Clinical pharmacy is an ever more thriving branch of pharmaceutical practice. In all sectors of health care clinical pharmacists are making important contributions to the treatment and safety of patients. Through our educational activities ESCP supports clinical pharmacists across Europe, and beyond, in achieving the highest standards of practice. This year there are three events to take note of.

Together with SFPC (Société Française de Pharmacie Clinique), ESCP is happy to invite you to Lyon, France for the ESCP-SFPC Congress 21.-23.October. The main theme will be "Clinical pharmacy at the forefront of innovations". By devoting three days to innovations in the treatment of common and serious conditions entities ESCP and SFPC hope to address important issues that most of you as clinical pharmacists will come across in your practice.

Highlight will be presentations and discussions of recent developments in medicines and medical devices used in the treatment stroke, heart failure and cancer. Appropriately, a new feature of the congress this year will be the “Hot Topics Session”. This is an initiative coming from the ESCP SIG-Council where the SIGs will present important news from their respective areas of interest. Associated with the main theme, there will also be a session devoted to the teaching of clinical pharmacy across Europe.

As always a range of workshops will be offered together with an extensive display of research related posters.

To make the event complete the representative(s) of the pharmaceutical industry will present an exhibition and a number of sponsored lectures. Keep an eye on the websites of ESCP (www.escpweb.org) and SFPC (http://www.adiph.org/sfpc/) for further information. Welcome to Lyon!

In May (10.-11.), ESCP and the Swedish Academy of Pharmaceutical Sciences will be arranging a workshop on patient safety and pharmacy in Uppsala, Sweden.

The way to make a system safe and efficient for patients

Increasingly it is recognized that health care should be viewed as one system where all the parts and components must interact in an optimal way to make the system safe and efficient to patients and health care workers alike. The main objective of the workshop is to make a contribution towards this vision.

Emphasis will be put on how to achieve and maintain maximum possible levels of patient safety in hospital and community pharmacies including the transfer of patients between those of two sectors. Most of the program will be devoted to interactive sessions where the participants are expected to work among themselves.

By the end of the sessions the attendants should have learnt and/ or produced some ideas which may be put to use in their own settings.

Please read more about the workshop on the next pages, and on www.escp-patientsafe.se and www.escpweb.org

Last, but not least I would like to direct your attention to the ESCP workshop held at the EAHP (European Association of Hospital Pharmacy) Congress in March in Nice. The theme was therapeutic education in cancer care with focus on patients using oral cancer medicines.

The workshop dealt with that non-compliance is an issue in cancer treatment. The reasons for it and how to support patients’ compliance, both by technical means and counseling. It was well attended and received positive evaluations. I refer you to the report at page.... for more information.

Some years ago ESCP and EAHP collaborated on a course in the Czech Republic, but this was the first time ESCP had staged an event at the EAHP congress. As the Congress attracted some 3000 participants the workshop also served to promote ESCP to a large audience.

A Few Words

ESCP Educational Events 2010

Frank Jørgensen
ESCP President
frank.jorgensen@apotekene-vest.no
Clinical Pharmacy and Pharmaceutical Care are two concepts which were developed in the US in the 1960s and 1980s, respectively. Both concepts have been used to describe activities more or less in accordance with how they were originally defined. Today there is considerable confusion both in practice and research settings regarding what kind of activities each concept encompasses. The concepts are also often used interchangeably.

Are there any important differences between clinical pharmacy and pharmaceutical care? “yes” and “no”.

Both concepts represent a paradigm shift from a product-centred to a patient-centred philosophy of practice. Although the definitions differ they share the vision that medicines should address patient needs. This represents a turnaround of thinking that still constitutes a major challenge to the profession.

Why was pharmaceutical care “invented”? In the eighties clinical pharmacy in the US was well established within the institutional setting, while it held a less prominent place within community pharmacy. Pharmaceutical care (PhC) was therefore constructed partly as a way to develop the clinical role of the community pharmacist. Hence, in some countries the concept has been regarded as clinical pharmacy for the community setting. This is no longer an accurate definition, ref. the definitions of PhC (cf. table 1).

