcare system.

Programme

12:30 – 12:35	***Introduction by the chairs***
12:35 – 13:05	**1. The renaissance of community pharmacy** Darrin Baines (Bournemouth University, UK)
13:05 – 13:55	**2. The key steps for renaissance of community pharmacy: Debate** Darrin Baines (Bournemouth University, UK) Brendan Murray (FIP YPG, Ireland) Paul Sinclair (FIP CPS, Australia) Eeva Teräsalmi (FIP, Finland) Dominique Jordan (FIP, Switzerland)
13:55 – 14:00	***Conclusion by the chairs***

Learning objectives

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

1. Identify why community pharmacy needs to shift its focus from medicines dispensing to health promotion and disease prevention;
2. Identify the needs behind transforming the community pharmacy workforce to redesign pharmacy practice;
3. Describe methods of further incorporating community pharmacists into society and networking the pharmacy hub into a wider healthcare community;
4. Outline the role of technology as an aid to advance the roles of community pharmacists and improve direct patient care.

Type of session: Knowledge-based

D11 GLOBAL IMPACT AND USE OF FIP EDUCATION RESOURCES FOR WORKFORCE DEVELOPMENT

Thursday 6 September
12:30 – 14:00

Room: Boisdale

ACPE **Code:** _____

Chairs

Toyin Tofade (Howard University, USA) and
John Pieper (St. Louis College of Pharmacy, USA)
Duration: 1.5h

Organised by the FIP Community Pharmacy Section in collaboration with FIP's Young Pharmacists Group

Introduction

This session will address the global impact and usage of FIP*Ed*'s resources. The current status of FIP's education projects will be presented, with examples of stakeholders who have used the resources. Participants will be invited to engage with the vision and strategic plans of FIP*Ed* through presentation of examples of the impact and use of FIP*Ed* tools and evidence to overcome national challenges in education. They will join in a debate on how educational leadership and the Pharmaceutical Workforce Development Goals can be translated into local visions for transforming the profession. An important activity of this session will be the congress launch of the 2018 Education Development Team (EDT) Technical Report. Past FIP*Ed* technical reports have become important guidance and policy direction publications for members, member organisations and a wider audience. All FIP*Ed* reports and publications are available on the FIP website and are widely cited. This session will provide the opportunity for members and member organisations to see the results and impact of the EDT work, to comment on them and provide ideas for further areas of interest. This session will be a mix of presentations and participant engagement activities.

Programme

12:30 – 12:35	***Introduction by the chairs***
12:35 – 12:55	**1. Using global development goals for shaping the future workforce** Christopher John (Royal Pharmaceutical Society, UK) and Ian Bates (FIP*Ed*, UK)
12:55 – 13:15	**2. Principles for disseminating education and workforce research** Kully Rennie (Pharmacy Education Journal, UK)
13:15 – 13:35	**3. Principles for collaborative education: Shaping the future pharmaceutical workforce** Jill Boone (Inter-professional Education, USA)
13:35 – 13:55	**4. Workforce and leadership: Workshop activity** Tina Brock (Education Leadership, Australia)
13:55 – 14:00	***Conclusion by the chairs***

Learning objectives

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

1. Describe the importance/impact/usage of the FIP*Ed* resources;
2. Identify the content and key messages of the 2018 FIP*Ed* Technical Report;
3. Describe how global projects/workforce development goals of FIP*Ed* and their outcomes can be applied locally or transnationally;
4. Define the relevance and importance of the issues described in the technical reports and other EDT tools to the ongoing development of the pharmacy profession.

Type of session: Knowledge-based

D23

HOT TOPIC SESSION — CANNABIS FOR MEDICAL TREATMENT

Thursday 6 September
12:30 – 14:00

Room: Alsh

Duration: 1.5h

Code: _____

Organised by the FIP Programme Committee

Introduction

Cannabis is a psychoactive compound with a long history of therapeutic and recreational use. Medicinal cannabis represents the reemergence of a plant with historical significance into present day healthcare.
In recent years, medicinal cannabis, or medicinal marijuana, has garnered much national and international attention with controversies surrounding the legal, ethical, and societal implications associated with the use of cannabis. Nevertheless, the use and acceptance of medicinal cannabis continues to evolve, as shown by the growing number of countries now permitting use for specific medical indications. As the evidence base for medicinal cannabis is growing, there is a need for good quality research on the indications for use of cannabis and related products. Legislation governing use of medicinal cannabis continues to be in the spotlight, with very recent controversies highlighting the issue, for example, the two recent UK cases where medicinal cannabis was allowed to be used under Home Office license for two very ill children. This 'hot topic session' seeks to discuss the use of medicinal cannabis for medical purpose which is timely, important and impactful. Ultimately, as the medicinal cannabis landscape continues to evolve, pharmacists need to consider the implications, address logistical concerns, and explore the feasibility of permitting patient access to this treatment necessitating that pharmacists and other clinicians keep abreast of new or changing regulations and their institutional implications.

Speakers

Jacci Bainbridge (University of Denver, USA) and Aileen Bryson (Royal Pharmaceutical Society, UK)

B9

GLOBAL HARMONISATION OF QUALITY STANDARDS FOR MEDICINES: IMPROVING PATIENT CARE AND SAFETY

Thursday 6 September
14:30 – 17:30

Room: Alsh

ACPE Code: _____

Chairs
Jennifer Dressman (Institute of Pharmaceutical Technology, Goethe University, Germany) and Sini Eskola (Regulatory Affairs, EFPIA, Belgium)
Duration: 3h

Organised by the FIP SIG on Regulatory Sciences in collaboration with the FIP Industrial Pharmacy Section

Introduction
Although coordination among regulatory authorities has increased in recent years through initiatives such as shared inspections of pharmaceutical manufacturing and the International Council on Harmonisation, there are still many instances in which drug products are regulated differently among countries, on both a regional and global basis. To meet the disparate requirements of the various regulatory authorities, similar but not identical laboratory work often has to be completed as well as preparing reports in different formats. The repetition of studies with slightly different protocols makes drug product approval time-consuming and inefficient, and ultimately the costs are passed on to patients.

This session seeks to convey the need to resolve differences in regulation of drug products on both a regional and global basis and describes current efforts to bring about harmonisation among different regulatory authorities. The benefits of harmonisation will be discussed from an industrial standpoint, explaining which redundancies occur and which savings would be gained by eliminating them. The mechanisms that have been put in place to achieve a central authorisation of drug product among a regional group of countries will be illustrated using South America as an example. On a global basis, a case study of the approach to harmonisation among the "Big Three" (USA, Europe and Japan) at the International Council on Harmonisation will be presented so that attendees can learn how this procedure works. Finally, an EFPIA representative will address which key issues should be prioritised for implementation of harmonisation in the coming years.

Programme

14:30 – 14:40	***Introduction by the chairs***
14:40 – 15:15	**1. Harmonisation on a regional basis to establish common requirements for drug approval** Gustavo Santos (ANVISA, Brazil)
15:15 – 15:50	**3. Benefits of harmonisation for industry, for regulators and for the patient — A success story of ICH** Michael Richardson (EU QPPV, BMS, UK)
15:50 -16:10	Coffee/tea break
16:10 – 16:45	**4. Highlights of the current ICH projects and overview of what is on the horizon in the future** Pär Tellner (EFPIA — ICH Steering Committee, Belgium)
16:45 – 17:20	**5. Panel discussion, with a focus on future perspectives** Sini Eskola (EFPIA, Belgium)
17:20 – 17:30	***Conclusions by the chairs***

Learning objectives
At the end of this session, participants will be able to:
1. Identify the benefits of harmonisation for regulatory, industry and the patient;

2. Describe how harmonisation is achieved under the auspices of the International Council on Harmonisation;
3. Describe how harmonisation is achieved on a regional basis;
4. Identify important future areas for harmonisation of quality standard for medicines.

Type of session: Knowledge-based

B10 RESEARCH: FROM MARKETING AUTHORISATION TO PATIENT USE AND BEYOND

Thursday 6 September
14:30 – 17:30

Room: Carron

ACPE **Code:** _____

Chairs
Katja Hakkarainen (StatFinn & EPID Research, Sweden) and
John Hertig (Purdue College of Pharmacy, Purdue University, USA)
Duration: 3h

Organised by the FIP Social and Administrative Pharmacy Section in collaboration with the FIP Community Pharmacy Section, the FIP Hospital Pharmacy Section and the FIP Industrial Pharmacy Section

Introduction
After a medicine has obtained a marketing authorisation, a great body of research on optimising health outcomes is conducted. Such research includes real-world evidence studies by marketing authorisation holders (pharmaceutical industry), for example, health economic evaluations, post-authorisation safety and comparative effectiveness studies. In addition, outcomes of therapies, pharmaceutical services, and quality and safety in healthcare are studied by entities other than the pharmaceutical industry, for example, by health authorities, insurers, healthcare organisations (such as hospitals), often in collaboration with academia. Research after marketing authorisation may be conducted to meet regulatory demands, to inform decisions on reimbursement for the medicine, to optimise patient outcomes and to improve the delivery of high-quality and good value healthcare across settings.
Even though research after marketing authorisation in different settings shares the same goal of optimising patient outcomes and improving the quality and value of health care, the real-world evidence studies by pharmaceutical industry and by other entities are commonly conducted separately, with little collaboration. This session will provide an overview of the variety of research being conducted after marketing authorisation and discuss new collaborative research models with the goal of further optimising patient outcomes as well as improving the quality and value of health care.

Programme

14:30 – 14:35	***Introduction by the chairs***
14:35 – 15:50	**1. Overview of research from marketing authorisation to patient use and beyond in varying settings**
14:35 – 14:50	**a. Reasons for the pharmaceutical industry to promote real-life evidence** Katja Hakkarainen (StatFinn & EPID Research, Sweden)
14:50 – 15:10	**b. Research for optimising medication outcomes and improving the quality and value of medicines use in hospitals** Jannet Carmichael (Pharm Consult NV LLC, USA)
15:10 – 15:30	**c. Community pharmacy perspective on research for optimising patient outcomes and improving the quality and value of health care** Luís Lourenço (Farmacia Central, Portugal)
15:30 – 15:50	**d. The role of academia and professional organisations in research, from marketing authorisation to patient use and beyond in varying settings** Timothy Chen (Faculty of Pharmacy, The University of Sydney, Australia)

15:50 – 16:10	Coffee/tea break
16:10 – 17:20	**2. Workshop — Bridging research from marketing authorisation to patient use and beyond in a variety of settings** Discussion on new collaborative research models optimising patient outcomes and improving the quality and value of healthcare
17:20 – 17:30	***Conclusion by the chairs***

Learning objectives

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

1. Outline research on real-world evidence conducted by pharmaceutical industry;
2. Describe research for optimising patient outcomes and improving the quality and value of healthcare in hospital and community pharmacy settings;
3. Describe the role of academia and professional organisations in research from marketing authorisation to patient use and beyond;
4. Identify new collaborative research models after marketing authorisation for optimising patient outcomes and improving the qualityand value of healthcare across settings.

Type of session: Knowledge-based

C11 USING THE POWER OF EPAS: TEACHING AND TRANSFORMING PRACTICE

Thursday 6 September
14:30 – 17:30

Room: Boisdale

ACPE Code: _____

Chairs

Lucinda Maine (American Association of Colleges of Pharmacy, USA) and
Derek Jorgenson (College of Pharmacy and Nutrition, University of Saskatchewan, Canada)
Duration: 3h

Organised by the FIP Academic Pharmacy Section in collaboration with the FIP Community Pharmacy Section, IPSF and FIP's Young Pharmacists Group)

Introduction

To many outside the profession, our education and practice remains a mystery. "Why does it take so long to graduate if all you do is move pills from a big bottle to little bottles?" is a question too many of us have tried to answer. This programme presents a relatively new construct referred to as "entrustable professional activities" (EPAs) for pharmacists. EPAs describe those activities pharmacists at various levels should be trusted to perform based on their education, postgraduate training, and practice experience. The speakers in this session will address the fundamentals of how EPAs have been developed in medicine and pharmacy, and how they might be used to advance our goals of ensuring that the medication needs of individuals and populations are met by practitioners whose education and experience equips them to deliver services that can be trusted by society.

Building on the foundation provided by the EPA discussion, new approaches to experiential education will be explored. Unique experiential education settings, innovative clinical practices and the curricular redesign that is needed to support the development of the pharmacist needed in the future will be described. Novel experiential education strategies that respect cultural and ethnic differences, incorporate EPAs, and benefit both practising pharmacists and learners, will be highlighted and discussed during the active learning parts of the session.

Programme

14:30 – 14:35	***Introduction by the chairs***
14:35 – 15:00	**1. The development and use of entrustable professional activities (EPAs) for the health professions** Olle ten Cate (UCSF School of Medicine, USA and Center for Research and Development of Education University Medical Center Utrecht, Netherlands)
15:00 – 15:25	**2. A description of how and why the EPAs were developed in the Netherlands and the USA** Max Westein (KNMP, Netherlands) Amy Pittenger (University of Minnesota, USA)
15:25 – 15:50	**3. Active learning: Pharmacists from other countries relate how EPAs are being developed and used** Facilitated by Lucinda Maine (AACP, USA) and Amy Pittenger (College of Pharmacy, University of Minnesota, USA)
15:50 – 16:10	Coffee/tea break
16:10 – 16:35	**4. Experiential education and practice transformation: An examination of how pharmacy schools in Canada have opened non-dispensing patient care clinics that are located within the schools** Derek Jorgenson (University of Saskatchewan, Canada)
16:35 – 17:00	**5. Case study highlighting 10 years of internship development in Ghana, where experiential training initiatives focused on developing global communication skills and fostering cultural humility** Kyle Wilby (Qatar University, Qatar)
17:00 – 17:25	**6. Active learning** where participants discuss: (1) How these experiential education initiatives could be scalable and transferable to attendees' countries/regions; and (2) How EPAs could be incorporated into existing experiential education opportunities in their home country. Facilitated by Kyle Wilby and Derek Jorgenson
17:25 – 17:30	***Conclusion by the chairs***

Learning objectives

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

1. Describe what EPAs represent in clarifying skills of a profession and levels of entrustment;
2. Describe approaches in developing pharmacist EPAs;
3. Identify ways EPAs shape curricular design;
4. Describe strategies implemented in different countries to incorporate EPAs within innovative and novel experiential education settings.

