

Congress Programme



The FIP Centennial
Improving health
through responsible
medicines use

The future of pharmacy,
be part of the creation!

3-8 October 2012
AMSTERDAM, THE NETHERLANDS



CENTENNIAL
Amsterdam
3-8 October 2012



WELCOME TO THE FIP CENTENNIAL CONGRESS IN AMSTERDAM!

Network and connect with pharmacists and pharmaceutical scientists from all over the world under the theme of 'Improving health through responsible medicines use'.

The chance to meet colleagues from every corner of the globe is here and yours, at the FIP World Congress of Pharmacy and Pharmaceutical Sciences, the leading international event offering diverse learning opportunities for those active within all areas of pharmacy.

In 2012, FIP is celebrating its 100 year anniversary and as such hosting this FIP Centennial Congress, taking place from 3-8 October in Amsterdam, The Netherlands – the home country of FIP since its beginning. This Congress is not only a unique opportunity for FIP to make a significant step in the fulfilment of our Vision and Mission, as adopted by FIP Council in 2008, but will be a turning point for the profession on a global level – all present will set the stage for the future on a foundation of 100 years of progress.

The Centennial offers all participants an invaluable venue for enriching their career while at the same time participating in events and decisions that will steer the future of pharmacy and healthcare around the world.

The main theme of the Centennial is Improving Health through Responsible Medicines Use, a theme that calls on pharmacists and pharmaceutical scientists to take their place as leaders in the healthcare team and do their part to usher in a new era of healthcare on a global scale. The theme is supported by a world-class programme of expert speakers, symposia, workshops and posters that bring together participants from diverse areas of pharmacy practice and pharmaceutical sciences.

Welcome at the FIP Centennial Congress – steer your future and the future of pharmacy!



Michel Buchmann
President
International Pharmaceutical
Federation (FIP)



Jan Smits
President
Royal Dutch Pharmacists'
Association (KNMP)

THE FIP CENTENNIAL CONGRESS IS GOING MOBILE!

We are proud to introduce our first Congress Mobile Application that provides easy-to-use interactive capabilities to enhance your event experience

With our App you will be able to:

- Easily search for sessions and sub-sessions by name, author or interest, and add them to your personal agenda, where you will also be able to add reminders with only one click
- Search for speakers and chairs and all sessions in which they will participate
- Rate the sessions you attend and comment on them, too
- FIP Alerts allow you to receive important real-time communications from the event organiser
- The Dashboard keeps you organised with up-to-the-minute Exhibitor, Speaker and Event information
- Locate Exhibitors you want to visit on the Floor Plan Map
- Share your Congress experience, comments and pictures with the Built-in Twitter feed to follow and join in on the show chatter or via the Facebook group
- Connect with your colleagues using the Friends feature and share event photos and experiences with the Photo Gallery!
- Make your Amsterdam experience easier and more pleasant with our interactive map of the city which includes interesting places to visit nearby (powered by googlemaps)

DOWNLOADING THE FIP 2012 MOBILE APP IS EASY!

Our App is available for FREE! For iPhone (plus iPad and iPod touch) and Android phones visit your App store or go to Google Play on your device and search for FIP 2012.

For all other phone types (including BlackBerry and all other web browser-enabled phones): While on your smartphone, point your mobile browser to <http://m.core-apps.com/fip2012> OR scan the QR code! From there you will be directed to download the proper version of the App for your particular device, or on some phones, bookmark this page for future reference.



FIP AND KNMP YOUR CENTENNIAL HOSTS

THE INTERNATIONAL PHARMACEUTICAL FEDERATION (FIP)



Founded in 1912, the International Pharmaceutical Federation (FIP) is the global federation of national associations of pharmacists and pharmaceutical scientists and is in official relations with the World Health Organization (WHO). Through its 127 Member Organisations FIP represents and serves more than two million practitioners and scientists around the world.

Both internal and external forces are steering the course of modern healthcare and in turn how each profession can best contribute to it. Recognising this fact, FIP has developed a new Vision, Mission and Strategic Plan with the goal of firmly integrating the Federation and those it serves in global healthcare decisions and actions.

As such, the Vision that FIP sets forth is that:

Wherever and whenever decision makers discuss any aspects of medicines on a global level, FIP is at the table.

FIP is enabled to succeed in this Vision through the recognition and respect it gains through the fulfilment of its Mission, which is to: Improve global health by advancing pharmacy practice and science to enable better discovery, development, access to and safe use of appropriate, cost-effective, quality medicines worldwide.

FIP Leadership

Michel Buchmann, *President*

Kamal Midha, *Immediate Past President*

Henri Manasse, *Professional Secretary*

Henk de Jong, *Scientific Secretary*

Andy Gray, *Chairman, Board of Pharmaceutical Practice*

Mitsuru Hashida, *Chairman, Board of Pharmaceutical Sciences*

John Bell, *Vice President*

Thony Björk, *Vice President*

Niels Kristensen, *Vice President*

Carmen Peña, *Vice President*

Mario Rocci, *Vice President*

Prafull Sheth, *Vice President*

Philip Schneider, *Vice President*

Geoffrey Tucker, *Vice President*

Régis Vaillancourt, *Vice President*

Dieter Steinbach, *Honorary President*

Joseph Oddis, *Honorary President*



In memory of A.J.M. (Ton) Hoek, 1956-2012

FIP CEO and General Secretary (1999-2012)

May the FIP Centennial fulfill all that was envisioned.



FIP Staff

Luc Besançon, *Manager Scientific & Professional Affairs*
Andreia Bruno, *FIPed PET Project Coordinator & Researcher*
Paula Cohen, *Secretary*
Diane Gal, *Project Manager*
Carola van der Hoeft, *Congress Director*
Rachel van Kesteren, *Executive Secretary*
Myriah Lesko, *Manager Media and Publications*
Marysol Silva, *Membership Coordinator*
Gonçalo Sousa Pinto, *Liaison Officer for Latin America*
Mireille Swakhoven, *Event Manager*
Oliver van der Spek, *Manager Marketing & Public Relations*
Sarah Whitmarsh, *FIPed Communications Coordinator*

KNMP



As a founding Member Organisation of FIP, KNMP is focused on assisting pharmacists in the daily practice, management and quality of their profession. The KNMP formulates a perception of the profession, strives for excellent pharmaceutical care for patients and the provision of drugs and stimulates the scientific practice of the pharmaceutical sector in the Netherlands. KNMP is thrilled to co-host this unique event.

KNMP Organising Committee

Jan Smits, *Chair*
Léon Tinke, *Co-Chair*
Ruud Dessing, *Member*
Fons Duchateau, *Member*
Maayke Fluitman, *Member*
Paul Haarbosch, *Member*
Mieke van Hattum, *Member*
Jean Hermans, *Member*
Bart Smals, *Member*
Frans van der Vaart, *Member*
Remco Velasquez, *Member*

Centennial Steering Committee

Michel Buchmann, *President FIP, Chair*
Kamal Midha, *Immediate Past President FIP*
Jan Smits, *Link to KNMP*
Douwe Breimer, *Link to Programme Committee*

Organising Committee

Philip Schneider, *Chair of the Programme Committee*
Warren Meek, *Chair of the Centennial Declaration Committee*
Jan Smits, *Chair of the Ministers Summit Committee*
Léon Tinke, *Chair of the Fundraising and Exhibition Committee*
Remco Velasquez, *Chair of the Finance Committee*
Oliver van der Spek, *Chair of the Marketing and Communications Committee*
Carola van der Hoeft, *Congress Director*
Mireille Swakhoven, *Event Manager*
Luc Besançon, *Manager Scientific and Professional Affairs*
Myriah Lesko, *Manager Media and Publications*

FIP Centennial Programme Committee

Philip Schneider, *Co-Chair*
Martin Schulz, *Co-Chair*
Luc Besançon, *Member*
Douwe Breimer, *Member*
Robert DeChristoforo, *Member*
Han de Gier, *Member*
Linda Hakes, *Member*
Lindsay McClure, *Member*
Ross McKinnon, *Member*
Ema Paulino, *Member*
Geoffrey Tucker, *Member*
Frans van de Vaart, *Member*



SPONSORS

FIP and KNMP thank our generous sponsors
of the 2012 Centennial Congress!



FIP Centennial Supporting Club

We would also like to thank these individuals for their generous contribution:

Ton Hoek † (*The Netherlands*)

Michel Buchmann (*Switzerland*)

Henk de Jong (*The Netherlands*)

Dominique Jordan (*Switzerland*)

Henri Manasse (*USA*)

Kamal Midha (*Canada*)

Carmen Peña López (*Spain*)

Vinod Shah (*USA*)

Dieter Steinbach (*Germany*)

I amsterdam®



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73rd FIP World Congress 2013

Dublin, Ireland
31 August -
5 September 2013



Towards a Future Vision for Complex Patients

Integrated Care in a Dynamic Continuum



Coming fresh off the heels of the FIP Centennial Congress in 2012, which launched FIP, the profession and our partners into a new era of healthcare development, the 2013 FIP Congress in Dublin is dedicated to following through with the agenda set at the previous year's monumental meeting.

The 2013 FIP Congress in Dublin is focusing on the growing complexity of patient care. The programme addresses this complexity not only in the context of the newest and most advanced treatment methods – how they are being discovered, delivered and discussed – but also in patients themselves; the biology, chemistry, mentality and sociology that affect how patients react to this increasingly complex environment of care.



DUBLIN 2013
FIP WORLD CONGRESS
31 August - 5 September



ACCREDITATION FOR CONTINUING EDUCATION

FIP endeavours to provide Congress participants with official accreditation status for sessions attended. The following countries have granted Accredited Continuing Education status to the FIP Congress Sessions.

AUSTRIA



The FIP Congress sessions are accredited in Austria as agreed with the ÖAK (Österreichische Apothekerkammer – Federal Chamber of Pharmacists, number F20111207). The Austrian participants are advised to acquire a Statement of Continuing Education Credit according to the instructions in this programme booklet.

FRANCE



The HCFPC (Haut Comité de la Formation Pharmaceutique Continue) has accredited the following congress sessions: 1A, 1B, 1C, 1D, 1E, 1F, 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H, 2I, 3A, 3B, 3C, 4B, 4C, 4G, 4H, 4J, 5C, 7A and 7B. French participants are advised to ask for a Statement of Continuing Education that could be affixed in their Continuous Education portfolio. All French participants are kindly requested to complete the evaluation forms for each session they attend.

GERMANY



The Congress sessions have been accredited by the Federal Chamber of Pharmacists of Germany (Bundesapothekerkammer) and have been approved for pharmacists and pharmaceutical technicians. The event has been assigned the accreditation-no. BAK 2012/001, category 2: Congress.

JAPAN



The sessions of the 2012 FIP Centennial Congress are accredited by CPC-Japan. Japanese participants are advised to acquire a "Certificate of Attendance" which is valid to obtain CE credit from every CE provider in Japan accredited by the CPC Japan. The instructions for the Certificate can be found in this programme booklet. The available amount of credits depends on the rules of each provider.

MACEDONIA (FYROM)



The Centennial FIP Congress is recognized as a valid form of continuing education by the Pharmaceutical Chamber of Macedonia and has been accredited according to the chamber's legal act.

NETHERLANDS



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

SERBIA



The congress sessions are recognised as valid continuing education. The Serbian participants are advised to acquire a certificate of attendance and to have their attendance to sessions (Confirmation of Sessions Attendance) recorded according to the instructions published in this programme booklet and to contact the Pharmaceutical Chamber of Serbia (edukacija@farmkom.rs).

The following amount of credits will be awarded:

- up to 6 hours - 3 points
- 6-12 hours - 6 points
- more than 12 hours - 9 points

SWITZERLAND



The congress sessions are recognised as valid continuing education. Swiss participants are advised to acquire a Statement of Continuing Education Credit according to the instructions included in this programme booklet. An FPH-accreditation of other sessions of the FIP Congress is possible. Swiss participants are asked to contact [pharmaSuisse](http://pharmaSuisse.org) (www.pharmasuisse.org) for more information.

The following amount of credits will be awarded:

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

UNITED KINGDOM



Endorsed by the Royal Pharmaceutical Society

Confirmation of Sessions Attendance

You can request a Certificate of Attendance of the congress at the registration desk, as of Sunday 7 October 2012. Please note that certificates will not be sent after the Congress. However, some of you have expressed the need of having a record of all the sessions they attended, in order to qualify for CE credits in their country.

To meet these needs, FIP has developed a "Confirmation of Sessions Attendance". This Confirmation will list all the sessions you attended and for each of them, the date and duration, as well as when you entered and left the session room.

To request your Confirmation of Sessions Attendance, you are invited to fill a form on this website: www.fip.org/amsterdam2012/ce no later than 1 November 2012.

You will then receive by email your "Confirmation of Sessions Attendance" by 1 December 2012.

This Confirmation is free-of-charge.

Please note that this Confirmation of Sessions Attendance will be established based on the information collected through the scanners. This is why we invite all of you to have your congress badges scanned when entering and leaving a session room.

If you have any questions, please contact FIP at:

profession@fip.org

SOCIAL AND GENERAL EVENTS BY DAY

THURSDAY 4 OCTOBER

EVENT	LOCATION
Opening Ceremony	RAI Auditorium
Opening Exhibition and Showcase	RAI Hall 10
Taiwanese Reception (<i>invitation only</i>)	RAI
Hospital Pharmacy Reception (<i>invitation only</i>)	RAI
President's Reception (<i>invitation only</i>)	Okura Hotel
American Leadership Dinner (<i>invitation only</i>)	Okura Hotel
Danish Pharmacy Owners Dinner (<i>invitation only</i>)	Ron Blauw

FRIDAY 5 OCTOBER

EVENT	LOCATION
Congress Sessions, Posters and Exhibition	RAI
Welcome Reception	Scheepvaart (Maritime) Museum

SAT 6 OCTOBER

EVENT	LOCATION
Fun Run	Olympic Stadium
Congress Sessions, Posters and Exhibition	RAI
Extra Welcome Event	Canal tour and Rijksmuseum
Museum Evening	Rijksmuseum
Irish Reception	Krasnapolsky Hotel
American Reception	Krasnapolsky Hotel
YPG Evening	TBA

SUNDAY 7 OCTOBER

EVENT	LOCATION
Congress Sessions, Posters and Exhibition	RAI
Monash Reception	Industriële Groote Club
Section Dinners	
Community	Krasnapolsky Hotel
Academic	Humphrey's
Social and Administrative and MEPS	D' Vijff Vliegen
Hospital, Industrial and Pharmacy Information	Haesje Claes
Laboratory and Medicines Control Services	
Clinical Biology	

MONDAY 8 OCTOBER

EVENT	LOCATION
Congress Sessions, Posters (<i>posters until 14:00 only</i>)	RAI
Council Meeting	RAI
Japanese Reception	Okura Hotel
Closing Dinner and After Party	Beurs van Berlage

SOCIAL EVENTS

The FIP Centennial Congress will welcome all participants to some of the best social events ever hosted during congress festivities! All are invited to join peers and colleagues to network within these informal settings that will showcase the best that Amsterdam has to offer.

THURSDAY 4 OCTOBER 2012

Opening Ceremony

14:45 - 17:00

AUDITORIUM

The Opening Ceremony will take place in the Auditorium, please be on time as a high number of attendees are expected.

FIP is very proud to welcome Her Royal Highness Princess Margriet from the Netherlands to officially welcome all to the Netherlands at the Opening Ceremony!

Opening Exhibition

17:00 - 18:00

EXHIBITION HALL 10

After the Opening Ceremony the Exhibition will officially be opened.

FIP Showcase

17:00 - 18:00

RUBY LOUNGE, ENTRANCE EXHIBITION HALL

The FIP Showcase at the opening of the Exhibition is the perfect opportunity to learn more about FIP Sections, SIGs and Forums. Browse posters representing each of these FIP bodies and speak to representatives during the FIP Showcase.

FRIDAY 5 OCTOBER 2012

Opening of Poster Session

Friday 5 until Sunday 7 October 2012: 09:00 - 17:00

Monday 8 October 2012: 09:00 - 14:00

ONYX LOUNGE, RAI

Welcome Reception

17:00 - 20:30

Het Scheepvaartmuseum, the National Maritime Museum, shows how our culture has been shaped by the sea. Stimulating, interactive exhibits allow everyone to explore 500 years of maritime history. Attractive object exhibitions show the best from our world famous collection. Het Scheepvaartmuseum has been completely renovated but still exudes history; it is a beautiful imposing and impressive building in the heart of Amsterdam.

17:00 Departures by canal boat at the back side of the RAI

19:00 Reception

Please note:

Due to the overwhelming number of registrations and in view of the limited capacity of the Maritime Museum, this Welcome Reception is limited to the delegates who have pre-registered for this event and who received a voucher in their registration envelope.

An alternative Welcome Event for the delegates who could not register for the Welcome Reception at the Maritime Museum will take place on Saturday 6 October 2012 at 17:00.

SATURDAY 6 OCTOBER 2012

FIP Fun Run

06:45 - 08:30

OLYMPIC STADIUM:

OLYMPISCH STADION 21, 1076 DE AMSTERDAM

The FIP Centennial Congress will host the 5km Fun Run. This event will take place in the Olympic Stadium in Amsterdam. Participation is free for all participants but registration is necessary.

Please be informed that there will be no transportation provided to or from the Olympic Stadium, where the Fun Run will take place. All who wish to participate should be there on Saturday 6 October by 06:45. The run will commence at 07:00 sharp and will last approximately one hour, giving all enough time to finish, with light refreshments available afterwards.

Welcome Event

17:00 - 20:00

For all those who could not register anymore for the Welcome Reception on Friday 5 October 2012, the Organising Committee is offering an alternative Welcome Event: Departing from the back side of the RAI, a canal boat will take you for a beautiful trip through Amsterdam, and will eventually take you to the Rijksmuseum, where you will be welcome to join the FIP Museum Evening.

FIP Museum Evening

18:00 - 20:00

RIJKSMUSEUM:

JAN LUIJKENSTRAAT 1, 1071 CJ AMSTERDAM

FIP is organizing a special FIP Museum Evening. The famous Rijksmuseum will be open only for all FIP participants. You can enter the Rijksmuseum by showing your congress badge. While the restoration of the main building is underway, the Rijksmuseum is displaying the crème de la crème of its permanent collection in the newly furnished Philips Wing. 'Rijksmuseum, The Masterpieces' offers the unique opportunity to view all the highlights of the Golden Age in one place.

SUNDAY 7 OCTOBER 2012

Section Dinners

20:00 - 22:30

VARIOUS LOCATIONS, ADDRESSES INDICATED ON THE DINNER TICKETS

The following section dinners will take place at **Restaurant Haesje Claes**:

- Industrial Pharmacy Section/Laboratory and Medicines Control Services
- Hospital Pharmacy Section
- Clinical Biology Section
- Pharmacy Information Section

The following section dinners will take place at **Restaurant D'Vijff Vlieghe**:

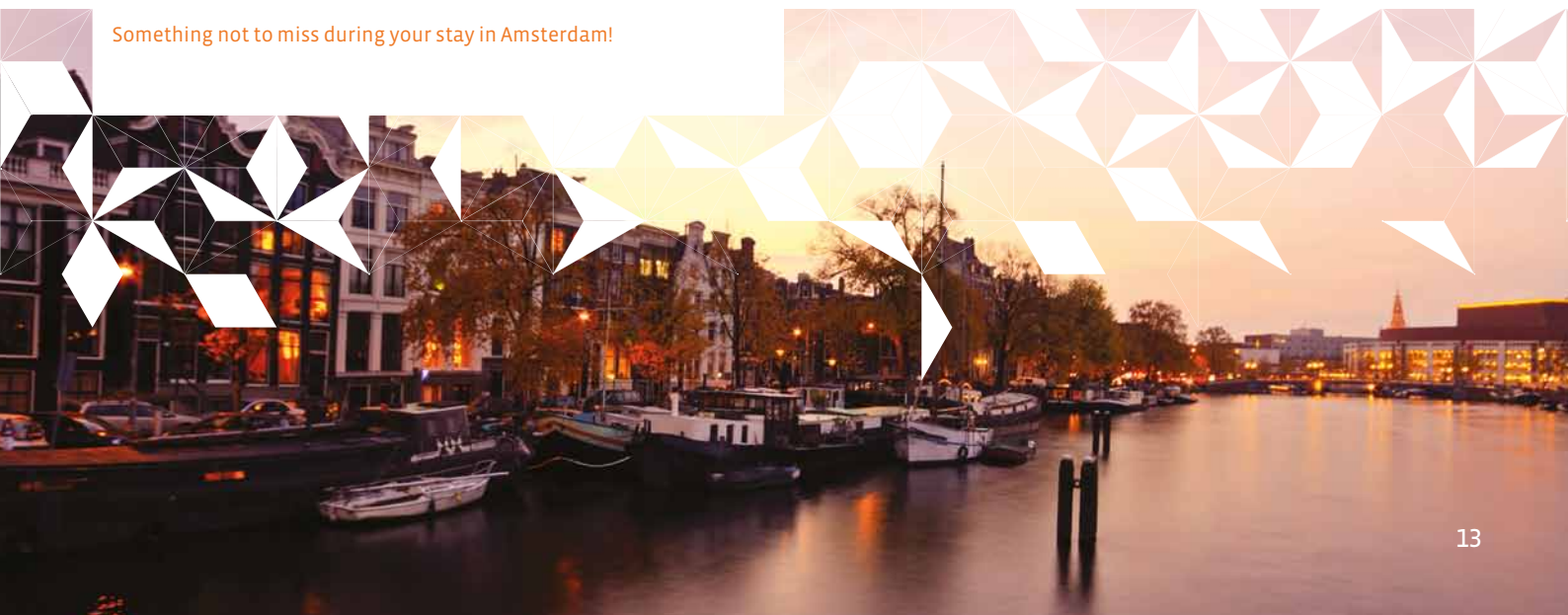
- Military and Emergency Pharmacy Section
- Social and Administrative Pharmacy Section

The Academic Pharmacy Section Dinner is planned at **Restaurant Humphreys**.

The Community Pharmacy Section Dinner will take place at the **Wintergarden Restaurant in the NH Krasnapolsky Hotel**.

There are only a limited number of seats available, so please purchase your tickets at the Social Events Desk as soon as possible.

Something not to miss during your stay in Amsterdam!



MONDAY 8 OCTOBER 2012

Closing Dinner

BEURS VAN BERLAGE,
DAMRAK 243, 1012 ZJ AMSTERDAM

19:30 - 20:00 Welcome drinks

20:00 - 23:00 Dinner

22:30 - 01:00 Afterparty

The Closing Dinner will welcome all participants for an evening of elegant dining in the beautiful Beurs van Berlage.

In the Golden Age Amsterdam was the first place in the world to create a fixed location for the trade in stocks and shares (1611). The shares of the very first limited liability company in the world to be traded were those of the Dutch East India Company (Verenigde Oost-Indische Compagnie, abbreviated to VOC).

Three hundred years later the famous architect Hendrik Petrus Berlage built the third Amsterdam Stock Exchange (1903); a building that generated a lot of controversy and, today, is considered the beginning of modern Dutch architecture.

There are only a limited number of seats available, so please purchase your tickets at the Social Events Desk as soon as possible.

THE CENTENNIAL EXHIBITION

The FIP Centennial Exhibition is a central focus of Congress activities, because FIP and KNMP have been dedicated to fostering key partnerships that have allowed the Centennial to be realised to its fullest potential. This includes offering participants the opportunity to see first-hand in the exhibition the information, technology and services that will truly create the future of pharmacy.

All participants are invited to browse current exhibitors and encouraged to visit the exhibition often throughout the Centennial, as each day will bring new and different displays and events.

Opening hours Exhibition

HALL 10

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

- Thursday 4 October 2012 from 16:30 - 18:00
- Friday 5 October 2012 from 09:00 - 18:30
- Saturday 6 October 2012 from 09:00 - 18:30
- Sunday 7 October 2012 from 09:00 - 18:30

POSTER SESSION

Friday 5 until Sunday 7 October 2012: 09:00 - 17:00

Monday 8 October 2012: 09:00 - 14:00

ONYX LOUNGE

The poster area is open to all registered participants and their registered accompanying persons.

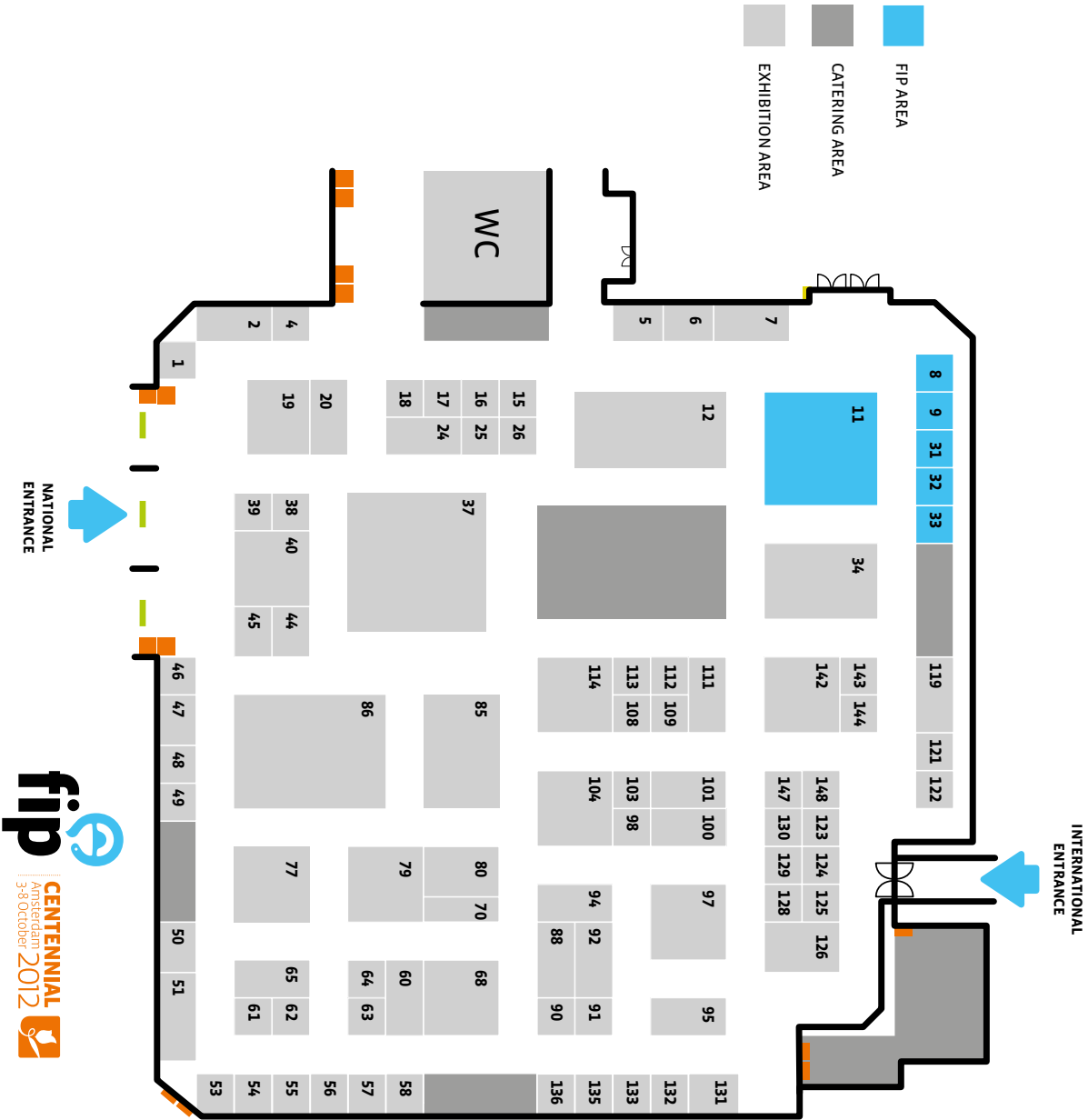
All submitted abstracts and biographies can be viewed at www.fip.org/abstracts2012

POSTER SESSION OVERVIEW

WEDNESDAY 3 AND THURSDAY 4 OCTOBER 2012	FIRST POSTER	LAST POSTER	NO	INSTRUCTION FOR PRESENTERS
Pharmacy Technicians	PHT-P-01	PHT-P-16	16	Hang up poster on Wednesday between 08:00 and 09:00 Be at poster board on Wednesday/Thursday 12:00 - 14:00 Take down poster on Thursday at 14:00
FRIDAY 5 AND SATURDAY 6 OCTOBER 2012	FIRST POSTER	LAST POSTER	NO	INSTRUCTION FOR PRESENTERS
Hospital Pharmacy Section	HPS-P-01	HPS-P-170	170	Hang up poster on Thursday 13:00 - 14:30
Industrial Pharmacy Section	IPS-P-01	IPS-P-21	21	Be at poster board on Friday/Saturday 12:00 - 14:00
Laboratory and Medicines Control Services Section	LMCS-P-01	LMCS-P-06	6	Take down poster on Saturday at 14:00
Pharmacy Information Section	PIS-P-01	PIS-P-36	36	
Formulation Design and Pharmaceutical Technology	FDP-P-01	FDP-P-60	60	
Natural Products	NPR-P-01	NPR-P-32	32	
Pharmacokinetics, Pharmacodynamics, Absorption, Distribution, Metabolism and Excretion	PAA-P-01	PAA-P-13	13	
Biotechnology	BIO-P-01	BIO-P-08	8	
Young Pharmacists Group	YPG-01		1	
SUNDAY 7 AND MONDAY 8 OCTOBER 2012	FIRST POSTER	LAST POSTER	NO	INSTRUCTION FOR PRESENTERS
Academic Pharmacy Section / <i>Other</i>	APS1-P-01	APS1-P-16	16	Hang up poster on Saturday 15:00 - 17:00
Academic Pharmacy Section <i>Hot topics in Clinical Pharmacy Education</i>	APS2-P-01	APS2-P-22	22	Be at poster board on Sunday/Monday 12:00 - 14:00
Academic Pharmacy Section <i>Competency and pharmacy education</i>	APS3-P-01	APS3-P-44	44	Take down poster on Monday at 14:00
Academic Pharmacy Section <i>Quality assurance and the student learning experience</i>	APS4-P-01	APS4-P-08	8	
Clinical Biology Section	CBS-P-01	CBS-P-06	6	
Community Pharmacy Section <i>Dispensing activities (processes)</i>	CPS1-P-01	CPS1-P-15	15	
Community Pharmacy Section <i>Counselling activities and supporting adherence</i>	CPS2-P-01	CPS2-P-67	67	
Community Pharmacy Section <i>Pharmacy services</i>	CPS3-P-01	CPS3-P-49	49	
Community Pharmacy Section <i>GPP</i>	CPS4-P-01	CPS4-P-27	27	
Community Pharmacy Section <i>Compounding</i>	CPS5-P-01	CPS5-P-04	4	
Military & Emergency Pharmacy Section	MEPS-P-01	MEPS-P-04	4	
Social and Administrative Pharmacy Section	SAPS-P-01	SAPS-P-58	58	
History of Pharmacy	HIS-P-01	HIS-P-03	3	
Drug Design and Discovery	DDD-P-01	DDD-P-18	18	
Analytical Sciences and Pharmaceutical Quality	ASP-P-01	ASP-P-20	20	
Regulatory Sciences	RSC-P-01	RSC-P-14	14	
Translational Research and Individualized Medicines	TRI-01	TRI-P-05	5	

BOOTH NUMBER	CLIENT NAME
1	E-Write
2	Magna Clinical
4	Pharmeon
5	Mylan
6	Grant Thornton
7	Omega Pharma
8	BPS
9	WHO
11	FIP
12	Fagron International
15	Pharmaself 24
16	Centr Beredings Apotheek
17	Clearing House Apothekers
18	IP Int Pharmacy
19	Spruyt Hillen
20	Oral Company
24	Sun Pharmaceuticals
25	zComply
26	Pharmalead
31	ASHP
32	FIP Congress Dublin 2013
33	FIP Congress Bangkok 2014
34	GSK
37	KNMP
38	Technopanning
39	Abena
40	Pluriphar
44	Lohmann & Rauscher
45	Fier Medical
46	SBA
47	KAOF
48	SANA
49	BranchelokerApoth.
50	Novo Nordisk
51	Holland Pharma
53	M/V Meijerink & Verhoeven
54	Accredidact
55	Saxion Next
56	Apivita
57	van Weeren en de Jong
58	Arch bur. Mastebroek
60	Firmus Farma
61	Optima Farma
62	PW Pharmaceutisch Weekblad
63	Beiersdorf
64	ST PAOF
65	Autopharma

BOOTH NUMBER	CLIENT NAME
68	Astellas
70	TEVA Nederland
77	Benu
79	Janssen
80	Cosmétique Active
85	Alliance
86	Brocacef
88	Derks & Derks
90	CPPE
91	Tecnilab
92	Focus Care
94	Pharmaline
95	Apotek
97	Centralarm
98	Bipharmia
100	Compugroup
101	Astrazeneca
103	Deutscher Apotheker Verlag
104	ROWA International
108	Noigine
109	Veenstra Inst.
111	HD Medi
112	Oude Veldhuis Autom.
113	TOP Pharma
114	Pfizer
119	Omniceil
121	Manrex Lim.
122	Mc Graw-Hill Professional
123	PCCA
124	ACPE
125	Upsala Monitoring Centre
126	Boehringer Ingelheim
128	G Spanisch Counsel
129	IPSF
130	Pharmaceutical Press
131	EAHP
132	Pharmacie Mondiaal
133	Health Action Int
135	Tannhauser
136	TBR NL
142	Novartis
143	KLS Netherlands
144	Pharm. Soc. Korea
147	Sandoz
148	Willach



PROGRAMME BY CENTENNIAL TOPIC

The Congress Programme will touch on eight main topics with several sessions throughout the Congress. These topics range from medicines and the healthcare team of the future, ensuring the safe and responsible use of medicines, the future medicines supply chain and how best to contribute to the healthcare economy of the future.

