

Congress Programme

FIP World Congress
of Pharmacy
and Pharmaceutical
Sciences 2013



Main theme:

Towards a Future Vision for Complex Patients

Integrated Care in a Dynamic Continuum

73rd International Congress of FIP

Dublin, Ireland
31 August -
5 September 2013



DUBLIN 2013
FIP WORLD CONGRESS
31 August - 5 September



MSD is one of the world's largest pharmaceutical companies and employs 2,300 people at operations in Carlow, Cork, Dublin, Tipperary and Wicklow. In the last five decades we have invested over €2.2bn in Ireland and our investment continues to grow, making MSD one of Ireland's leading exporters both now and in the future.

Not just healthcare.



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

See all we're doing at msd.ie



WELCOME TO THE FIP CONGRESS IN DUBLIN!

CÉAD MÍLE Fáilte! (One hundred thousand welcomes!)

Welcome to Dublin and to the 73rd Congress of the International Pharmaceutical Federation!

The Irish pharmacy community together with FIP is delighted that you have made the journey to attend this important event in the pharmacy calendar. We hope that you will benefit from the many and varied sessions and debates, as well as availing of this great opportunity to engage with colleagues across specialties and from around the world.

This year's theme focuses on the complexity of patient needs and changing treatments in a shifting healthcare environment. Towards a future vision for complex patients: Integrated care in a dynamic continuum will address pharmacy and medical developments, and at the core of this, the central role of the pharmacist in delivering patient care.

We are delighted that in conjunction with the FIP Congress, a Symposium for Pharmacy Policy-makers and Chief Pharmacists has been organised in Dublin by the Irish Ministry of Health. The outcomes of the symposium will be presented during the Congress.

Throughout the week Irish pharmacists will be delighted to meet with you and to discuss the current trends shaping the pharmacy profession here. Also in pharmacies throughout the city, in hospital pharmacy departments and industry sites you can avail of specially organised tours for an inside view of pharmacy in Ireland.

We hope that the FIP Congress 2013 will follow last year's Centennial Congress in being the most important meeting place

for our global network of pharmacists. We hope you will depart for home with renewed enthusiasm for our profession and its continued, vital place in the provision of integrated patient care.

Finally, we wish you an enjoyable time in Dublin and in Ireland!



Michel Buchmann

Michel Buchmann
President
International Pharmaceutical
Federation (FIP)



Paul Fahey

Paul Fahey
Chair Local Host
Committee and
Immediate Past President
Pharmaceutical Society
of Ireland (PSI)



YOUR HOSTS

The International Pharmaceutical Federation (FIP) together with the Pharmaceutical Society of Ireland (PSI)



VENUE



Convention Centre Dublin (CCD)
Spencer Dock, North Wall Quay
Dublin 1, Ireland
Tel.: +353.1.856.0000
www.theccd.ie

YOUR HOSTS

INTERNATIONAL PHARMACEUTICAL FEDERATION (FIP)

Michel Buchmann
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Immediate Past President
Luc Besançon
General Secretary & CEO
Henri Manasse
Professional Secretary
Henk de Jong
Scientific Secretary
Andy Gray
Chairman,
Board of Pharmaceutical Practice
Geoffrey Tucker
Chairman,
Board of Pharmaceutical Sciences
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Honorary President

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Member
Ross McKinnon
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Ema Paulino
Member
Arijana Meštrović
Member
Henri Manasse
Professional Secretary

Henk de Jong
Scientific Secretary

LOCAL HOST COMMITTEE

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

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

PSI COUNCIL SELECT COMMITTEE

Leonie Clarke
John Corr
Paul Fahey
Eoghan Hanly
Deirdre Larkin
Caitriona O'Driscoll
Keith O'Hourihane
Noel Stenson

PSI FIP 2013 TEAM

Louise Canavan
Terri Cullinane
Kate O'Flaherty

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FIPed Project Coordinator
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Liaison Officer for Latin America
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Manager Marketing & Public Relations
Mike Spijker
Project Assistant
Mireille Swakhoven
Event Manager

CONGRESS INFORMATION

FIP Congresses & Conferences
P.O. Box 84200
2508 AE The Hague
The Netherlands
Tel.: (+31) (0)70 302 1982
Fax: (+31) (0)70 302 1998
E-mail: congress@fip.org
Website: www.fip.org/dublin2013

SPONSORS

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



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World Health Professions Regulation Conference 2014

Crowne Plaza Hotel, Geneva, Switzerland

www.whpa.org/whpcr2014

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



17 & 18 May 2014

Attend the leading international conference on health professional regulation

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

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

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

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

The World Health Professions Regulation Conference 2014 is hosted by the World Health Professions Alliance



World Confederation
for Physical Therapy



DOWNLOAD THE MOBILE CONGRESS APP!

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
- 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
- Connect with your colleagues using the Friends feature and share event photos and experiences with the Photo Gallery!
- Make your Dublin experience easier and more pleasant with our interactive map of the city (powered by googlemaps)

DOWNLOADING THE FIP 2013 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 2013.

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/fip2013>.



Disclaimer:

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

ON SITE REGISTRATION



MCI Amsterdam | Eurocongress International
Jan van Goyenkade 11
1075 HP Amsterdam
The Netherlands
Tel.: (+31) (0)20 6793411
Fax: (+31) (0)20 6737306
E-mail: FIP@mci-group.com
Website: www.mci-group.com/thenetherlands

REGISTRATION FEES	On site
FIP Individual member	€ 1.100,00
Regular fee (non member)	€ 1.100,00
Student/Recent graduate	€ 1.100,00
On site day card	€ 350,00
Accompanying person	€ 150,00
Pharmacy Technicians Symposium (in addition to full congress registration)	€ 240,00
Pharmacy Technicians Symposium (only)	€ 440,00

On site payment of registration fees can be made:

- By credit card:
VISA, MasterCard or American Express are accepted.
- Cash in Euro

Individual registration

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

- The registration fee for accompanying persons includes:
- Opening Ceremony
 - Welcome Reception
 - Entrance to the Exhibition
 - New: Daily lunches and coffee/tea breaks
- Please note that the fee for accompanying persons does NOT include admission to the sessions.
- CERTIFICATE OF ATTENDANCE**
- If you would like to receive a Certificate of Attendance please make sure to collect your certificate during the congress at the registration desk. Certificates will NOT be sent after the congress! Accompanying persons will not receive a certificate of attendance. A certificate of session attendance (listing the sessions you attended during the congress) will also be offered to congress participants after the congress.

ABSTRACT CERTIFICATE

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

REGISTRATION DESK

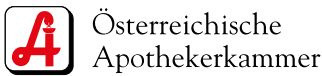
Entrance hall CCD

The registration desk at the CCD will be open:

• Saturday 31 August 2013	from 07:30 – 17:30
• Sunday 1 to Wednesday 4 September 2013	from 08:00 – 18:30
• Thursday 5 September 2013	from 08:30 – 14:30

ACCREDITATION FOR CONTINUING EDUCATION

AUSTRIA



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

FRANCE



The HCFPC (Haut Comité de la Formation Pharmaceutique Continue) has accredited the 2013 FIP Congress. French participants are advised to ask for a Statement of Continuing Education that could be 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 2012/428, category 2: Congress.

MACEDONIA (FYROM)



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

NETHERLANDS



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

NORWAY



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

SWITZERLAND



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

3 hours = 25 credits

6 hours = 50 credits

9 hours = 75 credits

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

UNITED KINGDOM



Endorsed by the Royal Pharmaceutical Society.

GENERAL EVENTS

COUNCIL MEETINGS

By invitation only

(simultaneous translation)

Saturday 31 August 2013

09:00 – 17:00 Liffey B

Thursday 5 September 2013

14:00 – 16:00 Liffey B

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

OPENING CEREMONY

Sunday 1 September 2013

15:00 – 17:00 Auditorium

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

BREAKS

Forum

The coffee breaks during the sessions will take place between 10:00 and 11:00 in the morning and between 15:00 and 16:00 in the afternoon.

Between the sessions there will be a lunch break from 12:00 to 14:00. Coffee, tea and lunch will be offered in the Exhibition area.

NEW!: DAILY LUNCHES INCLUDED

A choice of meat, fish or vegetarian will be made available.



POSTER SESSION

Monday 2 until Wednesday 4 September 2013

09:00 – 17:00 Forum

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

The following Sections are issuing Best Poster Awards:

- Community Pharmacy Section
- Industrial Pharmacy Section
- Hospital Pharmacy Section
- Pharmacy Information Section

The winners' names will be put up at the poster registration desk as soon as they become available.

The FIP Community Pharmacy Section will also use Twitter @CommPharSection and the CPS Facebook page <http://www.facebook.com/communitypharmacysection> to make the announcement.

POSTER SESSION FIP DUBLIN 2013

The allotted timeslots for hanging up the posters should be strictly observed. If you hang up your poster too early, it might be taken down with the former batch of posters.

SATURDAY 31 AUGUST AND SUNDAY 1 SEPTEMBER 2013				
Liffey Meeting Room 3	first poster	last poster	no	Instruction for Presenters
Pharmacy Technicians	PHT-P-01	PHT-P-06	6	Hang up poster on Saturday 08:00 - 09:00 Be at poster board on Saturday/ Sunday 12:00 - 14:00 Take down poster on Sunday at 14:00
MONDAY 2 SEPTEMBER 2013				
Forum - Exhibition	first poster	last poster	no	Instruction for Presenters
Hospital Pharmacy Section	HPS-P-01	HPS-P-169	169	Hang up poster on Sunday 13:00 -14:30 Be at poster board on Monday 12:00 - 14:00 Take down poster on Monday 14:00 - 15:00
Pharmacy Information Section	PIS-P-01	PIS-P-24	24	
Industrial Pharmacy Section	IPS-P-01	IPS-P-17	17	
Laboratory and Medicines Control Services Section	LMCS-P-01	LMCS-P-07	7	
Clinical Biology Section	CBS-P-01	CBS-P-05	5	
Military & Emergency Pharmacy Section	MEPS-P-01	MEPS-P-01	1	
History of Pharmacy	HIS-P-01	HIS-P-01	1	
TUESDAY 3 SEPTEMBER 2013				
Forum - Exhibition	first poster	last poster	no	Instruction for Presenters
Community Pharmacy Section 1: Unmet needs of complex patients	CPS1-P-01	CPS1-P-28	28	Hang up poster on Monday 16:00 - 17:30 Be at poster board on Tuesday 12:00 - 14:00 Take down poster on Tuesday 14:00 - 15:00
Community Pharmacy Section 2: What are we doing to meet the needs of complex patients?	CPS2-P-01	CPS2-P-74	74	
Community Pharmacy Section 3: Emerging strategies for handling complex patients	CPS3-P-01	CPS3-P-17	17	
Formulation Design and Pharmaceutical Technology	FDP-P-01	FDP-P-37	37	
Natural Products	NPR-P-01	NPR-P-30	30	
Drug Design and Discovery	DDD-P-01	DDD-P-14	14	
Analytical Sciences and Pharmaceutical Quality	ASP-P-01	ASP-P-14	14	
Pharmacokinetics, Pharmacodynamics, Absorption, Distribution, Metabolism and Excretion	PAA-P-01	PAA-P-09	9	
Biotechnology	BIO-P-01	BIO-P-06	6	
WEDNESDAY 4 SEPTEMBER 2013				
Forum - Exhibition	first poster	last poster	no	Instruction for Presenters
Pharmacy Practice Research	PPR-P-01	PPR-P-114	114	Hang up poster on Tuesday 16:00 - 17:30 Be at poster board on Wednesday 12:00 - 14:00 Take down poster on Wednesday 14:00 - 15:00
Social and Administrative Pharmacy Section	SAPS-P-01	SAPS-P-47	47	
Academic Pharmacy Section 1	APS1-P-01	APS1-P-35	35	
Academic Pharmacy Section 2: Addressing global complexities through educational innovation	APS2-P-01	APS2-P-12	12	
Regulatory Sciences	RSC-P-01	RSC-P-10	10	
Translational Research and Individualized Medicines	TRI-P-01	TRI-P-06	6	

EXHIBITION

Sunday 1 September 2013
Monday 2 to Wednesday 4 September 2013

Forum
The Exhibition will be an integral part of the congress and offers a unique opportunity to showcase the interests and services of global and local industry partners. The Exhibition is organised by the Pharmaceutical Society of Ireland (PSI) and hosted in the Forum at the Convention Centre Dublin. The exhibition area also provides the venue for posters and catering, guaranteeing an excellent through-put of conference delegates.