Nevertheless, clinical pharmacy when broadly defined, does not necessarily imply a personal relationship between the patient and the pharmacist. This dimension is always present in the definitions of pharmaceutical care. Seen in this perspective pharmaceutical care might be regarded as a distinct part of clinical pharmacy at the pharmacist/patient interface to be practiced in any health care setting. Another way of putting it is to state that clinical pharmacy is how pharmacists contribute to patient care, while pharmaceutical care is what patients experience first hand.

In conclusion, even if it might be inconvenient to have to cope with two related concepts I think both will stay around. To avoid too much confusion I suggest some guiding principles:

- Define the concepts in accordance with the setting they are to be used in.
- When appropriate, say what you mean by clinical pharmacy and pharmaceutical care.
- When reading studies, find out how the authors have defined the concepts.
- When doing research, describe the context of the concept chosen.

Frank Jørgensen
ESCP President
frank.jorgensen@apotekene-vest.no

### Table 1: Some definitions and descriptions of clinical pharmacy and pharmaceutical care

<table>
<thead>
<tr>
<th>Organisation, country, author</th>
<th>Definition and/or description</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Society of Clinical Pharmacy (ESCP) [1]</td>
<td>Clinical pharmacy is a health specialty; it describes the activities and services of the clinical pharmacist to develop and promote the rational and appropriate use of medicinal products and devices.</td>
</tr>
<tr>
<td>Norway, Norwegian Association of Hospital Pharmacists (NSF) 2007</td>
<td>Clinical pharmacy implies the use of pharmaceutical knowledge and experience, clinical data and any other relevant information in order to contribute to the appropriate use of medicines by the individual patient. The work is to be done by a pharmacist in collaboration with the doctor, nurse and the patient.</td>
</tr>
<tr>
<td>Van Mil 1999 [2]</td>
<td>Clinical pharmacy is the science addressing the pharmacodynamics and pharmacokinetics of drugs in relation to their effects on the human body.</td>
</tr>
<tr>
<td>Franklin and Van Mil 2005 [3]</td>
<td>Clinical pharmacy is that part of the practice of pharmacy that contributes directly to patient care and develops and promotes the rational and appropriate use of medicinal products and devices.</td>
</tr>
<tr>
<td>UK Clinical Pharmacy Association 1996 [4]</td>
<td>The term clinical pharmacy no longer implies any degree of exclusivity but has come to be used generally to describe the knowledge, skills and attitudes required by a pharmacist to contribute to patient care.</td>
</tr>
<tr>
<td>Germany</td>
<td>Clinical pharmacy deals with the optimization of use of medicines with and by the patient (ABDA/German Pharmaceutical Society, DPhG). Clinical pharmacy is understood as pharmaceutical services provided at ward level (Frontini [5], private citation).</td>
</tr>
<tr>
<td>American College of Clinical Pharmacy (ACCP) [6]</td>
<td>Abridged version: The area of pharmacy concerned with the science and practice of rational medication use.</td>
</tr>
<tr>
<td>Hepler and Strand 1990 [7]</td>
<td>Pharmaceutical care is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient’s quality of life.</td>
</tr>
<tr>
<td>Hepler 2004 [8]</td>
<td>Pharmaceutical care describes the original purpose of clinical pharmacy, when it was understood as an approach to professional practice.</td>
</tr>
<tr>
<td>Franklin and Van Mil 2005 [3]</td>
<td>Pharmaceutical care is the person-focused care relating to medication, which is provided by a pharmacist and the pharmacy team with the aim of improving the outcomes of therapy.</td>
</tr>
</tbody>
</table>

### Bibliographic References:

1. Description of clinical pharmacy on the website of ESCP www.escpweb.org [Accessed 20.10.09].
During the working conference of the Pharmaceutical Care Network Europe (PCNE) in January 1999, a classification scheme was constructed for Drug-Related Problems (DRPs). The classification is for use in research into the nature, prevalence, and incidence of DRPs. The scheme also has use as a process indicator in experimental studies of Pharmaceutical Care outcomes. It is also meant to help health care professionals in practice to document DRP-information in the pharmaceutical care process.

The hierarchical classification is based upon similar work in the field, but it differs from existing systems because it separates the problems from the causes. Quality experts will recognise that the causes are often named ‘Medication Errors’ by others.