1. THE HEALTHCARE TEAM OF THE FUTURE
2. MEDICINES OF THE FUTURE
3. SAFE MEDICINES, SAFE PATIENTS
4. ENSURING RESPONSIBLE MEDICINES USE
5. THE FUTURE MEDICINES SUPPLY CHAIN STRENGTHENING THE WEAKEST LINK
6. THE FUTURE OF HEALTHCARE ECONOMY WILL WE SHAPE IT OR WILL IT SHAPE ITSELF?
7. ADHERENCE HELPING PATIENTS TAKE THEIR MEDICINES PROPERLY
8. BACK TO THE FUTURE – MISCELLANEOUS SESSIONS

1. THE HEALTHCARE TEAM OF THE FUTURE

Topic Coordinators: Han de Gier (The Netherlands) and Henri Manasse (USA)

The key to providing comprehensive and ultimately successful healthcare in the future relies on many factors, not the least of which is the ability and opportunity to compile teams of uniquely knowledgeable healthcare professionals in a unified goal of patient care and positive patient outcomes. These sessions will address these issues and discuss how pharmacists may best initiate and contribute to collaborative practice efforts, instilling themselves as invaluable members of the healthcare team.

WHAT DOES A PHARMACY LEADER LOOK LIKE (AND ARE THEY BORN, DEVELOPED OR ADOPTED)?

(1F) (PAGE 66)

IMPROVING PATIENT OUTCOMES THROUGH COLLABORATIVE PRACTICE

(1A) (PAGE 30)

TRADITIONAL PROCESS VS INNOVATIVE PRACTICE – BENEFITS OF THE MULTI-GENERATIONAL TEAM IN PATIENT OUTCOMES

(1E) (PAGE 54)

PHARMACY PRACTICE RESEARCH – PROVING THE VALUE OF THE PHARMACIST NOW AND IN THE FUTURE

(1B) (PAGES 31 AND 37)

FUTURE DIRECTIONS–INTEGRATING MULTIDISCIPLINARY EDUCATION INTO CURRICULA

(1C) (PAGE 40)

PRESENTATION OF “COMMUNITY PHARMACY VISION 2020”

(1D) (PAGE 54)



2. MEDICINES OF THE FUTURE

Topic Coordinators: Ross McKinnon (Australia) and Douwe Breimer (The Netherlands)

The medicines of tomorrow and the way we use them may be substantially different to today's practice – Are pharmacists adequately preparing themselves with the knowledge needed to inform patients about the newest and up and coming treatments?

Given dynamic advances in areas such as biotechnology, nanotechnology and biomarkers, pharmacists must embrace the science and technology enabling these new discoveries to be an influential player on the healthcare team and to continue to provide patients with appropriate cognitive services relevant to new therapeutic practices.

This will also require educational reforms and the orientation of pharmaceutical sciences will change.

THE FUTURE OF SUSTAINABLE HEALTH AND PHARMACY CARE
(2A) (PAGE 34)

THE NEW MEDICINES IN 20 YEARS TIME AND THEIR IMPACT ON
PHARMACY PRACTICE (2B) (PAGE 42)

WHAT SCIENTIFIC PRINCIPLES WILL DRUG THERAPY BE BASED ON
IN 2030? (2C) (PAGE 59)

DIAGNOSTICS – DIRECTING INDIVIDUALIZED MEDICINE INTO THE
FUTURE (2D) (PAGE 35)

PHARMACEUTICAL SCIENCES: PAST AND FUTURE IMPACT OF DRUG
DEVELOPMENT ON HEALTHCARE (2E) (PAGE 42)

THE FUTURE OF CLINICAL PHARMACY EDUCATION – THE NEED FOR
ATTENTION TO 'HOT TOPICS' (2F) (PAGE 52)

BIOWAIVER MONOGRAPHS – INCREASING ACCESS TO THE WORLD'S
AFFORDABLE, QUALITY MEDICINES (2G) (PAGE 53)

BREAKTHROUGH TECHNOLOGIES AND THE PARADIGM SHIFT IN
NANOMEDICINES (2H) (PAGE 62)

3. SAFE MEDICINES, SAFE PATIENTS

How safe is safe?

Topic Coordinators: Frans van de Vaart (The Netherlands) and Robert DeChristoforo (USA)

No other profession can reduce the risk of medicines use more than pharmacists – Are we doing our part? Ensuring safe medicines use should be an inherent part of the pharmacy profession, yet zero risk is impossible to achieve. These sessions will discuss the roles pharmacists need to take in working towards the highest possible level of safety in medicines use, from diagnostics to dispensing.

REPORTING OF ADVERSE EVENTS AND ERRORS (3A) (PAGE 32)

RISK BENEFITS MANAGEMENT IN PRACTICE (3B) (PAGE 34)

PHARMACISTS – CREATING A FUTURE OF BETTER PHARMACOVIGILANCE
(3C) (PAGE 50)

PHARMACEUTICALS AND WATER (3D) (PAGE 67)

4. ENSURING RESPONSIBLE MEDICINES USE

Topic Coordinators: Andy Gray (South Africa) and Lindsay McClure (United Kingdom)

Ensuring the responsible use of medicines is at the core of pharmacy practice – no other healthcare professional is better equipped to advise medicines developers, prescribers, monitors and consumers on the best methods of medicines use. How will pharmacists play this role in the future, and, more importantly, what will motivate them to do so? These sessions will present key areas of attention for pharmacists in ensuring responsible medicines use.

INCREASED LEGAL, SOCIAL AND PROFESSIONAL ACCOUNTABILITY – IS THE PROFESSION READY? (4A) (PAGE 38)

ACCESS TO APPROPRIATE PAIN RELIEF – A GLOBAL CHALLENGE (4B) (PAGE 48)

MEDICINES INFORMATION FOR CONSUMERS - PARTNERING WITH PATIENTS TO MAXIMIZE BENEFITS (4C) (PAGE 36)

THE FUTURE OF GOOD PHARMACY PRACTICE IN COMMUNITY PHARMACY – BE PART OF THE CREATION (4D) (PAGE 39)

SOCIAL NETWORKS – FRIEND OR FOE IN MEDICINES INFORMATION? (4E) (PAGE 41)

STEERING BETTER FUTURE DECISIONS – COMPARATIVE EFFECTIVENESS RESEARCH (4F) (PAGE 48)

CLINICAL GUIDELINES – RAISING THE BAR OR CREATING ROADBLOCKS? (4G) (PAGE 53)

IMPROVING RESPONSIBLE USE OF OTC MEDICINES FROM LABELING TO COUNSELING (4H) (PAGE 56)

THE DYNAMIC HEALTH CARE ENVIRONMENT – ITS IMPACT ON THE FUTURE (4I) (PAGE 64)

SWITCHING FROM PRESCRIPTION TO NON-PRESCRIPTION STATUS – CHALLENGES AND OPPORTUNITIES (4J) (PAGE 65)

5. THE FUTURE MEDICINES SUPPLY CHAIN: STRENGTHENING THE WEAKEST LINK

Topic Coordinators: Lindsay McClure (United Kingdom) and Linda Hakes (Germany)

The provision of high quality medicines to patients depends on a supply chain that stretches from the manufacturer (including the suppliers of all the ingredients) through the distribution system to the pharmacy and ultimately the patient. Due to the globalization of the pharmaceutical market, this can mean that a medicine travels many thousands of miles before reaching the patient. In the sessions associated with this topic in the congress we will consider and discuss many of the factors that can influence the quality of the medicines that pass along the supply chain – today and in the future.

ARE THERE GLOBAL SOLUTIONS TO ENSURE THE INTEGRITY OF THE GLOBAL SUPPLY CHAIN? (5A) (PAGE 40)

THE REGULATION OF PHARMACEUTICALS HAS SIGNIFICANTLY INCREASED COSTS WITHOUT ADDRESSING THE KEY WEAKNESSES IN THE SUPPLY CHAIN (5B) (PAGE 44)

EMERGENCY – NOT ENOUGH MEDICINES: BEST CASE SOLUTIONS IN DEALING WITH DRUG SHORTAGES (5C) (PAGE 29)

THE FUTURE EMERGENCY DRUG SUPPLY CHAIN (5D) (PAGE 51)

CURRENT DEVELOPMENTS IN QUALITY ASSURANCE OF THE SUPPLY CHAIN (5E) (PAGE 56)



6. THE FUTURE OF HEALTHCARE ECONOMY: WILL WE SHAPE IT OR WILL IT SHAPE ITSELF?

Topic Coordinators: Ema Paulino (Portugal) and Philip Schneider (USA)

The issue of how, why and for what pharmacists are paid, has been a long standing issue. The advent of pharmaceutical care some 20 years ago shifted the focus from product to patient, yet most pharmacists continue to be reimbursed – and, therefore valued – based on dispensing numbers. This predicament will only serve to increase in the future – with increased numbers of medicines with increasing complexity pharmacists must devote more time to relaying knowledge, rather than products to patients. How will future healthcare business models support this?

ECONOMICS OF HEALTHCARE: HOW WILL WE AFFORD HEALTH SERVICES? (6A) (PAGE 44)

ECONOMICS OF PHARMACY: HOW WILL PHARMACISTS BE PAID? (6B) (PAGE 49)

PHARMACY LAW AND COMPETITION LAW: FEUDING LAWS OR WORKING IN PARTNERSHIP? (6C) (PAGE 30)

FORUM FOR INNOVATORS: IMPLEMENTING PROFESSIONAL SERVICES WITH THE BUSINESS AND PROFESSIONAL ASPECTS OF A COMMUNITY PHARMACY (6D) (PAGE 60)

7. ADHERENCE HELPING PATIENTS TAKE THEIR MEDICINES PROPERLY

Topic Coordinators: Martin Schulz (Germany) and Geoffrey Tucker (United Kingdom)

The prescription of medicines is the most common intervention in healthcare. In this context, one important issue to be addressed is non-adherence: if you don't take the medicines they won't work! The World Health Organization (WHO) referred to non-adherence as "a worldwide problem of striking magnitude", and improving adherence to medication has become a priority for pharmacy practitioners, pharmaceutical scientists as well as the pharmaceutical industry and policy makers. Estimates indicate that only about 50 % of patients with chronic diseases take their medication as prescribed. Adherence is a prime factor in the outcome of medicines use and therefore essential in achieving positive patient outcomes. The cost of non-adherence to patients is a missed chance for treatment gain and a possible decline in patients' quality of life. Against this background a Cochrane review ("interventions for enhancing medication adherence") concludes that improving medicines taking may have a greater impact on clinical outcomes than any other improvement in specific medical treatments.

Studies focusing on the factors that cause medication non-adherence have shown that it is a complex human behaviour with multiple determinants. It is, therefore, not surprising that almost all interventions that improved adherence and treatment outcomes involve complex strategies. Although it is possible to develop programs to improve medication adherence, questions about the types of programs most likely to be effective in various settings remain unanswered.

Non-adherence should not be seen as the patient's problem. Both patients and healthcare providers share the responsibility for non-adherence. Pharmacists, as an integral part of the healthcare system, are well positioned to address non-adherence as part of their overall patient care activities. So far, pharmacists as well as other health professionals are often unaware of how patients take their medicines. But to address this issue the pharmacist has, as a first step, to detect medication non-adherence.



To be effective in detecting, monitoring, and promoting adherence and persistence to therapy, pharmacists need to have the appropriate skills and knowledge, and be supported by the healthcare system at a policy and practice level.

MEDICATION ADHERENCE: IF YOU DON'T TAKE THE MEDICINES THEY WON'T WORK! (7A) (PAGE 45)

SUPPORTING ADHERENCE IN COMMUNITY PHARMACIES (7B) (PAGE 32)

8. BACK TO THE FUTURE – MISCELLANEOUS SESSIONS

FIP SYMPOSIUM FOR PHARMACY TECHNICIANS AND PHARMACY SUPPORT WORKFORCE (8I) (PAGES 23 AND 27)

GOING DUTCH - PHARMACY PRACTICE IN THE NETHERLANDS (8A) (PAGE 25)

3RD AIM GLOBAL DEANS FORUM

– PART 1 (8B.1) (PAGE 24)

– PART 2 (8B.1) (PAGE 25)

– PART 3 (8B.1) (PAGE 25)

INNOVATIONS IN EDUCATION TECHNOLOGY AND SHARED RESOURCES FOR PHARMACY AND HEALTHCARE LEARNERS (8B.2) (PAGE 57)

UNIVERSAL COMPETENCIES: WHAT IS COMPETENCE AND HOW DO WE MEASURE IT? (8B.3) (PAGE 63)

THE LEARNING EXPERIENCE: ASSURING QUALITY, SATISFACTION AND BETTER OUTCOMES IN GLOBAL PHARMACY EDUCATION PROVISION (8B.4) (PAGE 68)

REPORTS FROM YOUR GLOBAL NETWORK: FIP MEMBER ORGANISATIONS PRESENT THEIR BEST CASES AND CHALLENGES (8C.1) (PAGE 33)

FORUM FOR POLICY MAKERS - TRENDS IN COMMUNITY PHARMACY: DEBATING THE FUTURE OF THE PROFESSION (8C.2) (PAGE 35)

REPORTS FROM YOUR GLOBAL NETWORK: FIP MEMBER ORGANISATIONS PRESENT THEIR BEST CASES AND CHALLENGES (8C.3) (PAGE 43)

FOOD FOR THOUGHT – LESSONS LEARNED FROM THE FOOD INDUSTRY (8C.4) (PAGE 45)

ADVANCING EMERGENCY PHARMACY PRACTICE INTO THE FUTURE (8C.5) (PAGE 55)

LOOKING INTO THE FUTURE OF PHARMACEUTICAL DEVELOPMENT, WHAT IS COMING DOWN THE PIPELINE? (8D.2) (PAGE 47)

EXPLOITING SCIENTIFIC KNOWLEDGE OF BIOLOGICAL TRANSPORTERS FOR PRACTICAL THERAPEUTIC BENEFIT (8D.1) (PAGE 26)

BREAKFAST SESSION: PHARMACISTS IN HUMANITARIAN WORK (8E) (PAGE 29)



FROM DEVELOPMENT TO MARKETING – SHORT ORAL COMMUNICATIONS
(8F.1) (PAGE 43)

FORUM FOR PRACTITIONERS – SHORT ORAL COMMUNICATIONS:
100 COMMUNITY PHARMACISTS TALK: MY DAILY ACTIVITIES
(8F.2) (PAGES 51 AND 59)

SHORT ORAL COMMUNICATIONS OF THE FIP PHARMACY INFORMATION
SECTION (8F.3) (PAGE 65)

SHORT ORAL COMMUNICATIONS: CLINICAL PEARLS – INSPIRATION
TO IMPROVE YOUR FUTURE HOSPITAL PRACTICE (8F.4) (PAGE 64)

HISTORY OF PHARMACY (8G) (PAGE 66)

WHO-FIP LAUNCH EVENT: 2012 GLOBAL PHARMACY WORKFORCE
REPORT (8H) (PAGE 34)

FIP SOCIAL AND ADMINISTRATIVE PHARMACY SECTION CONTRIBUTED
PAPERS (8F.5) (PAGE 68)

INTERNATIONAL WORLD OF PHARMACOPOEIAS. NOW AND IN FUTURE:
OPEN FORUM ON “GOOD PHARMACOPOEIAL PRACTICES” (PLENARY
SESSION 2) (8J.2) (PAGE 55)

SHORT ORAL PRESENTATIONS OF THE FIP ACADEMIC PHARMACY
SECTION (8B.5) (PAGE 47)

INTERNATIONAL WORLD OF PHARMACOPOEIAS. NOW AND IN FUTURE:
PHARMACOPOEIAL HARMONIZATION – WHERE ARE WE TODAY?
(PLENARY SESSION 1) (8J.1) (PAGE 50)

INTERNATIONAL WORLD OF PHARMACOPOEIAS. NOW AND IN FUTURE
– WORKSHOP: IMPURITIES AND RESIDUES (8J.3) (PAGE 63)

INTERNATIONAL WORLD OF PHARMACOPOEIAS. NOW AND IN FUTURE
– WORKSHOP: CHALLENGES IN DEVELOPING HERBAL MEDICINES
MONOGRAPHS AND APPLYING THEM IN PRACTICE (8J.4) (PAGE 62)

INTERNATIONAL WORLD OF PHARMACOPOEIAS. NOW AND IN FUTURE:
THE WAY FORWARD (PLENARY SESSION 3) (8J.5) (PAGE 69)



PROGRAMME BY DAY

WEDNESDAY 3 OCTOBER 2012

FIP SYMPOSIUM FOR PHARMACY TECHNICIANS AND PHARMACY SUPPORT WORKFORCE

Wednesday 3 October 2012

09:00 - 17:00 | ROOM G105

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Recognising the invaluable role of technicians in the pharmacy and healthcare team, FIP is pleased to offer for the first time, a special symposium for pharmacy technicians.

PROGRAMME – SESSION 1

The role of the pharmacy technician

The role of the pharmacy technician is very different in various countries. What can pharmacy technicians learn from each other? How do national legislation, educational content and the organisation of pharmacies and the healthcare system in general both help and hinder their role?

Learning objectives

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

1. Highlight current roles of pharmacy technicians around the world.
2. Identify differences in regulation of pharmacy technicians around the world.
3. Identify challenges for pharmacy technicians.
4. Identify future roles for pharmacy technicians.

09:00 – A.

INTRODUCTION AND OVERVIEW:

Andrew Brown (University of Canberra, Australia)

09:30 – B.

REGIONAL CASE STUDIES

• Asia:

Lita Chew (Singapore Pharmacy Council, Singapore)

• Africa:

Tim Rennie (University of Namibia, Namibia)

• Europe:

Catherine Piron (Association Nationale des Préparateurs en Pharmacie Hospitalière, France)

10:30 – COFFEE BREAK

• North America:

Megan Coder (Pharmacy Technician Certification Board, USA)

• Middle East:

Ousama Ahmed Mohammed Aklan (High Institute of Health Science Sana'a, Republic of Yemen)

• Latin America:

Nora Gerpe (British Hospital, Uruguay)

11:45 – LUNCH



PROGRAMME – SESSION 2

Education for pharmacy technicians/support staff

Across the world pharmacy support workforce training varies from certificate programs to diploma. How does the level of education impact responsibilities of pharmacy technicians in the pharmacy?

Learning objectives

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

1. Identify models for pharmacy technician education worldwide.
2. Identify levels of pharmacy technician education (none, apprenticeship, bachelors, masters, etc.) worldwide.
3. Discuss methods to improve and streamline pharmacy technician education.
4. Envision ways to expand pharmacy technician education.

13:00 – A. DIVERSITY IN EDUCATION – POLICY AND EDUCATION IN SINGAPORE:

Lita Chew (National University of Singapore, Singapore)

13:20 – B. QUALITY ASSURANCE IN PHARMACY EDUCATION AND TRAINING – A DUTCH PERSPECTIVE:

Sija Geers (Kwaliteitsregister Paramedici, The Netherlands)

13:40 – C. PREPARING FOR A MASTERS DEGREE IN PORTUGAL – A SPECIALIZATION IN APPLIED PHARMACOTHERAPY:

Joao Jose Joaquim (European Association for Pharmacy Technicians, Portugal)

14:00 – D. CERTIFICATION AS A MECHANISM FOR CREDENTIALING PHARMACY TECHNICIANS IN THE UNITED STATES:

Megan Coder (Pharmacy Technician Certification Board, USA)

14:30 – Coffee break

14:45 – E. WORLD TECHNICIAN CAFÉ

Open debate on the future role and responsibilities of pharmacy support personnel.

15:45 – 17:00 – F. REPORTING BACK FROM WORLD CAFÉ

3RD AIM GLOBAL DEANS FORUM – PART 1

Wednesday 3 October 2012

09:00 - 12:00 | ROOM G104

8B.1 3 hours

Organised by FIP Education Initiatives (FIPEd), by invitation only for Deans of Faculties/Schools of Pharmacy

The next FIP Century – Achieving excellence in global pharmacy education to meet the needs of society

Join AIM members, deans and academic leaders from around the world, to discuss, debate and develop an affirmation/declaration of how pharmacy education institutions will meet the needs of society in the next 100 years. The presentations, discussions and debate during this one and half day forum will focus on areas of critical importance in the role of pharmacy education institutions, focussing on educating the pharmacy workforce of the future.

Chair: *Wayne Hindmarsh (Canadian Council for Accreditation of Pharmacy Programs, Canada)*

Competencies and the curriculum

If there are core competencies then is there a need for a core curriculum: A debate

COMPETENCY-BASED EDUCATION: THE ACADEMIC ARGUMENT

Speakers: *Ian Bates (UCL School of Pharmacy, United Kingdom) and Mike Rouse (ACPE, USA)*

- Small roundtable groups to discuss issues raised concerning competency-based pharmacy education and the draft Global Competency Framework.

Speakers: *Debating 'For' a core curriculum: Lorraine Horgan (Pharmaceutical Society of Ireland, Ireland) and Debating 'Against' a core curriculum: Bhojraj Suresh (JSS University, India)*

- Small group discussions on issues including an international core curriculum, balancing practice and science, clinical and personal 'soft' skills.

Chairs: *Adel Sakr (Future University, Egypt), Bart Rombaut (EAEP, Belgium), Srinivas Kulkarni (Bombay College of Pharmacy, India) and Robert Sindelar (University of British Columbia, Canada)*



3RD AIM GLOBAL DEANS FORUM – PART 2

Wednesday 3 October 2012

14:00 - 17:00 | ROOM G104

8B.1 3 hours

Organized by FIP Education Initiatives (FIPed), by invitation only for Deans of Faculties/Schools of Pharmacy

Chair: Wayne Hindmarsh (Canadian Council for Accreditation of Pharmacy Programs, Canada)

PROGRAMME

INTERPROFESSIONAL EDUCATION
(1.5 HOURS)

Breaking down the silos: How might interprofessional education (IPE) enhance the skill sets of our graduates?

Speaker: Louise Nasmith (College of Health Disciplines, UBC, Canada)
- Small group discussions.

SUCCESS IN PHARMACY EDUCATION AND SOCIAL ACCOUNTABILITY
(1.5 HOURS)

IS SOCIAL ACCOUNTABILITY AN IMPORTANT INDICATOR OF SUCCESS FOR PHARMACY EDUCATION?

HOW IS THE SUCCESS OF PHARMACY EDUCATION EVALUATED IN DIFFERENT REGIONS OF THE WORLD?

PANEL: HOW TO SHARE YOUR SUCCESSES WITH STAKEHOLDERS, WHAT WORKS AND DOES NOT WORK?

Introductory speakers: Wayne Hindmarsh (Canadian Council for Accreditation of Pharmacy Programs, Canada) and Henri Manasse (FIP Education Initiatives, USA)

Panel Members: Yousif Asiri (King Saud University, Saudi Arabia), Jerry Bauman (University of Illinois Chicago, USA) and Lillian Azzopardi (University of Malta, Malta)

THURSDAY 4 OCTOBER 2012

3RD AIM GLOBAL DEANS FORUM – PART 3

Thursday 4 October 2012

09:00 - 12:00 | ROOM G104

8B.1 3 hours

Organised by FIP Education Initiatives (FIPed), by invitation only for Deans of Faculties/Schools of Pharmacy

Chair: Henri Manasse (FIP Education Initiatives, USA)

GLOBAL PERSPECTIVES ON PROFESSIONAL HEALTHCARE EDUCATION
Summary of main issues facing professional pharmacy education and innovative solutions/examples of transformation in pharmacy education.

Speaker: Henri Manasse (FIP Education Initiatives, USA)

Panel of high-level speakers representing Ministries of Education/ UNESCO, World Health Organization, professional and regulatory organisations, practitioner and science perspectives.

Panel members: TBA

The discussions will be summarised at the end of the Forum and will be composed into a formal statement to guide the future action/strategy of the FIP Education Initiatives and make recommendations towards the transformation of pharmacy education worldwide.

GOING DUTCH – PHARMACY IN THE NETHERLANDS

Thursday 4 October 2012

09:00 - 12:00 | ROOM G102/103

8A 3 hours

Organised by KNMP

Learning objectives

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

1. Describe the key elements of current practice and developments in pharmaceutical care in community and hospital pharmacy settings in the Netherlands.



2. Explain the system of primary and post graduate education to guarantee adequate competence of pharmacists, including the role of specialization.
3. Describe how guidelines and indicators make the quality of pharmaceutical care transparent to patients and society.
4. Portray the remuneration system in the Netherlands in relation to the quality level of the provided care.
5. Describe the models of collaboration of pharmacists with physicians and other care givers in primary and secondary healthcare.
6. Give an overview of the achievements of the innovative pharmaceutical industries in the Netherlands.

Chairs: *Dominique Jordan (FIP CPS, Switzerland), Jan Smits (KNMP, The Netherlands) and Fons Duchateau (KNMP, The Netherlands)*

PROGRAMME

An exciting combination of audiovisual presentations with explanations and comments by well experienced speakers from community, hospital and industrial pharmacy as well as from the academy will give an interesting view on the characteristics of pharmaceutical science, practice and education in the Netherlands.

Like in many other countries, Dutch community and hospital pharmacists have changed their focus from product to patient. Their position in primary care is not questioned anymore; their efforts and achievements in the safe use of medicines are recognized by patients and other healthcare professionals.

The Pharmacy in The Netherlands programme will show all the details on how pharmaceutical care is organised, how quality is built in through education and ICT, and monitored using quality indicators. Also, the “first year’s experience” with the newly introduced remuneration system based on pharmaceutical care performances rather than on dispensing medicines can be shared. Innovation is not only happening in patient care. A unique private – public partnership supported by the government has been established in the Top Institute Pharma.

The programme will give the audience an interesting view on the highlights of the results. Finally, congress delegates will be offered opportunities to get an even closer look on pharmaceutical practice in The Netherlands at the exhibition and by joining in visits to community and hospital pharmacies as well as industry and academia.