Type of session: Knowledge-based

Additional programme items

PHARMACY-BASED IMMUNIZATION DELIVERY — CERTIFICATE TRAINING PROGRAMME

Saturday 2 September
09.00 – 17.00

Room: Dochart 2

10:20 – 10:40 and **15:50 – 16:10** Coffee tea breaks
12:00 – 14:30 Lunch break

Pharmacists are gaining authority to immunise in an increasing number of countries. The USA was among the first countries to allow pharmacists to vaccinate, under specific conditions, one of which is to complete a certificate training programme. This programme is being offered as a satellite at the congress, where FIP is partnering with the American Pharmacists Association (APhA). The APhA Pharmacy-Based Immunization Delivery certificate training programme provides pharmacists with the necessary skills to become a primary source for vaccine information and administration within their pharmacy.

There are three components to the certificate training programme:

- 12-hour (1.2 CEU) self-study modules with case studies and assessment exam
- 8.0 hour (0.80 CEU) live seminar with final exam
- Hands-on assessment of intramuscular and subcutaneous injection technique

Self-study modules description
The self-study learning activity is designed to ensure that all participants understand vaccine-preventable diseases and the role of pharmacists as vaccine advocates and administrators. The learning modules present in-depth information on immunology and practice implementation and include real-life case studies designed to help reinforce and evaluate participants' understanding of key information and concepts.

Live training seminar description
The second part of the certificate training programme is an active learning, live seminar focusing on pharmacy practice implementation. The live training seminar is based on the experience of practitioners involved in immunisation advocacy and administration. The training seminar reinforces and expands on the self-study programme and addresses areas such as immunization needs and injection-technique training.

For more in depth information, please take a look here:
http://pharmacist.com/pharmacy-based-immunization-delivery
This activity is supported by Sanofi Pasteur and Pfizer Inc.

Sunday 2 September
09:00 – 11:00

Room: Forth (Clyde)

Panel discussion & roundtable: Creating a successful pharmacy-based immunisation service

This two-hour, facilitated panel discussion & roundtable is designed to foster discussion and sharing of key insights among experts in pharmacy-based immunisations and those interested in establishing and/or expanding existing services. It will be open to FIP congress registrants and individuals who participated in the certificate training programme. The programme will include short presentations by the panellists. During the discussion, panellists will share insights on overcoming challenges, lessons learnt and the foundational elements of building the infrastructure for pharmacy-based immunisations. Discussion may include: immunisation neighbourhood, approaches to gaining pharmacist authority to immunise, value of interprofessional collaboration, education and training, pharmacy team roles and responsibilities, efficient operations/workflow, marketing and promotion.

PRE-CONGRESS SATELLITE ON BIOSIMILARS: THE SCIENCE, REGULATION, PRACTICE AND EDUCATION OF FOLLOW-ON BIOLOGIC PHARMACEUTICALS

Saturday 1 September
08:30 – 17:30

Room: Alsh

Chairs
Marianne Ivey (FIP Hospital Pharmacy Section, USA) and
Michael Ward (FIP Board of Pharmaceutical Sciences, Australia)

Organised by the FIP Hospital Pharmacy Section and the FIP Board of Pharmaceutical Sciences

Introduction
Biologic pharmaceuticals are very targeted medicines that have made a major contribution to the clinical outcomes of patients with challenging diseases and conditions. These pharmaceuticals are very expensive and competition from products that are biologically similar has the potential of increasing patient access at a lower cost. The complexity of the science and practice of using these medicines makes pharmacists' knowledge of these agents critical to their appropriate use. This pre-congress satellite will address these areas with active learning opportunities for the audience.
This activity is supported by Amgen

Programme

08:30 – 09:00	***Introduction by the chairs***
The science of biosimilars	
09:00 – 09:40	**1. What are biosimilars? How biosimilars differ structurally from generic pharmaceuticals Drug product considerations for biosimilars** Hanns-Christian Mahler (Lonza, Switzerland)
09:40 – 10:20	**2. Addressing variability data, dosing between and within an originator product and its biosimilar** Michael Ward (FIP BPS, Australia)
10:20 – 10:40	Coffee/tea break *(Hall 1)*
10:40 – 11:20	**3. A manufacturer's responsibility in producing biologics** Gay Gauvin (Amgen, USA)
11:20 – 12:00	**4. Incorporating biosimilars into practice: What pharmacists need to know** James Stevenson (FIP HPS, USA)
12:00 – 12:30	**5. Morning panel**
12:30 – 13:30	Lunch break *(Hall 1)*
The regulation of biosimilars	
13:30 – 14:10	**6. How are biosimilars approved, named and patent-protected?** Philip Schneider (FIP, USA) and Raffaella Giovanna Balocco (World Health Organization)

Using biosimilars in clinical practice	
14:10 – 14:50	**7. The impact of biosimilars on cost, reimbursement and patient access** Paul Cornes (MD, UK)
Education of pharmacy students and practitioners	
14:50 – 15:30	**8. Overcoming the gap between clinical use of biosimilars and education of pharmacists and other healthcare providers** Arnold Vulto (Erasmus University, The Netherlands)
15:30 – 15:50	**9. Panel — Addressing addition to regulatory issues/clinical use and education**
15:50 – 16:10	Coffee/tea break *(Hall 1)*
16:10 – 16:30	**10. Panel — Addressing addition to regulatory issues/clinical use and education**
16:30 – 17:30	**11. Workshop**

Extra information

Active learning components of this pre-congress satellite:

1. Do a pre-satellite survey of registrants to determine their learning expectations.
2. Use the audience response questions (depending on funding).
3. Within the programme conduct round-table attendee discussions:
   a) What strategies have been used to overcome barriers to adding biosimilars to hospital and clinic medication formularies?
   b) How are colleges and schools of pharmacy educating pharmacists about biosimilars both for students and as continuing professional competence for practitioners?

Learning objectives

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

1. Explain what biosimilars are from a pharmaceutical, pharmacovigilance and regulatory perspective;
2. Describe strategies to determine dosages and procedure to successfully add biosimilars to formularies;
3. Specify successful procedures of using biosimilars in a hospital setting, e.g., adding biosimilars to hospital and clinic medicines formularies.

Type of session: Knowledge-based

YOUNG PHARMACISTS GROUP LEADERSHIP TRAINING PRE-SATELLITE — INAUGURAL YEAR

Saturday 1 September
09:00 – 18:00

and

Sunday 2 September
09:00 – 12:00

Room: Dochart 1

Organised by the FIP YPG, the FIP Academic Pharmacy Section, FIPEd and IPSF
(separate pre-approved registration required)

Introduction

We invite all active young pharmacists with an interest in taking up future leadership roles in the YPG Steering Committee or getting involved with local or national YPG leadership to attend this session.

Programme

09:00 – 09:30	**1. Welcome by FIP and YPG** John Ly (Chair, FIP YPG, Australia) Representatives from the FIP Academic Pharmacy Section, FIPEd and IPSF
09:30 – 09:45	**2. Introduction among participants**
09:45– 09:55	**3. Introduction to FIP structure and YPG projects** Miranda Sertić (formerly FIP YPG, Croatia) and John Ly (FIP YPG, Australia)
09:55 – 10:20	**4. Values of servant, ethical and volunteer leadership** Betty Chaar (The University of Sydney, Australia)
11:20 – 12:00	Coffee/tea break *(Hall 1)*
10:40 – 11:05	**5. Project management skills — Apps, tools, time management and processes to help manage the new workload** Miranda Law (FIP YPG, USA), Miranda Sertić (formerly FIP YPG, Croatia) and Yuri Jung (FIP YPG, Republic of Korea)
11:05 -11:30	**6. Communication skills — Public speaking and presentation skills, constructive feedback, media releases** Safeera Hussainy (The University of Sydney, Australia)
11:30 – 12:00	**7. Group activities using live examples and discussion**
12:00 – 14:30	Lunch break *(Hall 1)*
14:30 – 15:10	**8. Succession planning. Why is it important? Ways to ensure a stable handover of local or international YPG roles** Tina Brock (Monash University, Australia)
15:10 – 15:50	**9. How to run effective meetings** Ema Paulino (FIP, Portugal)
15:50 – 16:10	Coffee/tea break *(Hall 1)*
16:10 – 18:00	**10. YPG Steering Committee positions** Participants interested in elections will be able to find out about the specific roles and responsibilities of the current YPG Steering Committee John Ly (Chair, FIP YPG) Yuri Jung (Public Relations Officer, FIP YPG) Tommy Chen (Project Coordinator, FIP YPG)
19:00	**Networking dinner for YPG Leadership in Training participants** Venue TBA

Sunday 2 September
09:00 – 12:00

Room: Dochart 1

09:00 – 10:00	**1.**	**Leadership styles and understanding personalities** Lisa Nissen (FIP YPG, Australia) and Toyin Tofade (FIP Academic Pharmacy Section, USA)
10:00 – 11:00	**2.**	**Strategic planning for YPG** John Pieper (FIP*Ed*, USA) and John Ly (FIP YPG, Australia)
11:00 – 12:00	**3.**	**Open discussion for ideas and new ways forward for YPG**

Tuesday 4 September
13:00 – 14:30

Room: Alsh

First-Timers Meeting

The FIP Young Pharmacists Group will be hosting an event for first-timers at the FIP world congress. All Leadership in Training participants are highly encouraged to attend to meet and greet fellow young pharmacists and congress participants. There will be an opportunity to be a group leader at the First-Timers Meeting.
During the First-Timers Meeting, a Buddy-Buddy Programme will allow first-timers to be introduced to their mentor with whom they share the same field of interest. These small groups will stay connected during the congress and this will be the start of the first-timer's global network.

FIP SPEAKERS CORNER

Tuesday 4 September
Between 09:00 and 17:30



Location: Exhibition area Hall 4

Organised by the FIP Community Pharmacy Section (CPS), the IPSF and the FIP Young Pharmacists Group

Introduction
In a fast moving and challenging healthcare environment, pharmacy instantly needs to develop new insights regarding relevant issues. A speakers' corner is an easy, fast and innovative way of sharing experiences and insights with other participants at the FIP congress without having to have presentations accepted in advance. Pharmacists can talk about issues and raise questions that are of high importance to them in a facilitated discussion that gives practitioners the opportunity to learn from peers and advance the dialogue on critical issues.

Topics can be linked to the overall theme of the congress, "Transforming outcomes", or otherwise. Each participant will have the opportunity to talk about his or her topic (without slides) for 10 to 15 minutes. Chairs will encourage passers-by to participate, but will also have prepared some back-up topics.

Congress participants can register their interest to speak, during the congress, with a moderator. The Speakers' Corner moderator will post topics on social media in order to attract an audience.

Comments can be posted on social media.

The FIP Speakers' Corner will be a one-day activity.

Learning objectives
At the end of this session, participants will be able to:
1. Analyse the overall scope of relevant issues from pharmacists' daily practices;
2. Advocate development of specific areas when returning from the congress;
3. Build relationships with new contacts, making the pharmacy world smaller;
4. Demonstrate the importance of being a member of FIP and being active via FIP's and the CPS's social media.

Type of session: Application-based

SECTION MEETINGS

MEPS – Military & Emergency Pharmacy Section

Wednesday 5 September
13:00 – 14:00

MEPS Business Meeting
Room: Carron

SAPS – Social & Administrative Pharmacy Section

Thursday 6 September
09:00 – 12:00

SAPS Business Meeting
Room: Gala (Clyde)

CPS – Community Pharmacy Section

Tuesday 4 September
09:00 – 12:00

CPS Steering Committee Meeting
Room: Gala (Clyde)

IPS – Industrial Pharmacy Section

Thursday 6 September
12:30 – 14:00

IPS Assembly
Room: Dochart 2

HaMIS – Health & Medicines Information Section

Tuesday 4 September
14:30 – 16:30

HaMIS Business Meeting
Room: Alsh

HPS – Hospital Pharmacy Section

Tuesday 4 September
12:30 – 13:30

HPS Assembly
Room: Gala (Clyde)

APS – Academic Pharmacy Section

Tuesday 4 September
14:30 – 16:30

APS Business Meeting
Room: Gala (Clyde)

YPG – Young Pharmacists Group

Monday 3 September
09:00 – 12:00

YPG Business Meeting Part 1
Room: Carron

Wednesday 5 September
14:30 – 17:30

YPG Business Meeting Part 2
Room: Dochart 1

MEET THE SIG MEETINGS

TIMESLOT	DAY	SIG	CHAIR(S)	NAME
08:30 – 09:00 **Room: Etive**	Wednesday 5 September	Regulatory Sciences (+ 4 FGs)	Jennifer Dressman/ Horst-Dieter Friedel	**SIG 1:** Regulatory Sciences and You – What FIP is doing to support regulatory innovation?
12:00 – 12:30 **Room: Etive**	Monday 3 September	Formulation Design & Pharmaceutical Technology	Tetsuya Ozeki	**SIG 2:** Meet the Special Interest Group on Formulation Design & Pharmaceutical Technology!
12:30 – 13:00 **Room: Etive**	Monday 3 September	Analytical Sciences & Pharmaceutical Quality	Masaru Kato/ Miranda Sertić	**SIG 3:** Meet the Special Interest Group on Analytical Sciences & Pharmaceutical Quality!
08:30 – 09:30 **Room: Etive**	Tuesday 4 September	Pharmacy Practice Research	Charlie Benrimoj/ Martin Schulz	**SIG 4:** Meet and join the group representing YOUR Special Interest on Pharmacy Practice Research!
09:30 – 10:00 **Room: Etive**	Tuesday 4 September	Biotechnology	Michael Ward	**SIG 5:** Meet the Special Interest Group on Biotechnology!
13:00 – 13:30 **Room: Etive**	Monday 3 September	Drug Design & Discovery	Takuya Kumamoto/ Christopher McCurdy	**SIG 7:** SIGnificant to meet Drug Design & Discovery!
17:30 – 18:00 **Room: Carron**	Tuesday 4 September	Translational Research & Individualized Medicines	Michael Sorich	**SIG 8:** Meet the Special Interest Group on Translational Research & Individualized Medicines!
14:00 -14:30 **Room: Etive**	Monday 3 September	Natural Products	Amanda Corbett	**SIG 9:** Meet the Special Interest Group on Natural Products!

