Dear FIP member

Dear colleagues,

At the beginning of this new decennium I would like to start with wishing you a very happy, healthy and inspired New Year.

No doubt there will be many changes during the next ten years. Using it daily for a wide range of tasks, including writing this introduction, I sometimes find it hard to realise that it was only twelve and a half years ago the first iPhone was launched. Developments in windows of five years now even seem hard to predict considering the rise of technology. I am looking forward to seeing how health care in general will adopt and how perhaps hospital pharmacists can lead certain developments.

The hospital pharmacy section will be working on a new strategy this year. Professional and technological developments will be part of this strategy as will the alignment of the section activities with FIP's new strategic course. Dominique Jordan, FIP’s current president, expresses this course as the 'One FIP' way ahead. Collaboration of all the sections, SIG’s, member organisations and WHO built on trust, pragmatism and action. The Basal Statements of course will be the compass for the preferred future of hospital pharmacy.

The hospital pharmacy section newsletter allows us to share stories and practices of global developments in hospital pharmacy. As you will read the action part is embedded in the updates from the Western Pacific region on which this newsletter focusses. Exciting to see how hospital pharmacy practice is developing. I hope this will inspire you too and, if you are one who makes New Year resolutions, gives you ideas to advance your practice in the upcoming year(s). And do not hesitate to reach out to connect with colleagues across the globe. This is part of the benefit of being a FIP Hospital Pharmacy Section member: you are part of a global community.

Wishing you an interesting read and a wonderful start of the year,

Rob Moss
FIP HPS President
Pharmacist Clinics: A New Era of Pharmacy Practice in Taiwan

In recent months, the new requirement for hospital accreditation in Taiwan includes establishing a pharmacist-led patient care clinic. Hence, multiple medical centers in Taiwan have organized and initiated pharmacist-led clinic services. However, the following are a few things that we should take into consideration:

Why is there a need for a pharmacist’s clinic? What is the difference between medication consultation given at the clinic and over-the-counter (OTC)? Who would serve as a suitable candidate for this unique service? Where would these patients come from? Most importantly, since pharmacists in Taiwan are not legally permitted to write or change prescriptions, how are they able to make a difference?

The main purpose of a pharmacist clinic is to undergo medication reconciliation. First, to integrate and resolve polypharmacy, which is commonly observed in patients with multiple
to greater patient outcomes and quality of life.

This service is different from the usual quick medication consultation. Pharmacists will use the NHI MediCloud system to evaluate the patient’s entire medical record. Also, ask the patient if he or she has been taking any other OTC drugs or supplements. The pharmacists will then write down their concerns and suggestions in a SOAP format on the patient’s electronic medical record. Then, the physician will read the note and give a response. In the case of a severe DRP, the pharmacist would then call the physician for an immediate modification. Over time, these patients would then be referred by the physicians or upon registration and request from the patients themselves.

As the role of the pharmacist continues to evolve with time, pharmacy practice is no longer just the dispensing and compounding of medication; it has advanced into a patient-centered care. It allows pharmacists more direct contact with the patient. Also, greater responsibilities and recognition among an interdisciplinary team.

All in all, the installation of “Pharmacist-led Clinics” is a huge turning point for the pharmaceutical industry in Taiwan. This breakthrough will broaden the opportunities for all pharmacists. Moreover, it indicates the importance of pharmacists within the healthcare system.
For a long time in Japan, the roles of hospital pharmacists were dispensing, preparation and inventory management which were conducted in the central pharmacy section, although drug information and TDM services were started in the 1970’s. A tipping point was provided by the government, which had strongly promoted to separate dispensing from prescribing to reduce polypharmacy. The reimbursement for clinical pharmacy services was started in 1988, however, this fee was too small to increase clinical pharmaceutical activities. A true turning point occurred around 2000, when medication safety became a particularly important issue for medical care. High expectations to receive highly-qualified medical care have been placed on hospital pharmacists by patients. Accordingly, to ensure the optimization of pharmacotherapy and promotion of medical safety, hospital pharmacists have been performing pharmaceutical care to varying degrees. As a result, reimbursements for pharmacist activities have been widely covered, and those fees have increased year after year. Currently, hospital pharmacists are strongly required to provide comprehensively the pharmaceutical care for inpatients, including drug information service, medication guidance during hospitalization and before discharge, and medical information to the community pharmacists by using the medication record.