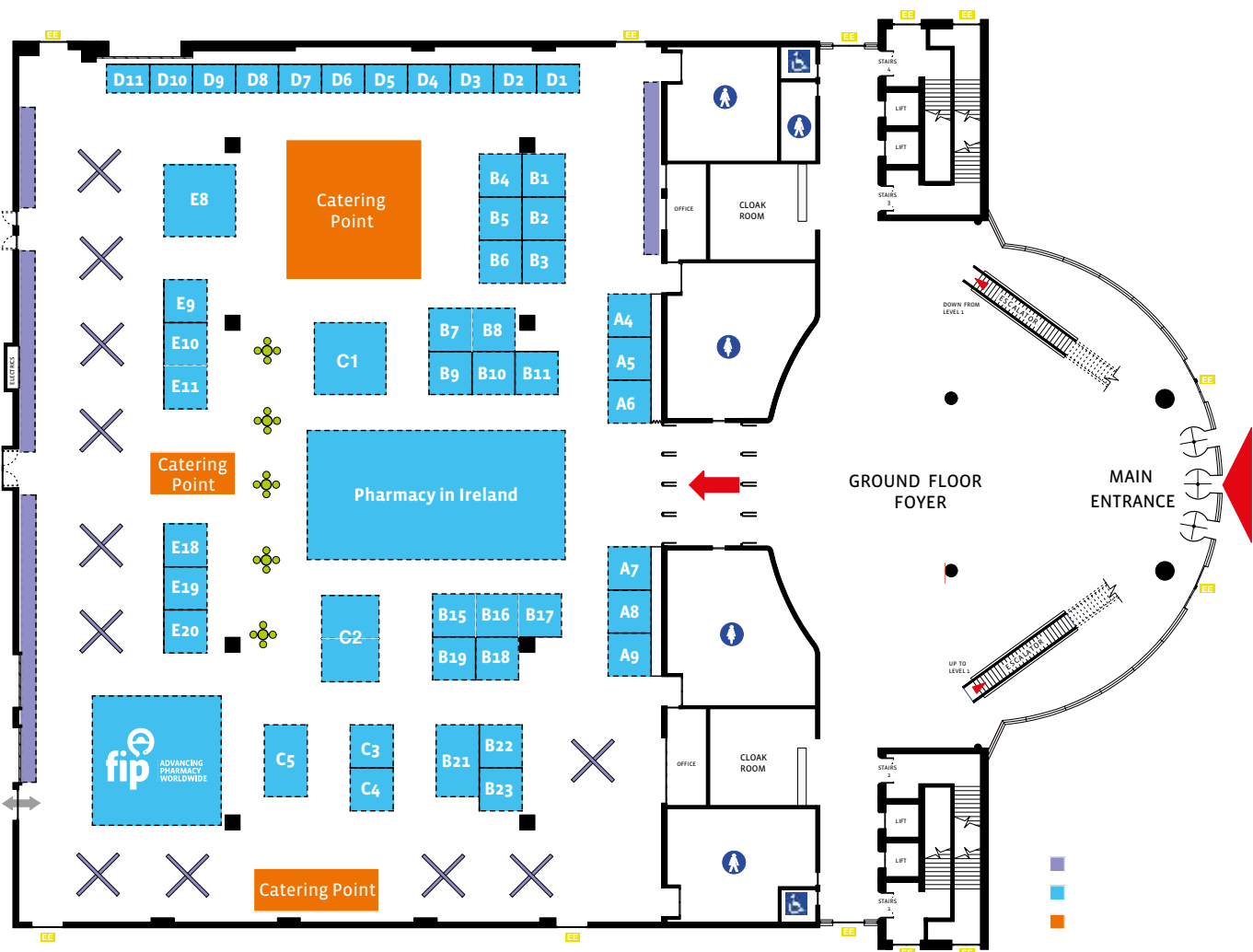
PRELIMINARY OPENING HOURS
The exhibition will be open for registered congress participants and registered accompanying persons during the following hours:
Sunday 1 September 2013 from 16:30 – 18:00
Monday 2 September 2013 from 09:00 – 18:30
Tuesday 3 September 2013 from 09:00 – 18:30
Wednesday 4 September 2013 from 09:00 – 18:30

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

CONTACT
FIP Dublin 2013
The Pharmaceutical Society of Ireland
Tel: +353.1.2184000
Email: fipdublin2013@thepsi.ie



EXHIBITOR FLOOR PLAN



Booth Number	Company Name	Booth Number	Company Name
B10	Accreditation Council for Pharmacy Education	B9	Irish Pharmacy Union
C2	Actavis Ireland	B11	Manrex Ltd.
B6	American Society of Health Science Pharmacists	D4	McLernon Computers Ltd.
B23	Board of Pharmacy Specialties	A7	Medisource Ltd.
D9	CPL Healthcare Ltd.	D7	Mistura Enterprise Ltd. - Choice and Medication®
A6	Deutscher Apotheker Verlag	B21	MSD Ireland
E21	FIP	D3	MTS Medication Technologies
E21	FIP Bangkok 2014	B15, 16, 17	Omron Healthcare Europe B.V.
E21	FIP Düsseldorf 2015	B22	PCCA
E18	Fleming Medical	C1	Pfizer Healthcare Ireland
C5	GSK	B7 & B8	Pharmaceutical Press
E10 & 11	HD Medi B.V.	D6	Pharmapod Ltd.
E8	Helix Health	A5	Sartoretto Verna
B4	Hibernia College Dublin	E19	Uniphar Group
D6	LaCME Ltd.	D5	V V S Ltd. / Pharmslave
D1	Identicare (Multimeds Ireland)	E21	WHO
E21	IPSF	E8	Willach Pharmacy Solutions GmbH

SOCIAL EVENTS

OPENING EXHIBITION AND FIP SHOWCASE

Sunday 1 September 2013

17:00 – 18:00 Forum

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

WELCOME RECEPTION

Monday 2 September 2013

19:30 – 21:00 Guinness Storehouse, Market Street, St. James's Gate, Dublin 8

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

FIP FUN RUN

Tuesday 3 September 2013

06:45 – 08:00 Trinity College Dublin, Trinity College Campus

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

YOUNG PHARMACISTS GROUP: YPG EVENING

Tuesday 3 September 2013

19:00 Dandelion Bar & Nightclub, 130-133 St. Stephen's Green West, Dublin

Join us for a "Ceilidh" evening of Irish dancing and craic! Tickets can be purchased at the FIP Booth in the Exhibition.

SECTION DINNERS

Wednesday 4 September 2013

20:00 – 22:30 Various locations

A great occasion to network with peers with similar fields of interest! The following Sections will organize a dinner in various locations in Dublin:

- Academic Pharmacy Section
- Clinical Biology Section
- Community Pharmacy Section
- Hospital Pharmacy Section
- Industrial Pharmacy Section
- Laboratories and Medicines Control Section
- Military & Emergency Pharmacy Section (own arrangement)
- Pharmacy Information Section
- Social and Administrative Pharmacy Section

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

CLOSING DINNER

Thursday 5 September 2013

20:00 – 24:00 Burlington Hotel

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



DINNER TICKETS

You can purchase tickets for all the above mentioned dinners (Closing Dinner 100 Euro, Section Dinner 65 Euro – except for the MEPS dinner) from our official agent, Custom Ireland, at the Housing, Tours & Social Events desk in the registration area.



SESSIONS PROGRAMME DUBLIN 2013

Main theme: Towards a future vision for complex patients: Integrated care in a dynamic continuum

A 1. Why are patients complex? 23

B. What are the needs of complex patients?	
B 1	Introduction session: “Unmet needs of the complex patient”
B 2	Healthcare data - Safeguarding confidentiality
B 3	The need for better communication

C. What are we doing to meet the needs of complex patients?	
C 1	Best practice in integrating drug therapy and patient care
C 2	Managing patients with cancer – The role of the pharmacist
C 3	Managing patients with renal impairment – The role of the pharmacist
C 4	Managing patients with asthma – The role of the pharmacist
C 5	Managing mentally ill patients – The role of the pharmacist
C 6	Anticoagulation: Pharmacists at the bleeding edge of patient care
C 7	Remuneration and implementation of community pharmacy services to complex patients
C 8	Trends in Community Pharmacy: Debating the future of the profession

C 9	The role of compounding in closing therapeutic gaps (parts 1 and 2)
C 10	Complex patients and obstacles to quality use of medicines - A patient’s perspective
C 11	Collaborative approaches to dealing with complex medical conditions
C 12	Computer prompts versus clinical freedom (Debate)
C 13	Diagnostics in individualized medicine and pharmacotherapy: What you need to know

D. What are emerging strategies for treating complex patients?	
D 1	Implementing the vision
D 2	High-quality support: The ultimate target of pharmacologistics
D 3	The diversity of patients and its influence on pharmacoepidemiological research
D 4	The diversity of social networks - Their influence on patient care
D 5	Pharmacy Practice Research session
D 6	The emergence of biologicals as therapeutic agents
D 7	Fast forward to the future – Translating science into better patient care
D 8	How patient stratification and pharmacogenetics affect ADRs in complex patients
D 9	Individual therapy, individual care - Optimization in the face of complexity

E. Pharmacy Education Creating the path to managing complex patients	
E 1	Science - The best basis for the best practice?
E 2	Interprofessional education
E 3	Translating expert knowledge into patient care
E 4	Addressing global complexities through educational innovation
E 5	Pharmacy Education in FIP: The journey so far...
E 6	Deans Forum

F. Cultivating the unexplored fields of complexity	
F 1	Pharmacy Technicians Symposium
F 2	Pharmacy and pharmaceutical sciences in Ireland
F 3	Conclusions of the Chief Pharmacists’ Meeting
F 4	Translating laboratory results in pharmacy practice
F 5	The complexity of health challenges in 2020: Are we ready?
F 6	Creating the future leaders in pharmacy
F 7	Leadership session for young leaders
F 8	Providing hospital pharmacy services to meet the needs of complex patients - Can the Basel Statements help?
F 9	Pharmacy practice in the face of globalism, ethics and regulation
F 10	Commitment to ethical responsibility and professional autonomy in pharmacy

F 11	The value of Real World Evidence (RWE) - Will availability of data lead to a paradigm change?
F 12	How can practitioners provide consumers with proper information on Herbals in different regulatory systems?
F 13	FIP Høst Madsen Medal lecture
F 14	Process validation
F 15	Improving communication between healthcare providers in disaster situations
F 16	Pharmacists in humanitarian work
F 17	Presentations from FIP member organisations (part 1)
F 18	Presentations from FIP member organisations (part 2)
F 19	Presentations from FIP member organisations (part 3)
F 20	Presentations from FIP member organisations (part 4)
F 21	Short oral presentations of the FIP Industrial Pharmacy Section
F 22	Short oral presentations of the FIP Community Pharmacy Section
F 23	Short oral presentations of the FIP Pharmacy Information Section
F 24	Short oral presentations of the FIP Social and Administrative Pharmacy Section
F 25	History of Pharmacy
F 26	Report on the Pharmacopoeia Meeting in India
F 27	Short oral presentations of the FIP Academic Pharmacy Section



E 6 - DEANS FORUM (PART 1, 2, 3 AND 4)

Making the pharmacy curriculum relevant: Ensuring better patient outcomes

Organised by FIP AIM

Join your fellow Deans from all over the world to share in leadership challenges and successes!

The Deans Forum is accessible for the members of the Academic Institutional Membership (AIM) only. If your school is not yet an AIM Member, please do send an email to membership@fip.org for information about the membership and to receive your special registration link. The Deans Forum is a member benefit for the AIM members so the fee is included. You will however have to register for the FIP Congress to participate at a member rate. Depending on the World Bank index of your country of residence the cost for the AIM membership is € 600 (category A), € 400 (category B) or € 200 (category C).

For more information on the membership please see: http://academic_institutional_membership.fip.org

Saturday 31 August 2013, 09:00 – 12:00 and 14:00 – 17:00

Sunday 1 September 2013, 09:00 – 12:00

Royal College of Surgeons in Ireland (RCSI), 123 St. Stephen’s Green, Dublin 2

Duration: 9h

The discussions and debate during this one and a half day Forum will focus on areas of critical importance in the role of pharmacy education institutions, focusing on educating the pharmacy and pharmaceutical sciences workforce of the future.

This programme has been developed and guided by the AIM Advisory Group and during the Forum the following representatives of the Advisory Group will share experiences and perspectives from their country/region:

- Adela Cerain (Universidad de Navarra, Spain)
- Adel Sakr (Future University, Egypt)
- Bart Rombaut (EAFP, Belgium)
- David Hill (University of Saskatchewan, Canada)
- Divakar Goli (Acharya & BM Reddy College of Pharmacy, India)
- John Pieper (St. Louis College of Pharmacy, USA)
- Lilian Azzopardi (University of Malta, Malta)
- Patricia Acuna-Johnson (University of Valparaiso, Chile)
- Stephen Chapman (Keele University, United Kingdom)

PROGRAMME

PART 1. PATIENT SAFETY: FROM A SAFE PHARMACIST TO A SAFE HEALTHCARE TEAM

Saturday 31 August 2013, 09:00 – 10:30

(1.5 hours)

Session Facilitator:

Ralph Altieri (University of Colorado, USA)

1. Guiding principles for developing team-based multi-professional patient safety education

Agnes Leotsakos (WHO, Switzerland)

2. Small group activities

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

PART 2. APPLYING COMPETENCIES TO PHARMACY EDUCATION

Saturday 31 August 2013, 10:45 – 12:30 and 14:00 – 15:15

(3 hours)

Session Facilitator:

Pierre Moreau (University of Montreal, Canada)

1. Lessons learned from including clinical practice in a predominantly science-based programme

Iva Jankovic (University of Zagreb, Croatia)

2. Small group activities

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

PART 3. ENSURING BETTER PATIENT HEALTH: MEASURING THE IMPACT OF OUR GRADUATES

Saturday 31 August 2013, 15:30 – 17:00 and

Sunday 1 September 2013, 09:00 – 10:30

(3 hours)

Session Facilitator:

Bob Woollard (University of British Columbia, Canada)

1. THEnet Evaluation Framework for socially accountable health professional education

André-Jacques Neusy (THEnet, Belgium)

2. Small group discussions

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

PART 4. DEVELOPING AIM: LINKING EDUCATION ACROSS FIP (1.5 hours)

The FIP Education Initiatives is working across FIP to link developments in practice and science with education and vice-versa. Participants will hear about upcoming projects, resources available and hot topics under debate across FIP in an effort to prepare your active participation in the FIP congress and developing the goals and activities of AIM.

1) FIP Education Initiatives – Bridging together practice and science in FIP

Henri Manasse (FIP, USA)

2) The impact of the Pharmaceutical Sciences

Daan Crommelin (University of Utrecht, The Netherlands)

3) Group discussion and survey on the development of AIM projects and activities

The discussions and outcomes of this forum will guide future FIP Education Initiatives actions and strategy.

