The ESCP spring workshop will take place in Leiden, The Netherlands on Thursday 15 and Friday 16 June, 2017. The theme of the workshop is: ‘extended responsibilities for pharmacists in the treatment of acute and chronic conditions’. Worldwide, pharmacists are increasingly involved in cognitive pharmacy services. The responsibilities of pharmacists have shifted from traditional tasks such as compounding and dispensing towards helping patients achieve improved outcomes of pharmacotherapy. This workshop will give more insight into these developments, providing pharmacists with practical tools to implement new services and to take up extended responsibilities. The workshop consists of four plenary lectures and linked workshops. The lectures will focus on the following topics: 1. How to identify need and plan new pharmacy services 2. Processes and outcomes of pharmacists as prescribers 3. Developing pharmaceutical care models for patients with specific needs such as transplantations 4. Availability of medicines without prescriptions across Europe

Workshops

Workshops will be one third longer than those in the ESCP autumn conference, enabling participants to explore the workshop topics in greater depth. Workshops will be repeated on both conference days enabling participation in two different workshops. Details of the three workshops are as follows:

How to create a pharmacy service - In this workshop we will develop a pharmacy service in the field of cardiovascular risk management. The workshops elaborates efficient interventions from pharmacists and how to collaborate with physicians and nurses. Topics that will be discussed are planning and running the service, monitoring and evaluation the outcomes of the intervention including economic outcomes. Participants will do group work on case studies.

How to become a prescribing pharmacists - Pharmacists in Scotland have taken up independent prescribing at an astonishingly high rate over the past years. In this workshop we will elaborate on how pharmacists can evolve to becoming independent prescribers. Topics of the workshop will include developing and evaluating a specific aspect of the service.

How to convince the doctor - Several studies suggest that only a proportion of pharmacotherapy recommendations made by pharmacists to physicians are implemented. In general, poor pharmacist-physician communication leads to medication errors that can even result in death or permanent loss of function for a patient. Therefore, there is a need to improve pharmacist-physician communication. In this workshop we will analyse several clinical patient cases focusing on effective communication with a physician.

The following speakers will participate in the lectures and workshops: Marcel Bouvy, Professor of Pharmaceutical Care, Utrecht University, the Netherlands Mitja Kos, Associate Professor and Chair of Social Pharmacy, University of Ljubljana, Slovenia Daniel Sabater, Faculty of Pharmacy, University of Granada, Spain Derek Stewart, Professor of Pharmacy Practice, Robert Gordon University, Scotland, United Kingdom Dr. Pierrick Bedouch, Head of the Pharmacy Department, Grenoble Alpes University Hospital, Grenoble, France

Kora Doordyn-van de Stoep (Medicines Evaluation Board, The Netherlands and Dutch representative at Coordination Group for Mutual Recognition and Decentralised Procedures - Human (CMDh) at European Medicines Agency)

Peter Hartingsveld, Liaison Pharmacist embedded in general practice, Utrecht, The Netherlands

Josephine Stutterheim, Teacher / Practitioner, Master of Pharmacy, Leiden University

Oral Communications

Alongside to the lectures and workshops there will be two sessions in which a selection of participants will be invited to present their abstracts.

Practical information

The venue of the meeting is the completely renovated museum of ethnology hosted in a former university hospital from the 18th century. The museum is walking distance from both hotels and from Leiden train station. A direct train service that runs 6 times an hour brings participants of the conference in 15-20 minutes in the departure hall of Schiphol airport. Leiden is one of the oldest cities of The Netherlands and had its heyday in the 17th century due to the world famous cloth industry. The canals of Leiden and the architecture make Leiden a miniature version of Amsterdam.

All touristic sights are walking distances of the workshop venue. On Thursday participants will be welcomed by the Mayor of Leiden during a reception at the City Hall.

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ESCP Fellowship 2016

The ESCP Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice and/or research, contribution to the advancement of clinical pharmacy, preferably in Europe, and services for ESCP.