The following definition is the basis for the classification:
A Drug-Related Problem is an event or circumstance involving drug therapy that actually or potentially interferes with desired health outcomes.

The PCNE classification has undergone many changes since it was originally created, and many versions have been translated and validated in several European languages. Since 1 February 2010, version 6.1 of this classification is officially available. The classification now has 4 sections: Problems, Causes, Interventions and Outcome. This version is no longer compatible with previous versions because the problem and causes sections have been extensively revised. Important other changes were already made in v3, in which the problem section was revised, and in v5 the outcome section was added.

For more information you can have a look at www.pcne.org and click on Drug-related problems at the left of the screen. If you plan to use the classification, or would like to have more information, please contact the PCNE secretariat at info@pcne.org.

Bibliographic references
Informed patients about their medication is an important task of a pharmacist and plays a central role in the pharmaceutical care process. Nevertheless, patients have different information needs. Some patients want a lot of information while others do not want to know much about the medicines they are taking. This PhD research project was based on this experience and wanted to test the following hypothesis: Is supplying differentiated medication information depending on the extent of information desired by the patient more effective for the success of therapy and the patient’s well-being compared to with undifferentiated information supply? The hypothesis was tested for patients with a major depressive episode.

First, a systematic review was performed on the impact of educational interventions on medicines for mental health patients [1]. Educational interventions increased knowledge of patients. In half of the studies, compliance increased. In a multi-centred study, patients found the recorded information (by computer) more helpful than leaflets. A leaflet was developed and piloted for Flemish psychiatric hospitals. Patients evaluated the leaflet as of good quality on comprehensibility, utility and design [2].

These two studies were conducted prior to the main study of this research project in which the differentiated approach was applied. Eleven mental health hospitals participated in this study which included 99 patients. Patients were followed up by telephone during one year. No differences of compliance were seen between the study groups over time. The differentiated approach resulted in a lower productivity loss and lower costs for consultations with health care professionals. One third of the patients were readmitted within one year after discharge. This study failed to show impact on clinical (symptoms and side effects) or humanistic (satisfaction and quality of life) outcomes.

The setting of the participating mental health hospitals was studied. The care process from admission to discharge was charted for patients with a major depressive episode [3]. Additionally, patients and health care professionals were interviewed to describe current practice and experiences on the provision of information on antidepressants. An individual and non-systematic approach seemed to be applied. Finally, current discharge management in the participating hospitals was described based on the databases designed for the governmental project on discharge management [4].

In a final step, experiences of the main study were explored. On the one hand, reports of the telephone follow-up contacts were analyzed qualitatively to gain insight in the evolution and the well-being of patients after discharge from hospital. Process factors, individual factors and environmental factors were identified. On the other hand, hospital pharmacists were invited to participate in a focus group discussion to share their experiences in participating in an intervention study. Although some barriers were present during the study, the experience of participating in the study was viewed as positive.

Future initiatives were formulated and welcomed if a structural approach and additional resources would be applied.

The results of the different parts of this PhD project resulted in suggestions for practice, for policy and for future research. The most important conclusion is that improvement is needed in the quality, the quantity and the format of patient medication information. Health care professionals should be supported by the hospital management. Policy makers should create a framework for health care professionals to take up their role as information provider.

Several parts of this PhD project were presented at ESPC conferences (2005-2009).

Bibliographic references

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Steven Simoens (supervisor) steven.simoens@pharm.kuleuven.be
Gert Laekeman (co-supervisor) gert.laekeman@pharm.kuleuven.be

ESCP SIG Geriatric

The SIG Geriatrics presents a clinical case. If you cannot find the answer... see on page 6.

Mrs. R., a 78-year-old woman was admitted to the hospital with syncope, falls and a left humeral fracture. She lives with her husband. She has an allergy to ibuprofen which she describes having her throat swelling after she used ibuprofen.

She has a history of hypertension, osteoporosis, depression, seizure disorders, right frontoparietal CVA, vitamin B12 deficiency and constipation.