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

F 1 - PHARMACY TECHNICIANS SYMPOSIUM

Organised by FIP

Saturday 31 August 2013 and Sunday 1 September 2013

Liffey meeting room 3

Duration: 9h

SESSION 1 PART A: THE ROLES OF PHARMACY TECHNICIANS IN MANAGING COMPLEX PATIENTS

Saturday 31 August 2013, 09:30 – 11:00

The plenary session will highlight country differences in the roles, regulatory oversight, education, and interactions of pharmacy technicians with patients and colleagues:

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

LEARNING OBJECTIVES

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

1. Define a "complex patient"
2. Highlight the evolving roles and new responsibilities of pharmacy technicians with regards to complex patients
3. Explain the impact of regulations and education on opportunities pharmacy technicians have for higher engagement with complex patients
4. Highlight key logistical services technicians provide in managing complex patients

CHAIRS

Yvonne Sheehan (National Association of Hospital Pharmacy Technicians, Ireland) and
Andrew Brown (University of Canberra, Australia)

PROGRAMME

1. **Complex patients and how pharmacy partnerships help optimize treatment**
Bente Frøkjær (Denmark)

2. What patients expect from healthcare professionals

Durhane Wong-Rieger (Consumer Advocate Network, Canada)

3. Pharmacy technicians in Croatia – Roles in advising patients with diabetes

Svjetlana Jakovac (Croatia)

4. Pharmacy technicians in Portugal – Managing complex patients

João Joaquim (Portuguese Association of Pharmacy Technicians and European Association of Pharmacy Technicians, Portugal)

SESSION 1 PART B: THE ROLES OF PHARMACY TECHNICIANS IN MANAGING COMPLEX PATIENTS

Saturday 31 August 2013, 11:30 – 13:00

CHAIR

Susanne Engstrøm (Danish Association of Pharmaconomists, Denmark)

PROGRAMME

1. **Simple yet effective tools to improve patient safety to complex patients**
Camilla Lindeblad (Copenhagen Sonderbor Pharmacy, Denmark)

2. Developing clinical support pharmacy technician roles

Melissa White and Erin Clarke (Horizon Health Network, Canada)

3. Pharmacy technicians in Peru – Managing complex patients

Aldo Alvarez (San Marcos University, South American Network of Pharmaceutical Care - REDSAF, Peru)

4. Pharmacy technician roles in pharmaceutical supply chain management

Manusika Rai (Ministry of Health and i+solutions, Bhutan)

SESSION 2: COMPLEX PATIENT CASE STUDIES

Saturday 31 August 2013, 14:00 – 17:00

This interactive session will feature five case studies that exemplify different aspects of patient 'complexity', including medications, co-diseases, cultural, and socio-economic factors, and the varying roles pharmacy technicians have in different countries. These cases will discuss barriers real patients face in dealing with their conditions and offer insight on their interactions with pharmacists and other members of the healthcare team.

Questions to be addressed include:

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

LEARNING OBJECTIVES

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

1. Summarize experiences in communicating with and managing a variety of patient complexities
2. Describe how pharmacy technicians may initiate communication and collaborative efforts with other practitioners when dealing with complex patients.

Workshop Coordinator: Andrew Brown (University of Canberra, Australia)

CASE STUDIES

1. Norway: Challenges associated with cancer patients

Tonje Sem Myklebust (Pharmacy Hospital Oslo, Radiumhospitalet, Norway)

2. Denmark: Challenges faced in emergency departments

Anja Røikjaer Henriksen (Odense University Hospital, Denmark)

3. Ireland: Challenges faced in community pharmacies

Yvonne Sheehan (National Association of Hospital Pharmacy Technicians, Ireland)

4. Bhutan: Pharmaceutical supply chain management

Manusika Rai (Ministry of Health and i+solutions, Bhutan)

5. USA: Challenges associated with transitions of care

Megan Coder (USA)

SESSION 3 PART A: COLLABORATIVE APPROACHES TO MANAGING COMPLEX PATIENTS

Sunday 1 September 2013, 09:30 – 11:00

This session will focus on collaboration and communication within the pharmacy team and inter-disciplinary interaction with other members of the healthcare team. A panel debate will be followed by an interactive wrap-up, both intended to solidify the challenges and opportunities that exist for pharmacy technicians in this arena.

Leaders of pharmacy technician organizations, in addition to national and state regulators, are encouraged to attend this session.

LEARNING OBJECTIVES

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

1. Describe how to initiate communication with other practitioners.
2. Highlight the roles of peers, colleagues, and patients in supporting best outcomes for complex patients.
3. Summarize the value of collaborative approaches.
4. Identify actions or approaches to adopt in their own practices.

CHAIRS

Susan James (Ontario College of Pharmacists, Canada) and Margo Briejer (KNMP and Optima Farma, The Netherlands)

PROGRAMME

1. Portugal: Collaborative approaches to managing complex patients

João Joaquim (Portuguese Association of Pharmacy Technicians, European Association of Pharmacy Technicians, Portugal) and
Cristiano Matos (Portuguese Association of Pharmacy Technicians, Portugal)

2. Finland: Collaborative approaches to managing complex patients

Eeva Terasalmi (FIP, Finland)

3. Canada: Practical inter-professional collaboration models

Carol O'Byrne (Pharmacy Examining Board of Canada, Canada)
Doreen Leong (College of Pharmacists of British Columbia, Canada)
John Pugsley (Pharmacy Examining Board of Canada, Canada)

4. Kenya: The revolving fund pharmacy model

Eunice Kosgei (Kenya)

SESSION 3 PART B: COLLABORATIVE APPROACHES TO MANAGING COMPLEX PATIENTS

Sunday 1 September 2013, 11:30 – 13:00

CHAIRS

Megan Coder (USA) and Tove Ytterbø (Norges Farmaceutiske Forening, Norway)

1. Pharmacy technician roles in compounding

Ann Oberg, Cheri Kraemer, Brenda Jensen and Stephanie Chacon (USA)

2. Pharmacy technician roles in communication and collaboration

Karalyn Huxhagen (AFS Friendly Care Pharmacy, Australia)

3. A modern approach for engaging pharmacy technicians and support workers in patient management: Experiences from Bangladesh

Shariful Islam (International Center for Diarrhoeal Diseases Research – ICDDR, Bangladesh)

4. Ireland: Pharmacy technician roles in medicine shortages

Yvonne Sheehan (National Association of Hospital Pharmacy Technicians, Ireland)

SYMPOSIUM WRAP-UP

Sunday 1 September 2013, 13:00 – 13:30

During this final session, an interactive summary of the two-day symposium will be provided. Special attention will be made to FIPed, International Pharmaceutical Federation Education Initiatives, the international collaborations under way, and how participants can interact with FIPed to help improve the healthcare offered to complex patients. Other international initiatives relevant to Pharmacy Support Workforce cadres will also be discussed.

F 2 - PHARMACY AND PHARMACEUTICAL SCIENCES IN IRELAND

Organised by the Local Host Committee
Sunday 1 September 2013, 09:00-12:00 Liffey Hall 1
Duration: 3h

INTRODUCTION
Pharmacy practice in Ireland is undergoing significant changes, following on from new legislation in 2007 to regulate the profession and expand the scope of practice of pharmacists. A new system of continuing professional development for pharmacists is being introduced via a new Irish Institute of Pharmacy, which will underpin the development of new roles for pharmacists, including specialisation. As part of its reforms of pharmacy education and training, Ireland was one of the first countries to introduce a competency framework for pharmacists which used the FIP draft global framework as a mapping tool. Pharmacists in Ireland have in the past few years started to provide new services, including seasonal influenza vaccination services, and further developments in both community and hospital practice are under discussion. Ireland is well known as a strong base for the pharmaceutical industry, and pharmacists in industry and education play a key role in the development of the profession in Ireland.

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

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

- CHAIR**
Martin Henman (Trinity College Dublin, Ireland)
- PROGRAMME**
- 1) 09:00 Welcome from the Chair
Martin Henman (Trinity College Dublin, Ireland)
 - 2) 09:20 Introduction & regulatory environment
Marita Kinsella (Department of Health, Ireland)
 - 3) 09:40 Education and research
Sheila Ryder (Trinity College Dublin, Ireland)
 - 4) 10:00 Pharmaceutical industry in Ireland
Maura Kinahan (PIER, Pfizer and Local Host Committee)
 - 10:15 Break
 - 4) 10:45 Socio-economical reasons for complexity
Dima Qato (University of Illinois, USA)
 - 5) 10:50 Hospital practice
Brian Rattigan (Sligo General Hospital, Ireland)
 - 6) 11:10 Community practice
Ronan Quirke (Quirke's Pharmacy, Clonmel, Co Tipperary, Ireland)
 - 7) 11:30 Q & A

A 1 - WHY ARE PATIENTS COMPLEX?

Organised by the 2013 Programme Committee
Monday 2 September 2013, 09:00-12:00 Auditorium
Duration: 3h

INTRODUCTION
Complexity is a term used to characterize something with many parts in intricate arrangement, and complex patients certainly fall into this category. The understanding and treatment of human diseases is complicated and challenging because the patients themselves are complex. This complexity derives from biologic factors (biochemical, physiological and pathophysiological), medical factors that need to take account of demographics and behaviour, social factors such as economics and health literacy, and cultural factors including religious beliefs and traditions. This session will review each of these reasons why our patients are complex, integrating science and practice so that the needs of these patients and strategies to manage their diseases can be further explored in subsequent symposia.

CHAIRS
Philip Schneider (FIP, USA) and
Geoffrey Tucker (FIP, United Kingdom)

- PROGRAMME**
- 1) 09:00 Introduction
Philip Schneider (FIP, USA)
 - 2) 09:10 Introduction of a case study
Cameron Phillips (Flinders Medical Center, Australia)
 - 3) 09:25 Complex patients and the future of medicine:
Accommodating the individual through his/her virtual twin
Hans Westerhoff (University of Amsterdam, The Netherlands)
 - 4) 09:50 Medical reasons for complexity
Ric Day (University of New South Wales - Sydney, Australia)
 - 10:15 Break
 - 4) 10:45 Socio-economical reasons for complexity
Dima Qato (University of Illinois, USA)
 - 5) 11:10 Cultural reasons for complexity
Durhane Wong-Rieger (Institute for Optimizing Health Outcomes, Canada)
 - 6) 11:35 Questions from the audience
 - 7) 11:55 Conclusions by the Chair
Geoffrey Tucker (FIP, United Kingdom)



F 17 - PRESENTATIONS FROM FIP MEMBER ORGANISATIONS (PART 1)

Organised by the FIP Bureau

Monday 2 September 2013, 12:15 – 13:45 Liffey B
Duration: 1,5h

INTRODUCTION

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

LEARNING OBJECTIVES

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

CHAIR

Prafull Sheth (FIP, India)

PROGRAMME

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

F 21 - SHORT ORAL PRESENTATIONS OF THE FIP INDUSTRIAL PHARMACY SECTION

Organised by the FIP Industrial Pharmacy Section

Monday 2 September 2013, 12:15 – 13:45 Wicklow Hall 1
Duration: 1,5h

LEARNING OBJECTIVE

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

PROGRAMME

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

B 1 - INTRODUCTION SESSION: UNMET NEEDS OF THE COMPLEX PATIENT

Organised by the 2013 Programme Committee

Monday 2 September 2013, 14.00-17.00 Liffey B
Duration: 3h

INTRODUCTION

An understanding of why patients are complex requires knowing the specific needs of these patients as well as an understanding of their disease and comorbidities. Because of the biologic, medical, socio-economic and cultural differences among complex patients,

there may be complicated information needed about their medicines. Examples include taking them properly spaced from other medicines, tailoring the selection and dose of medicines to the relevant laboratory data and to take into account cultural and religious beliefs into making treatment decisions. Prescribers and patients should agree on expectations about their use of the prescribed medicines and the consequences of their improper use. This session will explore these needs from scientific and practice perspective.

LEARNING OBJECTIVES

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

CHAIR

Robert DeChristoforo (FIP Programme Committee, USA)

PROGRAMME

- 1) Drug information is essential for managing complex patients**
Erin Fox (University of Utah, USA)
- 2) Adherence support**
Rob Horne (UCL School of Pharmacy, United Kingdom)
- Break
- 3) Individualized care**
Ulrich Jaehde (University of Bonn, Germany)
- 4) Continuity / transition of care**
Tamasine Grimes (Trinity College Dublin, Ireland)

E 3 - TRANSLATING EXPERT KNOWLEDGE INTO PATIENT CARE

Organised by the FIP Education Initiatives (FIPed) Development Team

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

PROGRAMME

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

Topics for debate will include:

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

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

CHAIR FOR PART I

Mike Rouse (USA)

PART I

- 1) Science into practice**
Koss McKinnon (Australia)
T.C. Fleischer (Ghana)
Duncan Graig (United Kingdom)

CHAIR FOR PART II

Andreia Bruno (FIPed, United Kingdom)

PART II

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

Break

- 3) Workshop activity with participants**
While the workshop in ongoing we will `pair up` a senior scientist with a practitioner, to make recommendations to present back for finale.

4) Feedback from the workshop groups

5) Closing remarks

Ian Bates (United Kingdom)

F 4 - TRANSLATING LABORATORY RESULTS
IN PHARMACY PRACTICE

Organised by the FIP Clinical Biology Section

Monday 2 September 2013, 14:00 – 17:00 Liffey Hall 1
Duration: 3h

LEARNING OBJECTIVES

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

CHAIR

Bernard Poggi (FIP CBS, France)

PROGRAMME

1) The clinical laboratory in Europe

2) Pharmacists in the laboratory: An educational challenge

Break

3) Diabetes follow-up in a laboratory context

4) Chronic renal diseases: Diagnosis and monitoring

F 5 - THE COMPLEXITY OF HEALTH CHALLENGES
IN 2020: ARE WE READY?

Organised by the FIP Community Pharmacy Section

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

INTRODUCTION

Disease trends have changed dramatically in the last decades. Have community pharmacies been adopting programmes and strategies to cope with this different reality? Are we ready to anticipate the much-needed changes in service provision and adapt to a different disease paradigm? This session will discuss these trends and challenges. This session will also give basic information about public health, risk factors and pharmacists’ roles in public health promotion.

LEARNING OBJECTIVES

- At the conclusion of the session, participants will be able to:
- Describe the common risk factors
 - Summarize the importance of public health actions
 - Describe how to use this knowledge when organising pharmacy services.