Marcel Bouvy
Marcel Bouvy has been an active community pharmacist since 1992 and is research manager at SIR institute for Pharmacy Practice and Policy in Leiden which closely cooperates with Utrecht University where he is Professor of Pharmaceutical care. Marcel has been a frequent visitor of ESCP conferences for almost 20 years during which he has co-authored over 50 scientific abstracts and presented numerous times. He is active in several national and international committees and platforms aiming to improve the safe and effective use of medicines. He is past president of the Scientific Section of Dutch Community Pharmacists (WSO), a founding member of the European Society for Patient Adherence, Compliance and Persistence (ESPCOMP) and member of the editorial board of the International Journal for Pharmacy Practice. His research activities focus on patient adherence, medication safety and include both observational work and evaluation of innovative pharmacy interventions. Marcel is co-author of > 200 papers in peer reviewed and national journals, both professional and consumer oriented book (chapters) on medicines and research reports. For ESCP he has contributed with numerous workshops, and in 2016 he gave a Masterclass on qualitative research methods. Marcel is presently a member of the research committee in ESCP.

Anne Gilchrist
Anne Gilchrist has always had a special interest in the prescribing of medicines. She studied Pharmacy at Heriot-Watt University in Edinburgh and then completed a Masters in Clinical Pharmacology at Aberdeen University, having been awarded a Carnegie Trust Postgraduate Scholarship. She also has a Practice Certificate in Pharmacist Supplementary Prescribing from University of Strathclyde in Glasgow. Anne is a Lead Pharmacist with the NHS Lothian Medicines Management Team, based in Edinburgh, responsible for the managing the Lothian Joint Formulary. This small and dedicated team coordinates a multiprofessional approach to medicines management and promotes high quality, evidence-based and cost effective prescribing. Previous roles include working in London for a medical publication, and as a clinical pharmacist. She is an enthusiastic and active member of the European Society of Clinical Pharmacy, and currently Chair of the Primary and Integrated Care Special Interest Group, having been nominated at the conference in Vilnius in May 2006. She was the editor of the ESCP newsletter from 1999 to 2001. She has presented and coordinated many oral communications, posters and lectures and facilitated workshops at numerous ESCP conferences, and supported and encouraged colleagues to engage with the work of the ESCP.

Financial support for symposium attendees
ESCP would like to assist in the education of clinical pharmacists in developing countries. A way of doing this is to make the ESCP symposia more accessible for pharmacists from these countries. ESCP therefore offers financial support, consisting of free registration to the European Symposium on Clinical Pharmacy. The pharmacist who requests financial assistance should live and work in a developing country.

Questionnaires for recipients of the ESCP travel grant
Betul Okuyan (Turkish), Istanbul, Turkey.
Where do you study/work?
Marmara University Faculty of Pharmacy, Dept of Clinical Pharmacy

What is your curriculum in clinical pharmacy?
I completed my clinical pharmacy master degree in Marmara University in 2004. I did my PhD studies on clinical pharmacy between 2004-2010 in Marmara University. I became an Assistant Professor in 2013. Currently I am working at the same position in Department of Clinical Pharmacy at Marmara University. Also, I am an active member of Society of Clinical Pharmacy in Turkey.

Are you a member of ESCP?
Yes. Since 2009.
What is the title of your poster?
I have many posters as one of the co-authors of the studies conducted in our department with our undergraduate and graduate students. I am presenting author of the poster entitled “Evaluation of Rational Antibiotic Dispensing in the Community Pharmacy Setting: A Simulated Patient Study”
What was the main result of your poster?
In conclusion, it was observed that dispensing antibiotics without prescription was still high, pharmacists did not take comprehensive medical or medication history from patients, and pharmacists provided insufficient medication information to the patient regarding suggested medications at community pharmacy settings. To avoid irrational antibiotic dispensing, it is essential to educate both health care providers and the general population. Although dispensing antibiotics without prescription is illegal in some countries, it is necessary to actualise new regulations to avoid antibiotic dispensing without prescription.
Did you present your results at an oral poster discussion forum (Pecha Kucha) or as an oral communication?
No
What did you like about the ESCP symposium?
I am glad to attend this conference. Thanks for you for this chance. I have a chance to meet researchers and share experiences with them. Additionally the workshops are also nice and well designed.
What did you dislike about the ESCP symposium?
Would you consider going to another ESCP meeting in the future?
Yes, definitely.
Do you want to become an ESCP active member in a SIG (special interest group)?
Yes, I want to be an active member in a SIG. My preferences is geriatrics.
What is your curriculum in clinical pharmacy? I completed my clinical pharmacy master degree in Marmara University in 1995. I did my PhD studies on clinical pharmacy between 1996-2002 in Marmara University. I became an Assistant Professor in 2003 and Associate Professor in 2011. Currently I am working at the same position in Department of Clinical Pharmacy at Marmara University. Also, I am a on of the founder and active executive member of Society of Clinical Pharmacy in Turkey since 1998. I went to US for observation of clinical practice and education in 1998.