09.00: WELCOME AND OPENING: GENERAL VIEW ON DUTCH HEALTHCARE:

Jan Smits (Chairman of KNMP, The Netherlands)

09.20: MEDICATION THERAPY MANAGEMENT IN COMMUNITY PHARMACY:

Dick Tromp (Flevowijk Apotheek, The Netherlands)

09.55: MEDICATION SAFETY IN HOSPITAL PHARMACY:

Arnold Vulto (Erasmus University Medical Center, The Netherlands)

10.30: COFFEE BREAK

10.50: R&D IN THE NETHERLANDS:

Jan Raaijmakers (GSK, The Netherlands)

11.25: PHARMACY EDUCATION:

Marcel Bouvy (Utrecht University, The Netherlands) and Hidde Haisma (Groningen University, The Netherlands)

11.55: CLOSING REMARKS

EXPLOITING SCIENTIFIC KNOWLEDGE OF BIOLOGICAL TRANSPORTERS FOR PRACTICAL THERAPEUTIC BENEFIT

Thursday 4 October 2012

09:00 - 12:00 | **ROOM G106/107**

8D.1 3 hours

Organised by the FIP Board of Pharmaceutical Sciences

Learning objectives

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

1. Appreciate, from a clinical pharmacy perspective, the diversity of transporters and their impact on drug absorption, disposition, efficacy and toxicity.
2. Describe the impact of transporters and associated drug-drug and excipient-drug interactions on oral bioavailability and improved therapeutic outcome.
3. Explain how knowledge of transporters can improve the safety and efficacy of drugs used for the treatment of cancer and diseases of the central nervous system.

Chair: *Geoffrey Tucker (University of Sheffield, United Kingdom)*



PROGRAMME

WHAT THE CLINICAL PHARMACIST SHOULD KNOW ABOUT DRUG TRANSPORTERS

Andy Gray (University of Kwazulu-Natal, South Africa)

UNDERSTANDING THE CLINICALLY RELEVANT EFFECTS OF ACTIVE TRANSPORT ON ORAL DRUG ABSORPTION

Les Benet (University of California at San Francisco, USA)

OPTIMISING THE IMPACT OF UPTAKE AND EFFLUX TRANSPORTERS IN CANCER CHEMOTHERAPY

Jan Schellens (The Netherlands Cancer Institute, The Netherlands)

GETTING PAST THE BLOOD-BRAIN BARRIER TO IMPROVE THE TREATMENT OF DISEASES OF THE CENTRAL NERVOUS SYSTEM

Margareta Hammarlund-Udenaes (Uppsala University, Sweden)

FIP SYMPOSIUM FOR PHARMACY TECHNICIANS AND PHARMACY SUPPORT WORKFORCE

Thursday 4 October 2012

09:00 - 15:00 | ROOM G105

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PROGRAMME – SESSION 3

PATIENT SAFETY

Pharmacy technicians are involved in many tasks within the pharmacy including dispensing and OTC counselling. How can pharmacy technicians decrease medication errors and improve patient safety in these areas?

Learning objectives

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

1. Identify the link between credentialing of personnel in the pharmacy and improving patient safety.
2. Identify the role of boards in credentialing pharmacy technicians.
3. Identify when and under what circumstances errors are consistently happening in the pharmacy.

4. Identify ways in which pharmacy technicians can minimize medication errors through quality management.

a) Dream Team for Patient Safety: Collaboration between the Pharmacist and the Technician: *Jurate Svarcaite (Pharmaceutical Group of the European Union, Belgium)*

b) Utilizing Pharmacy Technicians in the prevention of medication errors in hospital pharmacies: *Mike Johnston (National Pharmacy Technicians Association NPTA, USA)*

c) The only real mistake is the one from which we learn nothing: A case from the Middle East: *Ousama Ahmed Mohammed Aklan (High Institute of Health Science Sana'a, Republic of Yemen)*

d) Best case tools to ensure patient safety in the pharmacy – The Danish case: *Christina Durinck (Farmakonomforeningen, Denmark)*

Coffee break

DISCUSSION ON PATIENT SAFETY

PROGRAMME – SESSION 4

SHORT ORAL PRESENTATIONS/THEORIES

TASK-SHIFTING IN MALAWI – WHY CONTEXT MATTERS:

Zoe Lim (Malawi)

VIRTUAL EDUCATION: BACHELOR FOR PHARMACEUTICAL CONSULTANTS – A CASE FROM THE NETHERLANDS:

Dirk Stobbe (The Netherlands)

THE EDUCATION OF PHARMACONOMISTS IN DENMARK

– QUALIFICATIONS TO EXECUTE PHARMACY PRACTICE:

Tina Schilling Hansen (Denmark)

UNIT DOSE – A CASE FROM DENMARK:

Ann-Katrine Kviesgaard (Denmark)





THE FIP ACADEMIC INSTITUTIONAL MEMBERSHIP (AIM)

The International Pharmaceutical Federation Academic Institutional Membership, or FIP AIM, is a distinctive FIP Membership that allows Faculties and Schools of Pharmacy to become inter-connected on a global platform of discussion, leadership and shared challenges and successes. The FIP AIM focuses on the evolution of Faculties and Schools of Pharmacy – fostered by Faculty Deans and decision makers – alongside the ongoing changes in pharmacy practice, science, research and their respective funding.

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

The FIP AIM allows you and your Faculty to:

- Join the network of Leaders in the Academic World
- Share knowledge and resources on relevant and current topics at “decision-maker” levels
- Connect your staff to the AIM faculty network in the online Member Only area



- Profile your University in the up-to-date Official World List of Pharmacy Schools
- Post Job opportunities and recruit Staff worldwide through the online webtool
- Have access to FIP Publications (ie the International Pharmacy Journal) and the FIP Pharmacy Education Taskforce

AIM Deans Forum

Each year at the FIP World Congress of Pharmacy and Pharmaceutical Sciences, the FIP AIM hosts a Deans Forum, inviting all representative Deans from the Faculties and Schools within the Membership to meet each other and discuss current and relevant topics in an international arena. Expert speakers from around the world as well as innovative interactive opportunities are featured over the 2-day event, this year taking place 3-4 October in Amsterdam, The Netherlands.

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



FRIDAY 5 OCTOBER 2012

BREAKFAST SESSION: PHARMACISTS IN HUMANITARIAN WORK

Friday 5 October 2012

07:30 - 08:45 | ROOM E102

8E 1.25 hours

Organised by the FIP Community Pharmacy Section and the FIP Military and Emergency Pharmacy Section
This breakfast session was organised with the support of an unrestricted educational grant from Procter & Gamble

Learning objectives

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

1. Describe and develop the role of the pharmacist in emergency situations.
2. Make plans for continuous medical care during pandemics and after natural disasters.
3. Describe how pharmacists may become involved in Humanitarian projects.

Chairs: TBA

PROGRAMME

THE PHARMACIST AS AN ACTOR IN EMERGENCY PROGRAMS AND LONG TERM DEVELOPMENT PROJECTS – CHALLENGES AND CHANCES:

Ulrich Brunner (Pharmacists Without Borders, Germany)

THE ROLE OF THE DISASTER RESPONSE PHARMACIST:

Eiko Kobayashi (Japan Red Cross, Japan)

DISCUSSION AND CLOSURE

EMERGENCY – NOT ENOUGH MEDICINES: BEST CASE SOLUTIONS IN DEALING WITH DRUG SHORTAGES

Friday 5 October 2012

09:00 - 12:00 | ROOM E104/107

5C 3 hours

Organised by the FIP Hospital Pharmacy Section, the FIP Community Pharmacy Section and the FIP Industrial Pharmacy Section
Supply chain problems, clinical consequence, and policy issues drug shortages are becoming a serious threat to healthcare by limiting the possibilities to provide optimal pharmacotherapeutic treatments. This session will discuss the various aspects involved in drug shortages.

First an ethical framework will be presented, followed by real life problems and (possible) solutions (from hospital pharmacy in general, specifically on the impact of drug shortages in oncology, and from a community pharmacy perspective).

Root causes and possible ways to counteract these will be presented. The session will end with the role of drug information in dealing with shortages.

Learning objectives

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

1. Summarize the ethical aspects surrounding drug shortages.
2. Describe the scale of drug shortages.
3. List national professional and political aspects of drug shortages.
4. Explain the impact of drug shortages on QOL and survival in cancer patients.
5. Recognise the root causes of drug shortages worldwide.
6. Explain how to communicate on drug shortages to patients and fellow healthcare providers.
7. Describe how to provide professional care despite the shortage of drugs.

Chairs: Linda Hakes (IPS, Germany) and Robert Moss (HPS, The Netherlands)



PROGRAMME

ETHICAL CHALLENGES IN THE SUPPLY OF MEDICINES AROUND THE WORLD:

Betty Chaar (University of Sydney, Australia)

TACKLING DRUG SHORTAGES IN HOSPITALS:

Jim Stevenson (University of Michigan, USA)

DRUG SHORTAGES IN ONCOLOGY: ARE WE DELIVERING SUBSTANDARD CARE?

Jos Kosterink (University of Groningen, The Netherlands)

THE IMPACT OF DRUG SHORTAGES IN COMMUNITY PHARMACY:

Paula McNeil (Canada)

DRUG SHORTAGES, THE PHARMACEUTICAL INDUSTRY AS A PARTNER?

Pär Tellner (EFPIA, Belgium)

HOW CAN WHOLESALERS EASE THE PROBLEM?

Chris Borr (McKesson Health Systems, USA)

IMPROVING PATIENT OUTCOMES THROUGH COLLABORATIVE PRACTICE

Friday 5 October 2012

09:00 - 12:00 | **ROOM FORUM**

1A 3 hours

Learning objectives

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

1. Summarise the challenge of creating multidisciplinary teams of physicians and pharmacists for improving quality and safety in medication use.
2. Describe the regulatory framework for collaborative practice models in the context of scope of practice and accountable care.
3. Discuss some examples of successful collaborative practices, including the factors that contributed to success.
4. Outline initiatives that are being undertaken to address an ideal and operational model for inter-disciplinary education in health professions.

Chairs: *Han de Gier (FIP CPC, The Netherlands) and Henri Manasse (FIP, USA)*

PROGRAMME

THE LEGAL AND PROFESSIONAL BASIS OF TEAMWORK IN DRUG THERAPY MANAGEMENT

Jill Boone (University of Cincinnati, USA)

DOES COLLABORATION WITH PHYSICIANS IMPROVE PATIENT CARE OUTCOMES?

Rosa Gallego (Physician, Portugal)

A DESIRED FUTURE FOR BETTER DRUG THERAPY MANAGEMENT:

Martin Henman (Trinity College, Ireland)

MODELS FOR INTER-DISCIPLINARY EDUCATION OF HEALTH PROFESSIONALS:

Joseph Ming Wah Li (Harvard Medical School, USA)

PHARMACY LAW AND COMPETITION LAW: FEUDING LAWS OR WORKING IN PARTNERSHIP?

Friday 5 October 2012

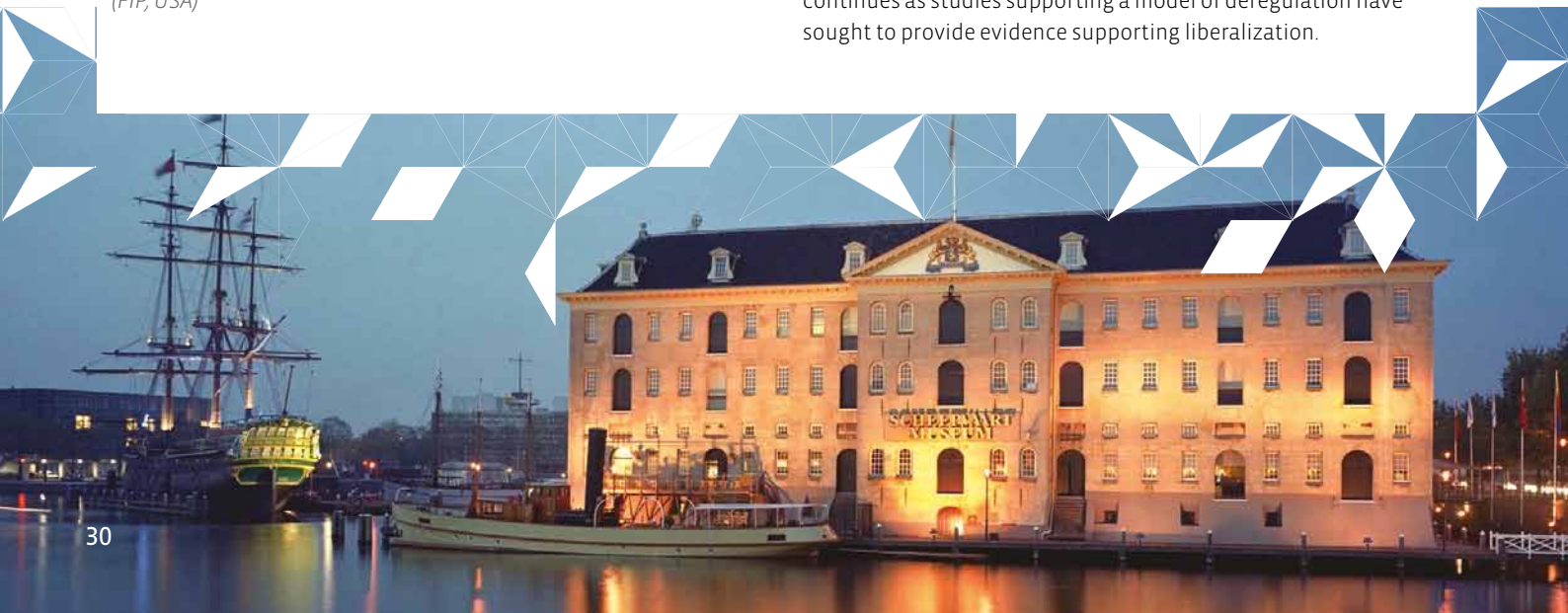
09:00 - 12:00 | **ROOM G102/103**

6C 3 hours

Organised by the International Pharmaceutical Students' Federation (IPSF) and FIP

The community pharmacy sector has a history of rather strict regulations concerning most areas of the profession ranging from education, registration, ownership, establishment, business form, operation rules, services and products, pricing and salary.

However, in recent years, several provisions in pharmacy law have been challenged at the national or international level based on competition regulations. The principles governing competition assume that deregulation will increase competition and thus succeed in cost containment without detriment to accessibility and even improve quality of services by the opening of new pharmacies. This competition model – however clean and economically precise it may be in theory – does not account for the actual challenging cases such as patient access to pharmacies in rural or economically unattractive areas nor the intangible cognitive and counselling skills of pharmacists opposed to the easy to measure dispensing rates used as a sloppy estimate of efficiency. The debate continues as studies supporting a model of deregulation have sought to provide evidence supporting liberalization.



However, these claims have not provided an answer to the significant concern of equity and quality. How can pharmacy strike a balance between enhancing consumer welfare and high quality care? What are the current global trends in regulation? How can harmonization come into play? What is the rationalization underpinning the current regulation in the community pharmacy sector? This session will dive deeply into both sides of the debate and offer an international context from the viewpoint of both, law students and pharmacy students.

Learning objectives

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

1. Compare and contrast the most up to date pharmacy regulations and rules across many countries.
2. Describe the advantages and disadvantages of varying degrees of regulation from both a market theory and public health perspective.
3. Draw conclusions from underlying trends that justify or oppose regulation.
4. Outline strategies for pharmacies to adapt to a modern and evolving competitive market.

Co-Chairs: *Davide Migali (IPSF-ELSA Joint Project, Italy), Marwa Beltagy (IPSF, Egypt) and Oksana Pyzik (IPSF-ELSA Joint Project, Canada)*

Panellists: *John Chave (PGEU, Belgium), Niels Kristensen (Association of Danish Pharmacies, Denmark), Antal Samu (Hungarian Private Pharmacists Association, Hungary)*

PHARMACY PRACTICE RESEARCH – PROVING THE VALUE OF THE PHARMACIST NOW AND IN THE FUTURE

Friday 5 October 2012

09:00 - 12:00 | **ROOM G106/107**

1B 3 hours

Organised by the FIP Academic Pharmacy Section, the FIP Community Pharmacy Section, the FIP Hospital Pharmacy Section and the FIP Pharmacy Information Section in collaboration with the PRISMA Foundation

Pharmacy Practice Research (PPR) has been instrumental in showing the effectiveness of pharmacists' interventions to improve optimal use of medicines by individual patients and patients groups in various healthcare settings. However, the development of PPR differs from country to country and there are several lessons to learn from examples and best practices.

Therefore an overview of the development of PPR and examples of studies to show how interventions were evaluated (structure, process and outcomes) would be a source of inspiration for those who want to become involved in PPR.

Learning objectives

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

1. Summarize the key issues in the development of Pharmacy Practice Research.
2. Discuss the value of pharmacists' contributions to healthcare.
3. Outline trends in Pharmacy Practice Research based on examples of studies in various countries.
4. Describe various ways to link practitioners to researchers (within university networks) and professional organisations.

Chairs: *Martin Schulz (ABDA, Germany) and Katja Taxis (University of Groningen, The Netherlands)*

PROGRAMME

THE DEVELOPMENT OF PPR:

Peter Noyce (University of Manchester, United Kingdom)

OVERVIEW OF THE EXPERIENCES IN SEVERAL COUNTRIES:

Australia:

Charlie Benrimoj (University of Technology Sydney, Australia)

Europe:

Martin Schulz (ABDA, Germany)

USA:

Stephen Allen (ASHP, USA)

THE VALUE OF PPR FOR BRINGING ACTUAL AND POTENTIAL BENEFITS TO PATIENTS AND PHARMACISTS:

Grace Kuo (University of California - San Diego, USA)

LINKING PRACTITIONERS TO UNIVERSITIES AND PROFESSIONAL ORGANISATIONS INVOLVED IN PPR:

Liset van Dijk (NIVEL, The Netherlands)



REPORTING OF ADVERSE EVENTS AND ERRORS

Friday 5 October 2012

09:00 - 12:00 | AUDITORIUM

3A 3 hours

Organised by the FIP Centennial Programme Committee

From ancient history until far in the 20th century, cornerstones in medical treatment were “primum non nocere” (firstly, do no harm) and “in dubio abstine” (in case of doubt, do not intervene). Current science and technology justify a less conservative approach, based on careful definition and assessment of benefits and risks. Adverse events and negative outcomes due to suboptimal treatment or errors have become more and more recognizable, not only for healthcare professionals but also for the public. Healthcare professionals including pharmacists are expected to take responsibility and give account not only for their intervention (or the lack of it) but also for the outcome, positive as well as negative.

Learning objectives

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

1. Explain the importance of pharmacovigilance to enhance safe medication.
2. Describe the role of pharmacists and other healthcare professionals as well as of patients in detection and reporting of adverse drug events.
3. Give some examples of the results of (inter)national data collection risk minimization.
4. Summarize definition and classification of errors.
5. Explain the benefits of blame free error reporting, and National Alert Systems.

Chairs: *Frans van de Vaart (KNMP, The Netherlands) and Kees van Grootheest (Netherlands Pharmacovigilance Centre, The Netherlands)*

PROGRAMME

ENCOURAGING PHARMACY INVOLVEMENT IN PHARMACOVIGILANCE – AN INTERNATIONAL PERSPECTIVE:

Michael Cohen (Institute for Safe Medication Practices, USA)

OPTIMISING RESOURCES FOR INTERNATIONAL SAFETY DATA COLLECTION AND ANALYSIS:

Marie Lindquist (WHO Collaborating Centre for International Drug Monitoring, Sweden)

CLASSIFICATION AND REPORTING OF ERRORS:

John Santell (Meds by Mail, CHAMP-VA, USA)

CENTRALIZED REGISTRATION OF MEDICATION ERRORS:

Ka-Chun Cheung (KNMP, The Netherlands)

SUPPORTING ADHERENCE IN COMMUNITY PHARMACIES

Friday 5 October 2012

09:00 - 12:00 | ROOM G104/105

7B 3 hours

Organised by the FIP Community Pharmacy Section, the FIP Pharmacy Information Section and the FIP Social and Administrative Pharmacy Section

Non-adherence to chronic therapy has become a large burden on the healthcare system of many countries. It is a complex human behaviour and a major risk factor in chronic conditions. Community pharmacists are well positioned to address non-adherence as part of their overall patient care activities. However to be effective in monitoring and promoting adherence to therapy, pharmacists need to have appropriate skills and knowledge, and they must be supported at both policy and practice levels.

Learning objectives

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

1. Describe national and local policies related to community pharmacist interventions to improve medication adherence.
2. Discuss contents and gaps in pre- and post-graduate education in medication adherence.
3. Describe community pharmacist's involvement in adherence programs.
4. Discuss recent technologies to identify non-persistent/adherence.



5. Describe skills and knowledge that are required to deliver adherence programs.
6. Discuss the impact of dose dispensing services on adherence.

Chair: Karin Graf (FIP Community Pharmacy Section, Germany)

Co-Chair: Nina Griesse (ABDA, Germany)

PROGRAMME

09.00: INTRODUCTION BY THE CHAIR

09.10: A SHORT OVERVIEW OF NATIONAL AND LOCAL POLITICS TO IMPROVE MEDICATION ADHERENCE:

Parisa Aslani (University of Sydney, Australia)

09.40: TECHNOLOGIES TO MONITOR AND IMPROVE ADHERENCE IN COMMUNITY PHARMACY:

Foppe van Mil (Van Mil Consultancy, The Netherlands)

9.55: WHAT ASPECTS IN CONSULTATION STYLE INCREASE MEDICATION ADHERENCE?

Wendy Clyne (Keele University, United Kingdom)

10.25: Coffee break

10.40: COMMUNITY PHARMACY ADHERENCE PROGRAMME – ONE EXAMPLE OF BEST PRACTICE:

John Gentle (Royal Pharmaceutical Society, United Kingdom)

11.00: HAVE DOSE DISPENSING SERVICES AN IMPACT ON ADHERENCE?

Kurt Hersberger (University of Basel, Switzerland)

11.15: THE ABDA/KBV MODEL – AN EXAMPLE OF NATIONAL POLICIES RELATED TO COMMUNITY PHARMACIST INTERVENTIONS TO IMPROVE MEDICATION ADHERENCE:

Nina Griesse (ABDA, Germany)

11.35: DEBATE, CONCLUSION AND WRAP-UP BY THE CHAIR

REPORTS FROM YOUR GLOBAL NETWORK: FIP MEMBER ORGANISATIONS PRESENT THEIR BEST CASES AND CHALLENGES

Friday 5 October 2012

12:15 - 13:45 | **ROOM E104/107**

8C.1 1.5 hours

Organised by the FIP Bureau

Learning objectives

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

1. Describe how the Royal Pharmaceutical Society (RPS) promotes and recognises pharmacists in the media.
2. Describe how the RPS develops medicines safety.
3. Describe how the RPS develops pharmacists on the front line.
4. Summarize how a telemedicine programme can be established in a community pharmacy based on the netCare experience.
5. Describe the current strategy for vaccination in community pharmacy.
6. Summarize the key steps to establish an online post-graduate programme.

Chair: Carmen Peña (FIP, Spain)

PROGRAMME

WORLD CLASS LEADERSHIP – A PASSION FOR PHARMACY:

Helen Gordon (Royal Pharmaceutical Society, United Kingdom)

INNOVATIVE SERVICES IN SWITZERLAND: NETCARE, VACCINATION AND POSTGRADUATE EDUCATION (E-LEARNING):

Sara Iten / Dominique Jordan / Martine Ruggli (pharmaSuisse, Switzerland)

LATEST LAWS AND ACTIONS CONCERNING PHARMACY PRACTICE AND FALSIFIED DRUGS IN LEBANON:

Ziad Nassour (Ordre des Pharmaciens du Liban, Lebanon)



THE FUTURE OF SUSTAINABLE HEALTH AND PHARMACY CARE

Friday 5 October 2012

12:15 - 13:45 | ROOM FORUM

2A 1.5 hours

Organised by the FIP Centennial Programme Committee

Keynote speaker: Jonathan Peck (Institute for Alternative Futures, USA)

Learning objectives

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

1. Identify the major factors influencing the delivery of sustainable health care in 2020, both globally and in national settings.
2. Identify opportunities for innovative pharmacy practice.

Chair: Douwe Breimer (FIP CPC, The Netherlands)

PROGRAMME

A FUTURISTIC VIEW ON HEALTH – PRESENTATION CONSISTING OF A BROAD TALK WHICH CAPTURES LIKELY HEALTH CARE TRENDS:

Jonathan Peck (Institute for Alternative Futures, USA)

WHO-FIP LAUNCH EVENT: 2012 GLOBAL PHARMACY WORKFORCE REPORT

Friday 5 October 2012

12:15 - 13:45 | AUDITORIUM

8H 1.5 hours

Organised by FIP Education Initiatives (FIPed)

Learning objectives

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

1. Outline the global pharmaceutical human resources situation and key recommendations to strengthen the pharmacy workforce.
2. Compare and contrast different strategies and their applications in workforce planning, management and development around the world.
3. Advocate for the application of the WHO guidelines on transforming and scaling up the education of health professionals to pharmacy education and workforce strengthening

Chairs: Ian Bates (FIP Collaborating Centre, United Kingdom) and Kees de Joncheere (WHO, Switzerland)

PROGRAMME

OVERVIEW AND RESULTS OF THE GLOBAL PHARMACY WORKFORCE REPORT

A. THE GLOBAL PHARMACY WORKFORCE: Diane Gal (FIP, Canada)

B. WHO FOCUS ON TRANSFORMING AND SCALING UP EDUCATION OF HEALTH PROFESSIONALS TOWARDS STRENGTHENING THE WORKFORCE:

Erica Wheeler (World Health Organization, Switzerland)

C. INTERACTIVE COUNTRY CASE STUDY PANEL DISCUSSION AND Q&A SESSION

Facilitators: Zoe Lim (University of Nottingham, United Kingdom) and Helen Tata (Cameroon)

Country Representatives: María Lorena Quirós Luque (Costa Rica), Daniel Danquah (Ghana), Shigeo Yamamura (Japan), Hazel Bradley (South Africa)

All participants are invited to join in a celebratory launch of the report following this session.

RISK BENEFITS MANAGEMENT IN PRACTICE

Friday 5 October 2012

14:00 - 17:00 | AUDITORIUM

3B 3 hours

Organised by the FIP Centennial Programme Committee

Adverse drug events should as much as possible be prevented by timely recognition of potential risks. Although final decisions will always be up to the healthcare professional, computer aided medication surveillance is important as supporting tool. Classical systems are based on “one size fits all” algorithms. The use of individual clinical data in such systems is currently explored to increase effectiveness and efficiency. The availability of all relevant patient data registered and stored in ambulatory and institutional settings is an important precondition.

Learning objectives

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

1. Explain general strategies to recognize potential risks during medication therapy.



2. Discuss the benefits and limitations of current computer aided medication surveillance.
3. Outline the opportunities to improve such systems by the use of individual clinical data.
4. Summarize the practical implications of developing country-wide exchange of patient data or access to patient records.

Chairs: Robert DeChristoforo (FIP CPC, USA) and Rian Lelie-van der Zande (KNMP, The Netherlands)

PROGRAMME

DEFINITION, CLASSIFICATION AND DETECTION OF RISKS RELATED TO MEDICATION:

Rachel Howard (University of Reading, United Kingdom)

COMPUTER-AIDED MEDICATION SURVEILLANCE:

Daniel Malone (University of Arizona, USA)

THE USE OF INDIVIDUAL CLINICAL DATA IN MEDICATION SURVEILLANCE:

Peter de Smet (KNMP, The Netherlands)

AVAILABILITY OF RELEVANT PATIENT DATA IN ALL AREAS OF THE HEALTHCARE CHAIN:

Isabelle Adenot (Conseil National de l'Ordre des Pharmaciens, France)

DIAGNOSTICS – DIRECTING INDIVIDUALIZED MEDICINE INTO THE FUTURE

Friday 5 October 2012

14:00 - 17:00 | ROOM G104/105

2D 3 hours

Organised by the FIP Clinical Biology Section and the FIP Board of Pharmaceutical Sciences

Learning objectives

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

1. Discuss biomarkers for diagnosis and drug monitoring in diabetes.
2. Describe recent advances in pharmacogenetics biomarkers.

3. Discuss the use of biomarkers in management of patients with lipid disorders.
4. Discuss new types of biomarkers and their use as key elements for drug monitoring and disease management.

Chairs: Majid Moridani or Hitoshi Sasaki (SIG Individualized Medicine, USA or Japan) and Bernard Poggi (FIP Clinical Biology Section, France)

PROGRAMME

BIOLOGICAL MARKERS: TOOLS FOR DIAGNOSIS AND MONITORING DIABETES MELLITUS:

Michèle Fonfrède (Hôpital Pitié Salpêtrière, France)

RECENT ADVANCES IN PHARMACOGENETICS BIOMARKERS:

Majid Moridani (Texas Tech University Health Sciences Centre, USA)

THE USE OF BIOMARKERS IN MANAGEMENT OF PATIENTS WITH LIPID DISORDER:

Khosrow Adeli (Hospital for Sick Children, Canada)

NEW PERSPECTIVES IN BIOMARKERS:

Scott McKeown (Randox Laboratories, United Kingdom)

FORUM FOR POLICY MAKERS – TRENDS IN COMMUNITY PHARMACY: DEBATING THE FUTURE OF THE PROFESSION

Friday 5 October 2012

14:00 - 17:00 | ROOM E104/107

8C.2 3 hours

Organised by the FIP Community Pharmacy Section, the FIP Social and Administrative Pharmacy Section, the FIP Young Pharmacists' Group and the International Pharmaceutical Students' Federation

Moderated session with short interventions from selected speakers invited by the organising sections as well as young pharmacists and pharmacy students invited by YPG and IPSF to present challenges and views of the different topics chosen. After the interventions on a topic, other member countries or individuals having an interest or expertise in the topic are invited to respond.

Learning objectives

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

1. Express the rationale behind the establishment of pharmaceutical care indicators.



2. Understand the opportunities for community pharmacy presented by collaborative care.
3. Debate the suitability of a payment-for-performance model in community pharmacy.
4. Critically discuss the future economic and financial challenges presented to community pharmacists and pharmacies.