She takes the following medications:
- Ramipril 5 mg 1 x/day
- Amlodipine 5 mg 1 x/day
- Venlafaxine XR 225 mg 1 x/day in morning
- Carbamazepine 300 mg 2 x/day
- Amlodipine 70 mg every week on Sunday
- Calcium 500 mg and Vitamin D 400 units 2 x/day
- Clopidogrel 75 mg 1 x/day
- Galantamine ER 8 mg 1 x/day
- Vitamin B12 1200 mcg 1 x/day

Question: What is the cause of this woman’s syncope, falls and fracture?

Louise Mallet
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Patient safety issues have attracted enhanced interest within health care worldwide and are gaining increasing attention as a fundamental and important factor. Failures can have a negative impact both health, quality of life of the patients, society’s perception of the professional clinical pharmacist, and health care costs.

Since pharmacy, both institutional and community pharmacy is part of the health care system, patient safety, has become increasingly important both in community as well as hospital pharmacies. From a patient perspective this is not a new thing, but nevertheless welcomed as the focus of pharmacy still in some countries is on distribution rather than on supporting those using medicines in their aspiration towards better health and a higher quality of life.

Counseling and evaluation of outcomes of medicines use nowadays is an integrated part of the everyday work of the community pharmacist in many countries, as well as building and maintaining relationships with the surrounding healthcare professionals.

At the ESCP conference in Uppsala, Sweden, in May, the goal of the conference is to capture the essence of patient safety in pharmacies, and in doing that, letting the voice of the patient be heard, as well as the voice of the pharmacist and of other important actors. It is our firm believe that the role of the person who uses medicines is as important as the role of the professional who prescribes or distributes medicines, or provides pharmaceutical care, and must be acknowledged. The program thus includes speakers and workshop chairs from the pharmaceutical sphere as well as patients and patient organizations.

Main features of the program are the plenary sessions, held on both days of the conference. These sessions will introduce major and important themes and also, will provide each participant with the possibility to choose a subject of special interest. The plenary sessions will be chaired by pharmacists or other professionals, knowledgeable in each different subject.

An introductory speech will be followed by discussions on the topic. The goal of the sessions is to provide each of the participants with ideas and vital tools to take back home, to implement, or at least try to implement, in their own everyday settings.

On the first day Prof Peter Noyce will make an introduction to the field and talk about Patient safety in Pharmacies. After lunch on the first day the safety culture is the topic under discussion. Safety culture is often used to describe the sum of employee perceptions regarding overall safety within an organization, a company or a place of work. The concept is also frequently referred to as “the way we do things around here”. Safety culture is often described as being composed of different subcultures, as a reporting culture, accepting and encouraging the reporting of errors. The working environment must be just and free from retaliation; a just culture, since otherwise staff members will not report errors. Additionally there must be a willingness within the organization to extract the important facts from the reports and use this knowledge to implement necessary changes – a learning culture.

Of importance to researchers and of course to managers and the professionals themselves, is in what way the safety culture in for instance a pharmacy contributes to accidents in the workplace, dispensing errors, counseling errors, and faulty use of medicines. Pharmacists within a country have to obey the same legislative rules, often the same company or professional rules, but the interpretation varies between pharmacies and between people.

On the Monday there will also be a lecture on ethics in the pharmacy environment. This is a highly relevant topic to both professionals and to patients. One of the basic rules for a profession is to follow a code of conduct. But how should this code be applied in a certain situation? Where is the line between legislation and ethics in a given situation?

Taking a professional responsibility includes being ethical in relation to patients all the time whether we work in a hospital, a community pharmacy, an institution for care of the elderly or in any other place where patients use of medicines and thus their need for services provided by a professional clinical pharmacist.

How well are we doing in pharmacy and how can we become better are fundamental questions if we are to be taken seriously by society and granted acknowledgment and payment for our professional work e.g. counseling patients and prescribers.

On the Tuesday there will be three lectures focusing on patients in the pharmacy environment. Many patients, especially in the community pharmacy are easy to serve for a professional pharmacist. Their medicines are standard treatment for their disease and the counseling they need is well known to the pharmacist. But when a more medically and pharmaceutically complicated patient enters the pharmacy, the situation is quite different. The need for counseling, evaluation, and professional service in a broad sense increases. At the same time complicated patients might be the most rewarding patients because they are professionally challenging and you learn from the encounter.