The medical fee payment is reviewed and revised under direction of the Ministry of Health every two years. At any time to get new reimbursement for new pharmacist activities, we have to show the data indicating the improvement of patient medication safety by the pharmacist’s activities. The data must show that pharmaceutical care services improve efficacy of pharmacotherapy, and also that pharmacist activities are essentially and absolutely necessary in the healthcare system. It is equally important that total medical expense should be reduced by pharmacist activities.

I believe that this dramatic change has happened not only in Japan, but also will happen in your country as well.

-Kazuo Matsubara
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Basel Statements: Reflection and Practice in China

Back in 2007, the FIP Hospital Pharmacy Section had organized its member countries to participate in a survey aimed to understand global hospital pharmacy practice. Twelve hospitals in China responded under the invitation of the Hospital Pharmacy Committee of the Chinese Pharmaceutical Association. Similarly, Chinese hospitals also participated in the revised Basel Statements in 2015. In 2008 and 2016, the Statements were translated into Chinese and published in the Journal of Clinical Pharmacy, respectively.

Implementation of the statements should be the responsibility of every pharmacist. The statements provide the overall principles of hospital pharmacy practice, but we need specific “down to earth” guidance on each of the seven areas which is adaptable in China. The discussion of “localizing” the Basel Statements started in 2012 during Tsinghua University’s 7th Hospital Pharmacy Director’s management class. Since then, it has been the class graduation assignment and eventually turned into a book project.

After six years of hard work from pharmacy directors and field workers of over 60 hospitals in 30 cities in China, the book “Basel Statements - Reflection and Practice in China” was finally published. The book is an extended interpretation of the Statements and contains seven sessions and 62 chapters. As Professor Zhu Zhu, the chief editor and also President of the Hospital Pharmacy Committee, has stated: “This book has three main meanings: i) reflections of China about FIP’s Basel Statements as well as a great learning tool; ii) showcase the class project of the Tsinghua’s pharmacy director’s management course and iii) compilation of the wisdom and experience of over 80 pharmacy colleagues around China, through literature and related regulation retrieval and study, we are able to help bring the standards to practice.”

The book was published in Fall 2018, under supervision of the Chinese Pharmaceutical
“Pharmacist Law”, this book is an important foundation that pharmacists can refer to in every step of medication use in hospital practice.

-Helen Zhang
on behalf of the Hospital Pharmacy Committee, Chinese Pharmaceutical Association
Society of Hospital Pharmacists of Australia (SHPA), President Peter Fowler unveiled *Advancing Australia’s Pharmacy Workforce*, SHPA’s bold vision for realising an advanced pharmacy profession, delivering quality use of medicines, benefiting all Australians.

‘This manifesto ties together years of planning, showing through two concepts how SHPA supports members in their everyday work, while fostering a broader healthcare environment in which every pharmacist can maximise their impact on patient care.’

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**Regulatory Developments Impacting Pharmacy Practice in the Philippines**

Over the years, improvement of the health care needs of the Filipino people has become a top priority, following the President’s Executive Order No. 5 in 2016, to adopt and pursue the 25-year long-term vision entitled *AmBisyon Natin 2040* (our Ambition/Vision 2040). It also laid down four areas for strategic policies and programs, namely a) building a prosperous, predominantly middle-class society where no one is poor; b) promoting a long and healthy life;
Pharmacists, being an integral part of the health care team, have taken an expanded and specialized role to attend to the health needs of the population. From the usual tasks of dispensing and compounding, pharmacists are now mindful of their role as health counselors and advocates. Coinciding with the emerging roles of pharmacists, several laws were enacted and signed into law, namely Republic Act (RA) 10918 (Philippine Pharmacy Act of 2016), RA 11223 (Universal Health Care Law or UHC) and RA 11032 Ease of Doing Business and Efficient Government Service Delivery Act of 2018.