Chair: Ema Paulino (FIP Community Pharmacy Section, Portugal)

Co-Chair: Tim Chen (FIP Social and Administrative Pharmacy Section, Australia)

PROGRAMME

14.00: PHARMACEUTICAL CARE INDICATORS – ARE THEY USEFUL?

Nico Kijlstra (European Committee on Pharmaceuticals and Pharmaceutical Care, Council of Europe, EDQM) and Anna Bulajeva (University of Helsinki, Finland)

Responses: Veronika Sumpichova (FIP Young Pharmacists' Group, Czech Republic) and Marwa Beltagy (International Pharmaceutical Students' Federation, Egypt)

15.15: Coffee break

15.45: INNOVATIVE COLLABORATIVE PRACTICES AND PAYMENT FOR PERFORMANCE:

Olivier Bugnon (University of Lausanne, Switzerland)

Responses: Christopher Freeman (FIP Young Pharmacists' Group, Australia) and Ahmed Hamdy (Reception Committee for the IPSF 58th World Congress, Egypt)

MEDICINES INFORMATION FOR CONSUMERS – PARTNERING WITH PATIENTS TO MAXIMIZE BENEFITS

Friday 5 October 2012

14:00 - 17:00 | ROOM G102/103

4C 3 hours

Organised by the FIP Pharmacy Information Section and the FIP Industrial Pharmacy Section

Learning objectives

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

1. Describe good practice in partnering with patients to produce high quality medicines information.

2. Describe the research evidence on developing good medicines information provision with patient input.
3. Identify the ways in which industry harnesses patient expertise in producing medicines information.
4. Describe the work of the European Medicines Agency Patients' and Consumers' Organisations' Working Party.
5. Develop effective practice in combining spoken and written information for patients in the pharmacy setting.

Chairs: Theo Raynor (FIP Pharmacy Information Section, United Kingdom) and Claudia Rijcken (FIP Industrial Pharmacy Section, The Netherlands)

PROGRAMME

WHICH INFORMATION IS KEY FOR PATIENTS AND HOW SHOULD IT GET TO THEM?

Joanna Groves (IAPO – International Alliance of Patients' Organizations, United Kingdom)

“PEOPLE WHO SUFFER SHOULD HELP WRITE LEAFLETS” – WHAT THE RESEARCH EVIDENCE TELLS US:

Theo Raynor (University of Leeds and Luto Research, United Kingdom)

MAKING HIGH QUALITY INFORMATION AVAILABLE TO THE PATIENT – THE INDUSTRY PERSPECTIVE:

André Broekmans (MSD, The Netherlands)

EXPERIENCE FROM THE EUROPEAN MEDICINES AGENCY'S “PATIENTS' AND CONSUMERS' ORGANISATIONS' WORKING PARTY”:

Isabelle Moulon (EMA – European Medicines Agency, United Kingdom)

HELPING THE MESSAGE ACROSS... THE DAILY ADVENTURES OF A COMMUNITY PHARMACIST:

Marcel Kooij (Apotheek Koning, The Netherlands)

PHARMACY PRACTICE RESEARCH – PROVING THE VALUE OF THE PHARMACIST NOW AND IN THE FUTURE (PART 1)

Friday 5 October 2012

14:00 - 17:00 | ROOM G106

18.1 3 hours (parallel session with **18.2**)

Organised by the FIP Academic Pharmacy Section, the FIP Community Pharmacy Section, the FIP Hospital Pharmacy Section and the FIP Pharmacy Information Section in collaboration with the PRISMA Foundation

Pharmacy Practice Research (PPR) has been instrumental in showing the effectiveness of pharmacists' interventions to improve optimal use of medicines by individual patients and patients groups in various health care settings. However, the development of PPR differs from country to country and there are several lessons to learn from examples and best practices.

Therefore an overview of the development of PPR and examples of studies to show how interventions were evaluated (structure, process and outcomes) would be a source of inspiration for those who want to become involved in PPR.

Learning objectives

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

1. Summarize the key issues in the development of Pharmacy Practice Research.
2. Discuss the value of pharmacists' contributions to healthcare.
3. Outline trends in Pharmacy Practice Research based on examples of studies in various countries.
4. Describe various ways to link practitioners to researchers (within university networks) and professional organisations.

Chair: Han de Gier (University of Groningen, The Netherlands)

PROGRAMME

OVERVIEW OF SYSTEMATIC REVIEWS ON THE CLINICAL EFFECTIVENESS OF COGNITIVE PHARMACEUTICAL SERVICES FOR AGED PATIENTS:

Loreto Sáez Benito (Spain)

A COMPREHENSIVE TOOL FOR PHARMACISTS AND GPS TO SUPPORT A MEDICATION REVIEW:

Ruth Mast (The Netherlands)

DETECTION AND CLASSIFICATION OF DRUG-RELATED PROBLEMS IN ELDERLY PATIENTS – THE ROLE OF THE COMMUNITY PHARMACIST:

Milan Bzenic (Serbia)

PATIENT OUTCOMES AFTER A MEDICATION REVIEW WITH CARE PLAN DEVELOPMENT – A CASE CONTROL STUDY:

Marlies Geurts (The Netherlands)

ESTABLISH THE PHARMACEUTICAL CARE MODEL FOR LONG-TERM CARE PRACTICE:

Wen Chin Li (China Taiwan)

A COMMUNITY PHARMACIST-LED INTERVENTION TO IMPROVE ADHERENCE TO LIPID-LOWERING TREATMENT BY COUNSELLING AND AN ELECTRONIC REMINDER DEVICE: RESULTS OF A RANDOMIZED CONTROLLED TRIAL IN THE NETHERLANDS:

Marcel Kooy (The Netherlands)

STUDY ON THE IMPACT OF A PHARMACIST-LED MEDICATION REVIEW SERVICE:

Quiling Goh (Singapore)

EFFECT OF A PHARMACEUTICAL INTERVENTION ON ASTHMA CONTROL. THE AFASMA STUDY:

Maria Garcia Cardenas (Australia)

MANAGEMENT OF THE EARLY SYMPTOMS OF INFLUENZA-LIKE ILLNESSES AND EAR, NOSE AND THROAT (ENT) DISORDERS BY PHARMACISTS:

K. Danno

PHARMACY PRACTICE RESEARCH – PROVING THE VALUE OF THE PHARMACIST NOW AND IN THE FUTURE (PART 2)

Friday 5 October 2012

14:00 - 17:00 | ROOM G107

18.2 3 hours (parallel session with **18.1**)

Organised by the FIP Academic Pharmacy Section, the FIP Community Pharmacy Section, the FIP Hospital Pharmacy Section and the FIP Pharmacy Information Section in collaboration with the PRISMA Foundation

Pharmacy Practice Research (PPR) has been instrumental in showing the effectiveness of pharmacists' interventions to improve optimal use of medicines by individual patients and patients groups in various health care settings. However, the



development of PPR differs from country to country and there are several lessons to learn from examples and best practices.

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Learning objectives

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

1. Summarize the key issues in the development of Pharmacy Practice Research.
2. Discuss the value of pharmacists' contributions to healthcare.
3. Outline trends in Pharmacy Practice Research based on examples of studies in various countries.
4. Describe various ways to link practitioners to researchers (within university networks) and professional organisations.

Chairs: *Martin Schulz (ABDA, Germany) and Katja Taxis (University of Groningen, The Netherlands)*

PROGRAMME

HOME PHARMACEUTICAL CARE FOR HIGH USERS OF OUTPATIENT SERVICES IN TAIWAN:

Yen Huei Tarn (China Taiwan)

PRIMARY CARE PHARMACIST FOR DRUG SYSTEM MONITORING AND DEVELOPMENT IN COMMUNITY AREA:

P. Suwannaprom

PATIENTS' MEDICATION KNOWLEDGE IN COMMUNITY PHARMACY IN PORTUGAL:

Pilar Garcia-Delgado (Spain)

INVESTIGATING THE PREVALENCE AND CAUSES OF PRESCRIBING ERRORS IN GENERAL PRACTICE: THE PRACTICE STUDY:

Maisoon Ghaleb (United Kingdom)

PHARMACY CUSTOMERS' OPINIONS ABOUT THE COUNSELLING FOR NON-PRESCRIPTION MEDICINES IN COMMUNITY PHARMACIES IN VIETNAM:

Thang Do (United Kingdom)

IMPROVEMENT OF MEDICATION THERAPY SAFETY OF NURSING HOME RESIDENTS THROUGH PHARMACISTS' INTERVENTION:

Isabel Waltering (Germany)

NINE YEARS OF REMUNERATION FOR PERFORMANCE OF COLLABORATIVE PHARMACEUTICAL CARE SERVICES IN SWISS NURSING HOMES:

Isabelle Anguish (Switzerland)

THE IMPACT OF CLINICAL PHARMACY SERVICES FOR ASTHMA PATIENTS IN A PRIMARY CARE CLINIC COMPARED TO USUAL CARE WITHOUT CLINICAL PHARMACISTS:

K. Johnson

ACHIEVING HBA1C TARGETS WITH PATIENT SATISFACTION IN COMMUNITY PHARMACY:

Gamaleldin Mohamed Ali (Sudan)

INCREASED LEGAL, SOCIAL AND PROFESSIONAL ACCOUNTABILITY – IS THE PROFESSION READY?

Friday 5 October 2012

14:00 - 15:30 | **ROOM FORUM**

4A 1.5 hours

Organised by the FIP Centennial Programme Committee

The pharmacy professional landscape is changing. Pharmacists are increasingly taking on new roles and providing service such as prescribing and diagnostic testing that have traditionally been the realm of other healthcare professionals.

This session will consider why changes in accountability go hand in hand with changes in scope of practice. It will also consider whether pharmacists are ready to accept legal and professional accountability for the care they provide to individual patients as well as social accountability for ensuring the health of the populations they serve.

Learning objectives

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

1. Understand what is meant by professional, legal and social accountability.
2. Discuss why changes in scope of practice are linked to changes in accountability.
3. Discuss possible methods of preparing the profession for increased accountability.

Chair: *Ann Lewis (FIP Social and Administrative Pharmacy Section, United Kingdom)*



PROGRAMME

WHAT IS ACCOUNTABILITY AND WHY DOES IT MATTER?

Soraya Dhillon (University of Hertfordshire, United Kingdom)

IS THE PROFESSION READY FOR INCREASED ACCOUNTABILITY?

William Zellmer (American Society of Health-System Pharmacists, USA)

PANEL DISCUSSION

SATURDAY 6 OCTOBER 2012

THE FUTURE OF GOOD PHARMACY PRACTICE IN COMMUNITY PHARMACY – BE PART OF THE CREATION

Saturday 6 October 2012

09:00 - 17:00 | **ROOM G106/107**

4D 6 hours

Organised by the FIP Community Pharmacy Section

Learning objectives

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

1. Reflect on what has been achieved since the first Statement on Good Pharmacy Practice has been adopted by FIP.
2. Develop an understanding of the role of National and International Pharmacy Organisations in the implementation of GPP at a local, national and/or pan-regional level.
3. Analyse and reflect upon approaches that facilitate the adoption of the new Statement on Good Pharmacy Practice.
4. Debate ways in which the FIP Community Pharmacy Section can be involved and promote the dissemination of Good Pharmacy Practice guidelines.

Chair: *Eeva Terasalmi (FIP Community Pharmacy Section, Finland)*

PROGRAMME

09.00: OPENING AND WELCOME:

Eeva Terasalmi (FIP CPS, Finland)

09.10: EXPERIENCES FROM THE FIRST GPP-PROGRAM – FROM PROGRAM TO IMPLEMENTATION:

Dick Tromp (The Netherlands)

09.45: COUNTRY EXAMPLES – THAILAND: DUANGTIP HONGSAMOOT, AND Uruguay: *Eduardo Savio*

10.45: COFFEE BREAK

11.10: NEW GPP-PROGRAM – HOW DID WE GET THERE AND WHAT SHOULD HAPPEN NOW?

Eeva Terasalmi (FIP CPS, Finland)

11.45: PANEL DISCUSSION

12.00: LUNCH BREAK

14.00: COUNTRY EXAMPLES:

Macedonia (FYROM): Lidija Petrusevska-Tozi

15.00: ROUNDTABLES: HOW TO MAKE GPP REALITY IN MY COUNTRY?

PROPOSED DISCUSSION TOPICS:

- HOW DOES PHARMACY PRACTICE DIFFER FROM GOOD PHARMACY PRACTICE?
- IS REGULATION SUPPORTING GOOD PHARMACY PRACTICE?
- HOW TO CREATE QUALITY AND MEASURE IT – QUALITY INDICATORS.

The discussions will be facilitated by the speakers giving a short introduction to the discussion topic.

16.30: CONCLUSIONS AND WRAP-UP



ARE THERE GLOBAL SOLUTIONS TO ENSURE THE INTEGRITY OF THE GLOBAL SUPPLY CHAIN?

Saturday 6 October 2012

09:00 - 12:00 | AUDITORIUM

5A 3 hours

Organised by the FIP Centennial Programme Committee

The supply chain for both generic and branded medicines is becoming increasingly global with the supply of medicines to individual countries being increasingly affected by the supply arrangements in other parts of the world or by decisions taken at a global level by multinational companies.

Whilst the globalisation of the supply chain creates benefits such as economies of scale and efficiencies, it is also creating a range of new challenges that need to be addressed. For example, where price differentials exist between countries, without controls, there is scope for the international trade in medicines, often resulting in supply shortages.

Medicines are not ordinary articles of commerce so is this trade in the interest of society? Should there be a fixed global price for in-patent medicines or are there other solutions to this problem? Differential pricing can also mean differential profits for pharmaceutical companies, so in the future could we see more examples of priority being given to one market over another for financial reasons and is there anything that countries can do at the national level to safeguard supply to their population? A global supply chain can also make it more challenging for pharmacists to confirm the authenticity of products; we will take a timely look at measures such as fingerprinting of products and product tracking that could offer long term solutions.

Finally, a key challenge for pharmacists has always been ensuring the integrity of distribution, particularly of cold chain products; are longer supply chains compounding this problem and what advances could offer support?

Learning objectives

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

1. Outline the supply problems that can be created through the differential pricing of medicines in different countries and discuss possible solutions that could be implemented to protect supply.
2. Describe the risks involved in ensuring the equitable worldwide distribution of products by global suppliers.

3. Discuss possible methods of confirming the authenticity of products to combat counterfeits in a global supply chain.
4. Describe the challenge of ensuring the integrity of products from manufacturer to pharmacy in a worldwide supply chain with a particular focus on cold chain products in developing countries.

Chairs: Linda Hakes (FIP CPC, Germany) and Lindsay McClure (FIP CPC, United Kingdom)

PROGRAMME

PRICING, PROFITS AND PATIENTS: THE IMPACT OF PRICING ON SUPPLY CHAIN MANAGEMENT:

Per Troein (IMS Health, United Kingdom)

IN A GLOBAL MARKET, HOW CAN WE ENSURE EQUITABLE WORLDWIDE DISTRIBUTION OF MEDICINES?

Lembit Rågo (WHO, Switzerland)

HOW CAN THE AUTHENTICITY OF SUPPLY BE CONFIRMED, REGARDLESS OF THE SOURCE COUNTRY OR SUPPLIER?

Ziad Nassour (Ordre des Pharmaciens du Liban, Lebanon)

IN A WORLDWIDE SUPPLY CHAIN, HOW CAN WE ENSURE THE QUALITY OF DISTRIBUTION?

Ornella Barra (Alliance Boots, United Kingdom)

FUTURE DIRECTIONS – INTEGRATING MULTIDISCIPLINARY EDUCATION INTO CURRICULA

Saturday 6 October 2012

09:00 - 12:00 | ROOM G102/103

1C 3 hours

Organised by the FIP Academic Pharmacy Section

There is increasing recognition that multidisciplinary teams are critical to providing seamless, efficient and high quality healthcare. To meet this need, it is essential that healthcare students learn in a multidisciplinary, interprofessional environment to better prepare for practice environments and to engage in improving healthcare delivery in a collaborative patient centred approach. This session will provide insight into the value of and current state of multidisciplinary interprofessional pharmacy and healthcare education.



Learning objectives

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

1. Identify key components needed in a curriculum that enable pharmacists to be active members of multidisciplinary health-care teams.
2. Make recommendations to stakeholders and decision makers about the value of multidisciplinary learning.
3. Develop ideas and action plans to use in your pharmacy education environment.

Chairs: *Ralph Altieri (University of Colorado, USA) and Vimal Kishore (Xavier University of Louisiana, USA)*

PROGRAMME

INSIGHTS INTO EVIDENCE THAT SUPPORTS THE VALUE OF MULTIDISCIPLINARY/INTERPROFESSIONAL EDUCATION OF HEALTHCARE LEARNERS AND ITS IMPACT ON PRACTICE:

Joseph Ming Wah Li (Harvard Medical School, USA) and Agnes Leotsakos (WHO Patient Safety, Switzerland)

MODELS OF MULTIDISCIPLINARY/INTERPROFESSIONAL EDUCATION THAT WORK – CLASSROOM AND EXPERIENTIAL:

Debra Humphris (University of Southampton, United Kingdom), Monica Miller (Purdue University, USA) and Dennis Helling (Kaiser Permanente Colorado, USA)

PERSPECTIVE OF NON-PHARMACISTS (E.G. PHYSICIANS) ENGAGED IN MULTIDISCIPLINARY/INTERPROFESSIONAL EDUCATION THAT INCLUDES PHARMACY:

Paul Gregerson and Steven Chen (University of Southern California, USA)

PANEL DISCUSSION

SOCIAL NETWORKS – FRIEND OR FOE IN MEDICINES INFORMATION?

Saturday 6 October 2012

09:00 - 12:00 | **ROOM E104/107**

4E 3 hours

Organised by the FIP Social and Administrative Pharmacy Section and the FIP Pharmacy Information Section

Over the past decade, there has been a rapid uptake of social networking through the use of a variety of information techno-

logies which are now for many part of their daily life. Web 2.0 and Health 2.0 are frequently used terms to describe the new dimension of communication.

The reach of social networking platforms via the internet and other technologies goes beyond traditional geographical boundaries. This alone has significant implications for healthcare and health-care delivery, as individuals (patients, carers and healthcare professionals) are able to share and receive information in real time. The implications on whether this helps inform or not will be addressed in this session.

Learning objectives

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

1. Summarize the nature and organizational structures of social networks.
2. Evaluate data and information presented and gathered via social networks.
3. Formulate research questions which can be elaborated using this kind of data.
4. Determine the current level of interest from patients using social networks.
5. Draw conclusions for pharmacy practice in the age of an informed consumer.

Chairs: *Timothy Chen (University of Sydney, Australia) and Rian Lelie-van der Zande (KNMP, The Netherlands)*

PROGRAMME

THE ROLE OF SOCIAL MEDIA FOR HEALTHCARE:

Hans Ossebaard (National Institute for Public Health and the Environment – RIVM, The Netherlands)

SOCIAL NETWORKS AS SOURCE OF INFORMATION ABOUT MEDICINES:

Marion Schaefer (Charité – Universitätsmedizin Berlin, Germany)

SOCIAL NETWORKING IN PHARMACY PRACTICE – EVIDENCE FROM A SYSTEMATIC REVIEW:

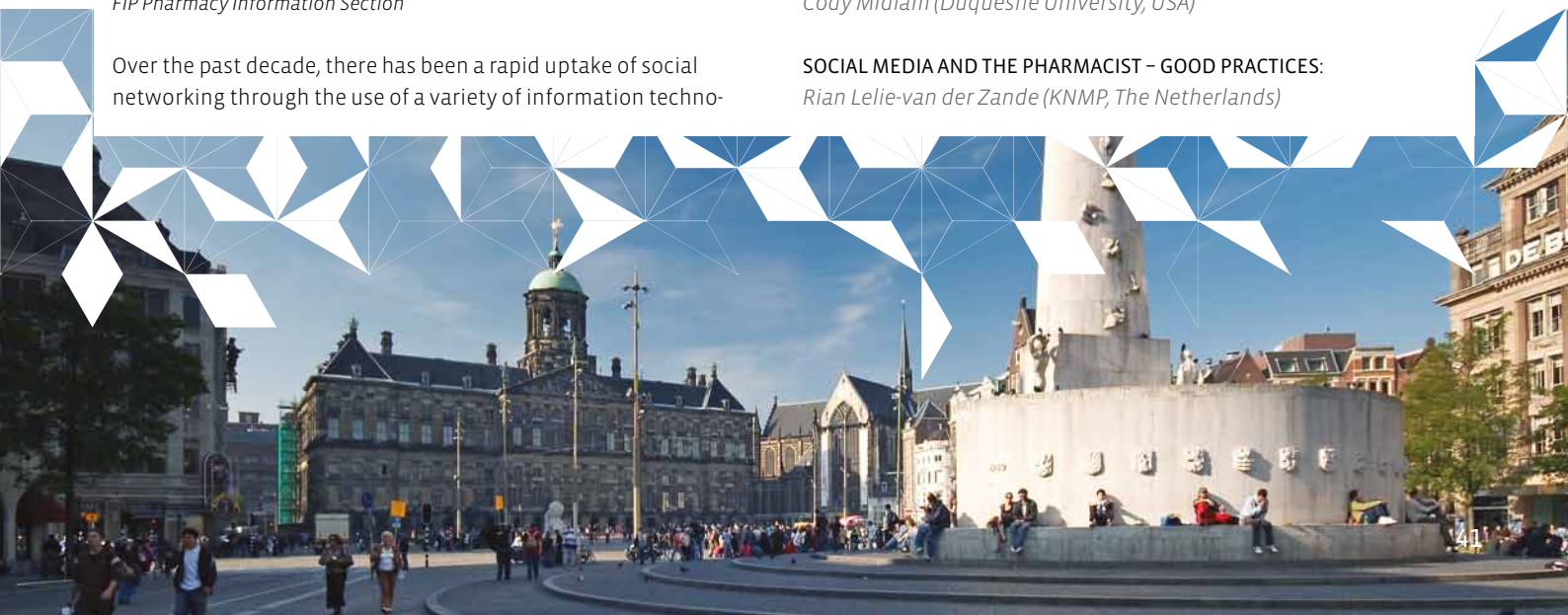
Khanal Saval (Sunsari Technical College, Nepal)

SOCIAL NETWORKING – THE ROLE OF PHARMACISTS AND THE EXPECTATIONS OF PATIENTS:

Cody Midlam (Duquesne University, USA)

SOCIAL MEDIA AND THE PHARMACIST – GOOD PRACTICES:

Rian Lelie-van der Zande (KNMP, The Netherlands)



THE NEW MEDICINES IN 20 YEARS TIME AND THEIR IMPACT ON PHARMACY PRACTICE

Saturday 6 October 2012

09:00 - 12:00 | ROOM FORUM

2B 3 hours

Organised by the FIP Centennial Programme Committee

Learning objectives

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

1. Identify the potential impact of key technologies on pharmacy practice in 2020, including nanotechnology, biomarker technologies and cell therapies.
2. Identify potential barriers to the successful uptake of key technological advances into clinical practice.
3. Identify future opportunities for the delivery of innovative pharmacy practice.
4. Articulate likely educational reforms required to ensure optimal participation of pharmacy practitioners in future therapeutic areas.

Chair: Lloyd Sansom (Department of Health and Ageing, Australia)

PROGRAMME

BIOMARKERS AND INDIVIDUALIZED MEDICINE:

Munir Pirmohamed (University of Liverpool, United Kingdom)

CELL THERAPIES:

Stefan Braam (Leiden University Medical Centre, The Netherlands)

GENE THERAPY/NUCLEIC ACID THERAPEUTICS:

Colin Pouton (Monash University, Australia)

NANOTECHNOLOGY:

Patrick Couvreur (University of Paris Sud, France)

CRITERIA FOR PATIENT ACCESS OF NEW TECHNOLOGIES – IMPACT ON REGULATORY SCIENCES:

Bert Leufkens (University of Utrecht, The Netherlands)

PAST AND FUTURE IMPACT OF DRUG DEVELOPMENT ON HEALTHCARE

Saturday 6 October 2012

12:15 - 13:45 | ROOM FORUM

2E 1.5 hours

Organised by the FIP Board of Pharmaceutical Sciences

Learning objectives

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

1. Discuss past and future influence of pharmaceutical sciences in drug discovery and drug development.
2. Discuss past and future impact of pharmaceutical sciences in drug regulations.
3. Summarize past and future impact of pharmaceutical sciences in the healthcare arena.
4. Summarize past and future impact of pharmaceutical sciences in relation to major research activities.

Chairs: Vinod Shah (FIP, USA) and Henk de Jong (FIP, The Netherlands)

PROGRAMME

IMPACT OF PHARMACEUTICAL SCIENCES IN THE HEALTHCARE ARENA:

Malcolm Rowland (University of Manchester, United Kingdom)

PHARMACEUTICAL SCIENCES IN 2020:

Daan Crommelin (University of Utrecht, The Netherlands)



REPORTS FROM YOUR GLOBAL NETWORK: FIP MEMBER ORGANISATIONS PRESENT THEIR BEST CASES AND CHALLENGES

Saturday 6 October 2012

12:15 - 13:45 | **ROOM G104/105**

8C.3 1.5 hours

Organised by the FIP Bureau

Learning objectives

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

1. Describe the Japanese situation with regards to medical dispensing and the long-term efforts engaged to change this situation.
2. List the arguments supporting separation of medical prescribing and dispensing.
3. Describe how Ireland has set up a seasonal influenza vaccination service in pharmacy.
4. List the barriers to such a service.
5. Summarise the lessons learned in Ireland.
6. Summarise the current status and future direction of pharmaceutical sciences and policies in Korea.

Chair: *Thony Björk (FIP, Sweden)*

PROGRAMME

THE INTERNATIONALISATION OF PHARMACY – MOVING AWAY FROM
MEDICAL DOCTORS' DISPENSING:

Tsuneji Nagai (Academy of Pharmaceutical Science and Technology, Japan)

SEASONAL INFLUENZA VACCINATION:

Rory O'Donnell (Irish Pharmaceutical Union, Ireland)

ACHIEVEMENTS AND FUTURE VISIONS OF KOREA IN THE GREEN
GROWTH ERA:

Beom-Jin Lee (Pharmaceutical Society of Korea, South Korea)

FROM DEVELOPMENT TO MARKETING – SHORT ORAL COMMUNICATIONS

Saturday 6 October 2012

12:15 - 13:45 | **ROOM G102/103**

8F.1 1.5 hours

Organised by the FIP Industrial Pharmacy Section

The presenters will take part in the competition for the “industrial pharmacy award for the best oral presentation”. The winner will be announced at the IPS business meeting held later during the congress.

Learning objectives

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

1. Describe several original industrial pharmacy contributions from young pharmacists or young pharmaceutical scientists, with the focus “from development to marketing”.

Chair: *Sini Eskola (FIP Industrial Pharmacy Section, Finland)*

PROGRAMME

FORMULATION AND IN VITRO EVALUATION OF MUCOADHESIVE
CONTROLLED RELEASE MATRIX TABLETS OF FLURBIPROFEN USING
RESPONSE SURFACE METHODOLOGY:

M. Ahmad

IN-LINE MONITORING OF A CONTINUOUS BLENDING PROCESS BY NIR:

Lizbeth Martinez

EFFECT OF SPHERONIZER PLATE DESIGN ON THE SPHERONIZATION OF
KETOPROFEN:

I-M. El-Mahdi

VISUALISING SHEAR STRESS DISTRIBUTION INSIDE CONSTRAINED
FLOW GEOMETRIES CONTAINING PHARMACEUTICAL POWDER EXCI-
PIENTS USING PHOTO STRESS TOMOGRAPHY:

S. Albaraki

SOLUBILITY ENHANCEMENT OF GLICLAZIDE BY SOLID DISPERSIONS:

P. Veerareddy

MEDICAL REP OR DRUG DEALER? THE PATH YOU'LL TAKE! A FOCUS ON
THE JORDAN MARKET:

H. Al-Dquor



THE REGULATION OF PHARMACEUTICALS HAS SIGNIFICANTLY INCREASED COSTS WITHOUT ADDRESSING THE KEY WEAKNESSES IN THE SUPPLY CHAIN

Saturday 6 October 2012

12:15 - 13:45 | AUDITORIUM

5B 1.5 hours

Organised by the FIP Centennial Programme Committee

The medicines supply chain is becoming increasingly global and governments around the world are debating new initiatives linked to the regulation of the development, manufacture and distribution of medicines.

This debate will give timely consideration to whether the cost-benefit balance of existing regulation is right. Are medicines over-regulated in some areas while leaving weak links in the supply chain? Should regulations be reviewed in order to provide a more uniform global approach with a focus on areas of weakness?

Learning objectives

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

1. Describe some examples of increased regulation around the world that may not be proportionate to the cost of implementation.
2. Summarise the challenge of regulating a global supply chain.
3. Outline some initiatives that are being undertaken or could be undertaken to address the challenge of the global supply chain and ensure that regulation is targeted where there is most risk.

Chair: Trevor Jones (Association of British Pharmaceutical Industry, United Kingdom)

PROGRAMME

THE CASE FOR TOO MUCH REGULATION:

Georges France (Novartis, Switzerland)

THE CASE FOR GAPS IN REGULATION:

Sandra Gidley (Health, Wellness and Fitness, United Kingdom)

PANEL DISCUSSION

ECONOMICS OF HEALTHCARE: HOW WILL WE AFFORD HEALTH SERVICES?

Saturday 6 October 2012

14:00 - 17:00 | ROOM FORUM

6A 3 hours

Organised by the FIP Centennial Programme Committee

The cost of healthcare continues to increase with new technologies and discoveries that have the potential to improve health. With these advances, concerns about the cost of healthcare and affordability have been raised. The world economic downturn has focused even more attention on these concerns.

How much should we pay for healthcare? How much can we pay for healthcare? How do we measure the overall cost of healthcare – or the lack of healthcare? These are all critical questions as governments, healthcare providers and consumers debate healthcare policy and make decisions about healthcare services. This symposium will explore these questions and offer the opportunity to discuss possible answers.