Another important perspective will be addressed in the afternoon of the Tuesday when the demands of a business in a free market is related to patient safety. Keeping the patient safe might be short-term costly and since many clinical pharmacists are employed the demands from the shareholders might be in conflict with the demands of the clinical pharmacist and of the patient. Pharmacy is and has always been both business and healthcare. As clinical pharmacists we are often balancing on a tightrope between our own professionalism and the employer’s demands for revenue.

In addition to the plenary sessions there will be interactive sessions covering several aspects of patient safety among them assessment of safety in pharmacies, how the safety can be improved by bridging the gap between hospital and community pharmacy, and safety issues in patients with special needs.

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Annikah Nordén Hägg
Uppsala Symposium Chairwoman
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During the ESCP workshop in Uppsala there is an opportunity to show and discuss posters. The abstract review process for this poster session was recently finalised.

As initially there were over 70 draft abstracts, but only 58 were finally submitted, it seems that abstract submitters had some difficulty progressing their abstracts to final versions.

Of the 58 submitted abstracts, 51 have been accepted for presentation. The different categories are shown in the table below. However before the abstracts can be published in Pharmacy World & Science, 17 need to be edited because the language and/or structure was not quite as it should be. We look forward to seeing the posters in Uppsala.

<table>
<thead>
<tr>
<th>Poster Topic</th>
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<tr>
<td>Outcome assessment</td>
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<tr>
<td>Patient safety in Community</td>
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<tr>
<td>Patient safety in Hospital</td>
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<td>Pharmaceutical Care</td>
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<tr>
<td>Process monitoring</td>
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<td>Quality assessment</td>
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<td>Seamless care</td>
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J.W.Foppe van Mil  
Chair abstract review procedure  
jwfvmil@vanmilconsultancy.nl

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Clinical Pharmacy for Hospital Pharmacists: Therapeutic Education in Cancer Care  
An ESCP workshop at EAHP congress, Nice, France, 24-26 March 2010

An ESCP (European Society of Clinical Pharmacy) workshop was held on the subject of “Clinical pharmacy for hospital pharmacists: workshop on therapeutic education in cancer care”. The main goals of this workshop were to provide delegates with the following: a) an insight into why patients are frequently non-compliant to oral chemotherapy and medicines in general and b) an ability to identify and address noncompliance in the hospital pharmacy setting.

Approximately fifty delegates attended the workshop over the two days that it was held. The president of ESCP, Mr Frank Jørgensen from Norway, welcomed everybody to the session and chaired the discussions. Dr Marc Dooms, a senior hospital pharmacist from Belgium, gave the first presentation of the workshop. Findings from his research showed that noncompliance is a problem even in a life threatening condition like chronic myeloid leukaemia.

Delegates examined a range of devices such as smart blister packs, patient information leaflets and pill boxes that can be used to address noncompliance. In small groups, they then discussed a specific case of patient noncompliance to oral chemotherapy. Groups provided feedback on their discussions and excellent suggestions were made on ways to improve compliance in practice, e.g. changing medicines to once a day if possible, asking patients to keep their medicines with something they do every day (brushing teeth, making tea/coffee etc) and, most importantly, talking to patients about their illness and the need for their medication.

Dr Sarah Clifford, a health psychologist from the UK, then gave an overview of research into why patients are frequently noncompliant to prescribed medication. She explained that reasons for noncompliance can be either unintentional or intentional and strategies to improve compliance should differ according to the unique underlying cause of each patient’s noncompliance.

The workshop concluded with a Q&A session where delegates also shared their experience with tackling noncompliance in their own hospital setting.

Sarah Clifford  
Vincent Launay-Vacher  
Frank Jørgensen  
Marc Dooms

---

Answer of the clinical case (page 4)

Suggestions for Mrs. R.

This patient has syncope associated with galantamine. A recent study published in the Archives of Internal Medicine 2009; 169: 867-73 has shown that the cholinesterase inhibitors have been associated with an increase rates of syncope, bradycardia, pacemaker insertion and hip fracture in older adults with dementia.

Patient on cholinesterase inhibitors should be monitored for bradycardia. Rowland et al. have published a clinical protocol for cardiovascular monitoring of acetylcholinesterase inhibitors.

