Muniatius Plancus, one of Caesar’s lieutenants, founded the city of Lugdunum (named after the Gaulish god “Lug”) on what is now the hill of Fourvière (from the Latin “forum vetus”) in 42 BC. The city rapidly developed into an important crossroads and became the capital of the three Gauls. The city was a centre of trade and ideas featuring close links with the Middle East, especially Asia Minor. Without going into a detailed history of Lyon because they were afraid of the effects of a synergy between commercial and intellectual power. Therefore, the city had to wait until 1870 for a faculty of medicine and a faculty of pharmacy. Shortly thereafter, at the end of the 19th century, a strong chemical industry developed and gave rise to numerous prosperous pharmaceutical laboratories (e.g. Rhône Poulenc, Léphé, Aguetant, Boiron).

This was accompanied by developments in the medical field and by the growing importance of doctors in society as several of them became mayors of the city. Examples include, the famous physiologist Claude Bernard who studied in Lyon; Jaboulay who created orthopedics and it was here that Alexis Carrel practised his first surgical grafts. Additionally, it was in Lyon where Favre first identified the chlamydia genus of bacteria. Furthermore, it was towards the end of the 8th European Symposium of Clinical Pharmacy in November 1979 that the European Society of Clinical Pharmacy (ESCP) was created. The founding fathers were: E. van der Kleijn (1st president); J. Bonal (2nd president); G. Aulagner, France (3rd president); P. Amacker, Switzerland; C. Barette, United Kingdom; G. Ostino, Italy; D. Schaaf, West Germany; H. Turakia, Finland; R. Jonkers, Netherlands.

This organization was recognized from the very beginning by government institutions, shown by the attendance at this congress of Jacques Barrot, the Health Minister at the time. True to this great tradition, we will be welcoming you to Lyon on the 21st, 22nd and 23rd of October 2010 for the 39th Symposium of the European Society of Clinical Pharmacy and the 13th Congress of the French Society of Clinical Pharmacy, jointly organized by the European Society of Clinical Pharmacy (President: Professor M.C. Saux). This event will include high-level presentations on innovative themes concerning neurology, cardiology and cancer as well as many workshops, oral communications and posters, all accompanied by a large exhibition. These three days will be preceded by the traditional ANEPC introductory evening for our younger colleagues.

During this event, we wish you an enjoyable time discovering the city of Lyon (a listed UNESCO World Heritage Site) and its internationally-reputed fine cuisine. We look forward to seeing you soon in Lyon!
Keep your calendar free for a spectacular event. The 21st to the 23rd October 2010 is when the next annual ESCP symposium will be held. This time Lyon is the lucky city and it will hopefully be invaded by several hundred clinical pharmacists from all over Europe, eager to learn and to share good quality clinical pharmacy practice and scientific based knowledge.

The theme of the symposium is innovations. This is indeed a challenging theme. Doesn’t everything we do revolve around innovations? New medicines, new ways of administering medicines, new ways of detecting problems in the medicines use process, and new ways of performing clinical pharmacy. They are all to do with innovation. Many of us, even though we do our best to keep up to date with innovations in our field, have difficulty keeping up with all of the latest developments. We believe that the advantages and disadvantages of recent innovations should be discussed among clinical pharmacy colleagues.

Our practice is precious to us, and so is education. We therefore devote much of the program in Lyon to education and the integration of scientifically based knowledge into practice. The aim is of course to learn from each other and to broaden our views and our knowledge base. To think “What has been done in other countries that I can bring home to my country in order to help clinical pharmacy develop in a direction that is beneficial to patients, the clinical pharmacists, and society?” Clinical pharmacy education, and teaching in clinical pharmacy is, and has always been a core interest of ESCP. A very good education is a must if we want clinical pharmacy to be taken seriously by patients, decision makers, politicians, funding bodies, and by our colleagues in the health care arena in Europe. As clinical pharmacists we have to give good value for money. A way of doing that is to have schools and educational systems that produces clinical pharmacists with a high level science based knowledge and skills, true professional awareness and a firm belief in patient centered clinical pharmacy. In ESCP we believe that sharing experiences and learning from each other at the symposia we give, is a high quality short cut to achieving the knowledge and the arguments needed to make decision makers and others back home listen. We in ESCP want to help European clinical pharmacists both to become better at what they are doing, and to make them more influential in the care of patients.