Learning objectives

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

1. Compare and contrast arguments that costs and quality vary among different countries in the world.
2. Describe what should be considered in determining the overall cost of healthcare.
3. Describe where resources are wasted in healthcare.
4. List strategies for improving quality and reducing costs by improving the use of medicines.

Chairs: Philip Schneider (FIP CPC, USA) and Jan Smits (KNMP, The Netherlands)

PROGRAMME

COMPARATIVE EFFECTIVENESS: WHY DO COST AND QUALITY OF HEALTH SYSTEMS VARY SO MUCH IN DIFFERENT COUNTRIES?

Mukesh Chawla (World Bank, USA)

THE COST OF HEALTHCARE: WHAT ARE WE PAYING FOR?

Ivo Abraham (University of Arizona, USA)

WASTE IN HEALTHCARE: WHAT SHOULD WE NOT BE PAYING FOR?

Rainer Hess (Federal Joint Committee on Health Insurance, Germany)

STRATEGIES FOR IMPROVING QUALITY AT LOWER COSTS:

Can pharmacists contribute as well as survive?

PANEL DISCUSSION

Moderator: *Philip Schneider (FIP CPC/University of Arizona, USA)*

MEDICATION ADHERENCE: IF YOU DON'T TAKE THE MEDICINES THEY WON'T WORK!

Saturday 6 October 2012

14:00 - 17:00 | AUDITORIUM

7A 3 hours

Organised by the FIP Centennial Programme Committee

Learning objectives

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

1. Describe the extent of medication non-adherence and its consequences for patient outcomes.
2. Describe pharmacokinetic and pharmacodynamic principles underlying adherence.
3. Explain behavioural aspects of non-adherence and the importance of communication with patients and doctors.
4. Compare and contrast the available evidence of pharmacy-based interventions to improve adherence.

Chairs: *Geoffrey Tucker (FIP CPC, United Kingdom) and Martin Schulz (FIP CPC, Germany)*

PROGRAMME

HOW EXTENSIVE IS MEDICATION NON-ADHERENCE AND IS IT IMPORTANT?

Ulrich Laufs (University Clinic Homburg/Saar, Germany)

UNDERSTANDING "FORGIVENESS" – A PHARMACOKINETIC/ PHARMACODYNAMIC PERSPECTIVE:

John Urquhart (Maastricht University, The Netherlands)

BEHAVIOURAL ASPECTS OF NON-ADHERENCE:

Rob Horne (University of London, United Kingdom)

PHARMACY-BASED INTERVENTION TO IMPROVE ADHERENCE – IS IT WORTHWHILE?

Martin Schulz (FIP CPC/ABDA, Germany)

FOOD FOR THOUGHT – LESSONS LEARNED FROM THE FOOD INDUSTRY

Saturday 6 October 2012

14:00 - 17:00 | ROOM G102/103

8C.4 3 hours

Organised by the FIP Industrial Pharmacy Section and the FIP SIG on Natural Products

Learning objectives

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

1. Summarize how the research and developments in food science and pharmaceuticals are increasingly overlapping.
2. List how the boundaries between food and drugs / pharmaceuticals are set and may be merging from a regulators perspective.
3. Ascertain how foods and drugs are reviewed/processed/considered/organised by competent authorities including regulators and international bodies
4. Explain the approach taken in educational institutions (e.g. catering, hotel nutrition and its management.
5. Explain the increased interactions between the food and drugs industries, research institutes and universities.
6. Address some of the regulatory opportunities and complications of interactions between food and drug products.

Chairs: *Alan Chalmers (FIP Industrial Pharmacy Section, Switzerland) and Michiyo Ito (FIP SIG Natural Products, Japan)*

PROGRAMME

FOODS WITH A MEDICATED COMPONENT: AN OPPORTUNITY FOR PATIENTS TO SELF-MEDICATE?

Kim Bill (Nestlé Health Science, Switzerland)

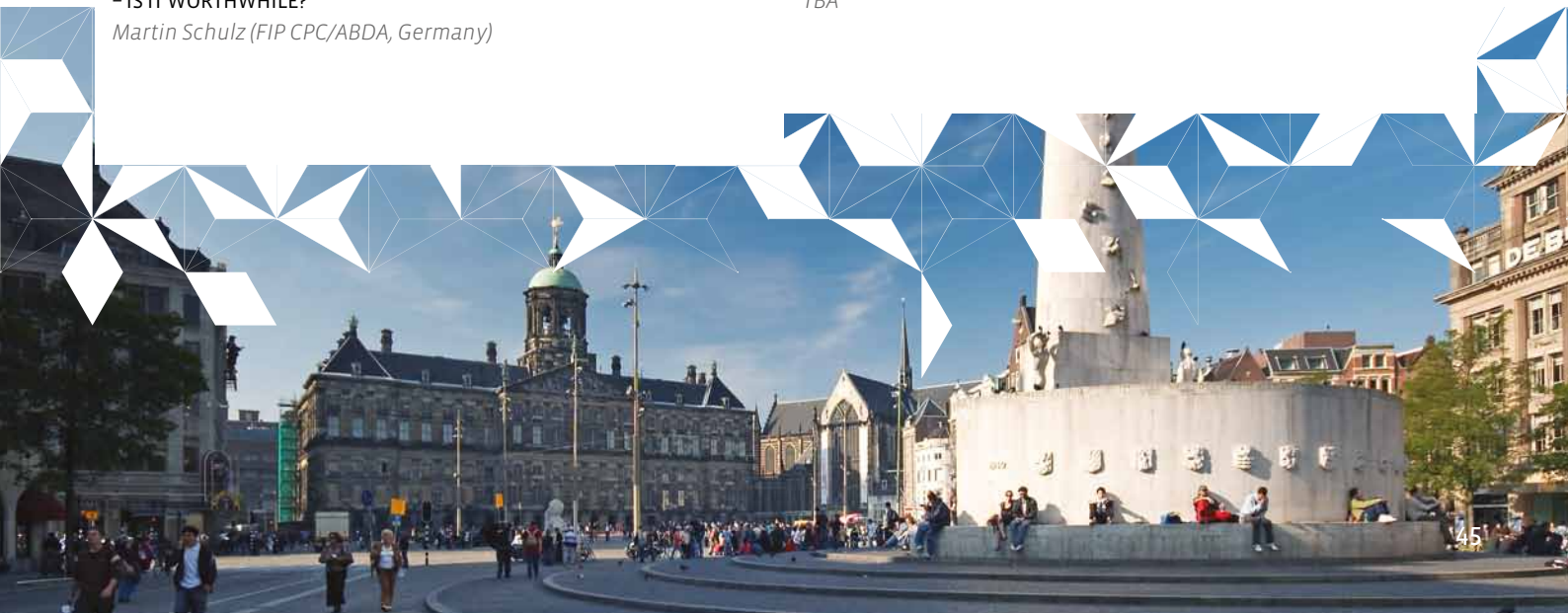
PHARMACEUTICALS WITH WIDER APPLICATIONS: REGULATION AND PHARMACEUTICAL DEVELOPMENTS: TBA

REGULATING HERBAL PRODUCTS AS FOODS: THE U.S. EXPERIENCE:

Michael McGuffin (American Herbal Products Association – AHPA, USA)

LABELLING – THE REGULATOR'S VIEW OF CHALLENGES AND OPPORTUNITIES:

TBA



Arzneimittelforschung Drug Research

New at Thieme from 2012



Editor in Chief: M. Wehling

From 2012 *Arzneimittelforschung Drug Research* will be published and distributed by Georg Thieme Verlag. Available monthly in print and online, it publishes the very latest experimental and clinical results related to drug research and development.

Due to the journal's international distribution, the primary language of publication is English.

Online manuscript submission site

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 **Thieme**

LOOKING INTO THE FUTURE OF PHARMACEUTICAL DEVELOPMENT, WHAT IS COMING DOWN THE PIPELINE?

Report on three closed BPS Workshops

Saturday 6 October 2012

14:00 - 17:00 | ROOM G104/105

8D.2 3 hours

Organised by the FIP Board of Pharmaceutical Sciences

This symposium is aimed at looking at the emerging business models for the pharmaceutical industry, at outlining the challenges for determining the generic version of non-biological complex drug substances/products. The symposium will also discuss the new “smart” drug delivery concept with examples in therapeutic breakthrough.

Learning objectives

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

1. Discuss emerging business models for Pharma.
2. Summarize criteria and rationale for generics of non-biological complex drug (NBCD) products.
3. Describe the new, so called “smart” drug delivery systems and their application in targeted drug delivery.

Chair: Henk de Jong (FIP, The Netherlands)

Speakers: Daan Crommelin (University of Utrecht, The Netherlands), Vinod Shah (FIP, USA) and Mitsuru Hashida (University of Kyoto, Japan)

SHORT ORAL PRESENTATIONS OF THE FIP ACADEMIC PHARMACY SECTION

Saturday 6 October 2012

14:00 - 17:00 | ROOM G109

8B.5 3 hours

Organised by the FIP Academic Pharmacy Section

Learning objectives

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

1. Describe several current issues in pharmacy education.
2. Compare and contrast educational initiatives undertaken in a number of countries.

Chairs: Wafa Dahdal (American College of Clinical Pharmacy, USA) and Nahoko Kurosawa (Hokkaido Pharmaceutical University, Japan)

PROGRAMME

A B-LEARNING STRATEGY FOR THERAPEUTICS AT THE BACHELOR LEVEL:

Angelo Jesus (Portugal)

DISTRICT PHARMACISTS: A CASE STUDY FROM CAPE TOWN, SOUTH AFRICA:

Hazel Bradley (South Africa)

ANALYSIS AND EVALUATION OF EXAMINATION SCORES AND RELATIVE FACTORS OF A BEIJING COMMUNITY PHARMACIST AFTER TRAINING:

S. Yan (China)

A PROFESSIONAL DEVELOPMENT FRAMEWORK FOR PHARMACY UNDERGRADUATE STUDENTS:

Ioana Stupariu (United Kingdom)

SKILL MAPPING AN UNDERGRADUATE PHARMACY DEGREE:

Peter Stewart (Australia)

DEVELOPING PHARMACY EDUCATION IN RESOURCE-POOR SETTINGS:

THE PROBLEM WITH THE ‘WORKFORCE’ LANGUAGE:

Zoe Lim (United Kingdom)

LECTURERS’ AND STUDENTS’ PERCEPTION OF STUDENTS’ EVALUATION OF CLASSROOM TEACHING IN A NIGERIAN PHARMACY SCHOOL:

Wilson Erhun (Nigeria)

CURRICULUM ENRICHMENT IN A FRAGILE STATE: INITIAL EXPERIENCE FROM AFGHANISTAN:

Haji Naimi (Afghanistan)

TECHNOLOGY ENHANCED DEVELOPMENT OF MORAL REASONING COMPETENCIES IN PHARMACIST INTERNS: STIMULATING THEIR ENGAGEMENT IN DILEMMA REVIEW AND RESOLUTION IN THE ONLINE ENVIRONMENT:

Cicely Roche (Ireland)



STEERING BETTER FUTURE DECISIONS – COMPARATIVE EFFECTIVENESS RESEARCH

Saturday 6 October 2012

14:00 - 17:00 | **ROOM E104/107**

4F 3 hours

Organised by the FIP Social and Administrative Pharmacy Section

Several new technologies are now available to evaluate alternative treatments for given disease states. It is possible to compare surgery to drugs to watchful waiting. The speakers in this session will describe several of the most promising technologies and explain their positive advantages and shortcomings.

Learning objectives

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

1. Summarize the research methods and challenges that comparative effectiveness research has to face, in order to provide evidence on the effectiveness, benefits, and harms of different, alternative treatment options for pharmacists and other stakeholders.
2. Read more easily articles about health technology assessment (HTA) which are to support the process of decision-making in healthcare at a policy level by providing reliable information.
3. Explain the difference between efficacy, effectiveness and efficiency and the “new gold standard”.
4. Summarize the process of conducting economic evaluations.
5. Explain how to build and use the drug formulary system as an ongoing process whereby a healthcare organisation through its physicians, pharmacists and other care professionals establishes policies on the use of medicines products and therapies to best serve the health interests of a given patient population.

Chairs: *Marina Altagracia-Martínez (UAM-X, Mexico), Albert Wertheimer (Temple University, USA) and Dechun Jiang (China)*

PROGRAMME

COMPARATIVE EFFECTIVENESS RESEARCH (CER):

Bert Leufkens (University of Utrecht, The Netherlands)

HEALTH TECHNOLOGY ASSESSMENT:

Jeff Poston (Canadian Pharmacists' Association, Canada)

EFFICIENCY: THE NEW GOLD STANDARD:

Albert Wertheimer (Temple University, USA)

THE IDEAL FORMULARY AND THE CASE OF MEXICO:

Jaime Kravzov-Jinich (UAM-X, Mexico)

SUNDAY 7 OCTOBER 2012

ACCESS TO APPROPRIATE PAIN RELIEF – A GLOBAL CHALLENGE

Sunday 7 October 2012

09:00 - 12:00 | **AUDITORIUM**

4B 3 hours

Organised by the FIP Centennial Programme Committee

The management of pain often includes the use of medicines. Problems with adequate management of pain are well documented. Pharmacists have an opportunity to help to resolve these problems.

There is a need to identify what national pharmacy organisations need to do in their own countries to advance access to appropriate pain relief. There is also a need to improve access to pain relief for children, and to address the challenges of designing policies in this data-scarce environment.

Learning objectives

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

1. Describe the gaps that exist in managing pain and the opportunities for improvement.
2. List best practices in pain management.
3. Summarize how pharmacists can improve pain management.
4. Explain the unique problems of pain management in children.



Chairs: *Andy Gray (FIP, South Africa) and Régis Vaillancourt (FIP, Canada)*

PROGRAMME

GLOBAL DIFFERENCES IN ACCESS TO CONTROLLED MEDICINES, INCLUDING OPIOIDS:

Willem Scholten (WHO, Switzerland)

MANAGING PERSISTENT PAIN IN CHILDREN – DEVELOPING GLOBAL GUIDELINES:

John Collins (University of Sydney, Australia)

APPROPRIATE PAIN MEDICINES FOR CHILDREN – NEW CONSIDERATIONS:

Stuart MacLeod (University of British Columbia, Canada)

PANEL DISCUSSION

ECONOMICS OF PHARMACY: HOW WILL PHARMACISTS BE PAID?

Sunday 7 October 2012

09:00 - 12:00 | ROOM FORUM

6B 3 hours

Organised by the FIP Centennial Programme Committee

Sub-optimal use of medicines and associated healthcare costs have paved the way for pharmacy professional services which have the potential to improve patient safety and maximize treatment outcomes.

In addition, the industrialization of pharmaceutical manufacturing and the expansion of new dispensing technologies are challenging the added value of pharmacists in repackaging and distributing drugs. However, most remuneration models still rely predominantly on margins based on the dispensing activity, and few have successfully incorporated cognitive services.

Will the traditional model of practice continue to be financially viable? Does pharmacy need a reordering of its business model conducive to guarantee its future? Which strategies should be in place for the development of remunerated professional services? And who will be willing to pay for them? This symposium will provide an overview of key issues in this debate and offer the opportunity to consider them in a broader context of interested stakeholders.

Learning objectives

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

1. Describe the impact of economic liberalization on the traditional model of pharmacy.
2. Recognize the cyclic nature of business and professions.
3. Draw conclusions from other industries' examples on how to reorder the pharmacy business model to suit contemporary needs of patients and societies.
4. Outline strategies used by professional organizations when negotiating for new pharmacy cognitive services.
5. Compare and contrast alternate remuneration models for pharmacists.

Chairs: *Ema Paulino (FIP CPC, Portugal) and Ruud Delsing (KNMP, The Netherlands)*

PROGRAMME

ECONOMIC LIBERALIZATION AND THE IMPACT ON PHARMACY: WHAT IS THE FUTURE OF TRADITIONAL PHARMACIES?

John Chave (Pharmaceutical Group of the European Union, Belgium)

THE CYCLE OF BUSINESS AND PROFESSIONS: SHOULD PHARMACY RE-INVENT THEIR BUSINESS MODEL TO SURVIVE?

Philip Schneider (CPC/University of Arizona, USA)

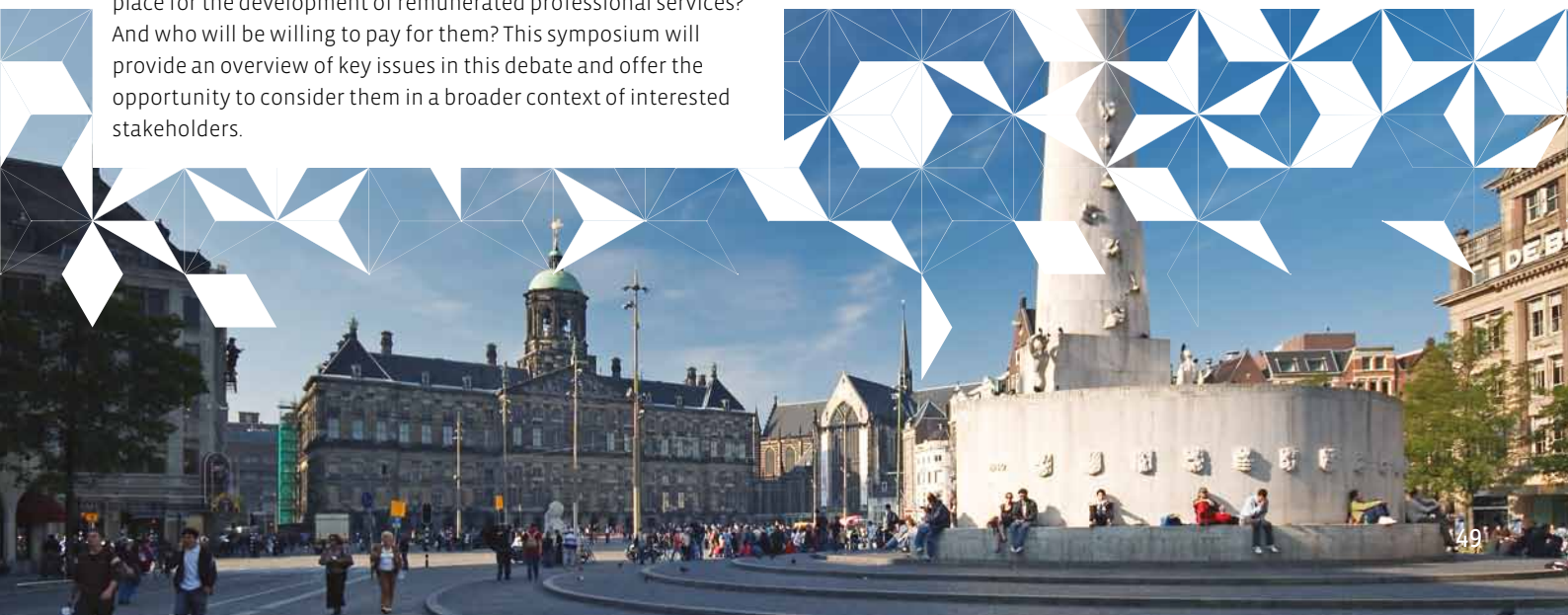
HOW TO GET APPROPRIATE REMUNERATION FOR PHARMACISTS' PROFESSIONAL SERVICES?

Alison Roberts (Pharmaceutical Society of Australia, Australia)

ALTERNATE COMPENSATION MODELS FOR PHARMACISTS: WHAT ARE THE DIFFERENT WAYS TO PAY FOR PHARMACY SERVICES AND WILL PHARMACISTS CHANGE THEIR PRACTICE?

PANEL DISCUSSION

Moderator: *Ema Paulino (FIP CPC, Portugal)*



INTERNATIONAL WORLD OF PHARMACOPOEIAS – NOW AND IN FUTURE: PHARMACOPOEIAL HARMONISATION – WHERE ARE WE TODAY? (PLENARY SESSION 1)

Sunday 7 October 2012

09:00 - 12:00 | ROOM EMERALD

8J.1

Organised by the International Pharmaceutical Federation and the World Health Organization



Chair: Mitsuru Hashida (Japanese Pharmacopoeia/FIP Board of Pharmaceutical Sciences, Japan)

PROGRAMME

09:00: INTRODUCTION BY THE CHAIR

09:05: WHY WE ARE HERE, WHAT WE TRY TO ACCOMPLISH (IDEAS BEHIND THE SERIES OF MEETINGS):

Sabine Kopp (World Health Organization, Switzerland)

09:15: SUMMARY OF THE PAST ACTIVITIES:

Alain Nicolas (France)

- Report on the February 2012 meeting of the world pharmacopoeias (including feedback on the survey on pharmacopoeias)
- Suggestions for future activities expressed during that meeting

10:00: QUESTIONS AND ANSWERS

10:30: Coffee break

11:00: MULTINATIONAL HARMONIZATION OF COMPENDIA

– LEARNING FROM CURRENT INITIATIVES: WHAT WORKED AND DID NOT WORK?

Mike Morris (Irish Medicines Board, Ireland) and TBA

Continues on Sunday 7 October 2012 afternoon with session 8J.2

PHARMACISTS – CREATING A FUTURE OF BETTER PHARMACOVIGILANCE

Sunday 7 October 2012

09:00 - 12:00 | ROOM E104/107

3C 3 hours

Organised by the FIP Pharmacy Information Section

In recent years there has been much focus on the safety of drugs. It all begun with the withdrawal of rofecoxib and continued with the rosiglitazone controversy and most recently the possible association between the pandemic influenza vaccines (pandemrix) and narcolepsy.

When looking back at the identified risks of drugs during the last few years, one might have the feeling that drugs are more unsafe, because we identify more harm with drugs than before.

The above might be true, but it can also be that pharmacovigilance, which according to the WHO is ‘the science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other drug-related problem’ has become better at doing its job, namely detecting possible risks of drugs.

Learning objectives

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

1. Explain the role that the pharmacist can play in pharmacovigilance.
2. Discuss and describe how pharmacists’ involvement in pharmacovigilance can be strengthened.
3. Explain the role of patients in the reporting of adverse drug effects.

Chairs: Kees van Grootheest (Netherlands Pharmacovigilance Centre, The Netherlands) and Alexander Dodoo (WHO Collaborating Centre for Advocacy and Training in Pharmacovigilance, Ghana)

PROGRAMME

THE ROLE OF COMMUNITY PHARMACISTS IN PHARMACOVIGILANCE

Kees van Grootheest (Netherlands Pharmacovigilance Centre, The Netherlands)

THE ROLE OF THE PHARMACIST IN PHARMACOVIGILANCE IN RESOURCE LIMITED SETTINGS

Shanthi Pal (Quality Assurance and Safety of Medicine, WHO)



LAREB INTENSIVE MONITORING, PHARMACY BASED INTENSIVE MONITORING

*Eugène van Puijenbroek (Netherlands Pharmacovigilance Centre Lareb,
The Netherlands)*

ENCOURAGING PHARMACY INVOLVEMENT IN PHARMACOVIGILANCE, AN INTERNATIONAL PERSPECTIVE

Sten Olsson (WHO Collaborating Centre For International Drug Monitoring, Sweden)

FORUM FOR PRACTITIONERS – ORAL COMMUNICATIONS: 100 COMMUNITY PHARMACISTS TALK: MY DAILY ACTIVITIES

Sunday 7 October 2012

09:00 - 12:00 | **ROOM G104/105**

8F.2 3 hours

Organised by the FIP Community Pharmacy Section

In addition to the short oral presentations by a select number of speakers, the Section will introduce a video prepared for the FIP Centennial, the actors being 100 community pharmacists worldwide, showcasing their practice and their pharmacy, and commenting on services they provide.

Themes

- Dispensing activities (processes);
- Counselling activities and supporting adherence;
- Pharmacy services;
- GPP;
- Compounding.

Learning objectives

At the conclusion of this session, the attendants will be able to:

1. Describe different solutions that have been put in place by pharmacists and pharmacies to support their daily activities.
2. List a number of primary healthcare initiatives undertaken by individual pharmacists and/or pharmacy organisations.
3. Compare and contrast different national status of dispensing activities, counselling activities, initiatives to support adherence and other pharmacy-based services.
4. Identify a number of organisations or individual pharmacies which have implemented Good Pharmacy Practice guidelines.
5. Describe the benefits of implementing GPP guidelines at the community pharmacy level.

Chair: *Warren Meek (FIP Community Pharmacy Section, Canada)*

PROGRAMME

SOCIAL RESPONSIBILITY OF PHARMACY BEOGRAD:

Olivera Gordic (Serbia)

SUSPECTED TUBERCULOSIS CASE DETECTION AND REFERRAL IN PRIVATE PHARMACIES IN VIETNAM:

H.D. Vu (The Netherlands)

PSEUDORESISTANT HYPERTENSION CAUSED BY NON-ADHERENCE AND INAPPROPRIATE ANTIHYPERTENSIVE PRESCRIPTION:

Alfredo de Oliveira-Filho (Brazil)

THE KANO ANALYSIS OF PATIENTS' SATISFACTION AT COMMUNITY PHARMACY:

Haruo Yamaguchi (Japan) A meta-analysis of fee-for-services medication review by community pharmacists: Ernieda Hatah (New Zealand)

DEVELOPING THE CANADIAN PHARMACY SERVICES FRAMEWORK TO SUPPORT EXPANDED PATIENT-CENTRED PHARMACY SERVICES WITHIN A FINANCIALLY SUSTAINABLE COMMUNITY PHARMACY BUSINESS MODEL:

Janet Cooper (Canada) Online counselling from the pharmacy: Helle Jacobsgaard (Denmark)

THE FUTURE EMERGENCY DRUG SUPPLY CHAIN – STRENGTHENING THE WEAKEST LINK

Sunday 7 October 2012

09:00 - 12:00 | **ROOM G102/103**

5D 3 hours

Organised by the FIP Military and Emergency Pharmacy Section

Co-Chairs: *Jane Dawson (FIP MEPS, New Zealand) and Richard Wosolsobe (FIP MEPS, Austria)*

Learning objectives

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

1. Describe the role of emergency kits in disaster response operations.
2. Explain how the packaging affects pharmaceuticals during transportation.
3. Explain how pharmacists need to be specifically educated to be pharmacologists.



PROGRAMME

PHARMACISTS AND EMERGENCY KITS – A STRONG PARTNERSHIP FOR HUMANITARIAN ASSISTANCE:

Alexandr Kosyak (Public Health Service, USA)

LATEST ADVANCES IN GOOD MILITARY TRANSPORTATION PRACTICE – A SCIENTIFIC APPROACH - HOW TO IMPROVE THE QUALITY OF PHARMACEUTICALS IN MISSIONS:

Thomas Zimmermann (Central Institute of the Bundeswehr Medical Service Munich, Germany)

MILITARY PHARMACEUTICAL EDUCATION OF CPLA: CHALLENGE AND CHANGE:

Chai Yi-Feng (Second Military Medical University of CPLA, China)

MANAGING THE DRUG SUPPLY CHAIN IN AN EMERGENCY: THE ROLE OF THE PHARMACOLOGISTS:

Selma Bernardi (Red Cross, Switzerland)

DEVELOPMENT AND APPLICATION OF STANDARD THERAPEUTIC GUIDELINES FOR COMMON EMERGENCIES:

Zhao Pei-xi (Department of Pharmacy, Fourth Military Medical University, China)

TRACEABILITY OF DRUGS IN URUGUAY:

Washington Diaz (Uruguay Defence Force, Uruguay)

THE FUTURE OF CLINICAL PHARMACY EDUCATION – THE NEED FOR ATTENTION TO ‘HOT TOPICS’

Sunday 7 October 2012

09:00 - 12:00 | ROOM G106/107

2F 3 hours

Organised by the FIP Academic Pharmacy Section and FIPed Pharmacy Education Taskforce

Pharmacy and healthcare education must continuously strive to stay ahead of the healthcare change curve by preparing students for their future roles as healthcare practitioners. This session will provide insight into the growing global awareness of the need for clinical pharmacy education and will provide a forum for pharmacy educators to present their perspectives on hot topics in pharmacy education that address the current and future needs of their societies and communities.

Learning objectives

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

1. Articulate the need for and value of clinical pharmacy education.
2. Identify key directions for contemporary and future pharmacy education.
3. Develop ideas and action plans for enhancing your pharmacy education programs.

Chairs: *Wafa Dahdal (American College of Clinical Pharmacy, USA) and Ian Bates (University College London, United Kingdom)*

PROGRAMME

CLINICAL PHARMACY EDUCATION - CONTEMPORARY AND FUTURE:

Joseph DiPiro (South Carolina School of Pharmacy, USA)

SHORT ORAL PRESENTATIONS

Short oral presentations based on contributed abstracts will focus on critical pharmacy education topics that are required to meet the needs of societies and communities across the globe.