FIP EDUCATION | FIP*Ed*
EDT FORUMS

FIP*Ed* invites interested experts and those with a professional interest in workforce development to come along and contribute to an interactive forum to discuss and debate topics connected with this area. The FIP Education Development Team (EDT) values input and advice from participants.

ACADEMIC CAPACITY FORUM

Monday 3 September
12:30 – 14:00

Room: Gala (Clyde)

Chair
Claire Anderson (University of Nottingham, UK)

The main purpose of the meeting is to bring together those interested in conducting work in the academic and institutional capacity stream to progress the implementation of Pharmaceutical Workforce Development Goal 1,

which calls on all countries and territories to engage with pharmaceutical higher education development policies and ready access to leaders in pharmaceutical science and clinical practice in order to support supply-side workforce development agendas.

PHARMACY SUPPORT WORKFORCE FORUM

Monday 3 September
12:30 – 14:00

Room: Dochart 2

Chair
Susan James (Ontario College of Pharmacists, Canada)
This forum intends to bring together all stakeholders interested in the development of the pharmacy support workforce, and to discuss the priorities and needs of this segment of the global workforce, and how the Pharmaceutical Workforce Development Goals can be used in this context.

QUALITY ASSURANCE (QA) FORUM

Monday 3 September
14:30 – 17:30

Room: Gala (Clyde)

Chair
Mike Rouse (Accreditation Council for Pharmacy Education, USA)
This forum will discuss activities and publications in the quality assurance domain to support achievement of the Pharmaceutical Workforce Development Goals.

WOMEN IN PHARMACY FORUM

Wednesday 5 September
09:00 – 11:00

Room: Gala (Clyde)

Chair
TBA

This forum will be an opportunity to discuss ways to progress Pharmaceutical Workforce Development Goal 10: Gender and Diversity Balances, by implementing clear strategies for addressing gender and diversity inequalities in pharmaceutical workforce development, continuing education and training, and career progression opportunities.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) FORUM

Wednesday 5 September
11:00 – 12:30

Room: Gala (Clyde)

Chair
Toyin Tofade (Howard University, USA)

The CPD forum is a place for those individuals or organisations who are engaged or interested in CPD applications in their host countries and who would like to see CPD principles advance in other nations. The forum serves as a portal for members to provide consultation on new strategies, FIP draft documents or proposals and general implementation of CPD-related projects around the world.

IT PLATFORMS FORUM

Wednesday 5 September
12:30 – 14:00

Room: Dochart 2

Chair
Ian Larson (Monash University, Australia)

The use of technology and e-learning has increased dramatically in healthcare education and practice. The purpose of this forum is to explore some of the key issues, challenges and benefits of using technology in the classroom and the effects of digital innovation through roundtable discussions.

PHARMACEUTICAL WORKFORCE DEVELOPMENT GOALS (PWDGS) EVALUATION FORUM

Wednesday 5 September
12:30 – 14:00

Room: Dochart 1

Chairs
Ian Bates (UCL School of Pharmacy, UK) and
Kirstie Galbraith (Monash University, Australia)

Join us on this forum to discuss the extent and scope of competency-based education and training throughout all stages of workforce development.

INTERPROFESSIONAL EDUCATION (IPE) FORUM

Wednesday 5 September
12:30 – 14:00

Room: Gala (Clyde)

Chairs
Jill Boone (University of Cincinnati, USA) and Tina Brock (Monash University, Australia)

The intent of this forum is for open, informal exchange regarding interprofessional education (IPE), and to provide an opportunity for networking with colleagues who have an interest and/or experience in this area. Topics to be discussed include: updates regarding FIP IPE activities, participants' experiences with IPE advancement, IPE research activities, and recommendation for future directions of IPE in FIP.

INDUSTRIAL INSIGHTS

Monday 3 September
09:00 – 17:00

Venue: Glasgow Science Centre Tower Base South
Walking distance from the SEC

Chairs
Sini Eskola (FIP Industrial Pharmacy Section, Belgium) and
Claire Thompson (Academy of Pharmaceutical Sciences, UK)
Duration: 8h

Organised by the FIP Industrial Pharmacy Section, with special thanks to Glasgow City of Science and Innovation and the Glasgow Science Centre

Separate registration required

Introduction
Choosing the right career path is usually not a done deal; as a pharmacist/scientist you have a wealth of choice out there. This one-day event could open up new and unimagined avenues, introduce different roles and specialisation possibilities in the pharmaceutical industry, and increase your knowledge of the industry and drug development in general.

Industrial Insights is directed at pharmacists or pharmaceutical scientists in the early stages of their career or interested in changing sector.

Programme

09:00 – 09:10	***Introduction by the chairs***
09:10 – 10:20	**1. Keynote lecture** Representative of the hosting venue (Glasgow Science Centre)
10:20 – 10:40	Coffee/tea break
10:40 – 11:20	**2. Manufacturing and quality assurance offer great possibilities for professional development — A day in the life** Panel I (consisting of speakers), followed by interactive Q&A
11:20 – 12:00	**3. From Molecule to Medicine interactive game: Live out the process of making a medicine, the decisions, risks and costs. Can your team get your medicine approved?** Participants will be divided into teams to make active decisions based on real-life decisions
12:00 – 14:30	Lunch break
14:30 – 15:50	**4. Transferring the product from the factory to the patient — What skills are needed there? A day in the life** Panel II (consisting of speakers), followed by interactive Q&A
15:50 – 16:10	Coffee/tea break
16:10 – 17:00	**5. Pharmaceutical industry — Panel debate on a current hot topic**

Learning objectives
At the end of this session, participants will be able to:
1. Distinguish what role pharmacists can play in the pharmaceutical industry;
2. Describe the drug development process in detail (From Molecule to Medicine interactive game);
3. Identify the source of innovation and what is needed to create innovations;
4. Define the value of networking and creating contacts in an efficient way (career networking workshop).

Type of session: Knowledge-based

EASTERN MEDITERRANEAN PHARMACEUTICAL FORUM

Wednesday 5 September
16:30 – 18:30

Room: Forth (Clyde)
General Assembly
By invitation only

WESTERN PACIFIC PHARMACEUTICAL FORUM

Tuesday 4 September
14:30 – 16:30

Room: Forth (Clyde)
General Assembly
By invitation only

AFRICAN PHARMACEUTICAL FORUM

Wednesday 5 September
09:00 – 11:00

Room: Forth (Clyde)
General Assembly
By invitation only

PHARMACEUTICAL FORUM OF THE AMERICAS

Tuesday 4 September
09:00 – 11:00

Room: Forth (Clyde)
General Assembly
By invitation only

SOUTH EAST ASIAN REGIONAL PHARMACEUTICAL FORUM

Wednesday 5 September
14:30 – 16:20

Room: Forth (Clyde)
General Assembly
By invitation only



Commit to change in 5 simple steps

1. write your commitment(s) on the card,
2. put the card in the envelope,
3. close the envelope so that your commitments remain absolutely confidential,
4. write your own name and address on the envelope IN CAPITALS as FIP is going to send the card back to you at the start of 2019,
5. return the envelope at the FIP booth in the exhibition to collect your Committed to Change ribbon.

FIP SUPPORTS YOU IN YOUR COMMITMENT!

APS@FIP

Friday 7 September
07:30 – 16:45

Location: Hilton Hotel, 1 William St, Glasgow G3 8HT
Separate registration required
For the full programme, please go to: www.apsgb.co.uk

Introduction

APS@FIP is a one-day conference to be held on the Friday after the FIP congress, in the Hilton Hotel, Glasgow. The conference programme will have the theme "The Science of Differentiated Medicines" and is designed to build on the FIP conference theme of "Pharmacy: Transforming outcomes!" by exploring how the appropriate use of medicines can help specific patient populations. The conference will include sessions on topics such as age-related medicine, and medicines and diagnostics for the developing world. The focus will be on the science involved in the development of such medicines as well as their appropriate use to optimise efficacy and safety.
The Academy of Pharmaceutical Sciences (APS), a scientific member organisation of FIP, is pleased to host this conference and encourages FIP delegates to register and take the opportunity to deepen and expand their FIP experience. As well as the scientific sessions, there will be posters and an exhibition, all within the venue of the Hilton Hotel.



EXHIBITION AND EXHIBITION THEATRE INFORMATION

Exhibition SEC Hall 4

The exhibition, organised by the Royal Pharmaceutical Society of Great Britain, is an integral part of the congress and offers a unique opportunity to explore the interests and services of global and local industry partners, government agencies and societies.

The exhibition showcases developments in pharmacy and provides a central meeting point throughout the congress. It runs from the 3rd September to the 6th September and will be accessible to registered congress participants and registered accompanying persons. Opening times 3rd to 5th September: 09:00 – 18:00, 6th September: 09:00- 15:00.
Please note: A complete Exhibitor list and floorplan are included in your delegate pack.

Exhibition Theatre Presentations / Fringe sessions

Within the Exhibition area in Hall 4 there will also be an Exhibition Theatre, which will host presentations/fringe sessions during coffee/tea and lunch breaks. Full presentation times and speaker information will be displayed throughout the exhibition area and near the theatre itself, and you will find more information on fringe sessions on the following pages and in your delegate pack

Please note that these fringe sessions are organised and made possible by educational grants by different sponsors, therefore completely separate from the official congress sessions programme.

Monday 3 September, Lunch time 13:15 – 13:50

Clinical portal in association with Pharmacy in Practice
The role of the pharmacist in the care of patients with anticoagulation and/or the associated disease states in Scotland and beyond
This Symposium and the medical education online learning modules are funded by Daiichi Sankyo UK Ltd as part of a commitment towards supporting appropriate use of anticoagulation therapy. **Presenters:** Helen Williams FFRPS FRPharmS and Jonathan Laird MRPharmS(IP). **Website details:** Clinicalportal.co.uk
The aim of this session is to introduce a suite of cardiology modules on clinicalportal.co.uk which have been specifically developed to support pharmacists across a range of sectors to care for patients taking anticoagulation medication and/or those who suffer from associated disease states.

Monday 3 September, Afternoon 16:30 – 16:45

MHRA Medicines and Healthcare products Regulatory Agency
Valproate use in women and girls restricted - presented by Dr Sarah Branch
www.gov.uk/guidance/valproate-use-by-women-and-girls

Tuesday 4 September, Lunch time: 13:15 – 13:55

Boots invites you to a Fringe Session - please see for full information page 105.

Wednesday 5 September, Lunch time: 12:45 – 13:45

GlaxoSmithKline (GSK) invites you to a Fringe Session - please see for full information page 104.

Wednesday 5 September, Afternoon: 14:15 -14:30

MHRA Medicines and Healthcare products Regulatory Agency
Valproate use in women and girls restricted - presented by Dr Sarah Branch
www.gov.uk/guidance/valproate-use-by-women-and-girls

Self-Care
Optimising Pharmacy

Without drastic interventions, the spread of antibiotic resistance could make everyday **routine operations almost impossible**, and according to global experts, lead to an **extra 10 million deaths annually by 2050**.

Every healthcare professional has a role to play in helping patients use vital antibiotic medicines wisely, and **pharmacy could lead the fight** by defending against the inappropriate use of antibiotics for respiratory tract infections.

Tackling antibiotic resistance: Community interventions

Antibiotic resistance: the global challenge	Prof Sabiha Essack
Prevention: stopping the spread of infection	Prof Roman Kozlov and Prof Antonio Carlos Pignatari
Policy interventions: evidence and impact	Prof Alike van der Velden and Dr Ashok Mahashur
Inspiring patients to avoid URTI prescription	Dr Martin Duerden
Leading pharmacy change: effective interventions	Mr John Bell and Dr Douglas Burgoyne
Leading prescriber change: managing patient expectations	Dr Attila Altiner and Dr Aurelio Sessa
Summary with Q&A	Prof Sabiha Essack

UK/CC-NHS/0718/0004
Date of creation: July 2018

GRIP
Global Respiratory Infection Partnership

RESPONSIBILITY TREATS BEST
STOP ANTIBIOTIC OVERUSE

Unmet needs in pain: A new role for pharmacy

Introduction	Mr Trevor Gore
The changing role of pharmacy **Community-based health champions** **Case study:** pain management in the pharmacy	Mr Fin McCaul
Efficacy and safety with OTC analgesics	Prof Angel Lanas
Implications for pharmacy **Time to act:** self-care and the future for pharmacy	Mr Fin McCaul

Join
the discussion

Wednesday 5 September

8:30am – 12:00pm

Castle Suite 1&2

located on the ground floor of the Crowne Plaza Glasgow, directly connected to the SEC via a covered walkway.

Refreshments available

Reckitt Benckiser have funded and supported the development of this symposium, including the review of meeting content for code compliance. The views and opinions represent those of the speakers and are not necessarily the views of Reckitt Benckiser as the sponsor.