The Philippine Pharmacy Act aims to broaden pharmacist’s role to include provision of drug information, health promotion, and medication management and counseling. This Act promotes the profession as an indispensable member of the healthcare system. The Act is an enabling law to ensure policies and programs that would support advancement in the pharmacy education and the practice of the profession.

This year, the implementing rules and regulation was signed and it redefined the specific role of pharmacists in population- and individual-based patient care, which is aligned with the provisions of the Philippine Pharmacy Act. The UHC Law recognizes the pharmacists lead in areas of drug policy, pharmaceutical care services, drug supply chain, and good regulatory practice to ensure availability of safe, effective and quality medicines. Lastly, the EODB and EGSD Act seeks to facilitate prompt actions on applications of drug product market authorizations to ensure early access to life-saving, innovative and essential medicines for Filipinos, especially the vulnerable sectors and marginalized Filipinos.

The said laws are still in their early stage of implementation and the full benefits to the population and positive impact to the society will need more time to be realized. All sectors, from private, public, non-government organizations, and the academe are called upon to contribute and collaborate towards AmBisyon Natin 2040. The pharmacy as a profession is called upon to lead in protecting and promoting the right to health of the Filipino people.

The Start of a Cardiology Pharmacist Specialty Training Program in Taiwan

An accredited cardiology pharmacist certifying program and competency standard was established through the collaboration of the Taiwan International Pharmacy Advancement
This accreditation program aims to integrate clinical medicine and clinical pharmacy, where certified pharmacists will specialize in the delivery of direct patient care, to ensure safe and effective use of medication in patients with cardiovascular (CV) diseases.

The program consists of 4 dimensions: knowledge, skill, practice, and attitude. Lectures within the program are then divided according to the following four main CV topics: acute myocardial infarction (AMI), congestive heart failure (CHF), hypertension and cardiac arrhythmia. This knowledge-based training program is then carried out through a flipped classroom model where lectures are uploaded online and accessible anytime, anywhere.

Outside of class, various skill-based training programs are also adopted. For example, the interpretation of pathophysiology and laboratory data, evaluating medication treatments and identifying possible adverse effects, conducting case-based discussions and applications, review journals and participate in daily bedside visits. The clinical pharmacist’s level of skill is then assessed through examinations such as Objective Structured Clinical Examination (OSCE), Directly Observed Procedural Skills (DOPS), and Mini-CEX.

Finally, after more than 400 hours of intense training, 9 cardiology specialized clinical pharmacists, located among 6 of the participating medical centers, were certified in 2019. Consequently, these certified pharmacists will then be working closely with the division of Cardiology to provide more in-depth and patient-centered care.

Howard University and Shin Kong Hospital Pharmacy Exchange Program

In 2019, through the collaboration of Howard University College of Pharmacy and Shin Kong Wu Ho-Su Memorial Hospital, both pharmacy students and pharmacists gain the unique opportunity to train abroad. This 5-week long program in the heart of Taipei consists of clinical rotations along the internal medicine, surgical neurology, and pediatric critical care units. Also,
with the critical care unit, ordinary ward, and transplant clinic’s medical team.

This well-structured program grants upcoming and current pharmaceutical professionals to continuously acquire advanced clinical skills and knowledge. Pharmacy students are encouraged to engage in a multidisciplinary team and apply practical skills in a clinical setting. Moreover, weekly case reports, journal reviews, patient education, and daily chart rounds are all an essential part of the training. On the other hand, Taiwanese pharmacists who arrive in Washington, D.C., are subject to similar requirements as stated above. But, with greater expectations and responsibilities. Most importantly, the chance to exchange clinical experience and bring forth greater protocols for future implementation.

With the advancement of technology, pharmacists must evolve with change. As the quest for knowledge should never end. Through this program, one will then acquire the ability to provide high quality and patient-centered care. Nevertheless, broaden one’s horizon and bring greater value to the role of being a pharmacist within the healthcare system.