IT'S LIKE MUSIC – THE FULL COMPLEMENT OF WELL-TUNED INSTRUMENTS DOES IT BEST: INTERPROFESSIONAL LEARNING IN A RURAL CONTEXT:

Lindy Swain (Australia)

DEVELOPMENT OF POST-PHARM.D. RESIDENCIES IN THE U.S. FOR FOREIGN PHARMACISTS:

Michael Katz (USA)

DISTANCE LEARNING CONNECTING HOSPITAL PHARMACISTS IN MEDICINES INFORMATION:

Raisa Laaksonen (Finland)

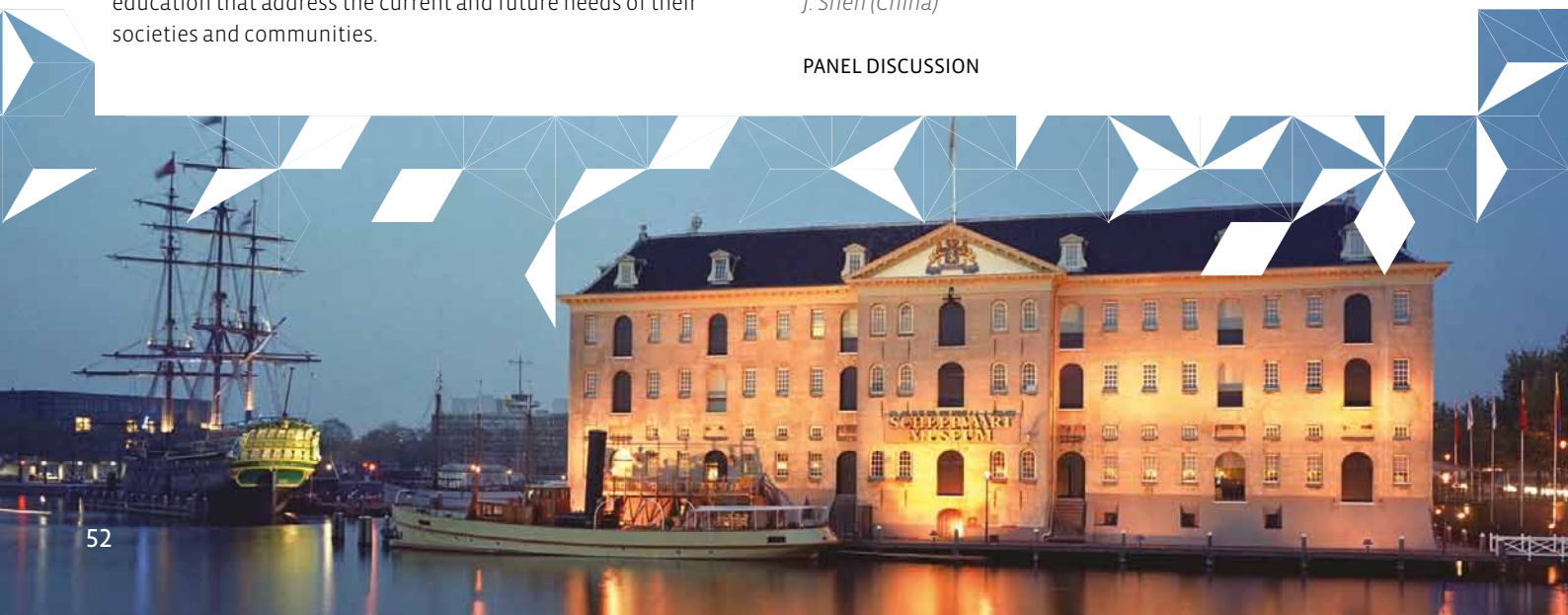
DEVELOPING POSTGRADUATE EDUCATION UNITS IN CLINICAL HOT TOPICS: BALANCING THE NEEDS OF JUNIOR YEARS PHARMACISTS WITH ADVANCED PRACTITIONERS:

Kirstie Galbraith (Australia)

CLINICAL CASE-BASED TEACHING: A BETTER ALTERNATIVE TO THE CONVENTIONAL LECTURE TEACHING METHOD IN THE COURSE OF CLINICAL PHARMACOTHERAPY FOR UNDERGRADUATE STUDENTS OF CLINICAL PHARMACY:

J. Shen (China)

PANEL DISCUSSION



BIOWAIVER MONOGRAPHS – INCREASING ACCESS TO THE WORLD’S AFFORDABLE, QUALITY MEDICINES

Sunday 7 October 2012

12:15 - 13:45 | ROOM E104/107

2G 1.5 hours

Organised by the FIP Board of Pharmaceutical Sciences

To gain approval of a generic drug product, its bioequivalence to a comparator product must be demonstrated.

Bioequivalence can be tested through pharmacokinetic studies, but in the last decade it has also been possible to show bioequivalence using laboratory-based tests (the so-called biowaiver procedure). Biowaiver-based approval reduces the cost of bringing (generic) products into the market and thus improves patient access to affordable medicines without sacrificing product quality. Over the last ten years, it has been the aim of the FIP to generate biowaiver monographs for individual drug substances, in which a recommendation is reached about whether or not products containing the substance should be eligible for the biowaiver procedure.

This session will describe eligibility criteria, the biowaiver procedure itself and discuss the impact that the biowaiver monographs have had in various regions of the world.

Learning objectives

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

1. Explain when bioequivalence of products needs to be tested.
2. Identify the different ways in which bioequivalence can be tested.
3. Explain the classification of drugs according to the BCS (Biopharmaceutics Classification Scheme).
4. List the additional factors to be considered when applying the biowaiver procedure.
5. Explain how to determine whether the bioequivalence of a given product can be tested by the biowaiver procedure.
6. Identify the benefits of the biowaiver procedure in terms of global health and patient care.

Chair: Jennifer Dressman (University of Frankfurt, Germany).

PROGRAMME

THE BIOWAIVER PROJECT – OVERVIEW:

Vinod Shah (FIP, USA)

WHICH DRUGS ARE ELIGIBLE FOR THE BIOWAIVER?

Anita Nair (Goethe University, Germany)

BIOWAIVERS IN THE WHO PREQUALIFICATION PROGRAMME:

Jan Welink (RIVM, The Netherlands)

WHAT DOES THE FUTURE HOLD FOR BIOWAIVER-BASED DRUG APPROVAL?

Jennifer Dressman (University of Frankfurt, Germany)

CLINICAL GUIDELINES – RAISING THE BAR OR CREATING ROADBLOCKS?

Sunday 7 October 2012

12:15 - 13:45 | AUDITORIUM

4G 1.5 hours

Organised by the FIP Hospital Pharmacy Section

Learning objectives

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

1. Describe the role of the Basel Statements and how they may be perceived in practice.
2. Understand the principles behind why guidelines are needed.
3. Recognise when a “one-size-fits-all” approach is inappropriate.

Chair: TBA

PROGRAMME

THE IMPORTANCE OF GUIDELINES ON A GLOBAL SCALE – THE BASEL STATEMENTS:

Jonathan Penm (Australia)

DIFFICULTIES ENCOUNTERED WHEN GUIDELINES ARE SCARCE:

Lucy Yun-Ju Pan (China Taiwan)

GUIDELINES STOP YOU THINKING:

David Maxwell (United Kingdom)



PRESENTATION OF “COMMUNITY PHARMACY VISION 2020”

Sunday 7 October 2012

12:15 - 13:45 | ROOM FORUM

1D 1.5 hours

Organised by the FIP Community Pharmacy Section

Learning objectives

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

1. Reflect on the challenges that lay ahead for community pharmacy practice.
2. Develop and contrast future scenarios and appropriate strategies to deal with such challenges.
3. Analyse and reflect upon approaches to the strategic development of individual pharmacies and organisations, and the behaviours which underpin their successful implementation.
4. Develop an understanding of the role of national and international pharmacy organisations in designing the future of the profession.
5. Develop an understanding of the role of national pharmacy organisations in providing individual pharmacies with specific tools that facilitate service provision and pharmacy practice in general.
6. Discuss the role of the Community Pharmacy Section of FIP as a facilitator for needed changes.

Chair: Dominique Jordan (FIP CPS, Switzerland)

Co-Chair: Ema Paulino (FIP CPS, Portugal)

PROGRAMME

12:15: OPENING:

Dominique Jordan (FIP CPS, Switzerland)

12:30: PRESENTATION OF THE PUBLICATION “PHARMACY VISION 2020”:

Ema Paulino (FIP CPS, Portugal)

13:10: DEBATE

13:35: CONCLUSIONS AND WRAP-UP

TRADITIONAL PROCESS VS INNOVATIVE PRACTICE – BENEFITS OF THE MULTI-GENERATIONAL TEAM IN PATIENT OUTCOMES

Sunday 7 October 2012

12:15 - 13:45 | ROOM G104/105

1E 1.5 hours

Organised by the FIP Young Pharmacists' Group

Pharmacy has had a dramatic shift in the demographics of its professionals. 20 years ago the pharmacy graduate was male and the majority of pharmacist employees and owners were male. Now, the majority of graduates are female, and as such the work-force has become one primarily made up of female employees and male pharmacist owners.

With the advancements in technology, and the shift in demographics, what benefits do our patients now have, and what are the pitfalls we as a profession should be aware of? This debate will not be one of statistics and science; instead we intend it to be an interactive, but thought provoking look at the profession and the challenges we are now facing with technology, patient education and increasing international society.

Learning objectives

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

1. Stimulate discussion amongst pharmacists as to the future of pharmacy, and where the profession is going.
2. Draw attention to the changing face of the profession.
3. Discuss the implications of experience vs. new innovations.
4. Establish the role that both experience and new innovations can hold within pharmacy.
5. Outline how patient outcomes can be influenced by both experience and new innovations.
6. Facilitate integration of new innovations into the practice of pharmacy.

Chair: Tara Hehir (FIP YPG, Australia)

PROGRAMME

IMPACT OF TECHNOLOGY IN PHARMACY PRACTICE

MANAGEMENT AND MATURITY

COMMUNICATION ISSUES



For each topic, panellists will be debating either the affirmative or negative position in teams

- AFFIRMATIVE TEAM (TRADITIONAL PROCESS)

Jeff Hughes (Captain) (Australia)

Noel Stenson (Ireland)

Greg Duncan (Australia)

- NEGATIVE TEAM (INNOVATIVE PRACTICE)

Scott Dalglish (Captain) (United Kingdom)

Veronika Sumpichova (Czech Republic)

Neveen Abdelghani (United States of America)

INTERNATIONAL WORLD OF PHARMACOPOEIAS – NOW AND IN FUTURE: OPEN FORUM ON “GOOD PHARMACOPOEIAL PRACTICES” (PLENARY SESSION 2)

Sunday 7 October 2012

14:00 - 18:00 | **ROOM EMERALD**

8J.2 4 hours



Organised by the International Pharmaceutical Federation and the World Health Organization

During this session, key stakeholders will give their views on multinational harmonization of compendia, explain which common approaches will help to allow harmonization or mutual recognition of pharmacopoeias' outcomes and define the topics that would benefit most of a harmonization.

PROGRAMME

13:30: TRENDS SETTING FROM DIFFERENT REGIONS OF THE WORLD (NEEDS FOR CHANGE) AND HIGHLIGHTS/WISHES FROM THE WORLD PHARMACOPOEIAS

10-MINUTE STATEMENTS OF DIFFERENT STAKEHOLDERS

Speakers representing world pharmacopoeias (e.g. Chinese Pharmacopoeia, European Pharmacopoeia, Indian Pharmacopoeia, Indonesian Pharmacopoeia, International Pharmacopoeia, Japanese Pharmacopoeia, Republic of Korea Pharmacopoeia, Russian Federation Pharmacopoeia, South American Pharmacopoeia, Ukraine Pharmacopoeia, United States Pharmacopoeia)

15:00: Coffee break

15:30: TRENDS SETTING FROM DIFFERENT REGIONS OF THE WORLD (NEEDS FOR CHANGE) AND HIGHLIGHTS/ WISHES FROM THE INTERESTED PARTIES

10-MINUTE STATEMENTS OF DIFFERENT STAKEHOLDERS

Speakers representing stakeholders (e.g. APIC (active pharmaceutical ingredients), IPEC Federation (excipients), IGPA (generic companies), IFPMA, WSMI, Regulators from Europe, Asia and Africa)

16:50 - 18:00: DISCUSSION

with the active participation of the FIP Sections (FIP Industrial Pharmacy Section, FIP Laboratory and Medicines Control Section)

**This session is the continuation of session 8J.1 held on Sunday 7 October 2012 morning.
Continues on Monday 8 October 2012 morning with workshop 8J.3.**

ADVANCING EMERGENCY PHARMACY PRACTICE INTO THE FUTURE

Sunday 7 of October 2012

14:00 - 17:00 | **ROOM G102/103**

8C.5 3 hours

Learning objectives

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

1. Summarize the need for international guidelines on disaster preparedness.
2. Describe the role of the Emergency Pharmacist in disaster response.
3. List the future developments of the Emergency Pharmacist role.

Co-Chairs: *Chen Zheng-Yu (FIP MEPS, China) and Wendy Walker (FIP MEPS, Australia)*



PROGRAMME

ANALYSING, UNDERSTANDING AND ADDRESSING THE SOURCING OF QUALITY MEDICINES IN LOW INCOME MARKETS:

Christophe Luyckx (QUAMED, Belgium) and Alexandr Kosyak (Public Health Service, USA)

DEVELOPMENT OF GUIDELINES ON EMERGENCY PREPAREDNESS:

Jane Dawson (New Zealand Defence Force, New Zealand)

PROTECTING, PROMOTING AND ADVANCING HEALTH AND SAFETY: PUBLIC HEALTH SERVICE PHARMACISTS' ROLE IN EMERGENCY PREPAREDNESS AND RESPONSE:

Nita Sood (Public Health Service, USA)

EMERGENCY RESPONSE PHARMACIST: ROLE AND FUTURE DEVELOPMENT:

Eiko Kobayashi (Japanese Red Cross, Japan)

PHARMACISTS' ROLE IN THE MANAGEMENT OF PATIENTS WITH CHRONIC DISEASES DURING DISASTER SITUATIONS – OUR EXPERIENCE DURING THE GREAT EAST JAPAN EARTHQUAKE DISASTER:

Takanao Hashimoto (Sendai City Medical Centre, Japan)

RESPONDING TO DISASTER – EXPERIENCE FROM AN ER PHARMACY OF A TERTIARY CARE HOSPITAL IN PAKISTAN:

Feroza Feroza (Aga Khan Hospital, Karachi, Pakistan)

CURRENT DEVELOPMENTS IN QUALITY ASSURANCE OF THE SUPPLY CHAIN

Sunday 7 of October 2012

14:00 - 17:00 | **ROOM E104/107**

5E 3 hours

Organised by the FIP Industrial Pharmacy Section and the FIP Laboratory and Medicines Control Section

Chairs: *Tom Sam (FIP IPS, The Netherlands) and Frans van de Vaart (FIP LMCS, The Netherlands)*

Learning objectives

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

1. Describe the way how in Europe quality of the supply chain is assured.
2. Describe the practicalities of implementing legislation to prevent the manufacture and distribution of falsified medicines.

3. Identify the ways in which industry combats falsified medicines.
4. Describe the use of risk management to evaluate and control the distribution of temperature sensitive medicines.
5. List options to improve the global supply chain.

PROGRAMME

ENSURING THAT THE LEGITIMATE SUPPLY CHAIN IS SECURE: THE IMPACT OF THE FALSIFIED MEDICINES DIRECTIVE PROVIDING A NEW LEGAL FRAMEWORK FOR EUROPE:

Monika Derecque (European Association of Pharmaceutical Full-line Wholesalers, Belgium)

THE E.U. FALSIFIED MEDICINES DIRECTIVE – NEW PROVISIONS FOR ACTIVE PHARMACEUTICAL INGREDIENTS:

Vivian Moffat (Amgen, The Netherlands)

RISK MANAGEMENT OF THE END-TO-END SUPPLY CHAIN FOR TEMPERATURE CONTROLLED PHARMACEUTICALS:

Erik van Asselt (Global Logistics, MSD, The Netherlands)

GLOBAL SUPPLY CHAIN – CURRENT CHALLENGES AND FUTURE DIRECTIONS:

Didier Mouliom (Cameroon)

IMPROVING RESPONSIBLE USE OF OTC MEDICINES FROM LABELING TO COUNSELING

Sunday 7 October 2012

14:00 - 17:00 | **AUDITORIUM**

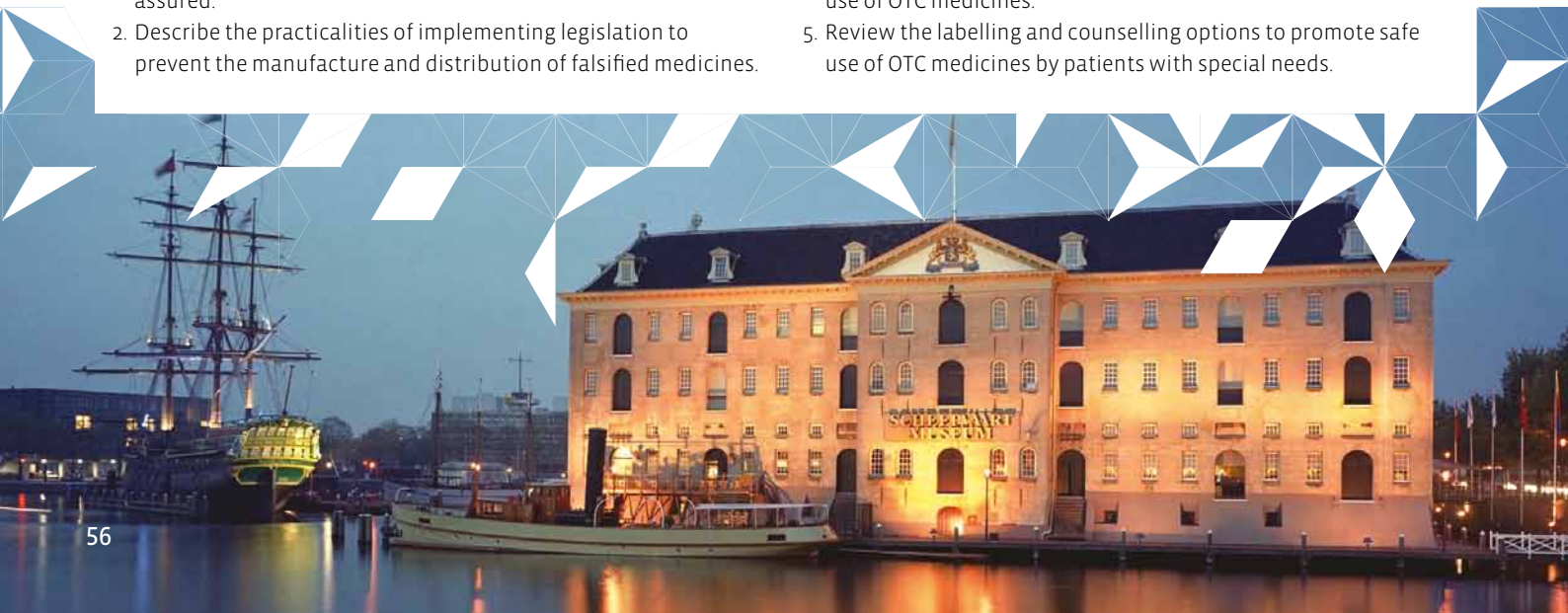
4H 3 hours

Organised by the FIP Pharmacy Information Section

Learning objectives

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

1. Describe the standards to which OTC labelling should conform.
2. Identify the key points that contribute to successful and effective counselling of patients planning to use OTC medicines.
3. Discuss the challenges associated with labelling medicines for patients with special needs.
4. Discuss the media influence on patients' decisions and how pharmacists can use it to promote the correct and responsible use of OTC medicines.
5. Review the labelling and counselling options to promote safe use of OTC medicines by patients with special needs.



Chairs: Igor Linhares de Castro (FIP Industrial Pharmacy Section, Brazil) and Aldo Alvarez-Risco (FIP Pharmacy Information Section, Peru)

PROGRAMME

INFORMATION STANDARDS FOR OTC DRUGS LABELLING – PROVIDING QUALITY INFORMATION FOR PATIENTS ON SELF-MEDICATION TREATMENT REGIMEN:

Hubertus Cranz (World Self-Medication Industry, Belgium)

IMPROVING COUNSELLING CAPABILITIES: HOW TO ENSURE THE RESPONSIBLE USE OF NON-PRESCRIPTION MEDICINES

- PART 1: IMPROVING COUNSELLING CAPABILITIES OF COMMUNITY PHARMACISTS – AN INTERNATIONAL TASK FORCE PROJECT:

John Chave (Pharmaceutical Group of the European Union, Belgium)

- PART 2: ENSURING THE RESPONSIBLE USE OF OTC MEDICINES IN DEVELOPING COUNTRIES: THE INFLUENCE OF SOCIAL MEDIA – WHERE DOES THE PHARMACIST INTERVENE AND WHAT ARE THE CAPABILITIES INVOLVED?

José Juárez-Eyzaguirre (Peruvian Academy of Pharmacy, Peru)

LABELLING INFORMATION FOR PATIENTS WITH SPECIAL NEEDS: INDUSTRIAL SOLUTIONS AND COUNSELLING CHALLENGES FOR PHARMACISTS TO GUARANTEE EQUAL RIGHTS FOR PATIENTS WHO USE NON-PRESCRIPTION DRUGS:

Igor Linhares De Castro (FIP Industrial Pharmacy Section, Brazil)

INNOVATIONS IN EDUCATION TECHNOLOGY AND SHARED RESOURCES FOR PHARMACY AND HEALTHCARE LEARNERS

Sunday 7 October 2012

14:00 - 17:00 | ROOM G106/107

8B.2 3 hours

Organised by the FIP Academic Pharmacy Section

Technology is playing an increasingly important role in healthcare and pharmacy education. This session will explore emerging innovations in technology-based shared education resources and education technologies to enhance learning and achievement of educational outcomes.

Learning objectives

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

1. Assess the value of education technology to enhance learning in healthcare education programs.
2. Identify emerging education technology initiatives being used successfully in pharmacy education programs.
3. Develop ideas and action plans for enhancing technology at their institution.

Chairs: Ralph Altieri (University of Colorado, USA) and Jennifer Archer (Consultant, United Kingdom)

PROGRAMME

EDUCATION TECHNOLOGY – ITS USE AND VALUE IN HEALTHCARE EDUCATION:

Jennifer Marriott (Monash University, Australia)

MODELS OF EDUCATION TECHNOLOGY INNOVATION

A) E-LEARNING:

Matthew Boyd (Nottingham University, United Kingdom)

B) TEACHING RESOURCE CENTRE:

Adam Cohen (Leiden University, The Netherlands)

C) VIRTUAL PATIENT:

Stephen Chapman (Keele University, United Kingdom)

D) PHARMATOPIA:

Ian Larson (Monash University, Australia)

SHARED EDUCATION RESOURCES

Speakers will present two shared education resources available to all educators that will help to support program development and the UNITWIN Initiative.

A. SABER (SHARING AND BUILDING EDUCATIONAL RESOURCES):

Marian Costelloe (Monash University, Australia)

B. PHARMAPEDIA:

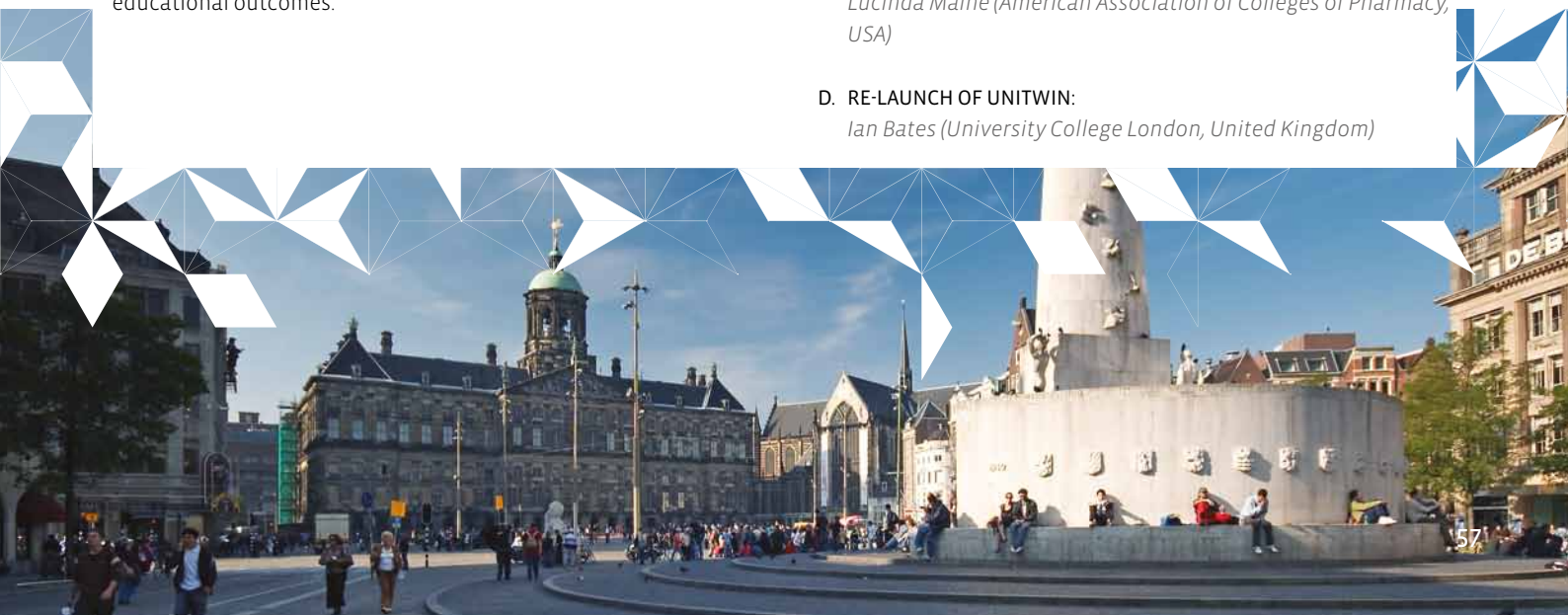
Ian Bates (University College London, United Kingdom)

C. BUILDING AN INTERPROFESSIONAL PORTAL FOR HEALTH PROFESSIONS EDUCATION:

Lucinda Maine (American Association of Colleges of Pharmacy, USA)

D. RE-LAUNCH OF UNITWIN:

Ian Bates (University College London, United Kingdom)



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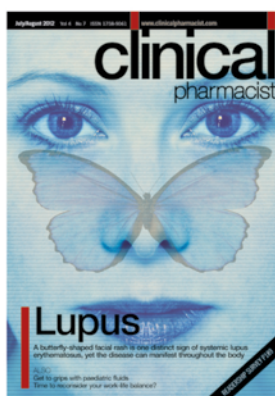
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CENTENNIAL
Amsterdam
3-8 October 2012



FORUM FOR PRACTITIONERS – ORAL COMMUNICATIONS: 100 COMMUNITY PHARMACISTS TALK: MY DAILY ACTIVITIES

Sunday 7 October 2012

14:00 - 17:00 | ROOM G104/105

8F.2 3 hours

Organised by the FIP Community Pharmacy Section

In addition to the short oral presentations by a select number of speakers, the Section will introduce a video prepared for the FIP Centennial, the actors being 100 community pharmacists worldwide, showcasing their practice and their pharmacy and commenting on services they provide.

| TOPAZ LOUNGE

Themes

- Dispensing activities (processes);
- Counselling activities and supporting adherence;
- Pharmacy services;
- GPP;
- Compounding.

Learning objectives

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

1. Describe different solutions that have been put in place by pharmacists and pharmacies to support their daily activities.
2. List a number of primary healthcare initiatives undertaken by individual pharmacists and/or pharmacy organisations.
3. Compare and contrast different national status of dispensing activities, counselling activities, initiatives to support adherence and other pharmacy-based services.
4. Identify a number of organisations or individual pharmacies which have implemented Good Pharmacy Practice guidelines.
5. Describe the benefits of implementing GPP guidelines at the community pharmacy level.

Chair: Warren Meek (FIP Community Pharmacy Section, Canada)

PROGRAMME

CASE OF THE WEEK – A TOOL FOR IMPLEMENTATION OF NATIONAL STANDARDS FOR COUNSELLING AT THE COUNTER:

Pernille Prib Beier (Denmark)

ENGAGING COMMUNITY PHARMACISTS IN NATIONAL TB PROGRAMME

– A PATH-BREAKING DEVELOPMENT IN INDIA:

Manjiri Gharat (India)

COLLABORATIVE CARE: EXPERIENCES FROM A STUDENT AND A PHARMACIST IN THE UNITED STATES:

Deborah Pestka (USA)

PROVIDING SPECIFIC PHARMACY SERVICE – PUBLIC PHARMACY VRSAC:

S. Tirnanic (Serbia)

PHARMACY BASED TELECARE FOR METABOLIC SYNDROME MANAGEMENT:

Antal Samu (Hungary)

STICKER ACTION TO CREATE AWARENESS OF ANTIBIOTIC LEFTOVERS IN THE FAMILY MEDICINE CABINET:

Joris Maesschalck (Belgium)

WHAT SCIENTIFIC PRINCIPLES WILL DRUG THERAPY BE BASED ON IN 2030?

Sunday 7 October 2012

14:00 - 17:00 | ROOM FORUM

2C 3 hours

Organised by the FIP Centennial Programme Committee

Learning objectives

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

1. Explain how the major scientific principles will underpin drug therapy in 2030.
2. Identify the important efficacy and safety issues and their assessment.
3. List the new orientations of the pharmaceutical sciences with implications for curriculum development.
4. Identify key (future) paradigm shifts and their potential implications for pharmacy practice and patient counselling.

Chair: Ross McKinnon (FIP CPC, Australia)



PROGRAMME

MECHANISM-BASED AND PREDICTIVE DRUG TRANSPORT AND DRUG METABOLISM:

Leslie Benet (University of San Francisco, USA)

TRANSLATIONAL DRUG DISCOVERY AND DEVELOPMENT INCLUDING PERSONALIZED THERAPIES:

Yuichi Kubo (Daiichi Sankyo, Japan)

SYSTEM THERAPEUTICS LEADING TO MULTITARGET DRUGS AND RATIONAL COMBINATION THERAPIES:

Meindert Danhof (Leiden University, The Netherlands)

SITE SPECIFIC DRUG DELIVERY STRATEGIES:

Claus-Michael Lehr (University of Saarland, Germany)

MONDAY 8 OCTOBER 2012

FORUM FOR INNOVATORS: IMPLEMENTING PROFESSIONAL SERVICES WITH THE BUSINESS AND PROFESSIONAL ASPECTS OF A COMMUNITY PHARMACY

Monday 8 October 2012

09:00 – 12:00 and 14:00 – 17:00 | AUDITORIUM

6D 6 hours

Organised by the FIP Community Pharmacy Section

Year 3: Community Pharmacy Business Models: Business and financial aspects of implementing and integrating pharmaceutical services

The Forum for Innovators in Pharmacy Practice was developed with the purpose of creating a forum for sharing experience and exchanging information. The FIP Community Pharmacy Section has a long tradition of organising education for professional leaders in community pharmacy. The theme for the period 2010-2012 is "Integrating professional services with the business of a pharmacy". Managing change to implement professional services as well as high quality core activities that meet social needs is

extremely important. In addition, more recent research has shown that the implementation and incorporation of services into the professional and business practice of the community pharmacy are optimised if the services are part of the strategic decision for the pharmacy business with financial planning, staff management, and marketing, communication internally and externally to customers and other health care professions. It is critical to make the services professionally and financially viable and sustainable. The expertise and capacity of pharmacists in this area need further development, thus professional organisations should develop their own capability to provide national programmes. This three-year programme will address these issues.