What is your particular interest in clinical pharmacy? I have had an interest in clinical pharmacy since 1993. I am one of the first master and PhD students working with Prof. Dr. İzzettin who is well known as a founder of clinical pharmacy in Turkey. Therefore, in past 23 years I tried to implement and develop clinical pharmacy and pharmaceutical care education and practice in Turkey with him and other colleagues. I have given many lectures and presentations on this subject in many congresses and continuing education programs organised by Turkish Pharmaceutical Associations, Pharmacy Chambers and National Pharmacy Societies. Also I was recently selected as a member of Education Committee of Residency Program in Clinical Pharmacy organised by Turkish Ministry of Health and member of National Accreditation Council for Pharmacy Education.

How did you hear about ESCP? I heard about ESCP for first time in 1993 during my master education. In 1996, I actively joined in some collaborative projects undertaken by ESCP in topics such as Acute Myocardial Infarcts Survey in Europe and European Drug Index projects.

Was this your first ESCP meeting? No, I have tried to attend to the meetings every year, since 2002.

Are you a member of ESCP? Yes, since 2002.

What is the title of your poster? ‘The Evaluation of Elderly Patients’ Medication Regimen Complexity Index (MRCI) in elderly patients. Pharmacists can evaluate utilisation of PIMs especially elderly patients with used five or more medications and/or a higher score of MRCI. Did you present your results at an oral poster discussion forum (Pecha Kucha) or as an oral communication? Yes, definitely.

Do you want to become an ESCP active member in a SIG (special interest group)? Yes, I want to be active member in a SIG. My preference is Paediatrics.

Mesut Sancar (Turkish), from Istanbul, Turkey. Where do you study/work? Marmara University Faculty of Pharmacy, Dept of Clinical Pharmacy

What is your particular interest in clinical pharmacy? I have started to interest in clinical pharmacy in the last year of my bachelor education. After my graduation I was accepted to PhD program and this is my second year on my program. At the end of this year I am going to complete the theoretical part and start to work on my thesis. Polypharmacy in geriatrics, especially with elderly diabetic patients this is my particular interest in clinical pharmacy.

How did you hear about ESCP? I heard about ESCP from my professors who are active members of ESCP. Especially my Prof. Fikret Vehbi İzzettin supported us to join ESCP meetings. Also I heard from friends who had participated previously in an ESCP symposium.

Was this your first ESCP meeting? Yes, it is my first ESCP meeting and my first time in Oslo.

Are you a member of ESCP? I am not yet member of ESCP, but I want to become an ESCP active member in the future.

What is the title of your poster? ‘Impact of Antiemetic Guideline Consistency on the Patient’s Quality of life’

What was the main result of your poster? The aim of my first study is to determine the medication adherence of hypertensive patients by using a 13-item short form of the Medication Adherence Self-Efficacy Scale-Short Form (MASES-SF). According to the answers given to 13 questions by hypertensive patients who participated in the study, it is obvious that the level of adherence scores was moderate. In my second poster, 100 chemotherapy naïve patients were included in our study and consistency with guidelines was assessed according to MASCC/ESMO 2014. This poster’s result implied guideline inconsistency associated with high incidence of nausea which negatively affects patient’s quality of life.

Did you present your results at an oral poster discussion forum (Pecha Kucha) or as an oral communication? No

What did you like about the ESCP symposium? It was very exciting for us to be in ESCP symposiums. This year, we attend with 11 colleagues form Turkey. The topic of the symposium is very important especially for the countries, which striving to develop better health care access. During the symposium we got a chance to see new developments and shared our results and experiences with colleagues.

What did you dislike about the ESCP symposium? -

Would you consider going to another ESCP meeting in the future? Yes, definitely.