CHAIR

Eeva Teräsalmi (FIP, Finland)

PROGRAMME

1) Introduction by the Chair

Eeva Teräsalmi (FIP, Finland)

2) Challenges of health into 2020

3) Communicable diseases and pharmacy based programmes

Manjiri Gharat (FIP CPS, India)

Break

4) Non-communicable diseases and pharmacy based programmes

Suzete Costa (Associação Nacional das Farmácias, Portugal)

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

6) Debate, conclusion and wrap-up by the Chair

F 8 - PROVIDING HOSPITAL PHARMACY SERVICES
TO MEET THE NEEDS OF COMPLEX PATIENTS -
CAN THE BASEL STATEMENTS

Organised by the FIP Hospital Pharmacy Section and WHOPreC

Monday 2 September 2013, 14:00 – 17:00 Wicklow Hall 1
Duration: 3h

INTRODUCTION

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

LEARNING OBJECTIVES

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

CHAIR

Betty Chaar (University of Sydney, Australia)

PROGRAMME

1) What is WHOPreC and how does it fit in with FIP HPS?

Rebekah Moles (University of Sydney, Australia)

2) The Basel Statements in China. Looking at the state of play from two perspectives

Dechun Jiang (Chinese Pharmaceutical Association, China)

3) How have the Basel Statements helped the pharmacists in Africa manage complex patients? A case study

Andy Gray (University of Kwazulu Natal, South Africa)

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

Gail Melanophy (St. James’s Hospital Dublin, Ireland)

5) Crosswalk with the Canadian Society of Health Systems’ pharmacy statements and The Basel Statements - Has Basel got it covered?

Neil MacKinnon (University of Arizona, USA)

6) Pharmacists’ influences on prescribing - The Basel statements in the Western Pacific Region

Jonathan Penm (University of Sydney, Australia)

7) How can we assess the impact of these Statements? From interviews to surveys - The research agenda

Diane Ginsburg (University of Texas, USA)

F 9 - PHARMACY PRACTICE IN THE FACE OF
GLOBALISM, ETHICS AND REGULATION

Organised by the FIP Social and Administrative Pharmacy Section

Monday 2 September 2013, 14:00 – 17:00 Liffey A
Duration: 3h

LEARNING OBJECTIVES

- At the conclusion of the session, participants will be able to:
- Summarize the benefits and limitations of reciprocity and mutual recognition agreements
 - Distinguish emerging trends in virtual pharmacy practice
 - Describe progress in regulation of Internet pharmacies.

CHAIRS

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

PROGRAMME

1) Experience with mutual recognition agreements

Duncan Rudkin (General Pharmaceutical Council, United Kingdom)

2) Can we really practice anywhere? Some examples of virtual learning

Marian Costelloe (Monash University, Australia)

Break

3) Current issues in regulation of Internet pharmacies

Carmen Catizone (National Association of Boards of Pharmacy, USA)

4) Panel discussion of these pharmacy regulatory issues

F 12 - HOW CAN PRACTITIONERS PROVIDE
CONSUMERS WITH PROPER INFORMATION ON
HERBALS IN DIFFERENT REGULATORY SYSTEMS?

Organised by the FIP Special Interest Group on Natural Products

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

CHAIRS

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

PROGRAMME

1) Introduction

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

2) Australian herbal guidelines

John Miller (John Miller Consulting, Australia)

3) Regulation of herbal products as dietary supplements – Key information for practitioners

Jaclyn Chasse (Emerson Ecologics, USA)

Break

4) Herbals in the pharmacopoeia

Takashi Hakamatsuka (National Institute of Health Sciences, Japan)

5) Guidelines for regulatory control of herbal medicinal products in South Africa: Current status and challenges

James Syce (The University of the Western Cape, South Africa)

C 1 - BEST PRACTICE IN INTEGRATING DRUG THERAPY AND PATIENT CARE

Organised by the 2013 Programme Committee

Tuesday 3 September 2013, 09:00-12:00 Liffey B
Duration: 3h

INTRODUCTION

To meet the needs of complex patients, science should inform practice. Best practices in meeting the needs of complex patients are evidence-based and stem from acknowledged gaps. This symposium will provide the scientific basis for evidence based practices for the treatment of complex patients, and will depict ‘state-of-the art’ solutions in various settings to address gaps and challenges in healthcare provision.

CHAIRS

Ema Paulino (FIP, Portugal) and Henk de Jong (FIP, The Netherlands)

PROGRAMME

1) Medicine use review and medication reconciliation

Foppe van Mil (Van Mil Consulting, The Netherlands)

2) Best practice in integrating drug therapy and pediatric patient care

Régis Vaillancourt (Children’s Hospital of Eastern Ontario, Canada)

3) Safety and efficiency evidence, for a collaborative pharmaceutical service program, as is currently implemented in Swiss nursing homes

Isabelle Anguish (Policlinique Médicale Universitaire de Lausanne, Switzerland)

Break

4) The Pharmacy Dots Initiatives: An integrated model to address the gaps and challenges in TB prevention and control

Marilyn Young-Tiu (Asia Pacific Institute for Medications Management, The Philippines)

5) Methadone: An opioid substitution therapy and the care of the complex patient

Denis O’Driscoll (Cherry Orchard Hospital, Ireland)

6) Debate / Panel discussion

C 6 - ANTICOAGULATION: PHARMACISTS AT THE BLEEDING EDGE OF PATIENT CARE

Organised by the FIP Hospital Pharmacy Section

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

- Describe the evidence supporting the role and value of pharmacists in the provision of anticoagulation care to ambulatory and hospitalised patients
- Describe a successful anticoagulation programme, led and staffed by pharmacists, proven to improve patient outcomes
- List emerging anticoagulation technologies that will influence future care of patients.

CHAIR

Lee Vermeulen (FIP HPS, USA)

PROGRAMME

1) Systematic reviews and economic evaluations of pharmacist-partipated Warfarin Therapy Management

Surasak Saokaew (University of Phayao, Thailand)

2) Impact of a pharmacist-managed care program in anticoagulation

Anne Rose (University of Wisconsin Hospital, USA)

Break

3) Non-anticoagulation needs of anticoagulated patients

Maria Creed (Mater Misericordiae University Hospital, Ireland)

4) New anticoagulant drugs

Erin Fox (University of Utah, USA)

C 8 – TRENDS IN COMMUNITY PHARMACY: DEBATING THE FUTURE OF THE PROFESSION

Organised by the FIP Community Pharmacy Section, the FIP Hospital Pharmacy Section, the FIP Young Pharmacists’ Group and the International Pharmaceutical Students’ Federation

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

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

CHAIRS

Luis Lourenco (Portugal) and Jacqueline Surugue (FIP HPS, France)

PROGRAMME

1) Medication reconciliation – An opportunity for collaboration

Fatma Karapinar (Saint Lucas Andreas Hospital, The Netherlands)

Responses:

Sarah Sinclair (FIP YPG, Australia)

Representative from IPSF

Break

2) Seamless care in pharmacy and the challenge of interoperability

Jacqueline Surugue (IHE Europe and IHE Pharmacy, France)

3) Electronic patient health records and interoperability – Challenges and opportunities

Paul Fahey (Pharmaceutical Society of Ireland, Ireland)

Responses:

Elina Aaltonen (FIP YPG, Finland)

Representative from IPSF

E 1 - SCIENCE - THE BEST BASIS FOR THE BEST PRACTICE?

Organised by the FIP Academic Pharmacy Section, the FIP Education Development Team and the FIP Board of Pharmaceutical Sciences

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

- Describe science competencies needed by the contemporary pharmacist
- Explain translational science and its application to practice
- Describe case studies in the educational environment that demonstrate translation of science into practice
- Develop practical educational examples of translating science into practice for use at your home institution

PROGRAMME

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

1) Plenary session: Science competencies for contemporary practice

2) Case study

3) Plenary session: Translational research/science and practice

William Beck (University of Illinois Chicago, USA)

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

Greg Peterson (University of Tasmania, Australia)

5) Panel discussion

F 3 - CONCLUSIONS OF THE CHIEF PHARMACISTS’ MEETING

Organised by FIP

Tuesday 3 September 2013, 09:00 – 12:00 Liffey Hall 1
Duration: 3h

INTRODUCTION

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

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

CHAIR

Andy Gray (FIP, South Africa)

LEARNING OBJECTIVES

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

F 11 - THE VALUE OF REAL WORLD EVIDENCE (RWE) - WILL AVAILABILITY OF DATA LEAD TO A PARADIGM CHANGE?

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

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

CHAIRS

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

PROGRAMME

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

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

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

Break

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

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

F 23 - SHORT ORAL PRESENTATIONS OF THE FIP PHARMACY INFORMATION SECTION

Organised by the FIP Pharmacy Information Section

Tuesday 3 September 2013, 09:00 – 12:00 Wicklow Hall 1
Duration: 3h

LEARNING OBJECTIVE

- At the conclusion of this session, participants will be able to:
- Describe several original pharmacy contributions from young pharmacists or young pharmaceutical scientists, with the focus on “From development to marketing”.

CHAIR

Marielle Nieuwhof (FIP IPS, The Netherlands)

PROGRAMME

- 1) Agreement of online drug information resources
Drew Lambert (University at Buffalo, USA)
- 2) Multinational survey on consequences of conflicting information about medicine use during pregnancy
Katri Hämeen-Anttila (Finnish Medicines Agency FIMEA, Finland)
- 3) The medication use process in people ageing with intellectual disabilities and behaviour disorders. What is quality? A modified Delphi technique to develop quality indicators
Bernadette Flood (Trinity College Dublin, Ireland)
- 4) Consumer use, understanding and perspectives of over-the-counter medicine labels and leaflets
Vivien Tong (The University of Sydney, Australia)
- 5) The vision of a Drug Information Center as a provider of pharmaceutical care services
Victoria Hall Ramírez (University of Costa Rica, Costa Rica)
- 6) Effect of explanation by pharmacists on understanding of a hospital’s Drug Information Newsletter: Provision of information to nurses
Nahoko Kurosawa (Hokkaido Pharmaceutical University, Japan)
- 7) Utilization of e-mail medication counseling services in national medicines information call center in Finland
Niina Mononen (The University of Helsinki, Finland)

C 11 - COLLABORATIVE APPROACHES TO DEALING WITH COMPLEX MEDICAL CONDITIONS

Organised by the FIP Young Pharmacists’ Group

Tuesday 3 September 2013, 12:15 – 13:45 Wicklow Hall 1
Duration: 1,5h

INTRODUCTION

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

LEARNING OBJECTIVES

- At the conclusion of the session, participants will be able to:
- Identify situations where collaboration would be beneficial
 - Distinguish what aspect of patient care you can effectively collaborate on, and with whom

- Establish if the other healthcare professionals are receptive to collaborative initiatives
- Outline the structure of the collaboration you wish to establish
- Demonstrate how you can be of assistance to their practice
- Demonstrate how their contribution can benefit your patients.

CHAIR

Mariet Eksteen (FIP YPG, South Africa)

PROGRAMME

- 1) Collaboration in practice - Working together to improve patient health
Brooke Myers (Australia)
- 2) Collaborative practice - Benefits and outcomes from a working practice
Claire O’Reilly (USYD, Australia)
- 3) Collaborations in practice- How to initiate an effective use of multiple healthcare practitioners
Bernard Duggan (IPU, Ireland)

F 18 - PRESENTATIONS FROM FIP MEMBER ORGANISATIONS (PART 2)

Organised by the FIP Bureau

Tuesday 3 September 2013, 12:15 – 13:45 Liffey B
Duration: 1,5h

INTRODUCTION

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

LEARNING OBJECTIVES

- At the conclusion of the session, participants will be able to:
1. Describe the process of implementing GPP in pharmacy regulation in Montenegro
 2. Describe the support obtained via the Technical Assistance and Information Exchange Instrument (TAIEX) of the European Union
 3. Identify strategies that APSA can offer or be involved with, in order to enhance the research career of its postgraduate student membership.

CHAIR

John Bell (FIP, Australia)

PROGRAMME

1) Updating pharmacy regulation and legislation to support good pharmaceutical practice in Montenegro: Cooperation with European Funds (Technical Assistance and Information Exchange Instrument - TAIEX)
Milanka Zugic (Pharmaceutical Chamber of Montenegro, Montenegro) and Charles Willis (Royal Pharmaceutical Society, United Kingdom)

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

3) Presentation from the Korean Pharmaceutical Association

**F 13 - FIP HØST MADSEN MEDAL LECTURE
THE PHARMACEUTICAL SCIENCES: WHAT IS AHEAD
OF US? A HORIZON SCAN**

Organised by the FIP Board of Pharmaceutical Sciences



Tuesday 3 September 2013, 13:00 – 14:00 Liffey Hall 1

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

**B 2 - HEALTHCARE DATA - SAFEGUARDING
CONFIDENTIALITY**

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

Tuesday 3 September 2013, 14:00 – 17:00 Liffey A
Duration: 3h

INTRODUCTION

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

LEARNING OBJECTIVES

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

- Describe the ethics relating to confidentiality of personal health data
- List examples of legislation introduced internationally covering confidentiality
- Translate the significance of confidentiality of data to pharmacy practice in own scenario.
- Adopt learning from this session to own practice.

CHAIRS

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

PROGRAMME

1) “HIPPA” – The Health Insurance Portability and Privacy Act in the USA
James Stevenson (FIP HPS, USA)

2) A European perspective

Break

3) Electronic data - Help or hindrance to confidentiality?
Betty Chaar (University of Sydney, Australia)

4) What is happening to aid pharmacists’ access to data?
Stephen Goundry-Smith (Royal Pharmaceutical Society, United Kingdom)

B 3 - THE NEED FOR BETTER COMMUNICATION

Organised by the FIP Social and Administrative Pharmacy Section

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

- Investigate the implications of shared decision making and other patient-centered approaches to the delivery of evidence-based practice by pharmacists
- Advocate the place of clinical judgment and the implementation of evidence-based guidelines
- Explain the deficiencies of (single condition) evidence-based guidelines in the delivery of healthcare to patients with multiple co-morbidities
- Identify approaches to patient-centered care using a number of chronic disease exemplars.