The first year of the programme was delivered in Lisbon, Portugal 2010, covering the ability of pharmacists to make strategic decision-making and provide examples of community pharmacy business models emerging from these strategic decisions.

Year 2 in Hyderabad, India covered the financial and business planning required for implementing and integrating pharmaceutical services in a cost-effective manner, various income and expenditures models for service payments arising from government, and systems and models used for setting pharmaceutical service fees.

Year 3 will conclude the programme by providing an overall approach to the issues of pharmaceutical services.

The specific learning objective of this year's session will be to provide a history and summary of international major professional services programmes receiving payment particularly in the areas:

- how payment was achieved;
- business rules associated with service;
- professional competencies;
- models of delivery;
- to identify the major facilitators of implementing professional services from the:
 - business perspective – income and expenditure;
 - professional perspective;
 - to determine areas of capacity building to provide sustainable pharmaceutical services.

Target audience

Employees in member organisations and/or educators dealing with pharmacy practice development, implementation and costing of pharmacy based services. Member organisations have been invited to send employees to attend the meeting.

This third year will be of additional interest to community pharmacy owners, managers of community pharmacies and persons involved in ensuring the adoption, implementation and delivery of professional service delivery in a professional and cost-effective manner.

The programme encourages all leading practitioners to attend.

Learning objectives

At the conclusion of Year 3 of the programme, the participants will be able to:

1. Give an historical summary of methods of achieving payment for professional service covering the research, professional, economic and political elements.
2. Describe the major international pharmaceutical services including the nature of the service, its professional and business implications.
3. List the major factors to ensure appropriate implementation rates.

Chair: *Charlie Benrimoj (University of Technology Sydney, Australia)*

Co-Chair: *Charlotte Rossing (Pharmakon, Denmark)*

PROGRAMME

09:00: OFFICIAL WELCOME BY THE PRESIDENT OF THE FIP CPS:

Dominique Jordan (FIP CPS, Switzerland)

WELCOME AND INTRODUCTION:

Charlie Benrimoj (University of Technology Sydney, Australia)

09:10: CASES FROM VARIOUS COUNTRIES TO INCLUDE:

1. UNITED KINGDOM:

Rajesh Patel (Hollowood Chemists Limited, United Kingdom)

2. UNITED STATES OF AMERICA:

Eugene Lutz (FAPhA, USA)

3. FINLAND:

Sirpa Peura (The Association of Finnish Pharmacies, Finland)

4. SWITZERLAND:

Olivier Bugnon (Policlinique Médicale Universitaire, University of Lausanne and University of Geneva, Switzerland)

5. CANADA:

Jeff Poston (Canadian Pharmacists Association, Canada)

11:20: WORKSHOP 1: COMMON CHARACTERISTICS OF PROCESSES OF SECURING PAYMENT FOR THE IMPLEMENTATION OF PROFESSIONAL SERVICES

Objectives:

1. To determine common characteristics of processes of securing payment.
2. To identify models for different services that support service provision for differing services in various countries.

Tasks: Participants will discuss their experiences in the context of the models comparing them to:

1. Home country.
2. Other countries.
3. Case studies.

14:00: AN OVERVIEW OF THE DEVELOPMENT, EVALUATION, PROCESS OF SECURING PAYMENT, BUSINESS AND PROFESSIONAL ASPECTS OF IMPLEMENTATION OF PROFESSIONAL SERVICES IN COMMUNITY PHARMACY:

Charlie Benrimoj (University of Technology Sydney, Australia)

15:00: WORKSHOP 2: CAPACITY BUILDING IN PROFESSIONAL SERVICES

Objectives:

1. To identify and further develop areas in which capacity building needs to be addressed.
2. To develop programmes for individuals, national and other organisations to implement professional services community pharmacies.

Tasks:

1. Participants to undertake a mapping of countries versus capacity required.
2. With the results of Task 1 construct the outline of a programme with learning outcomes and suggest models of delivery.

16:30: PLENARY ROUNDTABLE DISCUSSION



BREAKTHROUGH TECHNOLOGIES AND THE PARADIGM SHIFT IN NANOMEDICINES

Monday 8 October 2012

09:00 - 12:00 | ROOM G102/103

2H 3 hours

Organised by the FIP Board of Pharmaceutical Sciences

Learning objectives

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

1. Describe the paradigm shift in nanomedicine.
2. Explain the importance of breakthrough technology in drug delivery systems (DDS) for nanomedicine.
3. Recognise the impact of siRNA based nanomedicine as a next generation nanotherapy.
4. Describe a new therapeutical potential based on a pDNA based nanomedicine.
5. Summarise the potential market created by breakthrough technology in nanomedicine.

Chairs: Horst-Dieter Friedel (Bayer Pharma, Germany) and Hideyoshi Harashima (Hokkaido University, Japan)

PROGRAMME

CHALLENGES FOR TRANSLATION OF NANOMEDICINES:

Rogério Gaspar (University of Lisbon, Portugal)

CHARACTERIZATION OF NANOMEDICINE DRUG PRODUCTS:

Marianna Foldvari (University of Waterloo, Canada)

BREAKTHROUGH TECHNOLOGIES IN GENE DELIVERY FOR NANOMEDICINES:

Hideyoshi Harashima (Hokkaido University, Japan)

HOW PARTNERING CAN SUPPORT THE DRUG DELIVERY NEEDS OF AN EVOLVING PORTFOLIO:

Barbara Lueckel (Roche, Switzerland)

NANOPARTICLE CHARACTERIZATION FOR CANCER THERAPEUTICS AND DIAGNOSTICS: LESSONS LEARNED FROM NCI'S NANOTECHNOLOGY CHARACTERIZATION LAB (NCL):

TBA

INTERNATIONAL WORLD OF PHARMACOPOEIAS: NOW AND IN FUTURE

Workshop: Challenges in developing herbal medicines monographs and applying them in practice

Monday 8 October 2012

09:00 - 12:00 | ROOM G104/105

8J.4 3 hours



Organised by the International Pharmaceutical Federation and the World Health Organization

Chair and Rapporteur: Gugu Mahlangu (Medicines Control Authority of Zimbabwe, Zimbabwe)

Co-Chair and Rapporteur: Michiyo Ito (FIP, Japan)

09:00: QNMR, A NEW METHOD FOR SPECIFICATION OF MARKER COMPOUNDS USED FOR STANDARDIZATION OF HERBAL MEDICINES: Yukihiro Goda (Japanese NIH, Japan)

09:25: SOUTH-EAST ASIA: TBA (Thai FDA, Thailand)

09:50: CONTRIBUTION OF THE EUROPEAN PHARMACOPOEIA TO THE DEVELOPMENT OF QUALITY STANDARDS FOR HERBAL MEDICINAL PRODUCTS: Salvador Canigueral (University of Barcelona, Spain)

10:15: Coffee break

10:35: TBA: Farshad Shirazi (Iran)

11:00-12:00: DISCUSSION WITH THE AUDIENCE
This session is the continuation of session 8J.2 held on Sunday 7 October 2012 afternoon.

This programme continues on Monday 8 October 2012 afternoon with session 8J.5



INTERNATIONAL WORLD OF PHARMACOPOEIAS – NOW AND IN FUTURE:

Workshop: Impurities and Residues

Monday 8 October 2012

09:00 - 12:00 | ROOM EMERALD

8J.3 3 hours



Organised by the International Pharmaceutical Federation and the World Health Organization

This session will focus on hot topics in current testing for impurities in medicinal product.

Chair and Rapporteur: Low Min Yong (Health Sciences Authority, Singapore)

PROGRAMME

09:00: IMPURITIES TESTING ACCORDING TO ICH GUIDELINES:
THE GOLDEN STANDARD?

Jos Hoogmartens (Belgium)

09:25: POTENTIALLY GENOTOXIC IMPURITIES:

Andrew Teasdale (FIP SIG on Analytical Sciences and Pharmaceutical Quality, United Kingdom)

09:50: METAL RESIDUES:

Janeen Skutnik (ICH Q3D EWG, USA)

10:15: Coffee break

10:35: EXTRACTABLES AND LEACHABLES:

Jörg Zürcher (Bayer HealthCare Pharmaceuticals, Germany)

11:00: DISCUSSION WITH THE AUDIENCE

This session is the continuation of session 8J.2 held on Sunday 7 October 2012 afternoon.

This programme continues on Monday 8 October 2012 morning with workshop 8J.5.

UNIVERSAL COMPETENCIES: WHAT IS COMPETENCE AND HOW DO WE MEASURE IT?

Monday 8 October 2012

09:00 - 12:00 | ROOM E104/107

8B.3 3 hours

Organised by FIP Education Initiatives (FIPEd)

Learning objectives

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

1. Define competence and competency frameworks.
2. Compare and contrast international perspectives from practitioners to regulators.
3. Describe the development of a global competency framework.
4. Consider how to apply a global competency framework to their environment as a practitioner, academic, regulator, researcher – from self-assessment to the evaluation of educational outcomes of an institution.

Chairs: Ian Bates (UCL School of Pharmacy, United Kingdom) and Bronwyn Clark (Pharmacy Council, New Zealand)

PROGRAMME

INTRODUCTION:

Ian Bates (UCL School of Pharmacy, United Kingdom)

INTERNATIONAL PERSPECTIVES ON MEASURING COMPETENCE AND PERFORMANCE FOR BETTER HEALTHCARE. EVIDENCE FROM AROUND THE WORLD INCLUDING A FOCUS ON:

A) PRACTITIONER DEVELOPMENT: THE DIFFERING ROLES OF CONTINUING PROFESSIONAL EDUCATION AND PROFESSIONAL REGULATION:

Catherine Duggan (Royal Pharmaceutical Society, United Kingdom)
and Cora Nestor (Pharmaceutical Society of Ireland)

B) ADVANCING PRACTICE THROUGH PROFESSIONAL RECOGNITION: IS COMPETENCE MEASURABLE IN ADVANCED PRACTICE?

Ian Coombes (Queensland Health, Australia) and Arijana Mestrovic (Atlantic Farmacia, Croatia)

C) TRANSNATIONAL APPROACHES IN THE AMERICAS:

Nelly Marín (PAHO, USA)



**A GLOBAL FRAMEWORK FOR A COMPETENT WORKFORCE:
EVIDENCE FROM FIPED:**

*Andreia Bruno (FIPed, United Kingdom) and Andrew Brown
(University of Canberra, Australia)*

**DESIGNING BETTER PROFESSIONAL EDUCATION FROM CRADLE TO
GRAVE: ARE COMPETENCY-BASED APPROACHES WORKING?**
David Webb (London and Eastern NHS, United Kingdom)

**INTERNATIONAL PERSPECTIVES ON MEASURING COMPETENCE
AND PERFORMANCE FOR BETTER HEALTHCARE:**
Ian Coombes (Queensland Health, Australia)

**DELEGATE DISCUSSION ON CURRENT DEBATES AND WORKSHOP
RECOMMENDATIONS**

**THE DYNAMIC HEALTHCARE ENVIRONMENT
– ITS IMPACT ON THE FUTURE**

Monday 8 October 2012

09:00 - 12:00 | **ROOM G106/107**

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Organised by the FIP Social and Administrative Pharmacy Section

Learning objectives

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

1. Explain the dynamic healthcare environment and its impact on professional practice and behaviour.
2. Summarize future developments like pharmacist prescribing, legislative changes and also how different employment models may impact on pharmacists' autonomy.
3. Explain the impact of changing attitudes and values on professional relationships patients/clients, healthcare workers and with pharmacists and employers.
4. Discuss the impact of these changes and their influence on ethical codes.

Chairs: *Ann Lewis (University of London, United Kingdom) and
Malcolm Broussard (Louisiana Board of Pharmacy, USA)*

PROGRAMME

PHARMACY, SCIENCE AND THE SOCIAL SCENE:

*Ambrose McLoughlin (Secretary General of the Department of
Health, Ireland)*

IS PHARMACY BECOMING MORE RISKY?
Paul Bennett (Boots UK Ltd, United Kingdom)

RELATIONSHIPS – A NEW PARADIGM?
Tommy Westerlund (University of Gothenburg, Sweden)

ETHICS ON THE MOVE:
Diane Ginsburg (University of Texas, USA)

PANEL DISCUSSION

**CLINICAL PEARLS – INSPIRATION TO IMPROVE YOUR
FUTURE HOSPITAL PRACTICE**

Monday 8 October 2012

12:15 - 13:45 | **ROOM G102/103**

8F.4 1.5 hours

Organised by the FIP Hospital Pharmacy Section

This session will consist of brief, current clinical practice challenges and best practices in hospital pharmacy services aiming at sharing different practice approaches to issues which are common to hospital pharmacy practitioners.

Learning objectives

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

1. Identify direct patient care services related to pharmacists' responsibilities in assuring optimal outcomes from medication use.
2. Compare different approaches to pharmacists' involvement with the use of medical devices in the clinical setting.

Chair: *TBA*



PROGRAMME

IMMUNIZATIONS FOR INTERNATIONAL TRAVEL:

Vesna Bizjak (Slovenia)

THE PHARMACY PRACTICE MODEL:

Stephen Eckel (USA)

TBA:

Anjli Acharya (Canada)

PHARMACOVIGILANCE AND MONITORING AND DECREASING ADVERSE MEDICATION EVENTS:

Helen Oduntan (Nigeria)

PARTNERING WITH COLLEGE OF PHARMACY FOR HOSPITAL PHARMACY TRAINING:

Eduardo Savio (Uruguay)

SHORT ORAL COMMUNICATIONS OF THE FIP PHARMACY INFORMATION SECTION

Monday 8 October 2012

12:15 - 13:45 | **ROOM G104/105**

8F.3 1.5 hours

Organised by the FIP Pharmacy Information Section

Chairs: *Parisa Aslani (University of Sydney, Australia) and Françoise Pradel (University of Maryland, USA)*

PROGRAMME

LOW HEALTH LITERACY PATIENTS IN UNDER-RESOURCED SYSTEMS: DO THEY KNOW WHAT MEDICINES INFORMATION THEY NEED OR WANT AND WHERE TO SOURCE IT?

Ros Dowse (South Africa)

PATIENTS' BELIEFS ABOUT MEDICINES AND QUALITY OF LIFE AFTER A MEDICATION REVIEW WITH CARE PLAN DEVELOPMENT:

A CASE CONTROL STUDY:

Marlies Geurts (The Netherlands)

EVALUATION OF THE SELF-ADMINISTRATION OF A MEDICATION PROGRAM FOR PATIENTS WITH SPINAL CORD INJURY OF A BRAZILIAN CENTRE OF NEUROSCIENCE AND REHABILITATION:

C.S. Rodrigues (Brazil)

GERIATRICIANS', GENERAL PRACTITIONERS' AND ACCREDITED PHARMACISTS' VIEWS OF GERIATRIC MEDICATION MANAGEMENT RESOURCES: A QUALITATIVE STUDY:

Paulina Stehlik (Australia)

DO DRUG INFORMATION NEEDS AND HEALTH LITERACY AFFECT KIDNEY TRANSPLANT PATIENTS' ADHERENCE TO IMMUNOSUPPRESSANT DRUGS?

Françoise Pradel (USA)

IMPLEMENTING DRUG INFORMATION STRATEGY IN FINLAND: MEETING MEDICINES INFORMATION NEEDS OF ADOLESCENTS:

Marja Airaksinen (Finland)

SWITCHING FROM PRESCRIPTION TO NON-PRESCRIPTION STATUS – CHALLENGES AND OPPORTUNITIES

Monday 8 October 2012

12:15 - 13:45 | **ROOM G106/107**

4J 1.5 hours

Organised by the FIP Community Pharmacy Section

'Switching' medicines from prescription only to non-prescription (or 'Over-the-Counter, OTC) status has been a recent focus of interest for many governments interested in saving costs and encouraging people to undertake better 'self-care'. Newly switched medicines are used most effectively if all stakeholders play their part – patients and consumers, pharmacies and pharmacists, regulators and the pharmaceutical industry. But along with the opportunities come challenges.

Learning objectives

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

1. List the reasons for medicines switching.
2. List the products involved.
3. Describe the benefits and risks.
4. Explain how regulations should be organised to achieve the best results.

Chair: *Eeva Teräsalmi (FIP Community Pharmacy Section, Finland)*



PROGRAMME

12:15: OPENING REMARKS BY THE CHAIR

12:25: GLOBAL TRENDS IN MEDICINES SWITCHING:

David Webber (World Self-Medication Industry, France)

12:50: ENLARGING THE OTC-MARKET – CHALLENGES AND OPPORTUNITIES FOR COMMUNITY PHARMACISTS:

Harri Ovaskainen (Finland)

13:20: THE ROLE OF REGULATION – WHAT DOES EUROPEAN CENTRALIZED SWITCHING MEAN AND WHAT ARE THE EXPERIENCES?

Jurate Svarcaite (Pharmaceutical Group of the European Union, Belgium)

13:35: DISCUSSION AND WRAP UP BY THE CHAIR

WHAT DOES A PHARMACY LEADER LOOK LIKE (AND ARE THEY BORN, DEVELOPED OR ADOPTED)?

Monday 8 October 2012

12:15 - 13:45 | ROOM E104/107

1F 1.5 hours

Organised by FIP Education Initiatives (FIPed), the African Pharmaceutical Forum and the FIP/UNESCO Unitwin programme

This luncheon was organised with the support of an unrestricted grant from Phi Lambda Sigma.

Learning objectives

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

1. Describe how diversity in leaders and leadership styles can have a positive influence on the efficacy of healthcare teams.
2. Identify leadership development resources available for pharmacy academics, practitioners, and scientists.
3. Compare and contrast how practice and science education models relate to distribution of pharmacy workforce and leadership.

Chairs: *Tina Brock (University of California San Francisco, USA) and Catherine Duggan (Royal Pharmaceutical Society, United Kingdom)*

PROGRAMME

This interactive session will highlight the role of diversity in leadership, discuss various leadership development resources and describe the relationship between workforce planning and leadership. It will also provide an opportunity for noted pharmacy leaders to share their experiences within a variety of career development pathways.

Speakers:

Joseph Bonnarens (Manchester College, USA)

Atieno Ojoo (UNICEF, Denmark)

Manjiri Gharat (Indian Pharmaceutical Association, India)

Tana Wuliji (Global Develoop, USA)

Azubike Okwor (African Pharmaceutical Forum, Nigeria)

HISTORY OF PHARMACY

Monday 8 October 2012

14:00-17:00 Room G104/105

8G 3 hours

Organised by the FIP Working Group on the History of Pharmacy

Learning objectives

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

1. Integrate a few examples of pharmacy practice changes and environment in the past in their vision of the future of pharmacy.

Chair: *Toine Pieters (KNMP, The Netherlands)*

Co-Chairs: *Annette Bierman (Cercle Benelux d'Histoire de la Pharmacie, The Netherlands) and Jacques Gravé (Sauvegarde du Patrimoine Pharmaceutique, France)*

PROGRAMME

PRESENTATION OF DAVID TAYLOR'S PUBLICATION FOR THE FIP CENTENNIAL:

David Taylor (United Kingdom)

HISTORY OF FIP:

Lynn Marie Mifsud (Malta)



SHORT ORAL PRESENTATIONS:

- A. WHY ARE PHARMACISTS INVESTING IN CLINICAL BIOLOGY IN SOUTHERN EUROPE AND NOT IN THE NORTH? WHAT EXPLAINS THIS DIFFERENCE THROUGHOUT HISTORY? WHAT HAVE PHARMACISTS DONE TO THAT DISCIPLINE AND WHAT WILL IT BRING IN THE FUTURE?

Bernard Poggi (FIP Clinical Biology Section, France)

- B. STATUS OF THE HOSPITAL PHARMACIST – AN HISTORICAL GLIMPSE:

Jacqueline Surugue (FIP Hospital Pharmacy Section, France)

- C. HISTORY AND ROLE OF PHARMACIST LICENSING BODIES AND THEIR EVOLUTION IN THE FUTURE:

Yves Gariépy (Université Laval, Québec, Canada)

- D. PAPAVER SOMNIFERUM, ERYTHROXYLON COCA AND PASSIFLORA INCARNATA – TRADITIONAL PLANT REMEDIES AND INDUSTRIAL PRODUCTION OF DRUGS:

Sabine Anagnostou (Philipps-Universität, Marburg/Lahn, Germany)

- E. RELIABLE INFORMATION ABOUT DRUGS? HISTORICAL ASPECTS OF PICTOGRAMS:

Christiane Staiger (University of Mainz, Neu-Isenburg, Germany)

- F. THE ESTABLISHMENT OF THE CZECH PHARMACEUTICAL ASSOCIATIONS AND THEIR ECONOMIC AND SOCIAL ACTIVITIES IN THE YEARS 1835-1948:

Vilma Vranova (University of Veterinarian and Pharmaceutical Sciences, Brno, Czech Republic)

- G. TAG-LABELS – CULTURAL HISTORY FROM FINLAND:

Marcus Olli (Helsinki, Finland)

including several reports on active substances detected in high concentrations in freshwater.

There is a broad consensus that we must strive to achieve sustainable water management globally in pharmaceutical production, of course including effective waste water handling. We should not forget that the majority of water used in pharmaceutical production is for heating and cooling in manufacturing processes and for the production of pure water. Sustainable water management should therefore take all activities that include water into consideration.

This session will take a broad perspective on pharmaceuticals and water, and will focus on positive developments and initiatives.

Learning objectives

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

1. Explain the importance of clean water to the present and future inhabitants of planet earth.
2. Outline what authorities, associations and companies do to preserve our scarce fresh water resources.
3. Discuss how to minimize the environmental foot print of pharmaceuticals.

Chair: *Ulf Janzon (FIP IPS, Sweden)*

PROGRAMME

WATER, THE ENVIRONMENT AND ECONOMICS:

Peter Schulte (Pacific Institute, USA)

PHARMACEUTICALS AND OTHER EMERGING CONTAMINANTS IN EUROPE'S WATERS:

Peter Pärt (European Environment Agency, Italy)

PHARMACEUTICALS IN THE ENVIRONMENT AND THE ROLE OF THE PHARMACEUTICAL INDUSTRY: *Mike Murray (European Federation of Pharmaceutical Industries and Associations-EFPIA)*

PHARMACEUTICALS AND THE ENVIRONMENT – THE SWEDISH AGENDA:

Bengt Mattson (LIF, the Swedish Association of the Pharmaceutical Industry, Sweden)

PANEL DISCUSSION ON HOW TO PROMOTE ENVIRONMENTAL AWARENESS TO THE CONSUMER:

All previous speakers

Tessa Brandsema (FIP CPS, Apotheek Esmarke Enschede, The Netherlands)

PHARMACEUTICALS AND WATER

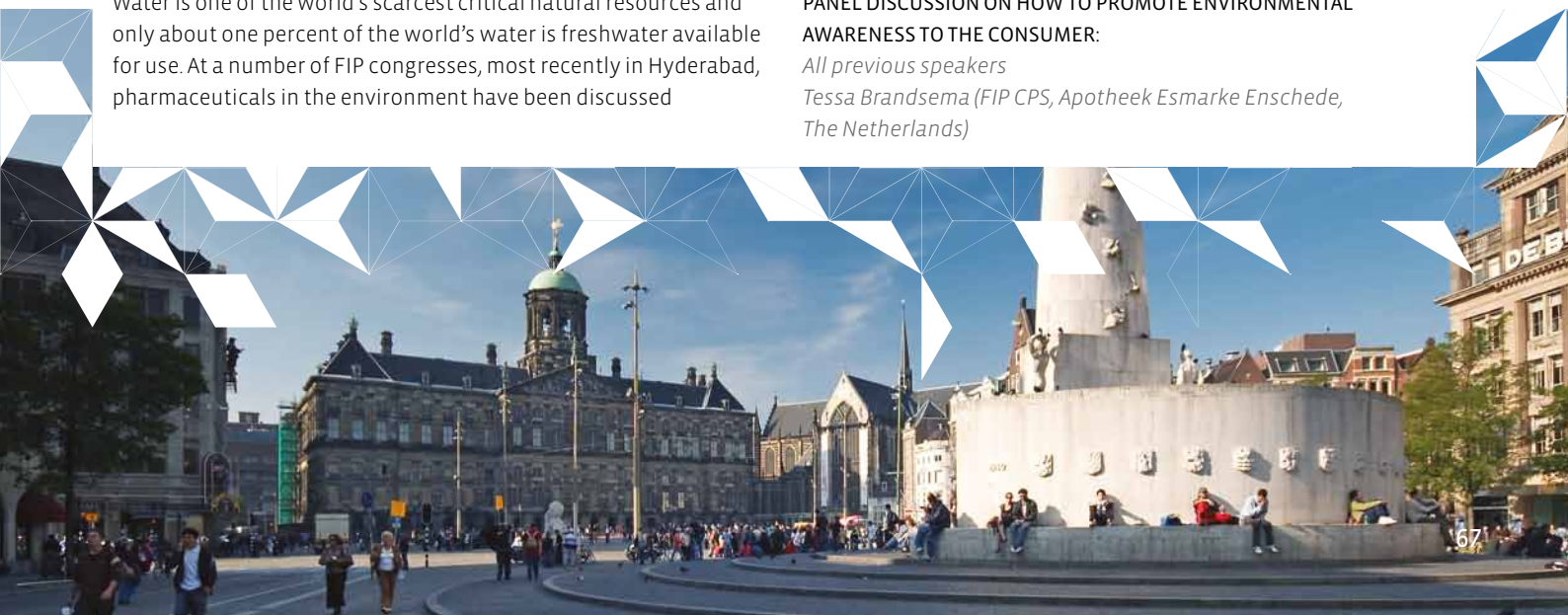
Monday 8 October 2012

14:00 - 17:00 | **ROOM G106/107**

3D 3 hours

Organised by the FIP Industrial Pharmacy Section

Water is one of the world's scarcest critical natural resources and only about one percent of the world's water is freshwater available for use. At a number of FIP congresses, most recently in Hyderabad, pharmaceuticals in the environment have been discussed



THE LEARNING EXPERIENCE: ASSURING QUALITY, SATISFACTION AND BETTER OUTCOMES IN GLOBAL PHARMACY EDUCATION PROVISION

Monday 8 October 2012

14:00 - 17:00 | ROOM E104/107

8B.4 3 hours

Organised by FIP Education Initiatives (FIPEd)

Learning objectives

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

1. Describe strategies used to improve learning experiences for students.
2. Describe national, regional and transnational approaches to enhancing learning experiences and assuring the quality of pharmacy education.
3. Discuss new educational technologies, how they can enhance the learning experience, and how they are quality assured.
4. Discuss the challenges of quality assuring online and distance education programmes and the need for global standards.

Chairs: Mike Rouse (Accreditation Council for Pharmacy Education, USA) and Tim Rennie (University of Namibia/MSH, Namibia)

PROGRAMME

INTRODUCTION:

Mike Rouse (Accreditation Council for Pharmacy Education, USA)

SHORT PRESENTATIONS ABOUT THE RESULTS FROM THE FIP-WHO GLOBAL SURVEY OF PHARMACY SCHOOLS, IPSF LEARNING EXPERIENCE DATABASE AND TRANSNATIONAL APPROACHES TO QUALITY ASSURANCE:

A. GLOBAL SURVEY OF PHARMACY SCHOOLS:

Claire Anderson (University of Nottingham, United Kingdom)

B. IPSF LEARNING EXPERIENCE DATABASE:

Andreia Bruno (FIPEd, United Kingdom)

C. TRANSNATIONAL AND GLOBAL APPROACHES:

Claude Mailhot (University of Montreal, Canada)

PARALLEL ROUND TABLE DISCUSSIONS ON QUALITY AND LEARNING EXPERIENCES:

D. ASSURING THE QUALITY OF NEW TECHNOLOGIES IN LEARNING (SIMULATION AND DISTANCE EDUCATION) AND GLOBAL STANDARDS:

Robert Beardsley (University of Maryland, USA)

E. QUALITY ASSURANCE APPROACHES IN AFRICA TO ENHANCE THE LEARNING EXPERIENCE:

Cyril Usifoh (University of Benin, Nigeria)

F. QUALITY ASSURANCE APPROACHES IN LATIN AMERICA TO ENHANCE THE LEARNING EXPERIENCE:

Carmen Giral Barnes (Mexico)

G. QUALITY ASSURANCE APPROACHES IN ASIA TO ENHANCE THE LEARNING EXPERIENCE:

Bhojraj Suresh (JSS University, India)

H. THE PHARMINE INITIATIVE IN EUROPE:

Bart Rombaut (European Association of Faculties of Pharmacy, Belgium)

CLOSING REMARKS:

Tim Rennie (University of Namibia/MSH, Namibia)

FIP SOCIAL AND ADMINISTRATIVE PHARMACY SECTION CONTRIBUTED PAPERS

Monday 8 October 2012

14:00 - 17:00 | ROOM G102/103

8F.5 3 hours

Organised by the FIP Social and Administrative Pharmacy Section

Learning objective

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

1. Describe a variety of current research projects, research methods, new data and emerging trends with respect to social and administrative pharmacy projects from around the globe.