HEALTH · HYGIENE · HOME



GSK invites you to a Fringe Session

Life-course vaccination: the importance of adult vaccination and the role of the pharmacist

Wednesday 5th September 2018

12.45-13.45, Exhibition Theatre - Hall 4

Faculty

Dr Alberta Di Pasquale, MD, PhD
Director, Global Medical Lead, Vaccine Science, Adjuvants and Education, GSK Belgium

Dr Christopher Clarke, PhD
Director, Global Medical Affairs, GSK Belgium

Agenda

12:45 - 12:50 **Welcome and introduction**

12:50 - 13:15 **A conversation about the importance of adult vaccination**

- Ageing societies and prevalence of vaccine-preventable diseases
- Why life-course vaccination should be encouraged as part of a healthy living strategy
- Advances in vaccine technologies which may help improve vaccine effectiveness in adults
- Complexities surrounding implementation of adult vaccination, including low vaccine uptake

13:15 - 13:40 **Interactive discussion with the Faculty and guest pharmacist**

How can pharmacists play a role in helping to overcome current barriers to adult vaccination?

13:40 - 13:45 **Concluding remarks**

VGBU/VAB/0002/18a
Preparation date: June 2018

GlaxoSmithKline Biologicals SA. Rixensart, Belgium.
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Wi-Fi

The Scottish Event Campus (SEC) offers free Wi-Fi to all FIP Congress participants.

Simply click

Connect

to start using SEC free WiFi.



Time for change:

Working together to create a safe and sustainable future for pharmacy and the communities it serves

Find out how:

Marc Donovan, Chief Pharmacist for Boots will be speaking on the changing role of community pharmacies and how we can work together to improve patient safety and add value
1:15 – 1:55pm, Hall SEC 4, Exhibition Theatre, Tuesday 4 September

Visit the **Boots Stand 40 in the Exhibition Hall** to hear more about case studies in practice, in particular work focusing on antimicrobial resistance to support care homes.

Trust
Evidence
Value Research
Patient Safety
Health Clinical NHS
Policy Real-world Medicines
Learn Impact Studies Improve
Antimicrobial Resistance Credibility

Boots

Member of Walgreens Boots Alliance

FIP individual membership

Join our global pharmacy network by becoming a member of the International Pharmaceutical Federation (FIP). Since 1912 FIP represents pharmacists and pharmaceutical scientists worldwide. By becoming an individual member you can benefit from a wide range of services and privileges. Join us!



/FIPpharmacists /in/fippharmacists/ @FIP_org

fip ADVANCING PHARMACY WORLDWIDE

FIP MEMBERSHIP BENEFITS

Privileged access to the FIP annual congress
Enjoy a discounted registration fee to the FIP annual congress: www.congress.pharmacy
And if you can't make it to a congress, don't worry because members can access poster abstracts and presentations of the past 10 annual congresses on the FIP website: www.fip.org/abstracts.

Access to reliable information and high quality publications
Keep current with international developments and new trends in pharmacy, and take advantage of access to numerous reports gathered in the FIP members-only library.



You also receive the International Pharmacy Journal (*IPJ*) twice a year, offering a unique international perspective on pharmacy practice, sciences and education.

Educational opportunities beyond congresses
Webinars organised by FIP and its sections allow you to learn about latest developments, free of charge, wherever you are. Your membership also gives you access to recordings of past webinars.

International network of experts
When you become an individual member of FIP you are immediately connected to an international network of peers and colleagues who share your professional interests and aspirations. Learn from them and they will learn from you. Grow as a professional leader. Contact them through our online platform (fip.org/members_only) or meet them at the FIP congress.

Development, involvement and ACTION!
FIP creates a worldwide development and educational environment through the work of all its members. You will have opportunities to participate in discussion groups, working groups and taskforces. Your input is always appreciated!

Solidarity: Support the pharmacy profession worldwide
Your membership also means that FIP is able to support the development of pharmaceutical practice, sciences and education in developing countries, through a variety of programmes.

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General information

BADGES

Participants will be given their name badges at the registration desk. Due to security regulations, all participants and accompanying persons must wear their badges throughout the congress. Only participants with white badges will be admitted to the sessions. Accompanying persons (different badges) may attend the Opening Ceremony and social events but will not be allowed to attend sessions.

BREAKS

Location: Exhibition area Hall 4

The coffee breaks during the sessions will be from 10:20 to 10:40 in the morning and from 15:50 to 16:10 in the afternoon. Between the sessions there will be a lunch break from 12:00 to 14:30. Please note that there are also some sessions between 12:30 and 14:00.

DRESS

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

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If you don't already do so, we encourage you to follow FIP on social media:
(facebook.com/FIPpharmacists; https://twitter.com/FIP_org; www.linkedin.com/in/fippharmacists/)

Should you like to Tweet about the meeting, we recommend the following hashtags:
#FIPcongress
#FIP2018

PRESS ROOM

The congress press room will offer a number of services strictly limited to official press representatives and professional journalists. Press accreditation and press registration are required for access to the press room. For more information, please visit the "press and media" section of the congress website: https://www.fip.org/glasgow2018/press-and-media/



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7th FIP Pharmaceutical Sciences World Congress (PSWC)

Montreal, Canada
22-27 May 2020

Smart therapeutics for a complex world

Save the Date

PSWC 2020:
*A **MUST** FOR CLINICAL PHARMACISTS AND PHARMACEUTICAL SCIENTISTS*






Your Hosts

The **International Pharmaceutical Federation** (FIP) together with
The **Canadian Society for Pharmaceutical Sciences** (CSPS) and
The **Université de Montréal** (UdeM)

fip International Pharmaceutical Federation

International Pharmaceutical Federation (FIP)

General Information
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CSPS

Canadian Society for Pharmaceutical Sciences (CSPS)

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11361 – 87 Avenue
University of Alberta
Edmonton, AB T6G 2E1
Canada
www.cspscanada.org

Université de Montréal

Université de Montréal (UdeM)

Faculty of pharmacy
2940, Chemin de la Polytechnique
Montréal (Québec), H3T 1J4
Canada
www.umontreal.ca

We live in exciting times. More than ever, innovation is emerging at the interface of disciplines and new information-based technologies are poised to bring pharmaceutical sciences and clinical practice into a new era.

PSWC 2020 invites you to come to vibrant Montreal, Canada, to network with leading experts from across the world, compare best practices and learn about the latest trends in pharmaceutical sciences throughout the continuum of development and optimal use of medicines:

- **Novel concepts:** from diseases to clinical candidates. Discuss the latest insights on disease mechanisms as well as innovative therapeutic modalities, from small molecules to cell-based therapies.
- **Advanced strategies:** meeting the challenges of optimal manufacture and delivery. How to meet the demands of individualized medicine and global health with cutting-edge formulation, bioanalytical technologies and manufacturing strategies.
- **Effective translation:** from predictive experimental models to optimized clinical studies. How can scientific and regulatory developments increase success rate in clinical trials, with new predictive experimental models and innovative methods for monitoring treatment exposure and response.
- **Societal impact:** developing context-appropriate solutions. How can real-world evidence help address important public health issues and contribute to the effective implementation of therapeutic innovations in a context-appropriate manner in communities around the world.

Come to Montreal for PSWC 2020 and share the vision of smart therapeutics!

MONTREAL
PSWC 2020
22-27 May



OUR OBJECTIVE IS TO PROMOTE THE EDUCATION AND RESEARCH VENTURES OF PHARMACISTS AND PHARMACEUTICAL SCIENTISTS, AND EXPAND THE PHARMACIST ROLE INTO CHARITABLE PROJECTS TOWARDS GLOBAL HEALTH.

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DO JOIN US!

FIP FOUNDATION FOR EDUCATION AND RESEARCH

www.fipfoundation.org

List of participants

Please note: this list includes all participants registered until 31 july 2018

AFGHANISTAN
Abdul Hafiz Quraishi
Number of participants from Afghanistan: 1

ALBANIA
Sukaj Irisi
Xhuljana Arapi
Number of participants from Albania: 2

ALGERIA
Ahlem El Ghoul
Karima Menous
Djamel Sadouki
Number of participants from Algeria: 3

ARGENTINA
Maria Acevedo
Graciela Alosi
Mauricio Aragno
Maria Bonsignore
Irma Beatriz Caponi
Dalma Cersosimo
Alejandra Cimato
Gustavo Dodera
Patricia Estrella
Maria Fabris
Adriana Fernandez
Veronica Martinez
Ricardo Pesenti
Number of participants from Argentina: 13

ARMENIA
Hrant Danagulyan
Gor Sargsyan
Number of participants from Armenia: 2

AUSTRALIA
Yasmin Antwertinger
Bill Arnold
Parisa Aslani
Dalia Bajis
Karen Batty
Kevin Batty
John Bell
Helen Benson
Tina Brock
Catherine Brown
Andreia Bruno
Robert Buckham
Betty Chaar
William Charman
Timothy Chen
Bronwyn Clark
Jack Collins
Ian Coombes
Emily Cooper
Joyce Cooper
Marian Costelloe
Hayley Croft
Gregory Duncan
Mai Duong
Elise El-Boustani
Peter Fowler
Kenji Fujita
Kirstie Galbraith
Victoria Garcia Cardenas
Beverley Glass
Daniel Guidone
Peter Guthrey
Tara Hehir
Judd Higgins
Sami Isaac
John Jackson
Shane Jackson
Muhammad Umair Khan
Suzanne Kirsa
Hannah Knowles
Ines Krass
Gregory Kyle
Renly Lim
Jennifer Marriott
Jacqueline Martin
Elizabeth Mccourt
Ross Mckinnon
Andrew Mclachlan
Kristin Michaels
Ardalan Mirzaei
Yogi Mishra
Fatima Sakeena Mohamed Hameem
Rebekah Moles
Mel Morrow
Allan Nash
Joseph Nicolazzo
Lisa Nissen
Vincent O'sullivan
Chariclia Paradissis
Jonathan Penm
Kaitlyn Porter
Iqbal Ramzan
Jan Ridd
Deborah Rigby
Graham Rivers
Tess Rivers
Lloyd Sansom
Noriko Sato
Carl Schneider
Steve Shaddock
Diana Shipp
Paul Sinclair
Sarah Sinclair
Judith Singleton
Chelsea Thorn
Vivien Tong
Jason Waddell
Wendy Walker
Ramesh Walpola
Michael Ward
John Ware
Lynn Weekes
Barry White
Helen Frances White
James White
Karen Whitfield
Grace Wong
Yew Mun (Simon) Wong
Mohamed Shukry Zawahir
Number of participants from Australia: 89

AUSTRIA
Teresa Ditfurth
Magdalena Hoppel
Ulrike Mayer
Fiona Nagele
Raimund Podroschko
Leopold Schmudermaier
Norbert Valecka
Richard Wosolsobe
Number of participants from Austria: 8

BAHRAIN

Roaya Mohamed Alabbasi

Number of participants from Bahrein : 1

BANGLADESH

Fahim Bashar
Tazrin Khondoker
Md Anisur Rahman

Number of participants from Bangladesh: 3

BELGIUM

Luc Adriaenssens
Alain Bya
Alain Chaspierre
Christopher Clarke
Frank Crasson
Jan De Belie
Kurt Deygers
Wagemans Eric
Sini Eskola
Angelika Joos
Marie-Simone Leuckx
Joris Maesschalck
Patricia Pascual
Ilaria Passarani
Silas Rydant
Jurate Švarcajte
Pär Tellner
Bernard Vrijens
Joke Wuyts
Lieven Zwaenepoel

Number of participants from Belgium: 20

BOSNIA AND HERZEGOVINA

Mensura Asceric
Ena Delic
Lejla Hodzic
Svjetlana Loga Zec
Emina Oruc
Azra Uzunovic

Number of participants from Bosnia and Herzegovina: 6

BRAZIL

Leandro Barile Agati
Laiza Araujo
Rafael Lucas Assis Ferreira
Lorena Ayres
Wallace Bottacin
Jair Calixto
Roberta Coelho
Glaucia Costa De Moraes
Emilia Faraco
Joselia Frade
Lauro Lauro D. Moretto
Igor Linhares De Castro
Carolina Martins Ribeiro
Silvana Nair Leite
Walleri Reis
Gustavo Santos
Marileia Scartezini
Barbara Scoralick Villela
Walter Silva Jorge Joao
Simone Sinoti
Erlandson Uchoa Lacerda

Number of participants from Brazil: 21

BULGARIA

Albena Chamurdzhieva
Velina Grigorova
Tanya Koleva
Dimitar Kotsev
Irena Krusteva
Dimitar Marinov
Venelin Sapunarov
Yordan Slavchev
Tihomir Stoyanov
Tsvetanka Valchanova

Number of participants from Bulgaria: 10

CAMEROON

Prosper Hiag
Didier Mouliom

Number of participants from Cameroon: 2

CANADA

Zubin Austin
Jane Barratt
Bertrand Bolduc
Adrian Boucher
Davida Bradley
Alistair Bursey
Michael Coughtrie
Fabio De Rango
Lisa Dolovich
Glen Doucet
David Edwards
Adele Fifield
Sylvain Grenier
Kelly Grindrod
Wayne Hindmarsh
Certina Ho
Christine Hrudka
Christine Hughes
Susan James
Derek Jorgenson
Manon Lambert
Sam Lanctin
Eric Landry
Lyne Lefebvre
Warren Meek
Kamal Midha
Stephanie Miller
Jeff Nagge
Hiroshi Okada
John Papastergiou
Tejal Patel
Cecilia Reyes
Terri Schindel
Cathy Schuster
John Shaske
Robert Sindelar
Anne Trinneer
Nicole Tsao
Ross Tsuyuki
Osak Uwubanmwen
Régis Vaillancourt
Nancy Waite
Xiao Yu Wang

Number of participants from Canada: 43

CHILE

Patricia Acuña Johnson
Sebastián Huaiquin Godoy

Number of participants from Chile: 2

CHINA

Chao Ai
Yuanfei Cao
Feng Chen
Jian Chen
Jianzhong Chen
Jing Chen
Minxi Chen (3x)
Minxi Chen
Minxi Chen
Wujin Chen
Xiao Chen
Zheng-Yu Chen
Aiping Deng
Ying Deng
Ying Deng
Lixia Ding
Haiyan Dong
Mei Dong
Zhimin Du
Jingli Duan