CHAIR

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

PROGRAMME

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

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

Break

3) The internet and social networks as sources of information
Marika Pohjanoksa-Mantyla (University of Helsinki, Finland)

4) Inter-professional communication to improve the quality and safety of medicines use in primary care
David Alldred (Leed University, United Kingdom)

**C 7 - REMUNERATION AND IMPLEMENTATION
OF COMMUNITY PHARMACY SERVICES TO
COMPLEX PATIENTS**

Organised by the FIP Community Pharmacy Section

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

- Identify the types of Cognitive Pharmaceutical Services for complex patients
- Analyse the difference in these services
- Demonstrate the clinical and economic aspects of these services in complex patients
- Advocate for the implementation of Cognitive Pharmaceutical Services
- Develop a program for the implementation of these services
- Identify methods of remuneration for Cognitive Pharmaceutical Services for complex patients

CHAIRS

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

PROGRAMME

1) Case study Denmark – Quality assured medicines use
Charlotte Rossing (Pharmakon, Denmark)

2) Case study Australia – Diabetes medcheck
Paul Sinclair (FIP CPS, Australia)

Break

3) Case study Switzerland – Polymedication check
Martine Ruggli (Pharmasuisse, Switzerland)

4) Development of a professional pharmacy service implementation framework
Joanna Moullin (Pharmacist, Australia)

5) Remuneration and implementation of cognitive pharmaceutical services for complex patients in community pharmacy
Charlie Benrimoj (University of Technology - Sydney, Australia)

6) Round table discussion with questions from the plenary session including presenters of case studies and lectures

**C 13 - DIAGNOSTICS IN INDIVIDUALIZED
MEDICINE AND PHARMACOTHERAPY:
WHAT YOU NEED TO KNOW**

Organised by the FIP Special Interest Group on Individualized Medicine and the FIP Clinical Biology Section

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

- List the general features of a good biomarker
- Describe how to use biomarkers/diagnostics in personalized medicine
- Compare biomarkers and their use as key elements for drug monitoring and disease management
- Identify current advances of genomic biomarkers focusing on cancer and chronic diseases

CHAIRS

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

PROGRAMME

1) Individualized pain management in non-cancer patients: A role for pharmacists
Majid Moridani (AIT Laboratories, USA)

2) Biomarkers in diabetics management

Debra Higgins (University College Dublin, Ireland)

Break

3) The use of biomarkers in management of patients with lipid disorder

Khosrow Adeli (University of Toronto, Canada)

4) Cancer biomarkers in diagnostics and pharmacotherapy

Yusuke Tanigawara (Keio University, Japan)

D 1 - IMPLEMENTING THE VISION

Organised by the 2013 Programme Committee

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

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

CHAIR

Arijana Meštrović (FIP Programme Committee, Croatia)

PROGRAMME

1) Competences required for advanced level care

Jennifer Marriott (Monash University, Australia)

2) Translating science into practice

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

Break

3) Health information management models

Lawrence Brown (University of Tennessee Health Science Center, USA)

4) Models of care (from the Drug Room to Accountable Care)

Olivier Bugnon (Policlinique Médicale Universitaire de Lausanne, Switzerland)

WEDNESDAY

F 16 - PHARMACISTS IN HUMANITARIAN WORK

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

Wednesday 4 September 2013, 07:30 – 08:45 Liffey Hall 1
Duration: 1,5h

INTRODUCTION

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

LEARNING OBJECTIVES

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

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

CHAIR

Warren Meek (FIP CPS, Canada)

PROGRAMME

1) Communication between pharmacists and victims in a disaster

Mari Harada (Japanese Red Cross, Japan)

2) Pharmacists in humanitarian work. Why not you?

Kevin Boner (FullHealth Medical, Ireland)

C 2 - MANAGING PATIENTS WITH CANCER – THE ROLE OF THE PHARMACIST

Organised by the 2013 Programme Committee

Wednesday 4 September 2013, 09:00 -12:00 Liffey B
Duration: 3h

INTRODUCTION

The aim of this session is to highlight the fact that cancer patients are living longer and this creates challenges for existing systems and models of care. The emergence of cancer survivorship as a discipline is focused on optimising the journey for cancer patients and necessitates careful attention to issues including navigation

pathways, psycho-oncology, nutrition, long term effects of cancer treatments (including cognitive effects, neurotoxicity, second tumours, fertility issues etc).

CHAIR

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

PROGRAMME

1) Overview of the changes in cancer treatments, emergence of targeted therapy, survival trends, economic issues etc.

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

2) The challenges of cancer survivorship: Implications for pharmacists

Agnes Vitry (University of South Australia, Australia)

Break

3) The continuity of care and the roles of community pharmacists in the chronic cancer care

Marie-Paule Schneider (Policlinique Médicale Universitaire de Lausanne, Switzerland)

4) Oncology education and training in Schools of Pharmacy – Where we are and where we should go

Michael Newton (West Virginia University, USA)

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

Organised by the FIP Young Pharmacists’ Group

Wednesday 4 September 2013, 09:00 – 12:00 Wicklow Hall 1
Duration: 3h

INTRODUCTION

Many sessions are traditionally given to explaining how obstacles to patient communication should be overcome. Many of these obstacles are defined by experts in this field- these people are all highly educated professionals with a strong knowledge background. Patients have a vast array of experience and knowledge - and thus every patient will have a different set of obstacles. To apply a generalisation about perceived obstacles to the majority of patients can sometimes be inappropriate and may



result in a poor interaction outcome. We would like to have REAL patients with complex conditions explain what they find most appropriate and most useful when being addressed by healthcare professionals. We would like to also have small groups to role play scenarios to practice these new communication techniques. By demonstrating, we learn more effectively.

LEARNING OBJECTIVES

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

CHAIRS

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

PROGRAMME

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

D 2 - HIGH-QUALITY SUPPORT: THE ULTIMATE TARGET OF PHARMACOLOGISTICS

Organised by the FIP Military & Emergency Pharmacy Section

Wednesday 4 September 2013, 09:00 – 12:00 Liffey Hall 1
Duration: 3h

INTRODUCTION

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

LEARNING OBJECTIVES

- At the conclusion of the session, participants will be able to:
- List the principles of drug donations
 - Perform better practice in the transportation of pharmaceuticals in emergency situations

- Describe a type of pharmaceutical tracking system for stock management.

CHAIRS

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

PROGRAMME

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

D 3 - THE DIVERSITY OF PATIENTS AND ITS INFLUENCE ON PHARMACOEPIDEMOLOGICAL RESEARCH

Organised by the FIP Social and Administrative Pharmacy Section

Wednesday 4 September 2013, 09:00 – 12:00 Liffey A
Duration: 3h

INTRODUCTION

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

LEARNING OBJECTIVES

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

- Evaluate the implications of pharmacoepidemiological research on the delivery of healthcare to diverse patient groups.

CHAIRS

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

PROGRAMME

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

E 2 - INTERPROFESSIONAL EDUCATION

Organised by the FIP Academic Pharmacy Section

Wednesday 4 September 2013, 09:00 – 12:00 Wicklow Hall 2b
Duration: 3h

INTRODUCTION

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

LEARNING OBJECTIVES

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

PROGRAMME

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

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

F 14 - PROCESS VALIDATION

Organised by the FIP Special Interest Group on Regulatory Sciences

Wednesday 4 September 2013, 09:00 – 12:00 Liffey Hall 2
Duration: 3h

INTRODUCTION

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

LEARNING OBJECTIVES

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

CHAIRS

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

PROGRAMME

- 1) What is process validation? Traditional and life cycle approach; FDA guidance**
Simon Smith (Pfizer, United Kingdom)

2) Draft EMA Guideline

Catherine McHugh (Irish Medicines Board, Ireland)

Break

3) Industrial perspective

Mike James (GlaxoSmithKline, United Kingdom)

4) Applying process validation in community and hospital pharmacy

Lillian Azzopardi (University of Malta, Malta)

C 12 - COMPUTER PROMPTS VERSUS CLINICAL FREEDOM (DEBATE)

Organised by the FIP Academic Pharmacy Section, the FIP Pharmacy Information Section and the FIP Community Pharmacy Section

Wednesday 4 September 2013, 12:15 – 13:45 Wicklow Hall 1
Duration: 1,5h

LEARNING OBJECTIVES

This debate will enable participants to:

- Challenge their professional judgment
- Consider how they manage patients with a complex regime/ regimen of medicines using computer technology
- Identify risk management issues – The possibility of computer error and the impact this could have
- Recognise the positive and negative effects of computer generated information.

PROGRAMME

Speakers: Stephen Chapman (Keele University, United Kingdom) and Michael Katz (University of Arizona, USA)
These two experienced debaters will take the “for” and “against” positions to create a thought-provoking session, raising issues around how computer technology can have an impact on the care of patients who are taking complex medications, including the liability which may arise from not including warning messages.

F 19 - PRESENTATIONS FROM FIP MEMBER ORGANISATIONS (PART 3)

Organised by the FIP Bureau

Wednesday 4 September 2013, 12:15 – 13:45 Liffey B
Duration: 1,5h

INTRODUCTION

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

LEARNING OBJECTIVES

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

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

CHAIR

Eeva Teräsalmi (FIP, Finland)

PROGRAMME

1) E-medication and medication management

Max Wellan (Austrian Chamber of Pharmacists, Austria)

2) Pharmacy education reform: Toward a 6-year training

Nobuo Yamamoto (Japan Pharmaceutical Association, Japan)

3) Medicine journey at the hospital: A coherent pharmaceutical responsibility

Philippe Arnaud (Syndicat National des Pharmaciens, Praticiens Hospitaliers et Praticiens Hospitaliers Universitaires, France)

F 26 – REPORT ON THE PHARMACOPOEIA MEETING IN INDIA

Organised by the FIP Board of Pharmaceutical Sciences

Wednesday 4 September 2013, 12:15 – 13:45 Wicklow Hall 2b
Duration: 1,5h

INTRODUCTION

The Second International Meeting of World Pharmacopoeias was organized in April 2013 in India by World Health Organization (WHO) and Indian Pharmacopoeia Commission (IPC), an Autonomous Institution of the Ministry of Health and Family Welfare, Govt. of India. It was as a follow up after various meetings held in 2012 towards harmonisation of Pharmacopoeias, including the conference “The international world of pharmacopoeias - Now and in future” (held jointly by FIP and WHO at the FIP Centennial). This session will report on the outcome of this meeting, the next steps and way forward towards convergence through Good Pharmacopoeial Practices.

LEARNING OBJECTIVES

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

- Summarize the conclusions of this meeting
- Have insight in to the future steps towards convergence of pharmacopoeial specifications
- Understand the possibilities of stakeholders to contribute to the discussion in this area.

CHAIR

Prafull Sheth (FIP, India)

PROGRAMME

1) Outcome of the Second International Meeting of World Pharmacopoeias – Concept of Good Pharmacopoeial Practices

Sabine Kopp (WHO)

2) Panel discussion

Sabine Kopp (WHO), Janeen Skutnik (IPEC, USA), TBA

C 3 - MANAGING PATIENTS WITH RENAL IMPAIRMENT – THE ROLE OF THE PHARMACIST

Organised by the FIP Community Pharmacy Section, the FIP Hospital Pharmacy Section and the FIP Clinical Biology Section

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

INTRODUCTION

Chronic Kidney Disease and End-Stage Renal Disease represent a great burden on the healthcare system. Therefore, attention must be given to the optimization of patient care, as gaps in care of patients are well documented. As part of a multidisciplinary patient care strategy, pharmacy services have led to improvements in patient care. The purpose of this session is to summarise the available evidence regarding the role and impact of pharmacy services for these patient populations.

LEARNING OBJECTIVES

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

- Describe risk factors for chronic kidney disease (CKD)
- Identify significant drug-related problems in CKD patients requiring a pharmaceutical intervention
- Describe advantages and disadvantages of different methods assessing renal function
- Describe pitfalls of medication use in CKD patients
- Identify the role of a multidisciplinary team in chronic kidney disease

CHAIRS

Karin Graf (FIP CPS, Germany) and Martin Astbury (FIP CPS, United Kingdom)

PROGRAMME

1) Chronic kidney disease and risk factors

Maire McManus (Pharmacy Department Antrim Area Hospital, Ireland)

2) Drug-induced nephrotoxicity

Lisa Potter (University Hospital of Chicago, USA)

3) Assessing renal function

David Czock (University Hospital of Heidelberg, Germany)

Break

4) Medication use in chronic kidney disease patients

Andrea Liekweg (University Hospital of Cologne, Germany)

5) The role of a multidisciplinary team in managing chronic kidney disease

Teresa Salgado (University of Lisbon, Portugal)

D 4 - THE DIVERSITY OF SOCIAL NETWORKS - THEIR INFLUENCE ON PATIENT CARE

Organised by the FIP Social and Administrative Pharmacy Section and the FIP Young Pharmacists’ Group

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

INTRODUCTION

Use of technology has given rise to increased ability of people to communicate and maintain contact all around the world. Social networking is the most common form of communication utilized today. While considering collaborative practice, can social networks be utilized to create specialized practitioner communities? This would effectively allow people at any time to get instant response to any difficulty, question or idea you may have related to your current field of practice. This session will explore the intricacies involved in using social networks in the pharmacy environment, including privacy issues, professionalism and security. This session will also evaluate how such networking collaborations may help or hinder patient care.

LEARNING OBJECTIVES

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

- Identify possible fields of practice that may benefit from this form of collaboration
- Evaluate the benefits and detriments of such a community
- Identify possible methods by which an online practitioner community could be established
- Outline the possible membership requirements
- Investigate legal ramifications of setting up such a community, and where to access this information.

CHAIRS

Seun Omobo (FIP YPG, Nigeria) and Marion Schaefer (FIP SAPS, Germany)

PROGRAMME

1) Social networking in pharmacy practice

Aisling Reast (PSI, Ireland)

2) Online communities - The professional ramifications of use of social networking

Greg Duncan (Monash University, Australia)

3) APPs and their relevance in healthcare

Christopher Funk (Charité, Germany)

4) Forum for YPG’s - How would you utilise social networking in practice?