Oznur Özkan (Turkish), from Istanbul, Turkey. What is your curriculum in clinical pharmacy? I graduated from Anadolu University, Faculty of Pharmacy in 2014. I started my clinical pharmacy education as a PhD student in 2015 at Marmara University. Our PhD program has two parts; theoretical lessons and a thesis. Currently I am on the theoretical part and my curriculum includes topics such as pharmaceutical care, biochemistry, communication skills, clinical practice at the hospital and etc. Also I am working as a research assistant at Marmara University, Faculty of Pharmacy, Department of Clinical Pharmacy, Istanbul, Turkey.

What is your particular interest in clinical pharmacy? I have started to interest in clinical pharmacy in the last year of my bachelor education. After my graduation I was accepted to PhD program and this is my second year on my program. At the end of this year I am going to complete the theoretical part and start to work on my thesis. Polypharmacy in geriatrics, especially with elderly diabetic patients this is my particular interest in clinical pharmacy.

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Was this your first ESCP meeting? Yes, it is my first ESCP meeting and my first time in Oslo.

Are you a member of ESCP? I am not yet member of ESCP, but I want to become an ESCP active member in the future.

What is the title of your poster? ‘The Evaluation of Elderly Patients’ Medication Regimen Complexity Index (MRCI) in elderly patients. Pharmacists can evaluate utilisation of PIMs especially elderly patients with used five or more medications and/or a higher score of MRCI. Did you present your results at an oral poster discussion forum (Pecha Kucha) or as an oral communication? Yes

What did you like about the ESCP symposium? In particular for developing countries like ours, the main content of symposium is crucial. So it was very inspirational to see my research area from an international perspective with this topic and meet enthusiastic clinical pharmacists from other countries. Also we are pleased with the kindness and hospitality of organisation team.

What did you dislike about the ESCP symposium? -

Would you consider going to another ESCP meeting in the future? Yes, I really would like to attend the nearest ESCP meeting in the future.
What is your curriculum in clinical pharmacy? I am a master’s student in Marmara University Department of Clinical Pharmacy. At the same time I am PhD special student in Medipol University Department of Clinical Pharmacy. What is your particular interest in clinical pharmacy? I studied in a project which is about diabetes. Currently I am working on my master thesis in internal service. In Turkey, there is not a specialty in Clinical Pharmacy now, however in the future, I think there will be some specialties such as diabetes clinical pharmacy or anticoagulant clinical pharmacy. How did you hear about ESCP? I heard about ESCP from my Professor. Was this your first ESCP meeting? Yes, this is my first ESCP meeting. Are you a member of ESCP? No, I’m not. What is the title of your poster? Investigation of Medication Profile of Patients During Hospital Admission. What was the main result of your poster? The potential role of pharmacist including medication reconciliation and medication review could improve rationale drug use during hospital admission. Did you present your results at an oral poster discussion forum (Pecha Kucha) or as an oral communication? No, I did not. What did you like about the ESCP symposium? Congress Hotel was so far away city center and our hotels. Would you consider going to another ESCP meeting in the future? Yes. Do you want to become an ESCP active member in a SIG (special interest group)? Yes, SIG Cancer Care, SIG Medicine Information.

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.../... Hung-Wei Lin (Taiwanese) from Taipei, Taiwan

What did you like about the ESCP symposium?
1. Practical issues discussed in the plenary sessions and workshops (i.e. new expensive medicines and medication waste...).
2. The schedule of the symposium was not too tight.

What did you dislike about the ESCP symposium?
3. ESCP symposium was a good chance for me to communicate with pharmacists from other countries (especially in Europe).
What did you consider going to another ESCP meeting in the future?

Of course, I would like to attend another ESCP meeting in the future if I have the opportunity.
Do you want to become an ESCP active member in a SIG (special interest group)?
Yes, I would like to become an active ESCP member in the future.

ESCP Research Committee

This year at the ESCP conference in Oslo, members of the Research Committee interviewed several authors of the highest ranked abstracts to get further background to the research and any future intentions.

John Papastergiou and colleagues from Canada presented several pieces of work at ESCP in Oslo, including the ‘Innovative Canadian Pharmacogenomic Screening Initiative in Community Pharmacy (ICANPIC) study’.

John talked to the Research Committee about this study which relates to issues of personalised medicines and genomics. John described this as a major opportunity for community pharmacists to embrace pharmacogenomic aspects of medicines selection and appropriateness within their practice.