Chair: Timothy Chen (University of Sydney, Australia)



PROGRAMME

COMPARATIVE ANALYSIS OF DRUG REVOLVING FUND (DRF) AND PUBLIC PARTNERSHIP (PPP) PROGRAM ON DRUG SUPPLY MANAGEMENT IN UNIVERSITY COLLEGE HOSPITAL (UCH, IBADAN, NIGERIA):

Yejide Oseni (Nigeria)

COMPARATIVE STATUS OF HEALTH CONSUMER'S KNOWLEDGE, ATTITUDE AND PRACTICE (KAP) REGARDING MEDICINES AND HEALTHCARE IN DEVELOPING ECONOMIES:

N. Naik

THE ROLE OF GOVERNMENTAL ORGANISATIONS TO GUARANTEE PATIENTS' SAFETY THROUGH CONTROLLING THE QUALITY OF BEHAVIORAL ETHICS IN THE CONTROLLERS (CONTROLLING THE CONTROLLERS):

Laila Badran (Jordan)

TRANSDERMAL BUPRENORPHINE: UTILIZATION TRENDS IN UNITED KINGDOM PRIMARY CARE PRACTICE:

Che Zin (United Kingdom)

ANTIBIOTICS FOR UPPER RESPIRATORY INFECTIONS: PUBLIC KNOWLEDGE, BELIEFS AND SELF-MEDICATION IN THE REPUBLIC OF MACEDONIA:

Verica Ivanovska (Macedonia, FYROM)

QUALITY FUNCTION DEPLOYMENT AND PRINCIPAL COMPONENT ANALYSIS ON THE QUALITY OF GENERIC DRUGS IN JAPAN:

Daisuke Kobayashi (Japan)

PRIMARY CARE PHARMACY SPECIALTY NETWORK LISTSERV: A CONTENT ANALYSIS:

Barbara Farrell (Canada)

OVERVIEW OF DRUG REIMBURSEMENT SYSTEM IN THE REPUBLIC OF MOLDOVA:

Elena Chitan (Moldova)

IMPROVING CONSUMER ACCESS TO MEDICINES: INNOVATIVE MEDICINES RECLASSIFICATION IN NEW ZEALAND:

Natalie Gauld (New Zealand)

A PRE-STUDY ON CONSUMER AWARENESS REGARDING ALLEVIATING THE REGULATION OF NON-PRESCRIPTION DRUG SALES IN SOUTH KOREA:

J.H. Park (South Korea)

INTERNATIONAL WORLD OF PHARMACOPOEIAS – NOW AND IN FUTURE: THE WAY FORWARD (PLENARY SESSION 3)

Monday 8 October 2012

14:00 - 16:15 | **ROOM EMERALD**

8J.5 2.25 hours



Organized by the International Pharmaceutical Federation and the World Health Organization

Chair: *Kees de Joncheere (WHO, Switzerland)*

Co-Chair: *Daniel Tang (FIP SIG on Analytical Sciences and Pharmaceutical Quality, China)*

PROGRAMME

14:00: REPORTS FROM THE 2 WORKSHOPS (10 MINUTES FOR EACH CHAIR) AND DISCUSSION OF THE OUTCOME:

Low Min Yong (Health Sciences Authority, Singapore) and Gugu Mahlangu (Medicines Control Authority of Zimbabwe, Zimbabwe)

14:30: SUMMARY OF THE KEY POINTS DISCUSSED DURING THIS TWO-DAY MEETING:

Mitsuru Hashida (Japanese Pharmacopoeia/FIP BPS, Japan)

14:50: FUTURE ROLE OF WHO IN INTERNATIONAL PHARMACOPOEIAL HARMONIZATION:

Saleh Bawazir (47th meeting of the WHO Expert Committee on Specifications for Pharmaceutical Preparations, Saudi Arabia)

15:10: PANEL DISCUSSION – COMMENTS AND REACTIONS ON THE DISCUSSIONS AND POTENTIAL NEXT STEPS

Moderator: *Henk de Jong (FIP, The Netherlands)*

Panellists representing the different regions of the world

16:00-16:15: CONCLUSIONS:

Kees de Joncheere (WHO, Switzerland)

This session is the continuation of workshop 8J.3 and workshop 8J.4 held on Monday 8 October 2012 morning.



ADDITIONAL PROGRAMME ITEMS

FIP COUNCIL MEETINGS

*By invitation only
(simultaneous translation)*

Wednesday 3 October 2012

09:00 - 17:00 | **OKURA HOTEL, ROOM HEIAN**

Monday 8 October 2012

14:00 - 16:00 | **RAI, ROOM FORUM**

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

Please note that per organisation ONE participant can be registered as a Council delegate.

The Council Meetings will also be attended by the FIP Bureau Members and Section representatives.

OVERVIEW SECTION BUSINESS MEETINGS/GENERAL ASSEMBLIES

The Section Business Meetings / General Assemblies are open to all interested participants.

FIP INDUSTRIAL PHARMACY SECTION

Sunday 7 October 2012

12:00 - 14:00 | **ROOM E103**

FIP COMMUNITY PHARMACY SECTION

Sunday 7 October 2012

15:30 - 17:00 | **ROOM E103**

FIP ACADEMIC PHARMACY SECTION

Saturday 6 October 2012

12:00 - 14:00 | **ROOM E103**

FIP CLINICAL BIOLOGY SECTION

Saturday 6 October 2012

11:00 - 12:00 | **ROOM G109**

FIP HOSPITAL PHARMACY SECTION

Saturday 6 October 2012

12:15 - 13:45 | **ROOM EMERALD**

FIP MILITARY & EMERGENCY PHARMACY SECTION

Sunday 7 October 2012

13:00 - 14:00 | **ROOM G102/103**

FIP PHARMACY INFORMATION SECTION

Friday 5 October 2012

12:15 - 13:45 | **ROOM E103**

FIP SOCIAL AND ADMINISTRATIVE PHARMACY SECTION

Saturday 6 October 2012

12:30 - 14:00 | **ROOM E104/107**

OVERVIEW SPECIAL INTEREST GROUP MEETINGS (SIGS)

The Special Interest Group Meetings are open to all interested participants.

FIP SIG ON TRANSLATIONAL RESEARCH AND INDIVIDUALIZED MEDICINES

Saturday 6 October 2012

09:00 - 10:00 | ROOM EMERALD

FIP SIG ON DRUG DESIGN AND DISCOVERY

Sunday 7 October 2012

09:00 - 10:00 | ROOM E103

FIP SIG ON REGULATORY SCIENCES

Sunday 7 October 2012

09:00 - 10:00 | ROOM E108

FIP SIG ON PK/PD AND ADME

Sunday 7 October 2012

10:00 - 11:00 | ROOM E103

FIP SIG ON NATURAL PRODUCTS

Sunday 7 October 2012

10:00 - 11:00 | ROOM E108

FIP SIG ON FORMULATION DESIGN AND PHARMACEUTICAL TECHNOLOGY

Sunday 7 October 2012

11:00 - 12:00 | ROOM E103

FIP SIG ON BIOTECHNOLOGY

Sunday 7 October 2012

11:00 - 12:00 | ROOM E108

FIP SIG ON ASPQ

Sunday 7 October 2012

10:00 - 11:00 | ROOM G109

OTHER MEETINGS

FIP GENERAL ASSEMBLY OF THE AFRICAN PHARMACEUTICAL FORUM

Monday 8 October 2012

09:00 - 12:00 | ROOM FORUM

FIP YOUNG PHARMACISTS' GROUP (YPG) BUSINESS MEETING

Saturday 6 October 2012

14:00 - 17:00 | ROOM EMERALD

PHARMABRIDGE

Sunday 7 October 2012

12:15 - 13:45 | ROOM G109

Organised by Pharmabridge

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

All those interested in the project, be it from developing or developed countries, wanting to establish contacts with colleagues from other countries (or even a specific country) are invited to attend this meeting. People having books, DVD'S etc. to offer can bring them to the meeting and hand them over to colleagues from less affluent countries.



GENERAL INFORMATION

BADGES

Participants will be handed their name badges at the registration desk. Due to tight security regulations all participants and accompanying persons must wear their badges throughout the Congress. Participants with white badges will be admitted to the sessions. Accompanying persons (yellow badges) may attend the Opening Ceremony, social events and tours but will not be allowed to attend sessions. Please note that your badge will be scanned at the entrance and exit of sessions, for accreditation and evaluation purposes.

BREAKS

The coffee breaks during the sessions will be between 10:00 and 11:00 in the morning and between 15:00 and 16:00 in the afternoon. Between the sessions there will be a lunch break from 12:00 to 14:00.

| EXHIBITION HALL 10 AND TOPAZ LOUNGE

DRESS

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

Filming, Recording and Photography Production Policy

Copyright of the FIP Congress is owned by FIP – the International Pharmaceutical Federation. FIP reserves the rights to all recordings, reproductions or presentations at this Congress.

As a result, any photographing, filming, taping, recording or reproduction in any medium including the use of tripod-based equipment of any of the programmes, exhibits and/or posters presented at the FIP Congress without the express written consent of FIP is strictly forbidden.

FIP reserves the right to prohibit any photographing, filming, recording at its own discretion.

INSURANCE

The FIP Organising Committee and the Dutch Host Committee accept no liability for personal injuries, or for loss of or damage to property belonging to Congress participants and/or accompanying persons, incurred either during or as a result of the Congress. We recommend that each participant acquires personal insurance.

INTERNET

WiFi is available in all public areas of the RAI. Code FIP2012

LOST AND FOUND

The On Site Registration desk in the registration area will also serve as the central spot for picking up and returning Lost and Found items.

| DIAMOND LOUNGE

NO SMOKING

Please note that all FIP Congresses are tobacco-free: Smoking is NOT allowed anywhere, not in the session rooms, not in the exhibition area, not in the poster session and not in the registration area.

REGISTRATION DESK

Opening hours:

- Wednesday 3 and Thursday 4 October from 07:30-17:30
- Friday 5 and Saturday 6 October from 08:00-17:30
- Sunday 7 October from 08:30-17:30
- Monday 8 October from 08:30-14:30

WAIVER OF LIABILITY

All poster presenters are responsible for putting up and removing their own poster in a proper way. If presenters do not remove their poster in time, FIP is not responsible for any damage that might happen to the poster when it has to be removed by staff members.

ENJOYING AMSTERDAM

Take in a tour, get adventurous or take the path less travelled and find out more about Amsterdam. And don't forget – Amsterdam is a cultural mecca buzzing with performances, exhibitions and festivals all year round – be sure to take in as much as the city has to offer during your time at the FIP Centennial Congress!

TOURS AND HOTELS

For your hotel and tour needs when visiting Amsterdam and The Netherlands, FIP has partnered with Amsterdam RAI Hotel & Travel Service – a company with vast experience that can offer you considerable savings in money, time and hassle. You will find the Housing & Tours Desk in the registration area.

AMSTERDAM RAI

Hotel & Travel Service

Europaplein
NL-1078 GZ Amsterdam
P.O. Box 77777
NL-1070 MS Amsterdam
The Netherlands
T +31 (0)20 549 19 27
F +31 (0)20 549 19 46
E hotelservice@rai.nl
<http://www.rai.nl/hotelservice>

VENUE

AMSTERDAM RAI

Europaplein 22
NL 1078 GZ
Amsterdam, the Netherlands
Tel: +31 (0) 20 549 12 12
Fax: +31 (0) 20 646 44 69
www.rai.nl

TRANSPORTATION

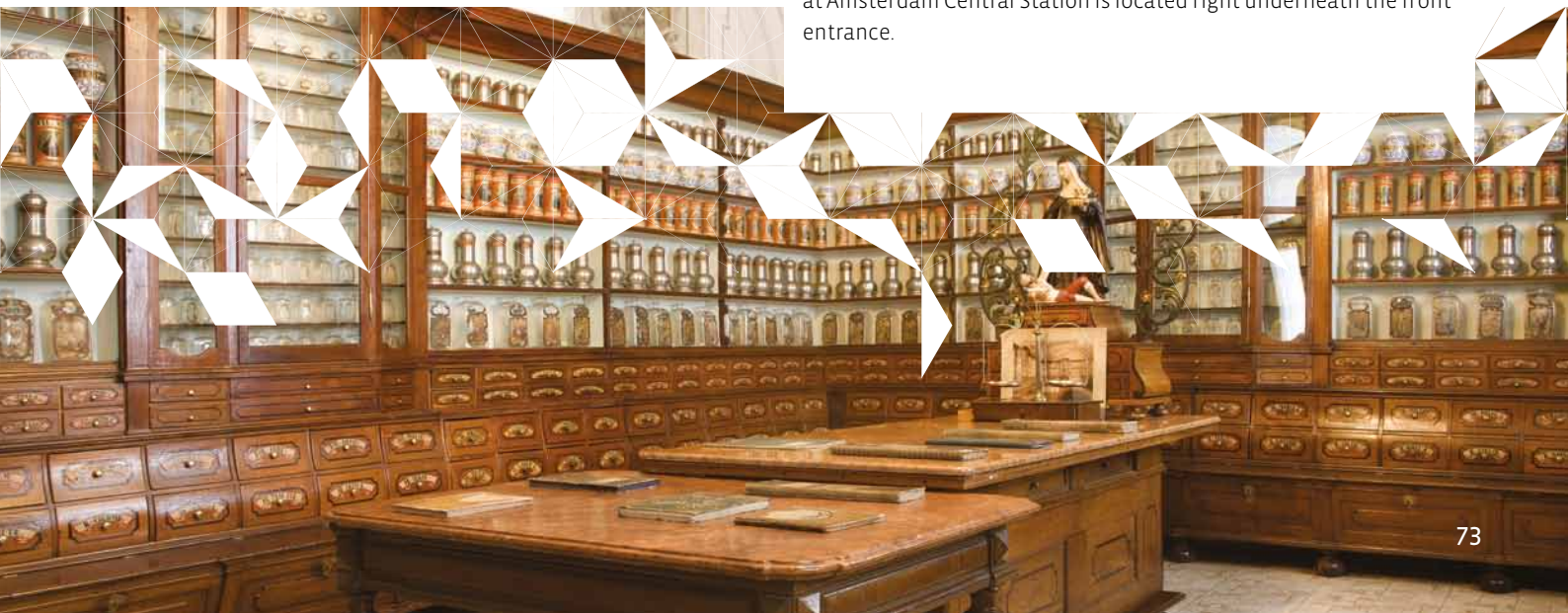
City Centre > Amsterdam RAI > City Centre
Amsterdam Central Station is the city's main train station, with access to all forms of public transport: tram, bus, and metro lines making getting to and from the RAI/City Centre efficient and affordable. From Amsterdam Central Station, there are several ways to get to Amsterdam RAI:

Tram

Tram #4 provides a frequent and direct service to Amsterdam RAI.

Metro

Metro #51 takes you directly to Amsterdam RAI. The metro station at Amsterdam Central Station is located right underneath the front entrance.



Taxi

A taxi to Schiphol International Airport costs approximately €35 and takes about 25 minutes.

Train

Train is the cheapest form of transport between Amsterdam RAI and Schiphol Amsterdam Airport. The train station is approximately 10 minutes walk from the RAI conference centre.
Price of a single ticket (2nd class): € 2.50.

Getting around Amsterdam: GVB Public Transport Pass

Amsterdam offers a very extensive travel network using metro, tram and bus.



The GVB Public Transport Pass can be bought at the Social Events Desk in the registration area.

I amsterdam®

Special thanks to the City of Amsterdam for their support of the FIP Centennial!



REGISTRATION

The onsite registration fees are as follows:

FIP Individual Member	€ 1,000.00
VAT 21%	€ 210.00
Total	€ 1,210.00
Regular Fee (Non-Members)	€ 1,000.00
VAT 21%	€ 210.00
Total	€ 1,210.00
Student/Recent Graduate	€ 350.00
VAT 21%	€ 73.50
Total	€ 423.50
Accompanying Person	€ 150.00
VAT 21%	€ 31.50
Total	€ 181.50
Day Card	€ 300.00
VAT 21%	€ 63.00
Total	€ 363.00
Pharmacy Technicians Symposium*	€ 200.00
VAT 21%	€ 42.00
Total (in addition to a full congress registration)	€ 242.00
Pharmacy Technicians Symposium**	€ 400.00
VAT 21%	€ 84.00
Total (stand-alone, no access to any other events or sessions)	€ 484.00
Section Dinner Ticket	€ 55.00
VAT 21%	€ 11.55
Total	€ 66.55
Closing Dinner Ticket VAT 21%	€ 100.00
Total	€ 21.00
	€ 121.00
Lunch Voucher VAT 21%	€ 15.00
Total	€ 3.15
<i>Price per day</i>	€ 18.15
Public Transport Ticket	€ 25.00
VAT 21%	€ 5.25
Total (5 days)	€ 30.25

*) Register for the full FIP Congress and add the Pharmacy Technicians Symposium as a pre-satellite for an extra €200 (exc. VAT).

**) Register for the Pharmacy Technicians Symposium only, for € 400 (exc. VAT). In this case you will not be registered for the FIP Congress and therefore you will not be able to attend any other Sessions or Social Events.

TAX

According to the relevant Dutch tax regulations FIP must charge VAT on all fees to be paid by the delegates. The tax is stated separately on the confirmation/invoice you have received after have registering for the congress. For foreign enterprises/companies it is possible to reclaim the VAT.

However, your enterprise/company needs to obtain a tax refund number first. Please download this form:

http://www.fip.org/amsterdam2012/files/static/VAT_form.pdf

Complete it and return it to the Dutch Tax Authorisation.

The address is as follows:

Belastingdienst/Limburg/kantoor Buitenland

Post office box 2865

6401 DJ Heerlen

The Netherlands

Telephone: +31 55 538 53 85

For more information please see the website of the Dutch Tax Authorities: http://www.belastingdienst.nl/wps/wcm/connect/bldcontenten/belastingdienst/business/vat/vat_in_the_netherlands/registration/

Payment of registration fee:

- By credit card (Visa, MasterCard or American Express)
- By pin
- In cash in Euro or US Dollars

The registration fee for participants includes:

- Admission to all sessions
- Opening Ceremony & Welcome Reception c.q. Canal Tour (depending on your registration date)
- Entrance to the Exhibition
- Access to all submitted Abstracts and Biographies at www.fip.org/abstracts2012
- Option to book up to 3 (three) Closing Dinner tickets
- Congress Bag with Final Congress Programme and List of Participants (name and country of participants registered and paid by 15 August 2012)
- Access to the FIP Abstract/Presentation website where you can download the (slides of the) presentations (available as of 1 December 2012).

The registration fee for accompanying persons includes:

- Opening Ceremony & Welcome Reception c.q. Canal Tour (depending on your registration date)
- Entrance to the Exhibition
- Please note that the fee for accompanying persons does NOT include admission to the sessions.

74th FIP World Congress 2014

Access to medicines and pharmacists today, better outcomes tomorrow



Access to medicines, care and information – pharmacists and pharmaceutical scientists are at the heart of it all.

The 2014 FIP Congress in Bangkok, Thailand, invites practitioners, researchers and academics from all over the world to delve into the globally pressing issue of access – specifically to medicines and more broadly to healthcare in general. Together we can remedy key challenges in accessing facing access to healthcare and in turn promote health outcomes.

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Examining issues such as medicines availability, health workforce distribution and managing the vast amounts of information accessible to patients, the FIP Congress in Bangkok will offer all participants the opportunity to make significant contributions to ensuring access to health.

All will take place in the beautiful city of Bangkok.



BANGKOK 2014
FIP WORLD CONGRESS
30 August - 4 September



The next FIP Pharmaceutical Sciences World Congress (PSWC) will take place in **Melbourne**, Australia from 13-16 April 2014.



Join leading pharmaceutical scientists from around the world to showcase cutting edge research and up-and-coming developments under the theme of *'Pharmaceutical Science 2020: Realising the Vision'*.

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The Board of Pharmaceutical Sciences of the International Pharmaceutical Federation (FIP) is pleased to bring the 5th PSWC to Melbourne, Australia in 2014. Not only will the Conference uphold its world-renowned reputation for top quality speakers, symposia and posters, but will once again provide a forum for the most extensive international network of pharmaceutical scientists to make an impact on the future of pharmaceutical sciences and global healthcare.

The International Pharmaceutical Federation – FIP

The International Pharmaceutical Federation (FIP) is the global federation of national associations of pharmacists and pharmaceutical scientists dedicated to advancing global health through the work of its 124 international Member Organisations.




MELBOURNE
PSWC
13-16 April **2014**

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See you in Melbourne at the next PSWC!

OVERVIEW OF SESSIONS AND OTHER ACTIVITIES HELD AT THE RAI CONGRESS CENTER DURING THE FIP CENTENNIAL

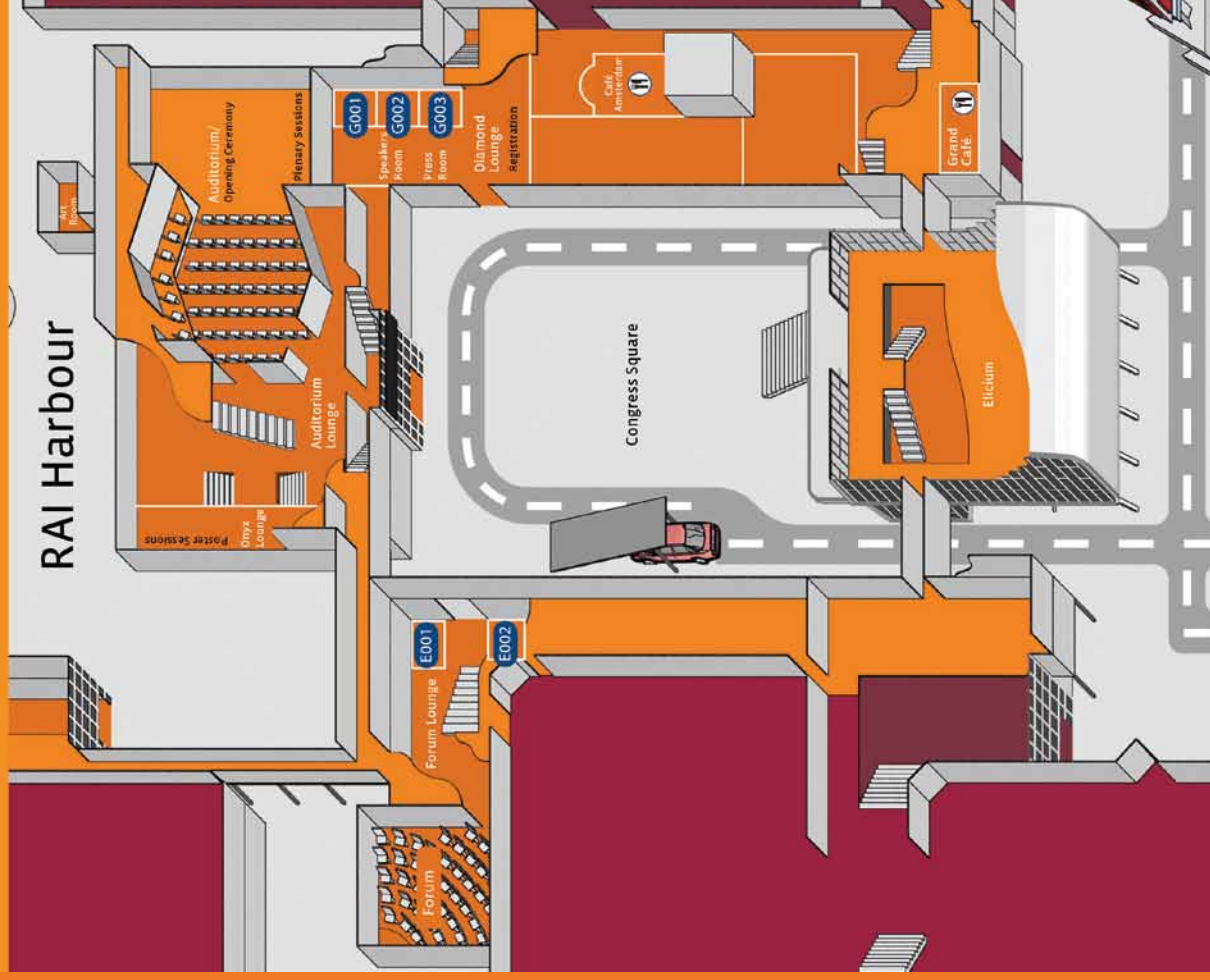
	Auditorium Ground floor	Forum Ground floor	E104 - E107 First floor	G102-G103 First floor	G104 First floor	G105 First floor
WEDNESDAY 3 OCTOBER 2012						
Morning (from 09:00)					8B.1: AIM Global Deans Forum – the next FIP century (day 1)	8I: FIP symposium for pharmacy technicians and pharmacy support workforce (day 1)
Afternoon						
THURSDAY 4 OCTOBER 2012						
Morning (from 09:00)				8A: Going Dutch - Pharmacy practice in the Netherlands	8B.1: AIM Global Deans Forum – the next FIP century (day 2)	8I: FIP symposium for pharmacy technicians and pharmacy support workforce (day 2)
Lunch time						
Afternoon	Opening Ceremony, Opening Exhibition and Showcase					
FRIDAY 5 OCTOBER 2012						
Morning (from 09:00)	3A: Reporting of adverse events and errors	1A: Improving patient outcomes through collaborative practice	5C: Emergency – Not enough medicines – Drug shortages	6C: Pharmacy law and competition law	7B: Supporting adherence in community pharmacies	
Lunch time	8H: WHO/FIP launch of Pharmacy Workforce Report	2A: The future of sustainable health and pharmacy care	8C.1: Presentations from FIP Member Organisations			
Afternoon (from 14:00)	3B: Risk benefits management in practice	4A: Increased professional accountability	8C.2: Forum for Policy Makers – Trends in Community Pharmacy	4C: Medicines information for consumers	2D: Diagnostics – Directing individualised medicine into the future	
SATURDAY 6 OCTOBER 2012						
Morning (from 09:00)	5A: Global solutions to ensure integrity of the global supply chain	2B: The new medicines in 20 years and their impact on practice	4E: Social networks in medicines information	1C: Future directions – Multidisciplinary education		
Lunch time	5B: Debate on the regulation of pharmaceuticals	2E: Pharmaceutical Sciences: Past and future impact	Social and Administrative Pharm. Business Meeting	8F.1: Short oral communications on industrial Pharmacy	8C.3: Presentations from FIP member organisations	
Afternoon (from 14:00)	7A: Medication adherence	6A: Economics: How will we afford health services?	4F: Comparative effectiveness research for better decisions	8C.4: Food for thought – Lessons learned from the food industry	8D.2: Report on workshops: Smart drug delivery, emerging business models and non biological complex drugs	
SUNDAY 7 OCTOBER 2012						
Morning (from 09:00)	4B: Access to appropriate pain relief – A global challenge	6B: Economics of pharmacy: How will pharmacists be paid?	3C: Pharmacists for a future of better pharmacovigilance	5D: The future emergency drug supply chain	8F.2: Forum for Practitioners – Oral communications: 100 community pharmacists talk: My daily activities (part 1)	
Lunch time	4G: Clinical guidelines – raising the bar or creating roadblocks?	1D: “Community Pharmacy Vision 2020”	2G: Biowaiver Monographs	Military and Emergency Pharm. Section Business meeting (from 13:00)	1E: Traditional process vs innovative practice – Benefits of the multigenerational team in patient outcomes	
Afternoon (from 14:00)	4H: Improving responsible use of OTC medicines	2C: Scientific principles of drug therapy in 2030	5E: Quality assurance of the supply chain	8C.5: Advancing emergency pharmacy practice into the future	8F.2: Forum for practitioners – Oral communications: 100 community pharmacists talk: My daily activities (part 2)	
MONDAY 8 OCTOBER 2012						
Morning (from 09:00)	6D: Forum for Innovators: profession and business (part 1)	General Assembly of the African Pharmaceutical Forum	8B.3: Universal competencies	2H: Nanomedicines	8J.4: Pharmacopoeia meeting - Workshop on herbals (part 3)	
Lunch time			1F: What does a pharmacy leader look like?	8F.4: Clinical pearls to improve your future hospital practice	8F.3: Short oral communications of the Pharmacy information section	
Afternoon (from 14:00)	6D: Forum for Innovators: Profession and business (part 2)	2 nd Council Meeting	8B.4: The learning experience in global pharmacy education	8F.5 Short oral communications - SAPHs	8G: History of pharmacy	

■ On invitation only
 ■ Activities other than educational sessions

Please note that the titles of the sessions have been shortened. For more information about the sessions, please refer to the programme (organised by day) using the session number. For more information on the meetings in orange, please refer to the “additional programme items”.

G106 First floor	G107 First floor	Emerald First floor	E102 First floor	E103 First floor	E108 First floor	G109 First floor
8D.1: Biological transporters in practice		Stakeholders Roundtable on Innovation				
		Signing of Declaration by Member Organisations				
1B: Pharmacy practice research - Proving the value of the pharmacist now and in the future (part 1)		Workshop for Member Organisations	8E: Pharmacists in humanitarian work (07:30-08:45)			
				Pharmacy Information Section Business Meeting		
1B1: Pharmacy practice research (part 2)	1B2: Pharmacy practice research (part 2)	Workshop for Member Organisations				
4D: The future of Good Pharmacy Practice (GPP) in community pharmacy – Be part of the creation (part 1)		Scientific Special Interest Groups (SIGs) meetings				Clinical biology section assembly (from 11:00)
		Hospital Pharmacy Section Assembly		Academic Pharmacy Section Business Meeting		
4D: The future of Good Pharmacy Practice (GPP) in community pharmacy – Be part of the creation (part 2)		Young Pharmacists Group Business Meeting	8B.5 Short oral presentations on Academic Pharmacy			
2F: Clinical pharmacy education – The need for attention to ‘hot topics’		8J1: Pharmacopoeia meeting (part 1)		Scientific Special Interest Groups (SIGs) meetings	Scientific Special Interest Groups (SIGs) meetings	
				Industrial Pharmacy Section Business Meeting		Pharmabridge Meeting
8B.2: Innovations in education technology for pharmacy and healthcare learners		8J2: Pharmacopoeia meeting (part 2)			Steering Committee Community Pharmacy Section (from 15:30)	
4I: The dynamic healthcare environment – Its impact on the future		8J3: Pharmacopoeia meeting – workshop on impurities (part 3)				
4J: Switching from prescription to non-prescription status - Challenges and opportunities						
3D: Pharmaceuticals and water		8J5: Pharmacopoeia meeting (part 4)				

Ground floor Congress Centre



First floor Congress Centre