Xiaochun Fan
Yu Fang
Ling Fu
Xiaohong Gan
Zhonggao Gao
Chunyan Gong
Guang Gu
Du Guang Qing
Xin Hai
Gang Han
Zhiying Hao
Qing He
Ye He
Jianxin Hu
Bin Huang
Mingzhu Huang
Zhilu Huang
Lingyan Jian
Dechun Jiang
Xiangling Jiang
Liping Kuai
Fen Lan
Guangsheng Li
Huibo Li
Jian Li
Junxia Li
Li Li
Lianhua Li
Rui Li
Xiaotong Li
Yan Li
Yuan Li
Yuan Li
Zhaohui Li
Qi Liao
Danna Liu
Guoqiang Liu
Hua Liu
Jiang Liu
Jianping Liu
Lihong Liu
Shiting Liu
Songqing Liu
Xiaohong Liu
Sheng Lou
Caiping Lu
Hong Lu
Lei Lu
Xu Luo
Xuecheng Lyu
Haiyan Ma
Hantao Ma
Weicheng Ma
Xiaoli Ma
Chenmei Mao
Jun Meng
Rongxing Miao
Jiangang Nie
Xiaoyan Nie
Meiying Ning
Zhen Pan
Pingjuan Pang
Wangqing Peng
Weifan Qian
Wei Qin
Xiaoling Qin
Amna Saeed
Hua Shao
Lei Shi (2x)
Lei Shi
Luwen Shi
Yan Song
Xianze Sun
Yubo Tang
Rui Wan
Aiguo Wang
Bin Wang
Chenyun Wang
Chuanping Wang
Guowei Wang
Hailian Wang
Liping Wang
Qingyang Wang
Ruolun Wang
Shumei Wang
Xiao Wang
Xiao-Bo Wang
Xiaoliang Wang
Xiaoyong Wang
Xingyan Wang
Yan Wang (3x)
Yan Wang
Yan Wang
Yanchun Wang
Yongqiang Wang
Yuhui Wei
Ruirui Wen
Leilei Weng
Xiaoling Wu
Jin Xiao Yue
Xiaoyuan Xu
Yangui Xu
Jinling Yan
Suying Yan
Xiaoli Yan
Caijun Yang
Hui Yang
Li Yang
Min Yang
Wenbing Yao
Qidong You
Jiale Yu
Rui Yue
Rui Yue
Liu Yue Sen
Lifeng Zeng
Wenjun Zeng
Yingtong Zeng
Suodi Zhai
Chengguang Zhang
Dongming Zhang
Heng Zhang
Jue Zhang
Lei Zhang
Qing Xia Zhang
Ran Zhang
Yan Zhang
Yiwen Zhang
Yu Zhang
Yumeng Zhang
Ziye Zhang
Zizhen Zhang
Guiying Zhao
Jianjun Zhao
Rongsheng Zhao
Zhihua Zheng
Hui Zhong
Ying Zhong
Ni Zhou
Peng-Xiang Zhou
Rongrong Zhu
Zhanzhou Zhu
Zhixiang Zhu
Shangrong Zou

Number of participants from China: 164

CHINA TAIWAN

Lichen Chan
Ying-Chuan Chan Lu
Hsiu-Mei Chang
Mei-Chi Chang
Yen-Yu Chang
Yen-Yu Chang
Chen Sheng Chen
Chi-Hua Chen
Fangting Chen
I-Hsuan Chen
Miao-Ting Chen
Yen Ju Chen
Yenhua Chen
Yi-Yen Chen
Yu-Chieh Chen
Yu-Ying Chen
Yih-Dih Cheng

Yung-An Cheng
Lin Chen-Huei
Po-Hung Chiang
Chen Chiao-Ling
Shu-Chen Chien
Wei-Hsuan Chien
Chun-Chi Chiou
Hsin-En Chuang
Yi Wun Chuang
Shin-Tarng Deng
Shu-Ching Fu
Yi Ping Hsiang
Chia Wei Hsieh
Yow-Wen Hsieh
Chia-Wen Hsu
Jui Ying Hsu
Weiting Hsu
Chun-Liang Hu
Jui-Min Hu
Oliver HU
Hsin Chieh Huang
Min Hui Hung
Huang Janice
Mingcho Lai
Wei-Ling Lan
Eric Lee
I-Hsuan Lee
Meng San Lee
Chang-Yi Li
Jih-Heng Li
Chen-Huei Lin
Chiou-Maan Lin
Ming Hung Lin
Pei-Tzu Lin
Yi-Han Lin
Tsun-Pin Liu
Chen-Hsu Lo
Yu-Chen Lu
Kok Loon Owang
Chin-Ying Ray
Hui Chen Su
Yu-Zun Su
Ching-Yi Tsai
Jui-Chen Tsai
Ming-Hsun Tsai
Nien Tzu Tsai
Shu Chen Tsai
Chun-Yu Wang
Genevie Wang
Hui-Yu Wang
Jian Ying Wang
Ming-Shyan Wang
Tair Shin Wang
Yen-Ting Wang
Chou Wenkuan
Chia-Hsuan Wu
Fe-Lin Wu
Yi Ting Wu
Hui-Hsin Yang
Patty Ying Pi Yang
Shang En Yang
Ting-Ting Yang
Chun Yu Yang Tsai
Tzu-Hui Yeh
Tony Yen-Huei Tarn
Number of participants from China Taiwan: 82

CONGO

Justine Kitumaini Madarhi
Number of participants from Congo: 1

COSTA RICA

Victoria Hall Ramirez
Juan Mora Román
Alfonso Pereira Céspedes
Sofia Segura
Number of participants from Costa Rica: 4

CROATIA

Goran Benkovic
Slaven Falamić
Katarina Fehir Šola
Mirela Filipec
Darija Grebenar
Svjetlana Jakovac
Maja Jakševac Mikša
Vesna Kljenak
Vesna Marijanovic Jukic
Arijana Meštrović
Danijela Mikulcic
Petra Orlić
Maja Ortner Hadžiabdić
Antonija Petricevic
Jasenka Plantak Kotur
Martina Sepetavc
Miranda Sertić
Ksenija Sokol
Ana Soldo
Rajka Truban Žulj
Snježana Zubčić
Number of participants from Croatia: 21

CUBA

Yamira Suarez Perez
Pedro Valera
Number of participants from Cuba: 2

CYPRUS

Ece Gulac
Fatma Tahsin
Number of participants from Cyprus: 2

CZECH REPUBLIC

Lubomir Chudoba
Martin Kopecky
Jakub Weber
Number of participants from Czech Republic: 3

DENMARK

Mia Bendix Andersen
Tina Andersen
Kathrine Åsberg Madsen
Mette Clausen
Dorthe Drivsholm
Christina Durinck
Inge Dyhr
Lars Henrik Ellebye
Lotte Fonnesbæk
Bettina Friese
Bente Frøkjær
Tanja Gajic
Anette Green Nielsen
Shahwalli Haqjoo
Kia Haubro
Hanne Høje Jacobsen
Helle Jacobsgaard
Louise Jensen
Mette Johansen
Anne Katrine Jørgensen
Heidi Juul
Jeanette Juul Rasmussen
Anne Helene Kahns
Peter Kielgast
Berit Kildegaard
Aileen Koch
Anders Kretzschmar
Camilla Lindeblad
Camilla Lindeblad
Mia Madsen
Tina Madsen
Lone Engdal Martinsen
Pernille Miller
Antons Mozalevskis
Marika Nielsen
Lotte Nørgaard
Ditte Poulsen
Laerke Poulsen
Sanne Tofte Rasmussen
Charlotte Rossing
Hassan Salmasi

Mia Schmidt
Rikke Rie Simonsen
Birthe Søndergaard
Mette Thomsen
Camilla V Rasmussen
Anne Mette Villadsen
Christina Weidemann Pedersen
Kalbiye Yüksel
Number of participants from Denmark: 48

EGYPT

Haidy Abass
Mohamed Abdelmajid
Mohamed Abdelrazek
Wael Ali Ali
Kholoud Ayman
Amira Bashir
Nada El Hoffy
Seham A. Elkheshen
Mohammed Etman
Eveline Faragallah
Rana Fathy
Passent Gaafar
Howida Gawish
Amna Ghith
Sherif Kamal
Asmaa Mandour
Nasser Saad
Aya Shalaby
Yaser Shehata
Ebrahim Zyada
Number of participants from Egypt: 20

ESTONIA

Veera Bobrova
Liisa Randmäe
Stella Sulaoja
Daisy Volmer
Number of participants from Estonia: 4

ETHOPIA

Ayele Berhane
Kebede Tilayeneh
Number of participants from Ethiopia: 2

FAROE ISLANDS

Ingun Hansen
Petur Oluf Joensen
Number of participants from Faroe Islands: 2

FINLAND

Elina Aaltonen
Marja Airaksinen
Kristiina Bäckman-Vatanen
Nanna Ekman
Anja Elfving
Ilona Ettanen-Valkamaa
Samuli Hämäläinen
Tuija Hämäläinen
Katri Hämeen-Anttila
Anne Helin
Merja Hirvonen
Anne Kanerva
Eija Kari
Heini Kari
Arja Karjalainen
Antti Kataja
Hannele Kerko
Sinikka Kesseli-Pulkkinen
Jarkko Ketolainen
Mirka Korhonen
Kaisa Kumpula
Mikko Lähdevuori
Heli Lainonen
Mervi Lassila
Saara Mustonen
Merja Niskanen
Stina Parkkamäki
Kirsi Pietilä
Kaija Pouhula
Inka Puumalainen
Terttu Puurunen
Leena Reinikainen
Marja Ritala
Kirsi Rosenqvist
Johanna Salimäki
Anna Salonen
Charlotta Sandler
Eeva Savela
Sanna Siissalo
Risto Suominen
Minna Svensk
Eeva Teräsalmi
Eila Tervola
Raili Tervola
Terhi Toivo
Pekka Torniainen
Päivi Tuikkala
Riitta Uusi-Esko
Anni Wartiainen
Anna Westerling
Sari Westermarck
Number of participants from Finland: 51

FRANCE

Mounira Alouini
Francoise Amouroux
Marie-Josée Auge-Caumon
René Bernard
Franck Blandamour
Elisabeth Boye
Serge Caillier
Valerie Candeago
Alain Cendra
Yasmina Daoudi
Noelle Davoust
Brigitte Del Vitto
Alain Delgutte
Anne Depaigne-Loth
Fabienne Deroo
Xavier Desmas
Serge Donkeng Alimeta
Denis Durand De Bousingen
Celine Dutailly
Blaise Ethodet Nkake
Didier Faure
Philippe Floquet
Odile Garic
Eric Garnier
Pierre Jean Geffroy
Maxime Georges
Jacques Gravé
Minna Häkkinen
Elise Haro-Brunet
Hervé Heitz
Christian Heraut
Etienne Hugard
Adnan Karout
Francois Kegne
Jean Paul Lebrun Kwemo Mbiele
Jean Noel Le Guedard
Helene Leblanc
Christine Linget
Fadila Mahieddine
Bruno Maucotel
Sabine Mayor Minne
Alain Mazaleyrat
Aubert Mermet Bouvier
Valerie Francoise Motio Kamga
Jerome Paresys-Barbier
Danielle Peltier
Stéphane Pichon
Bernard Poggi
Melissande Primault Geffroy
Karim Rachidi
Isabelle Regourd
Valerie Siranyan
Jacqueline Surugue
Serge Takenne Mekem

Beatrice Tchandjou Ngoko
Joseph Tchatchoua N Gatcha
Daniel Toledano
Serge Tournier
Olivier Venot
Stephanie Venot
Anne Wanscoor Douchez
Carine Wolf-Thal
Number of participants from France: 62

GEORGIA

Kakha Nadiradze
Number of participants from Georgia: 1

GERMANY

Ismail Adiyaman
Mathias Arnold
Fritz Beilharz
Jutta Brielich
Roxana Damiescu
Karsten Diers
Theo Dingermann
Jennifer Dressman
Horst-Dieter Friedel
Ursula Funke
Jens Gobrecht
Angelika Gregor
Linda Hakes
Christina Hohmann-Jeddi
Baerbel Holbein
Michael Jung
Dung Chun Lydia Ko
Arne Krappitz
Anna Laven
William Laverty
Matthias Meyer
Solvejg Nasert
Kerstin Neumann
Ifesinachi Nereus Onyekaba
Christian Roth
Marion Schaefer
Friedemann Schmidt
Katharina Schmitz
Martin Schulz
Dieter Steinbach
Moyinoluwa Taiwo
Frederik Vongehr
Number of participants from Germany: 32

GHANA

Bertha Abraham
Harrison Abutiate
Constance Addo-Quaye
Bernice Adusah
Kofi Adutwum
Akua Agyei
Elsie Agyekum-Acheampong
Edward Akrasi
Cynthia Amaning Danquah, Phd
Emma Amponsah
Edward Amporful
Anita Anang
Isaac Anang
Ruby Annan
George Appiah
Albert Arkoh
Agnes Aryee-Mingle
Francisca Asirifi
Dennis Awitty
Agyemang Badu
Joseph Bennie
Benjamin Botwe
Oscar Bruce
Oksana Corquaye
Stephen Corquaye
Akua Darkwah
Jonathan Doku
Mahama Duwiejua
Laud Kemetse
Joseph Kodjo Nsiah Nyoagbe
Michael Kudebong
Florence Amah Nkansah
Stephen Kingsley Odoom
Rose Ofedie
Vctor Ofori-Antwi
Helena Owusu
Kwadwo Owusu
Archibald Partey
Ama Senyah
Patience Tsegah
Joseph Turkson
Anastasia Yirenkyi
Number of participants from Ghana: 43

GREECE

Georgia Beni
Nikoleta Kouri
Aspasia Volakaki
Number of participants from Greece: 3

HONG KONG SAR CHINA

Dora Kam Ting Chan
Lee Eliza
Chak On Hui
Yiu-Sum Benjamin Kwong
Vivian Lee
Hubert Ming Chung Suen
Peter Suen
Justin Tenney
Hugo Yik Young Chow
Number of participants from Hong Kong SAR China: 9