In this pilot study, two Canadian pharmacies in Toronto recruited 100 patients taking medicines such as statins, warfarin and antidepressants which could have genomic related issues impacting effectiveness or toxicity. With a simple cheek swab, they are able to predict the extent to which these medicines are likely to work. Initial data are around the types of medicines identified, the frequency and nature of interventions and physician acceptance.

These pilot studies are to be extended to other pharmacies with the ultimate aim of conducting a randomised clinical trial of effectiveness and cost-effectiveness.

In describing the rationale for the work Dominik described that the clinical pharmacy services they provide on day-to-day basis should be reviewed and improved regularly to maintain a high quality of care. Notably, this process may be streamlined when there is the possibility to prioritise and to spot patterns. The assessment of potential relevance adds important information to this process.

CLEO is a tool which helps clinical pharmacists to assess the potential relevance of their own interventions by creating a unique data set for review purposes. He discussed further the impact of the work in terms of the ability of the CLEO tool to evaluate and to prioritise the wide range of pharmacists’ interventions.

Furthermore, it adds qualitative data to the documented interventions and underlying drug-related problems. They also wanted to demonstrate the simplicity and the importance of translating the tool from Germany and its use in the clinical setting. Further work will focus on improving the tool in collaboration with the developers and embedding the tool within the Swiss classification system, to be used daily by clinical pharmacists.

Andreja Deticek and colleagues, from Slovenia, presented their work ‘Patient access to medicines for rare diseases in Slovenia and other European countries’.

In describing the need for this study, Andreja highlighted that management of rare diseases are considered a healthcare priority. With rising numbers of medicines for rare diseases which are costly and have limited efficacy evidence, the countries are facing challenges in providing patient access to them. Therefore, the purpose of their study was to assess patient access to medicines for rare diseases in 23 European countries in the last decade.

In future, knowing real-life patient needs would contribute to better understand the access to medicines for rare diseases. Hence, patient registries reporting the true disease prevalence and incidence should be initiated and available. She considered that the ESCP conference in Oslo was a great opportunity to present an aspect of access to medicines in such a particular healthcare field like rare diseases in a Europe-wide manner.

In future work, they are going to evaluate the patient access to other innovative medicines and compare it with the access to medicines for rare diseases. Additionally, they will define the importance of specific decision-making criteria concerning medicines for rare diseases in Slovenia.

Based on the criteria defined, they will design a decision support tool using a method of multiple-criteria decision analysis.


**new treatment for patients with soft tissue sarcoma**

Lartruvo recommended for conditional approval

Lartruvo is a monoclonal antibody, a type of protein that has been designed to recognise and attach to a protein called platelet-derived growth factor receptor alpha (PDGFRA). In soft tissue sarcoma this protein is present in high levels or is overactive, causing cells to become cancerous. When Lartruvo attaches to PDGFRA on sarcoma cells, it blocks its activity, thereby slowing down the growth of the cancer.

Soft tissue sarcoma can occur in muscles, blood vessels, fat tissue or in other tissues that support, surround and protect the organs. It is a long-term debilitating and life-threatening disease, particularly when the cancer has spread to other parts of the body. It has a high mortality rate and accounts for approximately 2% of all cancer-related deaths.

New treatment for patients with soft tissue sarcoma showed a significant improvement in the time patients survived with a combination of doxorubicin plus Lartruvo compared to doxorubicin alone (a median gain of 11.8 months).

The most common side effects of Lartruvo were nausea, musculoskeletal pain, neutropenia (low counts of infection-fighting white blood cells) and mucositis (inflammation and ulceration of the mucous membranes lining the digestive tract).

Because soft tissue sarcoma is rare, Lartruvo received an orphan designation from the Committee for Orphan Medicinal Products (COMP) in 2015.

**New medicine for rare, chronic liver disease**

Ocaliva recommended for conditional approval

The European Medicines Agency (EMA) has recommended granting a conditional marketing authorisation in the European Union (EU) to Ocaliva (obeticholic acid) for the treatment of patients with primary biliary cholangitis (also known as primary biliary cirrhosis). Ocaliva is to be used in combination with another medicine, ursodeoxycholic acid (UDCA), in patients who have not responded adequately to UDCA, or on its own in adults who are unable to tolerate treatment with UDCA.

Primary biliary cholangitis is a rare and life-threatening disease that causes the gradual destruction of the small bile ducts in the liver. These ducts transport fluid called bile from the liver towards the intestines where it is used to help digest fats. As a result of the destruction of the ducts, bile builds up in the liver causing damage. As the disease progresses, it leads to liver cirrhosis (scarring of the liver) and liver failure, and may increase the risk of liver cancer.