Pharmabridge in Australia

A/Prof Rebekah Moles and Dr Jonathan Penm hosted two pharmacists from India at the University of Sydney through the Pharmabridge program for four weeks. Dr. Deepak Prabhakar Bhagwat is a Professor and Director at the School of Pharmacy, Maharaja Agrasen University and Dr. T. Rajavardhana is an Assistant Professor at the Balaji College of Pharmacy. They observed how Australian pharmacy students are taught clinical pharmacy skills and how they are assessed.

Pharmabridge is a voluntary initiative aimed at strengthening pharmacy services and pharmacy education in low-income and emerging countries. Founded in 1999, it is supported by the FIP, to foster communication and exchange of information, resources, and experiences between pharmacists, pharmaceutical scientists, and pharmacy educators from all corners of the globe,
Board of Pharmacy Specialties Provides Recognition of Patient Care Skills

The Board of Pharmacy Specialties was established in 1976 as an autonomous division of the American Pharmacists Association. Today, BPS operates across the pharmacy profession in 13 recognized specialty areas using peer-developed, psychometrically-validated certification examinations to confirm the specialized knowledge and skills of pharmacists. Over the last eight years BPS has experienced growth in the number of active board certifications issued from 15,862 to 46,393. While BPS offers U.S.-based board certification examinations, its relevance to pharmacy practice and applicability to improve patient care has grown globally. There are 4,972 international board-certified pharmacists, with at least one in more than 40 countries, representing nearly 10% of all BPS certifications.

The growth in the number of specialty areas and certifications is in response to the evolution of pharmacy practice from product-centered to patient-centered care in a variety of settings, including aged-care and long-term care facilities, community pharmacies, hospitals and health-systems, physician offices and clinics. Board certification is also tied to increased opportunities for pharmacist specialists and the need for practice advancement around the globe. Trends in the education and training of pharmacists are shifting to prepare the profession to address complex medication-related challenges within patient-centered, interprofessional, health care delivery models. Board certification is developing as an international standard that validates...
the specialized knowledge and skills of pharmacist prepared to contribute to advanced practice and specialization. The BPS examinations are offered twice a year in April/May and September/October at more than 400 test centers in the U.S. and abroad. International candidates, similar to those in U.S., need an active license or registration to practice pharmacy in a local jurisdiction plus two to four years of practice experience in areas defined by the applicable specialty content outline. Visit www.bpsweb.org or contact us for more information.

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**Upcoming FIP Webinars**

15 Jan 2020 at 16:00 CET and 16 Jan 2020 at 09:00 CET

The contribution of pharmacists in non-communicable diseases: Asthma/COPD

[Register](#)

12 Feb 2020 at 16:00 CET, and 13 Feb 2020 at 09:00 CET

The contribution of pharmacists in non-communicable diseases: Cardiovascular diseases

[Register](#)

11 Mar 2020 at 16:00 CET, and 12 Mar 2020 at 09:00 CET

The contribution of pharmacists in non-communicable diseases: Cancer

[Register](#)

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**WHoPReC news - FIP HPS Research Grant**

Congratulations to researchers at Government Medical College, College of Pharmaceutical Sciences in India for their successful application to the FIP HPS Research Grant. They will be conducting a project titled “A Study on Antimicrobial use in Intensive Care Unit for the Implementation of Antimicrobial Stewardship Program in a Tertiary Care Hospital.” This study will be conducted in the intensive care unit at Pariyaram Medical College, Kannur, India. Research investigators include Dr Kiron S.S, Dr Balakrishnan Valliot, Anisha Paulose, Swetha R Regunath and Yasir Shadi Abdullatheef. We look forward to reading about their work in the future.
The HPS is very grateful to these sponsors for their support of section activities. In addition to corporate sponsors, many national and regional pharmacy organizations have provided financial and in-kind support of the activities of the FIP Hospital Pharmacy Section. We gratefully recognize these contributors:

The Japanese Society of Hospital Pharmacists

About the Hospital Pharmacy Section

Founded in 1957, the FIP Hospital Pharmacy Section focuses on education, communication, and improving the practice of pharmacy in hospitals around the world.