ICELAND

Inga Arnardottir
Petur Gunnarsson
Lóa María Magnúsdottír
Ólafur Ólafsson
Adalheidur Palmadottir
Number of participants from Iceland: 5

INDIA

Mustafa Adnan Ali Ali
Nader Azimifard
Kalhan Bazaz
Deepak Prabhakar Bhagwat
Vijay Bhalla
Bharat Bhushan
Magharla Dhanaraju
Arun Garg
Manjiri Gharat
Sumalatha Gindi
Divakar Goli
Ayesha Ilyas
Ashish Jain
Prateek Jain
Forum Jalundhwala
Shubhangi Kamalia
Sushil Kashaw
Prashant Kesharwani
Avijit Mazumder
Pradeep Mishra
Jinesh Nagavi
Anant Naik
Sreedharan Nair
Atul Kumar Nasa
Sham Lal Nasa
Anil Kumar Negi
Pradip Nirbhavane
Murhula Pascal
Prashant Sahu
Amit Sharma
Prem Prakash Sharma
Shailesh Sharma

Anand Shedge
Varun Talla
Brajesh Tiwari
Narayana Tv
Nayanabhirama Udupa
Raj Vaidya
B.A. Vishwanath
Number of participants from India: 39

INDONESIA

Hanny Cahyadi
Yahdiana Harahap
Anak Agung Raka Karsana
Azril Kimin Gani
Rina Mutiara
Nurul Falah Eddy Pariang
Daryono Hadi Tjahjono
Yulia Trisna
Number of participants from Indonesia: 8

IRAN

Omid Sabzevari
Fatemeh Tajalli Bakhsh
Number of participants from Iran: 2

IRAQ

Basim Aal-Ezirej
Nadeem Abdalrazaq
May Al Azzawi
Nadia Al Rawy
Intesar Qader Jasim Alansary
Zahraa Alattwani
Dunya Al-Duhaidahawi
Amel Al-Hadeethi
Zeinab Alkhayat
Nohad A Alomari Atrushi Alomari
Ghadah Al-Rammahi
Shaimaa Al-Sadoon
Yasameen Al-Shareeda
Inam Arif
Layla Aziz
Yar Dabbagh
Niyazi Hussam
Arabiya Kanaan Shawkat
Muzda Khuder Mawlood
Shadha Mahmood
Ali Mohammed Kareem
Sanaa Mohammed Raoof
Ibrahim Rabeeah
Mohammed Kareem Saber
Sadoof Shakoori
Hasan Sofihussein
Ammar Sulaiman
Number of participants from Iraq: 27

IRELAND

Hadiah Almutairi
Catriona Bradley
Nicola Cantwell
Daragh Connolly
Róisín Cunniffe
Ann Doherty
Maria Egan
Paul Fahey
Paul Gallagher
Martin Henman
James Keane
Pamela Logan
Aidan Morris
Katherine Morrow
Brendan Murray
Leonora O'brien
Cora O'connell
Rory O'donnell
Shane O'driscoll
Keith O'hourihane
Darragh O'loughlin
Eamonn Quinn
Sheila Ryder
Anna Zacharzewska
Number of participants from Ireland 24

ISRAEL

Orit Bittner
Avi Moshenson
Avraham Naim
Howard Rice
Velena Stanovsky
Number of participants from Israel: 5

ITALY

Domenica Daniela Ancona
Sabrina Arena
Andrea Barbieri
Gianluca Casaro
Stefano Colombari
Adele Emanuela De Francesco
Silvia Murachelli
Maria Diana Naturale
Enrica Proli
Number of participants from Italy: 9

JAPAN

Yoshihiro Abe
Kazuyoshi Fujimori
Yoriko Fukuda
Mitsuru Hashida
Mai Hazekawa
Noritake Hirota
Hiroshi Ieda
Kenji Ikemura
Miho Imai
Teruko Imai
Yohei Inoue
Ken-Ichi Inui
Tatsuro Irimura
Minae Isawa
Itsuko Ishii
Keisuke Ishizawa
Kiyomi Ito
Susumu Iwatsuki
Megumi Izumisawa
Sachiko Kasamo
Masaru Kato
Junichi Kawakami
Shunsuke Kimura
Akiko Kiriyama
Madoka Kisoi
Anna Kiyomi
Takuya Kumamoto
Nahoko Kurosawa
Kayoko Mamiya
Shogo Masuda
Sho Masui
Kazuo Matsubara
Tomoko Matsumoto
Hiroaki Matsuo
Ichiro Matsuoka
Keiko Miyagawa
Mayumi Mochizuki
Makoto Mukaida
Tomohiro Nabekura
Mao Nagata
Takafumi Naito
Noriyuki Namiki
Atsuhiko Nishitani
Hisakazu Ohtani
Kuniko Okamoto
Masahiro Okuda
Takao Orii
Taeyuki Oshima
Tetsuya Ozeki
Hitoshi Sasaki
Tadanori Sasaki
Yuki Sato
Gerard Lee See
Takao Shimazoe
Hiroshi Suzuki
Masanori Suzuki
Reina Taguchi
Kanade Takagi
Yasuo Takeda
Hirofumi Takeuchi
Yoshiko Takeuchi
Hironari Tanaka
Yoshikazu Tasaki

Hiroshi Terada
Yoshiko Tominaga
Yoshimi Tomita
Awaya Toshio
Atsushi Toyomi
Takae Tsujimoto
Masashi Uchida
Aya Ueda
Atsuhsi Wada
Yoshiteru Watanabe
Yoshiaki Yamagishi
Michiko Yamamoto
Nobuo Yamamoto
Shigeo Yamamura
Shinji Yamashita
Kazumi Yokomizo
Tomoharu Yokooji
Yuko Yoshioka
Yoshito Zamami
Jian-Rong Zhou
Number of participants from Japan: 83

JORDAN

Lama Aldamen
Sahar Alhendi
Rula Darwish
Samira Goussous
Assayed Al Arabi Sallam
Number of participants from Jordan: 5

KENYA

Linet Kugo
John Majimbo
Imran Manji
Tom Menge
Lincoln Munyendo
Samuel Nyanje
Wilfred Oguta
Number of participants from Kenya: 7

KOREA, REPUBLIC OF

Kyung Shin Baek
Chan Hwi Cho
Hye Yoon Choi
Taejin Choi
In Koo Chun
An Na Go
Hayan Jang
Mal Sook Jang
Gahyun Jeon
Gahyun Jeon
Kyung-In Joung
Yuri Jung
Bong Youn Kang
Minku (Mike) Kang
Chungsoo Kim
Hyeon Ju Kim
Yong Hyun Kim
Young Hee Kim
Ki Sun Kwon
Beom-Jin Lee
Hae Kyung Lee
Jae Moung Lee
Hyun Lim
Aree Moon
Hee Sung Park
Hyekyung Park
Minhye Park
Myeong Hun Park
Sojeong Park
Sook Hee Roh
Sook Bo Shim
Hae Ri Son
Hyunkyu Song
Number of participants from Korea, Republic of: 36

KOSOVO

Gjon Gega
Number of participants from Kosovo: 1

KUWAIT

Eman Abahussain
Rashed Al-Abdullah
Hadia Al-Eisa
Asmaa Al-Haqan
Sam Almarwai
Ahmad Alrasheedi
Mohamed El Gohary
Pierre Moreau
Salah Waheedi
Number of participants from Kuwait: 9

LATVIA

Olga Kiselova
Baiba Maurina
Number of participants from Latvia: 2

LEBANON

Wael Abi Ghanem
Mirella Aratimos
Michelle Cherfan
Nazih Dabboussi
Carole Dib
Rana El Ali
Abdalla El Lakany
Aline Freiha
Marwan Ghazi El Akel
Hilal Kawekji Ghazwa
Jocelyne Ghoussoub
Dalal Hammoudi
Bassima Hazima
Mohamad Jahjah
Fouad Mahfouz
Chadi Maroun
Nisreen Mourad
Racha Mourtada
Carina Nachef
Hania Nakkash
Mohamad Rahal
Yolande Saab
Antoine Saade
Asma Saliba
Sandra Sfeir
Lydia Sholy
Georges Sili
Taghid Sukkarieh
Samar Younes
Samah Zayour
Georges Ziade
Number of participants from Lebanon: 31

LIBERIA

Vaifee Tulay
Number of participants from Liberia: 1

LIBYA

Mansour Elajemi
Khaled Matar
Number of participants from Libya: 2

LITHUANIA

Daiva Alimiene
Silvinija Arbacauskiene
Paulius Brazauskas
Tautvydas Endriukaitis
Aurimas Galkontas
Laurynas Jarukas
Rasa Karaliene
Andrius Lygutas
Mantas Songaila
Eduardas Tarasevicius
Indrė Trečiokienė

Reda Zile
Solveiga Zulpaite
Number of participants from Lithuania: 13

MACAU SAR CHINA

Carolina Ung
Dongning Yao
Number of participants from Macau SAR China: 2

MALAWI

John Mponda
Number of participants from Malawi: 1

MALAYSIA

Siew Siang Chua
Nordalina Ishak
Jamia Azdina Jamal
Chun-Wai Mai
Faridah Md Yusof
Mohd Irwan Mohd Enggsa
Siti Najila Mohd Janib
Ker Sin Ng
Aik Liang Ong
Sze Ying Tan
Number of participants from Malaysia: 10

MALTA

Maresca Attard
Lilian M. Azzopardi
Mary Anne Ciappara
Sephorah Falzon
Louise Grech
Timothy Scicluna
Anthony Serracino-Inglott
Francesca Wirth
Number of participants from Malta: 9

MEXICO

Carmen Giral-Barnés
Dea Herrera-Ruiz
Luis Alfredo Mora
Number of participants from Mexico: 3

MONGOLIA

Batjargal Nyamaa
Sodnomtseren Purevsuren
Zuzaan Zulzaga
Number of participants from Mongolia: 3

MONTENEGRO

Djulija Hadzibeti
Katarina Miloševic Kostadinovic
Number of participants from Montenegro: 2

MOROCCO

Amina Rahhali
Sabah Wahbi
Number of participants from Morocco: 2

NAMIBIA

Augustine Odo
Number of participants from Namibia: 1

NEPAL

Sushma Bhusal
Number of participants from Nepal: 1

THE NETHERLANDS

Jan Aarents
Sonia Amini
Joeri Arkink
Wilbert Bannenberg
Ron Bartels
Arjan Boekweg
Ilse Boekweg-Nijland
Frans Bosman
Nicole Braakhuis
Branka Brglez
Richard Buenting
Yildiz Ceylan
Ka-Chun Cheung
Sandra Coenen
Paula Cohen
Aimee Couteau
Chantal De Bree
Anne Marie De Koning
Marc De Leeuw
Hendrik De Rocker
Maureen De Vos
Erik Duin
Alexander Evers
Annemieke Floor-Schreudering
Wilma Göttgens
Clasineke Groenendijk
Burak Güney
Paul Haarbosch
Froukje Harkes-Idzinga
Jean Hermans
Laura Holtzer
Bart Jansen
Stephan Joosten
Jacqueline Kars
Gerben Klein Nulent
Olaf Klijsen
Jan Klok
Tamara Koehler
Zuzana Kusynová
Rian Lelie- an Der Zande
Eduard Lip
Johanna Loermans
Jeltje Luinenburg
Hedy Maessen
Aukje Mantel-Teeuwisse
Marieke Maussen
Omid Mehrani
Tufail Mohamed-Hoesein
Uriah Morpurgo
Robert Moss
Willy Mulder
Tuyen Nguyen
Harmke Ooms
Bastiane Postema-Jagtenberg
Laurien Rook
Jan Willem Ruskamp
Suzanne Schols
Sharon Schouten-Tjin A Tsoi
Paulien Schul
Laurens Schulpen
Eva Siedenburg
Peter Skolnik
Mireille Swakhoven
Johan Te Biesebeek
Olle Ten Cate
Boyan Todorov
Ralph Umans
Nilhan Uzman
Maaike Van Aarle
Erwin Van Berkel
Jeroen Van De Pol
Frans Van Den Houdt
Saskia Van Der Heijden
Carola Van Der Hoeff
Mariëlle Van Der Meer
Oliver Van Der Spek
Monique Van Det
Klaas Willem Van Dijk
Frederieke Van Kessel
Rachel Van Kesteren
Adriaan Van Nistelrooij
Michiel Van Zeil
Henk Vermaat
Sjoerdje Verveda
Dick Vosselman
Lin-Nam Wang
Marnix Westein

Roland Wybrands
Iris Zuydgeest
Number of participants from the Netherlands: 89

NEW ZEALAND

Jane Dawson
Dale Griffiths
Jeff Harrison
Nick Holford
Carlo Marra
Bernard Mckone
Ian Mcmichael
Aleksandra Milosavljevic
Aarti Patel
Simone Putter
Ann Smeeton
Graeme Smith
Richard Townley
Number of participants from New Zealand: 13