Panel discussion

D 6 - THE EMERGENCE OF BIOLOGICALS AS THERAPEUTIC AGENTS

Organised by the FIP Board of Pharmaceutical Sciences

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

LEARNING OBJECTIVES

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

CHAIRS

Donald Mager (FIP SIG on PKPD and ADME, USA) and Michael Ward (FIP SIG on Biotechnology, Australia)

PROGRAMME

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

2) The development of peptide and protein drugs
Andrew Vick (FIP SIG on Biotechnology, USA)

Break

3) Formulation technologies for stabilizing biologics in the developing world
Sathy Balu-Iyer (University at Buffalo SUNY, USA)

4) Bioanalytical challenges in measuring protein-based drugs and biomarkers
Ronald Bowsher (B2S Consulting, USA)

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

Organised by the FIP Education Initiatives (FIPEd) Development Team

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

INTRODUCTION

This session charts the development of global leadership in professional education by FIP. The current status of FIPEd and project reports will be presented. Delegates will be invited to engage with the vision and strategic plans of FIPEd, and join in a

debate with how educational leadership can be translated into local visions for developing the profession.

LEARNING OBJECTIVES

- At the conclusion of the session, participants will be able to:
- Describe the journey of FIPEd
 - Consider how Global projects of FIPEd and their outcomes can be applied locally or transnationally
 - Develop strategic themes for the dissemination of education best practice and policy for the FIP membership.

PROGRAMME
CHAIR FOR PART I

Ian Bates (United Kingdom)

PART I

1) Overview, mission and vision of FIPEd Development Team
Ian Bates (United Kingdom)

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

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

Break

CHAIR FOR PART II

Mahama Duwiejua (Ghana)

PART II

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

5) UNTWIN GPHEd ACE

Vision, mission and plans for the future:
Jennifer Marriot (Australia)

6) Delegate engagement with the activities of FIPEd.
How can members benefit?

7) Future developments and the vision for FIPEd
Ian Bates (United Kingdom)

F 6 - CREATING THE FUTURE LEADERS IN PHARMACY

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

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

CHAIRS

Marianne Ivey (University of Cincinnati, USA) and Wafa Dahdal (American College of Clinical Pharmacy, USA)

PROGRAMME

1) Leadership skills needed mid career for complex healthcare services
Wayne Hindmarsh (Canadian Council for Accreditation of Pharmacy Programs, Canada)

2) Hospital pharmacy leadership training needs in Canada
Neil MacKinnon (University of Arizona, USA)

3) The content and methods of delivery of leadership training
Ang Hui Gek (Singapore Pharmacy Council, Singapore)

4) Outcomes of leadership training - The ASHP Foundation experience
Stephen Allen (American Society of Health-System Pharmacists' Research and Education Foundation, USA)

F 15 - IMPROVING COMMUNICATION BETWEEN HEALTHCARE PROVIDERS IN DISASTER SITUATIONS

Organised by the FIP Military & Emergency Pharmacy Section

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

CHAIRS

Richard Wosolsobe (FIP MEPS, Austria) and Sylvain Grenier (FIP MEPS, Canada)

PROGRAMME

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

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

Break

3) Pharmaceutical quality awareness training among humanitarian NGO's
Christophe Luyckx (Quamed, Belgium)

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

5) The Tunisian Military Health Service humanitarian response during the Libyan crisis: February 2011 – January 2012
Mehdi Dridi (Direction Générale de la Santé Militaire de Tunis, Tunisia)

F 22 – SHORT ORAL PRESENTATIONS OF THE FIP COMMUNITY PHARMACY SECTION

Organised by the FIP Community Pharmacy Section

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

INTRODUCTION

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

THEMES

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

LEARNING OBJECTIVES

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

- Describe different solutions that have been put in place by pharmacists and pharmacies to meet the needs of complex patients
- List a number of healthcare initiatives undertaken by individual pharmacists and/or pharmacy organisations
- Compare and contrast different national status of strategies for handling complex patients.

CHAIRS

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

PROGRAMME

1) Practice accreditation - A tool to achieve the Community Pharmacy Section Vision 2020

Lynnae Mahaney (Center for Pharmacy Practice Accreditation, USA)

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

Arinola Joda (University of Lagos, Nigeria)

3) Five pillars of adherence

Dirk Broeckx (Prepare for the Future (P4F - IFB), Belgium)

4) Three years cost-benefit performance of Home Pharmaceutical Care project in Taiwan

Yen Huei Tarn (Taiwan Pharmacists Association, China Taiwan)

5) Meeting the complex patient needs in community pharmacy settings

Dragoslav Petronijevic (Pharmacy Belgrade, Serbia)

6) IPU NET: An innovative web-based application to support and promote the role of community pharmacy in providing healthcare services to patients

Elizabeth Hctor (Irish Pharmacy Union, Ireland)

7) The beliefs about medicines questionnaire utility as a tool in medication review

Margarida Caramona (University of Coimbra, Portugal)

8) Medicines book for aboriginal health workers in Australia

Frances Vaughan (Centre for Remote Health, Australia)

9) NetCare, a telemedicine service in Swiss community pharmacies: One year after implementation

Martine Ruggli (PharmaSuisse, Switzerland)

10) Improved drug use for patients with complex medications - A successful Swedish method by using the empowered patient for increased patient safety

Lars-Åke Söderlund (Apoteket AB, Sweden)

11) The use of Smart Phone Applications (Apps) in community pharmacy practice

Fionnuala Johnstone (Royal College of Surgeons, Ireland)

12) Meeting the needs of complex patients through intra-professional and inter-professional collaboration

Carol O’Byrne (Pharmacy Examining Board of Canada, Canada)



THURSDAY

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

Organised by the FIP Community Pharmacy Section

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

- Identify care issues of asthma patients
- Describe common mistakes in performing the inhalation technique
- Describe most successful interventions for patients with asthma
- Describe skills and knowledge that are required to counsel patients with asthma
- Describe community pharmacists’ involvement in medication reviews for patients with asthma
- Contrast which interventions are allocated more to physicians and which more to pharmacists.

CHAIRS

Nina Griesse (ABDA, Germany) and Karin Graf (FIP CPS, Germany)

PROGRAMME

1) What are the needs of patients with asthma?

Martin Henman (Trinity College, Ireland)

2) What can pharmacists do for patients with asthma at the time the medicine is dispensed?

Martin Schulz (ABDA, Germany)

3) Medication review for patients with asthma

Ines Krass (University of Sydney, Australia)

Break

4) Pharmacist-physician cooperation - Joint care for patients with asthma on the basis of case studies

Niamh Buckley (Trinity College, Ireland)

5) Managing patients with asthma; GP – pharmacist collaboration

Eamonn Shanahan (Farranfore Medical Centre, Ireland)

6) Asthma devices – What pharmacists should know

Hans Lundbäck (AstraZeneca, Sweden)

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

Organised by the FIP Board of Pharmaceutical Sciences

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

- Design drugs for multiple targets
- Improve the targeting of drugs through formulation development
- Improve the individualisation of drug dosage through the use of physiological based pharmacokinetic-pharmacodynamic modelling
- Improve the monitoring of drug effects through the use of miniaturised real-time devices and closed-loop regulated drug delivery systems.

CHAIR

Geoffrey Tucker (University of Sheffield & Simcyp Ltd, United Kingdom)

PROGRAMME

- 1) Multitarget drug design
Ulrike Holzgrabe (University of Wurzburg, Germany)
- 2) Smart drug delivery
Daan Crommelin (University of Utrecht, The Netherlands)
- Break
- 3) Complex patients, complex models – Application of PBPK (population-based physiological pharmacokinetic-pharmacodynamic) modelling at the point-of-care?
Geoffrey Tucker (University of Sheffield & Simcyp Ltd, United Kingdom)
- 4) Monitoring drug therapy at the point-of-care
Nicolas Widmer (University Hospital Lausanne, Switzerland)

D 9 - INDIVIDUAL THERAPY, INDIVIDUAL CARE - OPTIMIZATION IN THE FACE OF COMPLEXITY

Organised by the International Pharmaceutical Students' Federation

Thursday 5 September 2013, 09:00 – 12:00 Liffey Hall 1
Duration: 3h

INTRODUCTION

As the population ages, patients become increasingly complex, making it difficult for pharmacists and healthcare providers to manage these patients. Given that each individual patient may respond differently to each therapy, not only does the management need to be disease-state specific, but also patient specific. Different populations require different pharmaceutical care management strategies. Healthcare providers and clinicians need to be aware of each patient's needs and their specific therapeutic goals to optimise management. The optimised healthcare and therapy for individual subjects is one of the emerging strategies for treating complex patients. There is strong evidence based on developments in genomics research and associated areas of clinical biology. Technological advances in pharmacogenomics have allowed for the identification of genetic variations enabling for the extrapolation of differing individual responses to medications.

Pythagoras was the first to identify that all humans respond differently to drugs. Centuries after, it took the collaborative effort of 266 laboratories in 80 countries and a decade to sequence the complete human genome. Now with high-throughput screening (HTS) technology, sequencing takes only 5 days, this lead to the 1000 Genome Project - a detailed compilation of human genetic variations. Single Nucleotide Polymorphisms (SNPs) occur in regions of the genome encoding drug targets, thus they can account for diverse levels of efficacy and adverse reactions as well.

Patient complexity can consequently be gleaned from the genomic level.

Many barriers lie en route to attaining clinical utility of personalised medicine in common healthcare practice, some of which involve cost, expertise, and bioethics - as not all patients will be treated the same way. During this session, participants are invited to take on the challenge of critically assessing the implementation of personalised medicine in their respective countries. Wrapping up this session will be an inspiring discussion addressing the challenges, and potential solutions. As well, participants can glean a blueprint of future directions pharmacists can take in advancing the optimisation of healthcare and therapy for individuals.

LEARNING OBJECTIVES

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

CHAIR

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

PROGRAMME

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

E 4 - ADDRESSING GLOBAL COMPLEXITIES THROUGH EDUCATIONAL INNOVATION

Organised by the FIP Education Initiatives (FIPed) Development Team

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

PROGRAMME

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

- 1) Introduction
Mike Rouse (USA)

- PART I CHAIR
Toyin Toffade (USA)

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

- PART II CHAIR
Toyin Toffade (USA)

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

- Break

- PART III CHAIR
Tina Brock (USA)

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

- PART IV CHAIR
Kirstie Galbraith (Australia)

- 5) Clinical
 - Impact of pharmacist interventions on health related quality of life in HIV/AIDS patients: Winifred Ojieabu (Nigeria)
 - Training of pharmacists at Makerere University, Uganda: An example of inter-disciplinary, inter-professional collaborative learning across four different future healthcare workers: Richard Adoi Adome (Uganda)
 - Q&A

- 6) Closing remarks
Ian Bates (United Kingdom)

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

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

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

INTRODUCTION

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

LEARNING OBJECTIVES

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

CHAIRS

William Zellmer (ASHP, USA) and
Betty Chaar (University of Sydney, Australia)

PROGRAMME

1) Challenges to pharmacists’ professional ethics experienced in all areas of practice and science
William Zellmer (ASHP, USA)

2) Main principles of codes of ethics in pharmacy
Betty Chaar (University of Sydney, Australia)

3) In what ways is professional autonomy important in fulfilling pharmacy’s societal mandate?
Farshad Shirazi (Iranian Association of Pharmaceutical Scientists, Iran)

4) Defining and building ethical self-concept of pharmacists – Pharmacists’ oath
Arijana Meštrović (FIP Programme Committee, Croatia)

Break

5) Workshop:

- Pharmacists’ self assessment according to the Code of Ethics
- What are the most important barriers to professional autonomy (the ability to conduct your professional duties independently) in your country?

6) Presenting and commenting the results of a survey conducted among member organisations & participants from the whole FIP

C 9 - THE ROLE OF COMPOUNDING IN CLOSING THERAPEUTIC GAPS (PARTS 1 AND 2)

Organised by the FIP Community Pharmacy Section and the FIP Special Interest Groups on Formulation Design and Pharmaceutical Technology, and on Translational Research

Thursday 5 September 2013, 09:00 – 12:00 and 14:00 – 17:00 Wicklow Hall 1
Duration: Full day (6h)

INTRODUCTION

Compounding is a service that has again been increasingly adopted by pharmacists over the last three decades. Researchers at the University of Sydney have identified some of the motives of these pharmacists as: a strategy for reprofessionalisation; professional satisfaction; demand by patients and doctors for customised medications; and financial returns that are in line with a professional service. Compounding today is not the same as 50 years ago. Pharmacists now have access to a huge range of ingredients, compounding equipment and dosage forms, and are able to help patients and doctors solve medication problems that many have given up trying to fix. The emphasis on solving medication problems has moved compounding from a product

focused activity to one in which the compounding pharmacist is a hugely valuable member of the patient’s healthcare team.

LEARNING OBJECTIVES

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

- Describe how to manage and implement GMP in the pharmacy setting
- Describe how to guarantee the quality of the product in small scale production
- Portray and understand the role of compounding in paediatric medicines
- Portray and understand the role of compounding in oncology
- Portray and understand the role of compounding in dermatology.

CHAIR

Eugene Lutz (FIP CPS, USA)

PROGRAMME

1) Biopharmaceutical principles of compounding
Giovanni Pauletti (University of Cincinnati, USA)

2) When NOT to compound and considerations before compounding
Maria Carvalho (Portugal)

Break

3) Guidelines and standards in compounding
Gigi Davidson (USP Compounding Expert Committee 2010-’15, USA)

4) Quality assurance in pharmacy compounding /preparation
Holger Reimann (Germany)

Break

5) Compounding in pediatric medicines
Lisa Ashworth (Children’s Medical Center of Dallas TX, USA)

6) Sterile compounding
Vaiyapuri Subramaniam (Veterans Health Administration, USA)

Break

7) Compounding in dermatology
Francesc Llambi (APROFARM – COF Barcelona, Spain)

F 7 - LEADERSHIP SESSION FOR YOUNG LEADERS

Organised by the FIP Young Pharmacists’ Group and FIPEd

Thursday 5 September 2013, 12:15 - 13:45 Wicklow Hall 2b
Duration: 1,5h

INTRODUCTION

An effective leader has the ability to get a group of diverse and talented people to work together towards a common goal.

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

LEARNING OBJECTIVES

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

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

CHAIRS

Tara Hehir (FIP YPG, Australia) and
Tina Brock (University of California – San Francisco, USA)

PROGRAMME

Workshop style sessions, with groups working on a number of scenarios to overcome difficulties, and encourage others to work effectively as a team.

