

## Pharmabridge makes dreams come true

Wed, 21/12/2011 - 15:23

By Lin-nam Wang

Ina Donat, a community pharmacist and independent prescriber in Edinburgh, is hoping to welcome two pharmacists from other parts of the world next year so that they can learn about pharmacy in the UK. They will arrive thanks to a programme called Pharmabridge, which was set up by Swiss pharmacist Agathe Wehrli in 1998.

During 33 years service to the World Health Organization, whenever she was sent on missions to developing countries Dr Wehrli tried to visit pharmacy schools and local pharmacists associations. “Meeting so many pharmacists in developing countries committed to their profession but craving access to information and further education led me to use my pharmacy network — developed over the many years with WHO, the International Pharmaceutical Federation (FIP) and the Commonwealth Pharmacists Association — to set up a system promoting contacts to strengthen pharmacy education and services in these countries with the help of the pharmacy establishment in more affluent countries,” she explained.



### Pharmaceutical care concept

Over a decade, pharmacists from Egypt, Ghana, India, Nepal, Nigeria and Peru have been able, through FIP's Pharmabridge programme, to experience practice in the US, Canada or the UK. In 2006, Guru Mohanta, professor of pharmacy practice at Annamalai University in India, travelled to London to spend four weeks learning about clinical pharmacy alongside Roger Tredree at St George's Hospital, an experience which he describes as “a dream come true”.

Despite its world class facilities for manufacturing pharmaceuticals, India's pharmacy service is far behind that of developed countries, Professor Mohanta said. The curricula of pharmacy programmes and degrees are industry or technology oriented with little focus on pharmaceutical or patient care, and the concept of clinical pharmacy was only introduced around 1996, he said. When the pharmacy practice programme at a master's level was introduced at his university in 2000, although the faculty members had ideas on clinical pharmacy, none had had any formal training. “It was a necessity for some of us to have training on clinical pharmacy from abroad,” he concluded. The turning point came at the 2003 FIP congress, where he met Dr Wehrli, who assured him of her assistance. She contacted Professor Tredree, then chief pharmacist at St George's.

During his visit, Professor Mohanta learnt about the hospital's medicine information service, information technology in supply management, dispensing, clinical trials, quality assurance and, of course, its clinical pharmacy service. He noted, in particular, how decisions on patient care are collective and he was able to attend a few meetings in which care plans were decided.

“The learning and experience I gained during the month was substantial and will help me in my teaching to my students of clinical pharmacy. I propose to share my experience with other pharmacy institutions,” he said.

For Professor Tredree, the challenge was to fit the placement into an already busy training timetable and to arrange accommodation close to the hospital at a reasonable price (Pharmabridge gives the visiting pharmacist a grant towards travel and accommodation), but this was achieved by planning six to eight months in advance. The rest was relatively easy because Pharmabridge liaises with the visiting pharmacist, he said.

“In the UK we practise pharmaceutical care to a high standard and to be able to share our skills is an important way to contribute to the development of pharmacy around the world,” he said. “I would encourage others to take part because the candidates have a high level of commitment and benefit enormously from interactive training,” he added.

## **Global networking**

Finding suitable accommodation in Edinburgh can be a hindrance (eg, there is no hospital accommodation), so Ms Donat is offering her visitors use of her spare room. It will be her second year offering a placement: in 2009 she was host to Anantha Nagappa, professor of pharmacy management at Manipal University, India. During his three-week placement, he shadowed Ms Donat at various Boots pharmacies and visited schools of pharmacy in Aberdeen, Glasgow and London as well as the Scottish headquarters of the Royal Pharmaceutical Society, talking to people about pharmaceutical care.

Professor Nagappa said he was inspired by the role of community pharmacist in health care and has since given 30 motivational lectures across India to start community pharmacy services. The candidates who are on Pharmabridge’s list are pharmacists who are driving good pharmacy practice in their own countries. Ms Donat said that she and her colleagues benefited from having someone enthusiastic looking at how things were done with “a completely fresh and critical pair of eyes” and this led to many lively debates about the business of pharmacy practice.

She is now preparing to welcome a pharmacist from Sudan, although the placement is taking some time to confirm due to the country’s political situation and difficulties in accessing email and telephone. She says the placements allow her to “offer something to advance pharmacy in the widest possible sense” and give hosts a glimpse of another person’s world. They allow you to find out what others need, for example, in terms of donating books.

And, finally, you can make friends. Ms Donat has never been to India, but perhaps one day she will take up the invitation of her last visitor. She added that on his arrival Professor Nagappa had also given her a packet of “the absolutely best cardamom ever!”.

### **Find out more**

Readers who think they may be able to offer the opportunity for a pharmacist to experience pharmacy in the UK, or who would like further details can visit [www.pharmabridge.org](http://www.pharmabridge.org) or contact Agathe Wehrli at [wehrlia@bluewin.ch](mailto:wehrlia@bluewin.ch)