NIGERIA

Ramatu Abdulkadir
Ejura Adaji
Olanike Adedeji
Moyosore Adejumo
Samuel Adekola
Busola Ademuyiwa
Adefolake Adeniyi
Adeniyi Adeniyi
Adewale Adenugba
Olajide Adeosun
Shakirat Adeosun
Joy Adeshina
Olukemi Adeyeye
Oluwole Morakinyo Ajayi
Oyetunde Ajayi
Ebubekir Aka
Cyprian Akem
Anthony Akhimien
Caroline Akinsipe
Olumide Akintayo
Rita Akonoghrere
Irikefe Akporido
Aminu Alhassan
Saratu Alhassan
Adro Ali
Taiwo Olubukola Aliu
Osahon Amayo
Nasiru Aminu
Anthonia Anaenugwu
Judith Anaenugwu
Chinenye Aniakor
Ignatius Anukwu
Miriam Anyai
Uchenna Apakama
Monisola Arojojoye
Gift Asiotu
David Asitok
Olufemi Atolagbe
Johnson Awa
Abimbola Awofuwa
Oluwafunke Awopegba
Ibrahim Ayuba
Ramchandra Badgujar
Modupe Bakare
Abubakar Isa Balarabe
Rahamon Bioku
Elizabeth Bob-Manuel
Jude Chidolue
Bosede Chukwuma
Uju Chukwurah
Chidi Dozie
Anthonia Dunkwu
Emeka Callistus Duru
Okiemute Ebebi
Omolara Ebitigha
Mbachu Edith
Vastovers Emordi
Wilson Erhun
Bella Etukudo
Chidiebere Eze
Valentine Ezeiru
Obinna Ezenweinyinya
Adaobi Ezeugo
Funmilayo Fagboyo
'Gbenga Falabi
Victor Gabriel
Mohammed Gende
Mohammed Gende
Bukky George
Bala Gwaram
Bature Hauwa
Folasade Idowu
Eunice Igboke
Eddy Igwe
Anietom Igweobi
Cecilia Igwilo
Vivian Ikelionwu
Solomon Ikpefan
Chinyere Ikwuegbu
Solape Ileoma
Patricia Iloba
Mary Ann Imhoagene
Regina Ine
Rakiya Iyamabo
Maureen Iyamanbhor
Arinola Joda
Inyang Johnson
Tamaotare Judith Johnson
Titilola Jolayemi
Mayur Khakhar
Falilat Kolawole
Mashood Oluku Lawal
Mashood Lawal Oluku
Damisi Loto
Yabo Makoshi
Shehu Attahiru Malagi
Ayodeji Matuluko
Ifeyinwa Mgbeafuluba
Uzoma Mgbeokwere
Esther Michael
Nurudeen Mohammed
Samaila Bashir Mohammed
Kamilu Mudi Salisu
Ifeoma Ndobu
Chinyere Ifeanyi Ndubuisi-Eneh
Ikpeme Neto
Helen Nmadu
Oluremi Victoria Nobel
Henrieta Nwabuobi
Edith Nwachukwu
Obiageli Nwankwo
Immaculata Nyong
Olabanji Obideyi
Oyeka Chinedu Obiora
Margaret Obono
Sussy Ogagbe
Cordia Ogbeta
Victor Ogbonna
Rachael Ogo
Adaobi Ogonna
Ezeugo Ogonna
Ugochinyere Ogudu
Temidayo Ogunleye
Abdulrahim Sherifat Jummai Ohunene
Chinwe Oji
Adeniyi Ojo
Ernest Okafor
Ukamaka Okafor
Christiana Oko
Irene Chinedu Okoli
Lawrence Okoli
Okechukwu Okonkwo
Funmbi Okoya
Oyesunlola Okunuga
Nneka Okwuma
Ifedola Olojo
Yewande Adesanya Olorunsola
Adesanya Olufikayo
Temilola Olufohunsi
Winter Veronica Olubunmi Olufunke

Olubusola Olugbake
Alex Oluwafemi
Moses Oluwalade
Chioma Omattah
Nkiruka Omenyi
Adeniyi Onaduga
Segun Onakoya
Chinenye Ifeoma Onodugo
Ngozi Onuorah
Ikechukwu Onyechi
Simon Chukwuma Onyibe
Olabisi Opanuga
Salamatu Orakwelu
Caroline Oriss
Agbontaen Osahon
Ikpefan Solomon Osaje
Patrick Osele
Yejide Oseni
Bravo Otohabru
Rukayat Oyawole
Gabriel Oyedemi
Olajire Oyeniran
Adewale Oyenuga
Chinelo Ozumba
Habibu Ringim
Sherifat Salami
Ibrahim Nuru-Deen Sani
Oluwatayo Shopeju
Adekunle Sikuade
Sola Solarin
Suleman Sule
Olukayode Tugbobo
Lucky Ubokor
Ngozi Udem
Nkechi Ugwa
Sonia Ukah
Gloria Ukwuoma
Inieke Umoh
Chinwe Unaigwe
Cyril Usifoh
Ijeoma Uzoh
Kabir Yahaya
Ibrahim Ahmed Yakasai
Rabiu Yakubu
Basheer Zakariyah
Magaji Zarewa
Number of participants from Nigeria: 187

NORWAY

Ketil Alexandersen
Hilde Ariansen
Hilde Irene Berg
Elin Bergene
Håvard Ebbestad
Per Kristian Faksvaag
Ellen Finstad
Christine Frigaard
Rebekka Gitlestad
Ann Kari Grindheim
Agathe Håvardstun
Hege Helm
Lone Holst
Irene Hope
Hans-Petter Johannessen
Ase Kielland
Reidun Lisbet Kjome
Bent Koksvik
Hilde Kvestad
Magnhild Lange
Rønnaug Larsen
Maren Lima
Cecilie Limstrand
Ingrid Katrine Løkke
Per T. Lund
Bror-Lennart Mentzoni
Tam Nguyen
Anita Sveum Nilsen
Ole Øydvin
Tore Prestegard
Tore Reinholdt
Bodil Røkke
Håvard Røkke
Marit Rundtom
Torhild Sandboe Sauro
Erlend Sira
Greta Torbergsen
Guri Wilhelmsen
Number of participants from Norway: 38

OMAN

Hibah Najeem Al Abri
Sarah Al Balushi
Khalid Al Farsi
Yaqoob Al Hadhrami
Shaikha Abdallah Al Harthi
Isra Al Lawati
Amal Al Naimi
Moza Al Shehhi
Moustafa Mohamed
Osama Mohammed
Number of participants from Oman: 10

PAKISTAN

Nasir Abbas
Mudassar Iqbal Arain
Syed Khalid Saeed Bukhari
Ali Butt
Devi Das
Abdullah Dayo
Sabiha Gul
Faisal Gulzar
Khurram Iqbal
Khan Khalid
Khan Khan
Syed Zaheer Ali Shah
Abdul Latif Sheikh
Aqeel Ahmed Soomro
Number of participants from Pakistan: 10

PALESTINE

Abeer Nasser
Number of participants from Palestine: 1

PANAMA

Naira Bonilla
Milagros Cubilla
Aurea Veronica Gonzalez Orocu
Number of participants from Panama: 3

PHILIPPINES

Florencio Jr. Arce
Maria Victoria Dela Cruz Besa
Paula Therese Garcia
Mac Ardy Gloria
Paul Anthony Macugay
Jan Patrice Nuevas
Leonila Ocampo
Kathleen Michelle Yu
Number of participants from Philippines: 8

POLAND

Magdalena Borkowska
Anna Jablecka
Anna Malm
Wojciech Miltyk
Krystyna Olczyk
Artur Owczarek
Janusz Pluta
Jacek Sapa
Jacek Szczepanski
Elzbieta Wyska
Agnieszka Zimmermann
Number of participants from Poland: 11

PORTUGAL

João Pedro Aguiar
Filipa Alves De Costa
Aida Batista
Jorge Batista
Ana Bernardes
Joana Brito
Maria Camarinha
Sofia Crisostomo
Fernando Fernandez-Llimos
Filipa Ferreira
Agostinho Frankim Marques
Maria Teresa Miranda Garcia
Rogério Gaspar
Teresa Gonçalves
Isabel Jacinto
João José Joaquim
Ana Luisa Cabral Leal
Luis Lourenço
Paula Marques
Ana Paula Martins
Sofia Maximiano
Maria Mendes
Carolina Mosca
Benedita Nunes Pires
Ema Paulino
Mário Peixoto
Ângela Pizarro
Luisa Queiros
Sónia Queirós
Luís Rocha
Sónia Romano
Duarte Santos
Ricardo Santos
Bruno Sepodes
Cátia Sousa Marques
Number of participants from Portugal: 35

QATAR

Tarig Ali Ahmed
Amani Alhaddad
Mohammad Diab
Qatar University Elewa
Fatemeh Esmaeili
Farhat Naz Hussain
Emad Eldin Munsour
Shane Pawluk
Kyle Wilby
Number of participants from Qatar: 9

ROMANIA

Ioan Antofie
Elena Fasniuc
Simona Firulescu
Araf Halime
Cristina Hustea
Ana-Maria Ispas
Ileana Adela Marculescu
Felicia Petruc
Number of participants from Romania: 8

RUSSIAN FEDERATION

Natalia Chukreeva
Ivan Glushkov
Iuliia Ladutko
Rodion Shipetin
Anastasia Stepanova
De Tran
Albina Zhakova
Number of participants from Russian Federation: 7

RWANDA

Israel Bimpe
Number of participants from Rwanda: 1

SAUDIA ARABIA

Abdallah Adil
Hanadi Al Sabban
Numan Alabdan
Sami Alamery
Naif Alharbi
Yousef Alrajhi
Saad Alshahrani
Fayez Alshehri
Yahya Alzahrani
Saleh Saeed Alzharani
Lina Bader
Abdelrawouf Gami
Khalid Hamid
Mahmoud Harby
Alasoul Saif
Seema Syed
Number of participants from Saudia Arabia: 16

SERBIA

Jasminka Bjeletic
Uroš Čakar
Olivera Dziknic
Natasa Jovanovic Ljoskovic
Mirjana Maksimovic
Dragoslav Petronijevic
Mira Stojanovic
Bojana Vucelic
Number of participants from Serbia: 8

SINGAPORE

Lita Chew
Hwee Yin Chow
Sujit Dutta
Rachel Ee
Sei Keng Koh
Grace Lee
Angie Lim
Huei Xin Lou
Irene Quay
Aysu Selcuk
Annie Siau
Kevin Yap
Number of participants from Singapore: 12

SLOVENIA

Jana Kubačková
Darja Bencic
Ivanka Brus
Jelka Dolinar
Andrej Fister
Branko Gajsek
Lilijana Grosek
Barbara Koder
Bojan Madjar
Samo Mahovič
Biserka Marcetic
Irena Mlinarič Raščan
Frida Novak
Bozena Omerzel
Monika Panduric
Martina Puc
Irena Pusnik
Romana Rakovec
Katja Sambolic
Matjaž Tuš
Marina Urbanc
Marija Verhnjak
Number of participants from Slovenia: 22

SOUTH AFRICA

Gary Black
Shirley-Anne Boschmans
Hazel Bradley
Manoranjenni Chetty
Yahya Essop Choonara
Renier Coetzee
Jan Du Toit

Mariet Eksteen
Sabiha Essack
Teri-Lynne Fogarty
Andrew Gray
Ivan Kotze
Sengha Longhe
Obey Madzingo
Maides Malan
Sarel Malan
Tokolo Masango
Hlone Masiza
Refiloe Mogale
Rajatheran Moodley
Mercy Mugoni
Panjasaram (Vassie) Naidoo
Manimbulu Nlooto
Douglas Oliver
Olalekan Oyebanji
Pholo Phakoe
Tshifhiwa Rabali
Sule Saka
Lungiswa Sodiya
Sandra Van Dyk
Roderick Walker
Number of participants from South Africa: 30

SPAIN

Jaime Acosta Gomez
Jesus Aguilar
Raul Andrade
Guillermo Bagaría
Miguel Barelli
Ana Dominguez Barahona
Cecilia Fernandez
Nuria Fernández Pérez
Marta García Collía
Miguel Angel Gastelurrutia
Victor Gil Rodriguez
Josep Maria Guiu Segura
Danery Leyva Hurtado
Ana Isabel Lopez-Casero Beltran
Eduardo Marino
Pablo Marti Andres
Raquel Martinez Garcia
Virginia Merino
Conxita Mestres
Mª Dolores Murillo
Marina Paniagua Lopez
Carmen Peña Lopez
Amparo Perez Benajas
Baltasar Pons
Teresa Pozo
Sonia Ruiz Moran
Diana Sanchez
Eduardo Satue
Gonçalo Sousa Pinto
Aina Surroca Rebés
Luis Taboada
Salvador Tous Trepat
Blanca Vargas Cosin
Jose Villazon Gonzalez
Number of participants from Spain: 34

SRI LANKA

Chinta Abayawardana
Tharmalinga Sharma Jegath Janani
Uthpali Mannapperuma
Savini Senadheera
Sherley Shobia Senathirajah
Manthi Seneviratne
Number of participants from Sri Lanka: 6

SUDAN

Rehab Abdeen
Sheikhelddin Abdelbaqi Elbasheer Idris
Saria Abdelrahman
Eiman Adam
Musteen Ali
Mazin Babeker
Mazin Babikir
Sheikh Elddin Elbasheer Idris
Elhassan Hamad
Mohammed Hamdan
Mobarak Hamid
Malaz Ibrahem
Umama Jabir
Gamaleldin Khalf Alla Mohamed Ali
Mohamed Kamal Mirghani Elsaied
Enas Mohamed Elamin
Twasoul Mohammed
Samah Salih
Nayif Sharif
Niveen Sharif
Bashir Yousef
Number of participants from Sudan: 21

SWAZILAND

Sara Padidar
Number of participants from Swaziland: 1

SWEDEN

Katarina Ahlskog
Mohammad Behzadi
Nils Bergeå
Kristina Billberg
Fredrik Boström
Helena Calles
Kamile Ceylan
Figen Demirbag
Lisa Ekstrand
Helena Flatow
Sari Frigård
Katja Hakkarainen
Elisabeth Helgesson
Catharina Hellgren Claesson
Clary Holtendal
Claes Jagensjö
Ulf Janzon
Emma Jönsson
Milana Kokosar
Helene Kristensen
Ulf Landberg
Marie Lidman
Anna Montgomery
Marianne Norelius
Hanna Rickberg
Frida Rosberg
Annika Sandström
Ingela Segerborg
Zahra Shah-Shahid
Karin Söderberg
Lars-Åke Söderlund
Afifa Trad
Mats Vennberg
Gunilla Wallenberg Palmqvist
Tommy Westerlund
Number of participants from Sweden: 35