F 20 - PRESENTATIONS FROM FIP MEMBER ORGANISATIONS (PART 4)

Organised by the FIP Bureau

Thursday 5 September 2013, 12:15 – 13:45 Liffey A
Duration: 1,5h

INTRODUCTION

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

LEARNING OBJECTIVES

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

- Describe hospital pharmacy practice in Europe
- Describe the vision for future pharmacy practice in Europe developed by EAHP
- Describe the changes within the pharmacy profession over the last decade in Iraq

- List the details of a research programme developed from community pharmacies in Spain to assess the clinical, economic and humanistic impact of Medication Review & Follow-up Service to chronic polymedicated patients
- Describe a programme to improve adherence in chronic polymedicated patients through the use of ICTs and/or Personalized Dosage Systems.

CHAIR

Niels Kristensen (FIP, Denmark)

PROGRAMME

1) Hospital pharmacy in Europe: The Vision Summit 2014
Roberto Frontini (EAHP, Germany)

2) Iraqi Pharmacists’ Syndicate, a decade of ups and downs. Where are we now?
Manal Younus and Haidar Al-Jawadi (Iraqi Syndicate of Pharmacists, Iraq)

3) Programmes aimed at chronic polymedicated patients: conSIGUE and Adhiérete
Laura Martín-Gutierrez (Consejo General de Colegios Oficiales de Farmaceuticos, Spain)

F 24 - SHORT ORAL PRESENTATIONS OF THE FIP SOCIAL AND ADMINISTRATIVE PHARMACY SECTION

Organised by the FIP Social and Administrative Pharmacy Section

Thursday 5 September 2013, 12:15 – 13:45 Liffey Hall 1
Duration: 1,5h

LEARNING OBJECTIVE

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

- Describe a variety of current research projects, research methods, new data and emerging trends with respect to social and administrative pharmacy projects from around the globe.

CHAIRS

Marina Altagracia (FIP SAPS, Mexico) and
Ola Al Ahdab Albannay (FIP SAPS, United Arab Emirates)

PROGRAMME

1) 12:15 Opening

2) 12:20 Public perceptions of pharmacists: The effect of information-sharing about pharmacists’ education, skills and scope of practice
Jason Perepelkin (University of Saskatchewan, Canada)

3) 12:28 A review of internet-based news media stories about expanded roles for pharmacists
Lawrence Brown (University of Tennessee, USA)

4) **12:36 Investigating G.P. and community pharmacist opinion on extension of the role of the pharmacist and inter-professional communication in the community setting in Ireland**
Suzanne McCarthy (University College Cork, Ireland)

5) **12:44 Comorbidity burden on the quality of diabetes care**
Huang-tz Ou (National Cheng Kung University, China Taiwan)

6) **12:52 Adherence support: Strategies used by Australian community pharmacists to improve patients’ adherence to medication**
Sarab Mansoor (University of Sydney, Australia)

7) **13:00 Do Qatar community pharmacists prescribe and dispense acute community-acquired gastroenteritis medications rationally to patrons? A mystery patient study**
Mohamed Izham Ibrahim (Qatar University, Qatar)

8) **13:08 A mystery caller evaluation of emergency contraception supply practices in community pharmacies in Victoria**
Safeera Hussainy (Monash University, Australia)

9) **13:16 Use of social media for seeking health related information - A perception analysis of Indian population**
Manthan Janodia (Manipal College of Pharmaceutical Sciences, India)

10) **13:32 Has access to affordable medicines improved following health reform?: Evidence from two cross-sectional surveys in Western China**
Yu Fang (Xian Jiaotong University, China)

12) **13:40-13:45 Closure**

C 5 - MANAGING MENTALLY ILL PATIENTS – THE ROLE OF THE PHARMACIST

Organised by the FIP Social and Administrative Pharmacy Section

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

INTRODUCTION

Managing consumers with mental illness can be a challenging area for pharmacists due to a range of factors including mental health stigma. This workshop will discuss evidence-based, practical and innovative strategies aimed at decreasing mental health stigma and thereby assist pharmacists in the delivery of mental healthcare.

LEARNING OBJECTIVES

- At the conclusion of the session, participants will be able to:
- Describe the implications of disease stigma (e.g. mental disorder, HIV) in the delivery of care by pharmacists
 - Compare and contrast strategies for the delivery of effective educational programmes for pharmacists in mental health and other diseases affected by stigma

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

CHAIR

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

PROGRAMME

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

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

Break

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

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

Organised by the FIP Board of Pharmaceutical Practice

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

INTRODUCTION

Pharmacy Practice Research (PPR) has been instrumental in showing the effectiveness of pharmacists’ interventions to improve optimal use of medicines by individual patients and patient groups in various healthcare settings. Within the scope of the conference on care for complex patients, emphasis shall be given to the impact of the pharmacist in care for elderly poly-pharmacy patients. Multi-morbidities in those patient groups call for individualized care, since disease specific guidelines and practice standards are often of limited use when focusing on individual patients. The research efforts on the value of the pharmacist interventions in complex patients including the research on integrated care service development are topics to be discussed in this session. However, the development of PPR differs from country to country and there are several lessons to learn from examples and best practices. Therefore an overview of the development of PPR and examples of studies to show how interventions were evaluated (structure, process and outcomes) will provide cutting edge evidence and function as a source of inspiration for those who want to become more involved in PPR.

LEARNING OBJECTIVES

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

- Identify the key issues in the development of Pharmacy Practice Research focusing on complex patients
- Advocate the value of pharmacists’ contributions to integrated care
- Distinguish the current evidence of pharmacist care for complex patients
- Outline trends in Pharmacy Practice Research based on examples of studies in various countries.

CHAIRS

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

PROGRAMME

1) **Welcome and introduction**

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

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

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

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

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

Break

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

8) **Analgesic and concurrent medication use amongst elderly Irish adults**
Martin Henman (Trinity College Dublin, Ireland)

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

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

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

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

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

LEARNING OBJECTIVES

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

- Describe the importance of clinical assessment of adverse drug reactions in complex patients
- Identify the current prognostic and predictive biomarkers in oncology
- Explain the latest relationship of pharmacogenomics and adverse drug reactions
- Identify the genetic predisposing factors for drug induced hypersensitivity reactions

CHAIR

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

PROGRAMME

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

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

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

Break

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

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

F 25 - HISTORY OF PHARMACY

Organised by the FIP Working Group on the History of Pharmacy

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

LEARNING OBJECTIVE

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

- Understand the historical development of the profession in different countries.

CHAIR

Jacques Gravé (Sauvegarde du Patrimoine Pharmaceutique, France)

PROGRAMME

1) 14:00 Pharmacy in Mexico at the end of the XIXth century:
The construction of a national pharmacology
Patricia Aceves (Universidad Autónoma Metropolitana Xochimilco, Mexico)

2) 14:35 History of pharmacy: Arab contribution and first
profession regulations
Ahmed Ali (Ibn Al-Baytar Pharmacy - Diwaniya, Iraq)

15:05 Break

3) 15:20 Historical change of pharmacist license examination
in Korea
Bong-Kyu Yoo (Gachon University- Incheon, South-Korea)

4) 15:55 Kušakovic’s toothpaste: Advertisement for a
pharmaceutical specialty at the beginning of the 20th
century in Serbia
Jasmina Arsić (Apoteka Vranje, Serbia)

5) 16:25 Discussion

F 27 – SHORT ORAL PRESENTATIONS OF THE
FIP ACADEMIC PHARMACY SECTION

Organised by the FIP Academic Pharmacy Section

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

CHAIR

Wafa Dahdal (FIP APS, USA)

PROGRAMME

1) Addressing human resources challenges in pharmacy –
The South African experience
Sabiha Essack (University of KwaZulu-Natal, South Africa)

2) The professionalization of pharmacist students in the final
semester: a ‘blended learning’ approach to assessment of
reflective practice and teamwork following workshops with
external practitioners
Cicely Roche (Trinity College Dublin, Ireland)

3) Curriculum enrichment in Afghanistan: Linking content
to methods and assessments
Zafar Omari (Management Sciences for Health, Afghanistan)

4) National educational outcomes for pharmacy programs
in Canada
Claude Mailhot (Université de Montréal, Canada)

5) British and Irish pharmacists’ perceptions about
professional practice competencies
Douglas Ried (University of South Florida, USA)

6) Embracing leadership in the pharmacy curricula:
A descriptive analysis
Linda MacLean (Washington State University, USA)

7) Feedback from undergraduate pharmacy and medical
undergraduate students on a bespoke prescribing and
therapeutics interprofessional education (IPE) session
Dai John (Cardiff University, United Kingdom)

8) PharmAcademy - The online learning environment for
pharmacists in Switzerland
Sara Iten (PharmaSuisse, Switzerland)

FIRST TIMERS MEETING

Organised by FIP

(on invitation and for First Time participants only)

Sunday 1 September 2013, 12:30 – 14:00 Liffey Hall 1

This year the First Timers meeting will be very special as the FIP president, Michel Buchmann, will greet the first timers. Moreover,

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

PHARMABRIDGE

Pharmabridge aims at strengthening pharmaceutical services in developing (DC) and transitional countries through coordinated support from the pharmacy establishment and individual pharmacists in developed countries. The project even goes beyond this: It also aims at creating links amongst pharmacists worldwide and is supported by the International Pharmaceutical Federation (FIP), its Board of Pharmaceutical Practice (BPP) and the Commonwealth Pharmaceutical Association (CPA). All those interested in the project, be it from developing or developed countries, wanting to establish contacts with colleagues from other countries (or even a specific country) are invited to attend this meeting.

People having books, DVD’s etc. to offer can bring them to the meeting and hand them over to colleagues from less affluent countries.

BPP Breakfast meeting of Sub-Committee on Pharmabridge
Sunday 1 September 2013, 07.30 – 09.00 Liffey meeting room 4
(by invitation only)

PHARMABRIDGE
Wednesday 4 September 2013, 12.00 – 13.45 Liffey Hall 2

MEET THE SIG MEETINGS

Organised by the FIP Special Interest Groups

Monday 2 September 2013, 17:00 – 18:00
Wicklow meeting room 1 & Liffey meeting room 4
Wednesday 4 September 2013, 17:00 – 18:00
Wicklow meeting rooms 1 & 3

FIP currently has 8 scientifically oriented Special Interest Groups and here you will have the opportunity to find out what *they* have to offer to *you and* what *you* can offer to *them*. At the *Meet the SIG Meetings* the Chair of the SIG will start with a general introduction to the SIG. Then the focus will be on how to become engaged in the SIG. The specific impact of the SIG on pharmacy practice will also be indicated.

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

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

OVERVIEW SPECIAL INTEREST GROUP MEETINGS (SIGS)

FIP SIG Translational Research and Individualized Medicines
Wednesday 4 September 2013, 17:30-18:00 Wicklow meeting room 1

FIP SIG Drug Design and Discovery
Monday 2 September 2013, 17:00-17:30 Liffey Board room 3

FIP SIG Regulatory Sciences
Monday 2 September 2013, 17:00-18:00 Liffey meeting room 4

FIP SIG PK/PD and ADME
Monday 2 September 2013, 17:00-17:30 Wicklow meeting room 1

FIP SIG Natural Products
Monday 2 September 2013, 17:30-18:00 Liffey Board room 3

FIP SIG Formulation Design and Pharmaceutical Technology
Monday 2 September 2013, 17:30-18:00 Wicklow meeting room 1

FIP SIG Biotechnology
Wednesday 4 September 2013, 17:00-17:30 Liffey meeting room 3

FIP SIG Analytical Sciences & Pharmaceutical Quality
Wednesday 4 September 2013, 17:00-17:30 Wicklow meeting room 1

BUSINESS MEETINGS

OVERVIEW SECTION BUSINESS MEETINGS/GENERAL ASSEMBLIES

The Section Business Meetings / General Assemblies are open to all interested participants.

FIP Academic Pharmacy Section

Tuesday 3 September 2013, 12:00-14:00 Wicklow Hall 2b

FIP Clinical Biology Section

Tuesday 3 September 2013, 11:00-12:00 EcoCem room

FIP Community Pharmacy Section

Wednesday 4 September 2013, 09:00-12:00 Liffey meeting room 3

FIP Hospital Pharmacy Section

Tuesday 3 September 2013, 12:15-13:45 Liffey meeting room 3

FIP Industrial Pharmacy Section

Wednesday 4 September 2013, 12:00-14:00 Liffey meeting room 3

FIP Military & Emergency Pharmacy Section

Wednesday 4 September 2013, 13:00-14:00 Liffey Hall 1

FIP Pharmacy Information Section

Monday 2 September 2013, 11:00-13:00 Liffey meeting room 3

FIP Social and Administrative Pharmacy Section

Wednesday 4 September 2013, 12:30-14:00 Wicklow Hall 2a

FIP Young Pharmacists Group (YPG)

Tuesday 3 September 2013, 14:00-17:00 EcoCem room

FOLLOW FIP

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



- News and updates
- Foto's and video's



- Find your contacts
- Invite new/important contacts



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



I AM A
PHARMACIST

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



HOUSING AND TOURS



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E-mail: info@customireland.com
Website: www.fip.cvent.com/housing&socialevents