Other factors which may be associated with falls in this patient are the use venlafaxine and the use of the medication for her hypertension ramipril and amlodipine.

ESCP International Workshop  
Patient Safety & Pharmacy  
Uppsala, Sweden, 10-11 May 2010

Scientific Program (Preliminary)

10 May 2010
Role of pharmacists in patient safety  
Interactive mini-lectures:  
- Achieving patient safety in hospital pharmacies  
- Achieving patient safety in community pharmacies  
- The role of the clinical pharmacists in hospital patient safety  
- Spinning a web between community pharmacists and hospital - closing the communication gap and thereby improve the safety of patients.

11 May 2010
Elderly and patient safety question  
Interactive mini-lectures:  
- Safety from the perspective of the elderly and the caregivers  
- Communication with elderly  
- To ensure patient safety in severely demented patients  
- Can pharmacist affect the community in the way they treat medicines?  
- Delivery of medicines straight from industry to patients - safety issue.

Joint meeting ESCP-SFPC  
Clinical Pharmacy at the Front Line of Innovation  
Lyon, France, 21-23 October 2010

Organising Committee (OC)  
From SFPC: G. Aulagner (President)  
From ESCP: E. Gerbrands  
J. Calop  
J.L. Prugnaud

Scientific Committee (SC)  
From SFPC: B. Allenet  
O. Bourdon  
D. Breilh  
P. Le Corre  
M.C. Saux
From ESCP: C. Bernsten (SC President)  
M. Bouvy  
V. von Gunten  
M.C. Husson  
M. Kinnear

A local organising committee is helping the OC.  
A local scientific committee is helping the SC.

Program

October 21st, 2010  
- Morning plenary session  
Innovation in Neurology - focus on stroke: pharmacotherapy update, medical devices, implementing research in Clinical Pharmacy (CP) practice.  
- Sponsored lecture on Multiple Sclerosis  
- Afternoon sessions:  
- Plenary Lecture: teaching Clinical Pharmacy in Europe;  
- Workshops;  
- Oral communications;  
- Poster discussion forum.

October 22nd, 2010  
- Morning plenary session  
Innovation in Oncology: biomarkers and targeted therapies, pharmacotherapy update in breast cancer, colorectal cancer and pediatric cancer  
- Sponsored lecture on Pulmonary Hypertension  
- Afternoon sessions:  
- Plenary Lecture: implementing research in CP practice & management of cancer;  
- Workshops;  
- Oral communications;  
- Poster Discussion Forum.

October 23rd, 2010  
- Morning plenary session  
Innovations in Cardiology - focus on Heart Failure: current therapies, epidemiology, pathophysiology, innovative medical devices and innovative strategies, implementing research in Clinical Pharmacy Practice.  
- Sponsored lecture on type 2 Diabetes.  
- Afternoon sessions:  
- Workshops;  
- Poster discussion forum;  
- Oral communications.

15th December 2009  
Registration open

15th December 2009  
Abstracts submission open

15th February 2010  
Abstracts submission deadline

15th March 2010  
Early bird registration deadline

1st May 2010  
Registration open

15th April 2010  
Abstracts submission open

15th June 2010  
Abstracts submission deadline

31th July 2010  
Early bird registration deadline

5th October 2010  
Late registration deadline
**For Your Diary**

### 2010

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Event Description</th>
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<tr>
<td>10-11 May</td>
<td>Uppsala (Sweden)</td>
<td>ESCP International Workshop on Patient safety and Pharmacy</td>
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<tr>
<td>21-23 October</td>
<td>Lyon (France)</td>
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### 2011

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<tr>
<td>19-21 October</td>
<td>Dublin (Ireland)</td>
<td>40th ESCP Symposium on Clinical Pharmacy</td>
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### New Members

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<tr>
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<th>Greece</th>
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<th>The Netherlands</th>
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<tr>
<td>Chris Vervaet</td>
<td>Ximena Lagos</td>
<td>Akaterini Grammatiki</td>
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<td>Duc Hung Pham</td>
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<td>Anne Katrine Eek</td>
<td>AGS Gous</td>
<td>Groningen</td>
<td>Laie Elmas</td>
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**Announcements**

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Deadline for the submission of material for issue number 148 is 30 June 2010.