SWITZERLAND

Raffaella Balocco
Catherine Bates
Luc Besançon
Fabienne Boeni
Lynne Bollington
Andrea Botomino
Max Brentano
Michel Buchmann
Olivier Bugnon
Jim Campbell
Alan Chalmers
Astrid Czock
Ibadat Dhillon
Nesrin Faykova
Cornelia Frei
Susanne Galliker
Ana Maria Henao-Restrepo
Dominique Houstek
Dominique Jordan
Sabine Kopp
Hanns-Christian Mahler
Danja Müller

Camilla Pasteur
Thierry Philbet
Balbina Preston
Martine Ruggli
Florian Sarkar
Chithra Sarkar-Keller
Hermann Schulze
Laurence Schumacher
Fabian Vaucher
Agathe Wehrli
Tania Weng-Bornholt
Nicolas Widmer
Gabrielle Wiederkehr
Tana Wuliji
Number of participants from Switzerland: 36

TANZANIA

Issa Shabani Hango
Suma Jairo
Wellu Kaali
Jenipha Katoto
Grace John Mallange
Alphonce Mandamo
Eliabu Mrutu
David Mujemula
Ngozika Nduaguba
Winna Shango
Elizabeth Shekalaghe
Steven Steven
Mujahidhussein Valji
Number of participants from Tanzania: 13

THAILAND

Saisamorn Charoenngampit
Supaporn Chuntorn
Kampanart Huanbutta
Umaporn Karusarnpisit
Sindhchai Keokitichai
Apirom Laocharoenkeat
Jiraporn Nitpakdee
Thurdsak Piriyakakul
Nirun Prasitthipornkul
Rattana San Aree
Wirat Tongrod
Damrongkeat Tungjaroen
Jantana Undhisote
Chayaruch Uneklabh
Chai Whangsingha
Boonchuay Wongprapinkul
Number of participants from Thailand: 16

TRINIDAD AND TOBAGO

Patricia Sealy
Number of participants from Trinidad and Tobago: 1

TUNISIA

Ben Mosbah Bechir
Karima Makhlouf
Mahmoud Zarati
Number of participants from Tunisia: 3

TURKEY

Abdikarim Abdi
Buket Aksu
Tayf Anmar Badran Alqozbakr
Gulin Amasya
Gulin Amasya
Leyla Beba Pozharani
Mehmet Serif Boyaci
Hümeyra Comerter
Halil Tekiner
Arman Uney
Aysegul Yildiz
Number of participants from Turkey: 11

UKRAINE

Olesia Blazhiievska
Iryna Bondarchuk
Nataliia Demchenko
Oleg Klimov
Ihor Kuksa
Oksana Overchuk
Baillo Sow
Number of participants from Ukraine: 7

UNITED ARAB EMIRATES

Saeed Alshemeili
Mariam Galadari
Ola Ghaleb Al Ahdab
Nageeb Hassan
Osama Ibrahim
Mohamed Magoury
Sharaf Mahmoud
Shivaji Ashok Chakravarthy Pidugu
Tareq Qassem
Number of participants from United Arab Emirates: 9

UNITED KINGDOM

Namrata Acharya
Adebayo Adegbite
Phyllis Adeleke
Esther Afetorgbor
Mohammed Yousaf Ahmad
Bayan Ainousah
Jamila Al Mahrooqi
Yasmin Al-Din
Saleh Alghamdi
Fadya Al-Hamadani
Margaret Allan
David Alldred
Liz Allen
Maria Allinson
Azhar Alostad
Fatma Alraiisi
Fahad Alshahrani
Meshal Alshakrah
Mohammed Alsharif
Claire Anderson
Raymond Anderson
Lilian Anekwe
Sotiris Antoniou
Naoko Arakawa
Sally Arnison
Martin Astbury
Zaheer Babar
Darren Baines
Patrick Ball
Neetu Bansal
Fran Bartz
Ian Bates
Karen Baxter
Paul Bennett
Ilhem Berrou
Gursharan Bharaj
Emma Bolton
Christine Bond
Matthew Boyd
Liz Breen
Alyson Brown
Bernadette Brown
Aileen Bryson
Nadia Bukhari
Donald Cairns
Jagjot Chahal
Rebecca Chamberlain
Amy Chan
Helen Chang
Stephen Chapman
Nanna Christiansen
Christine Clark
Julie Clarke
Jonathan Cooke
Duncan Craig
Stephen Curtis

Scott Dalgliesh
Mair Davies
Robert Davies
Dalia Dawoud
Bill Dawson
Francine De Stoppelaar
Antony D'emanuele
M C Donald
Ina Donat
Shaantanu Donde
Catherine Duggan
Ruth Edwards
Derek Evans
Udoamaka Ezuruike
Tess Fenn
Ross Ferguson
Paul Forsyth
Gordon Geddes
Cathy Geeson
Sandra Gidley
Christine Glover
Laurence Goldberg
Trevor Gore
Nicola Gray
Tom Gray
Andrew Greaves
Mark Green
Karen Gunnell
Victoria Gurmin
Khushali Halai
Gavin Halbert
Kat Hall
Maurice Hall
Candida Halton
Mike Hannay
Leyla Hannbeck
Sophie Harding
Nick Hartshorne-Evans
Syed Shahzad Hasan
Alexandra Hawker
Sarah Hiom
Geeta Hitch
Karen Hodson
Hamid Taha Homida
Philip Howard
Ping-Hsuan Hsieh
Richard Huckle
Bruce Hugman
Carole Hunter
Chi Huynh
Mais Iflaifel
Chileme Iheme
Ifunanya Ikhile
Tesnime Jebara
Salim Jetha
Christopher John
Dai John
Lesley Johnson
Devisha Joshi
Anne Joshua
Georgios Dimitrios Karampatakis
Ibrahim Khadra
Khola Khan
Ohnyou Kim
Shannon Knowlton
Yetunde Kolade
Peter Kopelman
Peter Haggard Kyeremateng
Johnathan Laird
Jason Leitch
Grace Lewis
Jodi Lindsay
Annae Liu
Carina Livingstone
Vivien Lo
Alison Locke
Ray Longstaff
Alina Lourie
Katie Maclure
Esnath Magola
Terry Maguire
Alpana Mair
Sarah Marshall
Gino Martini
Nacho Mbaeliachi
John Mcanaw
Lindsay Mcclure
Bridgette Mcgeever
Liz Mcgovern
Trudi Mcintosh
Mairi-Anne Mclean
Amy Mcnellis
Abigail Mee
Sherly Meilianti
Kaspars Melkis
Marissa Mes
Joshua Miller
Ruth Miller
Hitomi Mizutani
Tayabali Mohamedbhai
Fiona Morgan
Hana Morrissey
Peter Mulholland
Brandon Munemo
Christine Murimi
Hoa Nguyen
Jane Nicholson
Chinwe Nnachetta
Ciara O'brien
Adenola Olayide
Laura O'loan
Raliat Onatade
Rose-Marie Parr
Andrew Parsons
Jayme Patel
Kirit Patel
Muhammad Patel
Raj Patel
Deborah Patton
Stephen Pemberton
Wendy Penny
Robin Plevin
Ailsa Power
Laura Price
Samantha Quaye
Caoimhe Quinn
Nigel Ratcliffe
Dk Theo Raynor
Timothy Rendell
Kully Rennie
Michael Richardson
Debra Roberts
Mark Robinson
Brett Ronan
Astrid Rose
Aamer Safdar
Robert Saunders
Suzanne Scott-Thomas
Liz Seston
Aamir Shaikh
Kevin Shakesheff
Ravi Sharma
Ruvimbo Grace Sihwa
Felicity Smith
Graeme Smith
Nitin Sodha
Vibhu Solanki
Mary Clare Solman
Harvinder Sondh
Ash Soni
Anja St.Clair Jones
Claire Stenhouse
Linda Stephens
Derek Stewart
Kristoffer Stewart
Linda Stone
Ian Strachan
Petra Straight
Dalma Sugar
Hend Talkhan
Helen Taylor
Thachaayini Thangarajah
Richard Thomas
Claire Thompson
Mo Tighsazzadeh

Mark Timoney
Mark Tomlin
Chloe Tuck
Avril Tucker
Geoff Tucker
Robbie Turner
Rosetta Ude-Okeleke
Jonathan Underhill
Yasmeeta Vekria
Helen Vosper
James Waldron
Elizabeth Ward
Margaret Watson
Cheryl Way
Nics Wetherill
Bronagh White
Tommy Whitelaw
Cate Whittlesea
Noel Wicks
Ellie Williams
Carwen Wynne Howells
Shirley Yip
Ahmed Zheoat

Number of participants from United Kingdom: 245

USA

Paul Abramowitz
Alex Adams
Julie Akers
Titilayo Akinyoyenu
David Allen
Naser Alsharif
Ralph Altiere
Nancy Alvarez
Hamid Amiri
Cassandra Anderson
Lowell Anderson
Sarah Anderson
Michael Anisfeld
Vibhuti Arya
Daniel Ashby
Lisa Ashworth
Terry Audley
Magda Ayac
Jacci Bainbridge
Alex Barker
Kathy Benderev
Caryn Bing
Marsha Bivins
Benjamin Bluml
Jill Boone
Laura Borgelt
Stephanie Bradbury
L Brian
J Douglas Bricker
Malcolm Broussard
Jason Brunner
Ryan Burke
Paul Bush
Debbie Byrd
Samuel Calabrese
C Calhoun
Susan Cantrell
Jannet Carmichael
Manuel Carvajal
Marshall Cates
C Catizone
Kimberly Catledge
Ying-Li Chen
Mathew Cherian
Renae Chesnut
Diana Ching
Joel Claycomb
David Coles
Christine Cooper
Amanda Corbett
Jordan Covvey
Michael Crouch
Jay Currie
Wafa Dahdal
James Dalton
Yen Dang
Sarah Dascanio
Shane Desselle
Debra Devereaux
Carolyn Dewart
Robert Dicenzo
Tiffiny Diers
Joseph Dipiro
Sharon Durfee
Stephen Eckel
William Ellis
Dale English
Kelly Epplen
Daniel Farney
Barbara Fobi
Ryan Forrey
Kari Franson
Linda Garrelts Maclean
Oscar Garza
Justin Gatwood
Tom Gaylord
Shaun Gleason
Harold Godwin
Jean-Venable Goode
John Grabenstein
Zack Green
B. Joseph Guglielmo
Dr-Pam Gumbs
Eddy Hack
Cassandra Hall-Murray
Pamela Heaton
Jessica Hernandez
John Hertig
Karl Hess
Nicki Hilliard
Ana Hincapie
Michael Hogue
James Honan
Amy Howard
Peter Hughes
Marianne Ivey
Brenda Jensen
Chris Jerry
Samuel Johnson
Lauren Jonkman
Reza Karimi
Michael Katz
Michael Kendrach
Stan Kent
Jeff Key
Jungeun Kim
Michael Kim
Vimal Kishore
Susan Kleppin
Donald Klepser
Scott Knoer
Jill Kolesar
Alex Kosyak
Catherine Kuecker
Winifred Landis
Alan Lau
Miranda Law
Laurel Legenza
Robert Leopold
Donald Letendre
Anne Lin
Stephanie Lukas
Eugene Lutz
Neil John Mackinnon
Don Mager
Lynnae Mahaney
Melanie Mahoney
Lucinda Maine
Wanda Maldonado
Joel Marrs
Ashlee Mattingly
Joey Mattingly
Judith Mccarthy
Madison Mcconnell
Christopher Mccurdy
Kimberly Mckeirnan
Jacqui Mclaughlin
Thomas Menighan

Cody Midlam
Mehrnoush Mohammadpour
Kathy Monangai
Michael Moné
Marilyn Morris
Sven Normann
Adwoa Nornoo
James O'donnell
Louisa Ojogwu
Robert Page
Rosamond Pappy
Sandeep Parsad
Jill Paslier
Giovanni Pauletti
John Pieper
Ronald Piervincenzi
Amy Pittenger
Lisa Potter
Paul Reynolds
Daniel Robinson
Evan Robinson
Magaly Rodriguez De Bittner
David Rogers
Mitchel Rothholz
Mike Rouse
Ken Schafermeyer
Douglas Scheckelhoff
Ellen Schellhase
Philip Schneider
Rick Schnellmann
Henning Schroeder
James Scott
Sarah Scoular
Randall Seifert
M. Chandra Sekar
Amy Seybert
Laura Shane-Mcwhorter
Allie Jo Shipman
Jerry Siegel
Douglas Slain
Kelly Smith
Jenelle Sobotka
Dominic Solimando
Nita Sood
Marlyn Speedie
David Steeb
James Stevenson
Vaiyapuri Subramaniam
Christopher Surratt
Marina Suzuki
Steven Swanson
Janice Taylor
Dhiren Thakker
Thomas Thielke
Megan Thompson
Brad Tice
Toyin Tofade
Anh Truong
Hoai-An Truong
Parisa Vatanka
Lee Vermeulen
Peter Vlasses
Lucio Volino
Jeanne Waggener
Lynda S. Welage
Oluwole Williams
Michael Wincor
Fiona Wong
Marcy Yanchunas
Whitley Yi
William Zellmer
David Zgarrick
Number of participants from USA: 211

URUGUAY

Leticia Caligaris Pereyra
Nora Gerpe
Carlos Lacava
Virginia Olmos
Ana Silvia Perez
Eduardo Savio
Enrique Savio
Veronica Silva
Number of participants from Uruguay: 8

ZAMBIA

Felix Mutoloka
Tyson Muungo
Number of participants from Zambia: 2

ZIMBABWE

Blessmore Vimbai Chaibva
Jocelyn Chaibva
Erick Chiro
Tanaka Choruma
Duncan Hadebe
Pamela Kadare
Vimbayi Madzimbamuto
Kudakwashe Makaka
Simbarashe Malandu
Eugenia Manyonga
Prosper Maposa
Sikhumbuzo Mpofu
Nyasha Mukosera
Primrose Ndoro
Peter Rollason
Danai Sithole
Beatrice Zhou
Number of participants from Zimbabwe: 17

YES

NO

Floorplan **FIP World Congress** Glasgow 2018