TOURS

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

WALKING TOUR OF DUBLIN CITY CENTRE

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

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

Duration

4 hours

Cost per person

€ 28.00

Based on a minimum of 20 and maximum of 35 participants

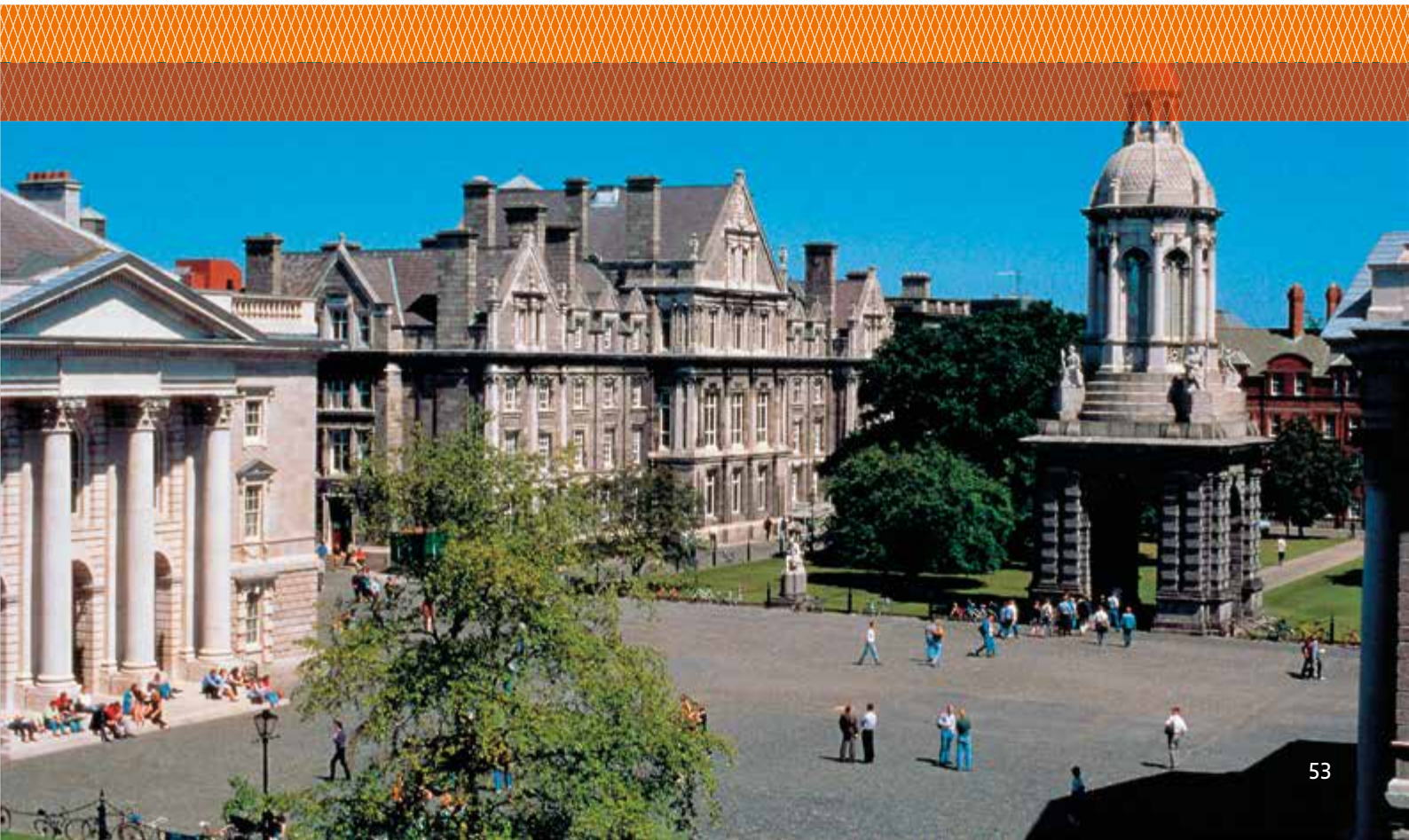
Includes:

- English-speaking guide
- entrance fees to Book of Kells and Old Library at Trinity College and St. Patrick's Cathedral

Not included:

- food and beverage

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



DUBLIN’S ART TREASURES



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

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

Duration
4 hours

Cost per person
€ 35.00
Based on a minimum of 20 and maximum of 35 participants

- Includes:**
- English-speaking guide
 - private tour of National Gallery with Irish art expert
 - afternoon tea

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

GUINNESS DUBLIN CITY TOUR



The Guinness© Dublin tour was devised by Custom Ireland along with Guinness archivist Eibhlin Roche.

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

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

Duration
6 hours

Cost per person
€ 58.00

Based on a minimum of 35 and maximum of 50 participants

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

- Not included:**
- food and beverage

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

THE GARDEN OF IRELAND



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

First visit the monastic site at Glendalough. There is an ancient round tower and remains with origins in the 6th century. Sitting in a beautiful lake-filled glacial valley, Glendalough provides a secluded break from city bustle. In the afternoon visit Powerscourt House & Gardens, one of the most beautiful country estates in Ireland. Situated in the mountains of Wicklow, it was originally an important strategic site for the Anglo-Normans who came to Ireland in the 12th century. The house and gardens at Powerscourt are probably the finest in Ireland, both for their design and their dramatic setting at the foot of Great Sugar Loaf Mountain.

Duration
8 hours

Cost per person
€ 45.00

Based on a minimum of 35 and maximum of 45 participants

- Includes:**
- coach transportation from CCD
 - English-speaking guide
 - entrance fees to Powerscourt House and Gardens and Glendalough Visitor Centre
 - water on board coach

- Not included:**
- food and beverage

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

CELTIC HISTORY IN THE BOYNE VALLEY



The Boyne Valley in County Meath (north of Dublin) is among Europe’s most ancient attractions and it is a world heritage site.

The megalithic passage tombs at Newgrange, Knowth and Dowth date to 3200 B.C. On excavation in the 20th century it was discovered that on winter solstice rays of sun enter the narrow tomb passageway to illuminate the depths of the burial chamber, making it a wondrous ancient solar observatory. These sites are known too for their celtic stone engravings, and detailed building techniques.

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

Duration
8 hours

Cost per person
€ 45.00

Based on a minimum of 35 and maximum of 45 participants

- Includes:**
- coach transportation from
 - English-speaking guide
 - entrance fees to either Newgrange or Knowth Visitor Centre (depending on availability) and Trim Castle
 - water on board coach

- Not included:**
- food and beverage

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

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, including a barcode, will be admitted to the sessions. Accompanying persons (badges in a different color, without a barcode) may attend the Opening Ceremony, social events and tours but will not be allowed to attend sessions. Please note that your badge will be scanned at the entrance and exit of each session. This information will only be used for accreditation and evaluation purposes.

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

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

BREAKS

The coffee breaks during the sessions will be between 10:00 and 11:00 in the morning and between 15:00 and 16:00 in the afternoon, in the exhibition area. Between the sessions there will be a lunch break between 12:00 and 14:00.

DRESS

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

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.

LIABILITY

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

MEDIA ROOM

The Congress Media Room will offer a number of services, strictly limited for official press representatives and professional journalists. They will have access to written press material (press releases, speakers' presentations, etc.) and to working facilities as well as a chance to socialise with their colleagues. There will also be a series of media briefings highlighting prominent topics. Press accreditation and Press registration are required to have access to the Congress Media Room (Liffey meeting room 2b).

NO SMOKING

Please note that all FIP Congresses are tobacco-free: Smoking is NOT allowed anywhere, not in the session rooms, not in the exhibition area, not in the poster sessions and not in the registration area.

TECHNICAL EQUIPMENT IN SESSION ROOMS

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

TRANSPORT TO/FROM CONVENTION CENTRE DUBLIN

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

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

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

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

PICK UP A MASTERS IN CLINICAL PHARMACY. TO GO.

Master of Science in Clinical Pharmacy

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

Our Distance Learning Centre has been providing high quality postgraduate programmes for pharmacists since 1989. The Centre provides MSc programmes in both clinical and community pharmacy in a part-time, distance learning format. This involves a blend of home study and work-based learning. Distance learning is popular with students as it allows them to arrange their studies to suit their lifestyle and they can incorporate many of the learning activities into their normal work routine. In addition, our delivery format is popular with employers as staff are not required to leave the workplace to attend lectures or study days.

Our Master of Science in Clinical Pharmacy is a 3-year part-time programme. The overall aim is to improve the knowledge base and practice skills of hospital pharmacists so that they can contribute more fully to the provision of clinical pharmacy services. The programme has been developed in collaboration with clinical pharmacy specialists in the

United Kingdom.

The emphasis in the first year is on developing clinical skills and knowledge of common clinical topics such as the management of pain and infection. In the second year, the emphasis is on the application of clinical pharmacy skills within a number of therapeutic specialties and on the development of literature evaluation and research skills. Students undertake a practice-based research project in the final year.

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

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

Tel: 028 9097 2004
(International: +4428 9097 2004)
E-mail: b.mccaw@qub.ac.uk

Closing date: 30th June 2014

To find out more about Distance Learning at Queen's School of Pharmacy visit www.qub.ac.uk/pha



Distance Learning Centre

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INTERNATIONAL
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GROUP**



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 at the Royal College of Surgeons in Dublin, on Saturday 31 August and Sunday 1 September.

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



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

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



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

PLENARY

Peter C. Doherty AC, FAA, FRS

Nobel Laureate in Physiology or Medicine (1996) and Author

SESSIONS INCLUDE:

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

WORKSHOPS (OPTIONAL)

- Biosimilar monoclonal antibodies
- Challenges with poorly water-soluble drugs
- Translational modelling
- Transporters in drug disposition



**MELBOURNE
PSWC
13-16 April 2014**



For the Full programme please see: www.fip.org/pswc2014!

OVERVIEW OF SESSIONS AND MEETINGS

	Auditorium	Liffey A	Liffey B	Liffey Hall 1	Liffey Hall 2	Wicklow Hall 1
SATURDAY 31 August 2013						
Morning 09:00 - 12:00			Council Meeting			
Afternoon 14:00 - 17:00			Council Meeting			
SUNDAY 1 September 2013						
Morning 09:00 - 12:00				F2 - Pharmacy in Ireland		
Lunchtime 12:30 - 14:00				First Timers meeting		
Afternoon 15:00 - 18:00	Opening Ceremony, Opening Exhibition and Showcase					
MONDAY 2 September 2013						
Morning 09:00 - 12:00	A1 Why are patients complex?					
Lunchtime 12:15 - 13:45			F17 Presentations from FIP member organisations (part 1)			F21 Short Oral Presentations IPS
Afternoon 14:00 - 17:00		F9 Pharmacy practice: globalism, ethics and regulation	B1 Intro: Unmet needs of the complex patient	F4 Translating laboratory results into pharmacy practice	F12 Herbals and information	F8 Can the Basel Statements help?
TUESDAY 3 September 2013						
Morning 09:00 - 12:00		C6 Anticoagulation	C1 Best practice in integrating drug therapy / care	F3 Conclusions of the Chief Pharmacists Meeting	F11 Real World Evidence	F23 Short Oral Presentations of PIS
Lunchtime 12:15 - 13:45			F18 Presentations from FIP member organisations (part 2)	F13 Høst Madsen Medal Lecture (13.00 - 14.00)		C11 Collaborative approaches
Afternoon 14:00 - 17:00		B2 Healthcare data - Safeguarding confidentiality	D1 Implementing the vision		C7 Remuneration and implementation of community pharmacy services	B3 The need for better communication

AT THE CCD DURING FIP 2013

Wicklow Hall 2a	Wicklow Hall 2b	Wicklow meeting room 1	Liffey meeting room 3	Liffey meeting room 4	EcoCem room
SATURDAY 31 August 2013					
			F1 Part 1 - Pharmacy Technicians		
			F1 Part 2 - Pharmacy Technicians		
SUNDAY 1 September 2013					
			F1 Part 3 - Pharmacy Technicians		
MONDAY 2 September 2013					
			PIS Business meeting (11.00 - 13.00)		
F5 Complexity of health challenges in 2020	E3 Translating expert knowledge into patient care	SIG meetings (17.00 - 18.00)		SIG meetings (17.00 - 18.00)	
TUESDAY 3 September 2013					
C8 Trends in Community Pharmacy	E1 Science - The best basis for the best practice?				CBS Business meeting & General Assembly
	APS Business Meeting		HPS General Assembly		
	C13 Diagnostics in individualized medicine				YPG Business meeting

OVERVIEW OF SESSIONS AND MEETINGS

	Auditorium	Liffey A	Liffey B	Liffey Hall 1	Liffey Hall 2	Wicklow Hall 1
WEDNESDAY 4 September 2013						
Morning 07:30 - 08:45				F16 Pharmacists in humanitarian work		
Morning 09:00 - 12:00		D3 The diversity of patients	C2 Managing patients with cancer	D2 High-quality support: The ultimate target of harmacologistics	F14 Process validation	C10 Complex patients and obstacles to quality use of medicines
Lunchtime 12:15 - 13:45			F19 Presentations from FIP member organisations (part 3)	MEPS General Assembly & Business Meeting	Pharmabridge Meeting	C12 Computer prompts versus clinical freedom
Afternoon 14:00 - 17:00		D6 The emergence of biologicals as therapeutic agents	C3 Managing patients with renal impairment	F15 Improving communication in disaster situations	F22 Short Oral Presentations CPS	F6 Creating the future leaders
THURSDAY 5 September 2013						
Morning 09:00 - 12:00		C4 Managing patients with asthma		D9 Individual therapy, individual care	D7 Translating science into better patient care	C9 The role of compounding (part 1)
Lunchtime 12:15 - 13:45		F20 Presentations from FIP member organisations		F24 Short Oral Presentations SAPS		
Afternoon 14:00 - 17:00		C5 Managing mentally ill patients	2 nd Council Meeting	D8 ADRs in complex patients	D5 Pharmacy Practice Research	C9 The role of compounding (part 2)

AT THE CCD DURING FIP 2013

Wicklow Hall 2a	Wicklow Hall 2b	Wicklow meeting room 1	Liffey meeting room 3	Liffey meeting room 4	EcoCem room
WEDNESDAY 4 September 2013					
	E2 Interprofessional education		CPS Steering Committee Meeting (09.00-12.00)		
SAPS Business Meeting	F26 Report on the Pharmacopoeia Meeting in India		IPS Business meeting (12.00 - 14.00)		
D4 The diversity of social networks	E5 Pharmacy Education in FIP	SIG meetings (17.00 - 18.00)	SIG meetings (17.00 - 18.00)		
THURSDAY 5 September 2013					
F10 Commitment to ethical responsibility	E4 Educational innovation				
	F7 Leadership session for young leaders				
F25 History of Pharmacy	F27 APS Short Oral Ppresentations				

CCD FLOORPLAN

The Convention Centre Dublin is designed to the very latest standards, and offers extremely flexible and multi-purpose meeting spaces.

All the halls and meeting rooms are Wi-Fi enabled and have the most advanced audio-visual equipment and lighting systems.