Obeticholic acid is a semi-synthetic bile acid that works by activating the farnesoid X receptor (FXR), which controls the production of bile. By activating this receptor, Ocaliva is expected to reduce the production of bile in the liver, thus reducing the exposure of the liver to toxic levels of bile acids.

The safety and efficacy of Ocaliva were demonstrated in a phase III study with 216 participants. After 12 months, the proportion of patients achieving reductions in levels of their alkaline phosphatase (an indicator of disease progression) was higher in patients treated with Ocaliva (about 47% compared to 10% in the placebo group).

The most common side effects observed with Ocaliva were itching of the skin (pruritus) and fatigue.

EMA’s Committee for Medicinal Products for Human Use (CHMP) recommended granting a conditional marketing authorisation for Ocaliva. Conditional approval is one of EMA’s main mechanisms to facilitate earlier access by patients to medicines that fulfil unmet medical needs.

Gert Laekeman
Past President ESCP (2006-2008)
Co-opted member of the Herbal Medicinal Product Committee (EMA)
Dear colleagues,

I hope to meet you in Leiden, The Netherlands on the 15th and 16th of June. The ESCP will organise its spring workshop in the city were the famous Dutch painter Rembrandt was born and worked most of his life. The city is picturesque and very easy to reach from Schiphol airport. But the most important reason to join the workshop is of course its content. The smaller number of the workshop enables us to go in depth in one theme. The theme of this workshop will be extended responsibilities of pharmacists in the treatment of acute and chronic conditions.

An estimated one of five people have multiple chronic conditions, this number is continuously rising with the ageing of the population. Management of chronic conditions is among the most pressing challenges of healthcare systems worldwide. There is a need for more effective management of the rising numbers of people with multiple chronic conditions. Pharmacists are the third largest healthcare professional group in the world after physicians and nurses. Despite their considerable training, pharmacists are often not perceived as healthcare professionals and thus underutilised. There is increased consensus both among professional pharmacy bodies and policy makers that pharmacists should extend their role in order to more effectively contribute to the safe, effective, and efficient use of drugs.

In the Leiden conference we will further elaborate on the strategies to expand the clinical role of pharmacists. We will do so with four plenary lectures, but especially in extra-long workshops in which we will discuss innovative concepts such as pharmacists prescribing, how to communicate more effectively with physicians and how to setup a cognitive pharmacy intervention.

I hope to welcome you in Leiden.

Marcel Bouvy
President of the Workshop

To learn more about the programme and register, visit:
www.escpweb.org or mail info@escpweb.org
Members' benefits

Membership in ESCP gives you access to the latest and most up to date education in clinical pharmacy. The Society’s pan-European community of professionals provides you with a broad network of knowledgeable colleagues.

Members’ expertise is founded on professional, clinical experience, on-going research and education and specific working environments. We invite you to join ESCP now to benefit from this collective knowledge bank and pan-European exposure to clinical pharmacy practice and techniques.

The benefits of ESCP membership include:
1. Latest and most up-to-date scientific research accessible online 24 hours a day and delivered to your desk every two months with International Journal of Clinical Pharmacy (IJCP) */ Journal.
2. Regular updates and reviews from the clinical pharmacy community via ESCP News.
3. In-depth training and focused information exchange through participation in Special Interest Groups.
4. Special subscription rates for Adis Journals.

The opportunity to study contemporary clinical pharmacy issues face-to-face with colleagues through ESCP Symposia and Workshops held twice a year (members benefit from substantial registration reductions).

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SFPC: see http://sfpc.eu/fr/
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2017 Membership fees
1 year Full Membership ......................... € 85
3 years Full Membership ....................... € 215
5 years Full Membership ....................... € 340
Student Membership ......................... € 25

For Your Diary

2017

15-16 June Leiden (Netherlands) ESCP International Workshop
Extended responsibilities for pharmacists in the treatment of acute & chronic conditions

9-11 October Heidelberg (Germany) 46th ESCP Symposium on Clinical Pharmacy
Science meets practice – towards evidence-based clinical pharmacy service

2018

23-26 October Belfast (Ireland) 47th ESCP Symposium on Clinical Pharmacy

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