At each of the days of the symposium there will be a session devoted to discussions about how we can implement innovations in our daily practice. Here there will be practical tips available for all of us. The clinical areas chosen are stroke, cancer (colorectal, breast and paediatric) and heart failure, but we believe that knowledge about implementation in these areas is applicable also to other areas of clinical pharmacy practice. It is our hope that you will be active in the discussions. The more you ask, the more answers and perspectives you get.

The morning of the first day of the symposium will be devoted to the management of stroke. We will hear distinguished speakers talk about the management of stroke from the perspectives of a pharmacotherapy update, medical devices, and additionally how to implement research in clinical pharmacy practice in the management of stroke. This will be followed by a round table discussion in which different points of view will be raised and discussed.

During the extended lunch break, there will be a sponsored lecture on multiple sclerosis. In the afternoon there will be a plenary lecture about teaching clinical pharmacy in Europe and a round table discussion about how new technologies may contribute to secure the drug delivery process. These will be given parallel to the workshops and the short communications and the poster discussion forum.

On the second day, when the theme is cancer, there will be lectures on biomarkers and targeted therapies, and pharmacotherapy updates in the management of breast, colorectal and paediatric cancer; all with excellent speakers. The session will, as on the previous day, be followed by a round table discussion allowing for an open exchange of opinions on the topics.

During the extended lunch break on the second day, there will be a sponsored lecture on pulmonary hypertension. In the afternoon of the second day, parallel to the workshops, the short communications and the poster discussion forums, there will be an afternoon plenary lecture on implementing research into clinical pharmacy practice in the management of cancer.

For this we have several speakers, all with a vast wealth of experience and comprehensive knowledge in the area to draw from. Also in that afternoon we also have a session called “Hot Topics” selected by the 10 ESCP SIGs.

On the morning of the third day, there will be plenary lectures on current therapies, epidemiology, and pathophysiology of heart failure, a introduction to innovative medical devices, and other innovative strategies used in the management of heart failure. Additionally a lecture on implementing research in clinical pharmacy practice in the management of heart failure. Again we have managed to get very good speakers.

As mentioned before, every day, there will be a lot of very interesting workshops that will further develop, and hopefully challenge our present knowledge and our perspectives. All are within the general framework of clinical pharmacy, but with different approaches to it. Some are more back to basic pharmacology/pharmacokinetics, focusing on the medicines and the therapy per se, while others have a more bedside patient oriented or societal approach. There are also workshops that focus on us and our performance as clinical pharmacists. In short, the workshops will provide something for everyone.

We will, as mentioned above, also have posters and short communications. If you want to send in an abstract for a short communication or a poster, look at our web page for information. It is my hope that we will receive many abstracts in a variety of topic areas. Some of the posters will be presented at a poster presentation forum. Each presenter gets 5 minutes to present their poster.

Besides the formal program there will also be time for reflections and to meet friends and colleagues. I’m sure that some of you will make life time friends and for ever have people that you can e-mail or meet and share experiences with. To have someone in another country or in ones own to call if problems or question arises is so valuable that the networking at the ESCP symposium deserves an acknowledgement besides being nice and friendly. The social part of a symposia is extremely valuable for the long term networking opportunities it provides.

The symposium is a joint symposia with the French society of Clinical Pharmacists (SFPC), and we are looking forward to getting a deeper insight into the French way of performing clinical pharmacy – it is different from the rest of Europe? We are happy to have this opportunity to collaborate with the French national society and to share experiences and knowledge among us.

So, surf to our website for more information, register for the symposium, book your tickets and your accommodation, and start packing and preparing yourself for an unusual rewarding trip to France. See you in Lyon!

Cecilia Bernsten
Chair of the SC of Lyon meeting
Vice president of the ESCP
cecilia.bernsten@bredband.net

Next stop Lyon!
I felt it immediately when I took her in my arms: the patient was in a serious condition. It was my duty to save her. Urgent measures had to be taken ...

Tradition ...

Singing had become a tradition during international ESCP meetings. It happened for the first time at the end of the Antwerp symposium in 2001. It happened again in Edinburgh in 2007. From that event on we started the symposia and workshops with a song, our song, Singing brings people together. It can be used as an ice-breaker. All of a sudden everybody is feeling as belonging to the group and the ceremony becomes a party. Istanbul, Leuven, Dubrovnik ...

It is nice to play accordion when singing. And so it happened. After a few times my accordion became a structural support. At the end of a wonderful conference in Geneva we should sing again. Everybody felt comfortable with the idea. But when I opened the suitcase and grabbed my instrument that normally complied with every movement it, or better, ‘she’, was not able to bring the lovely sound we were longing for.

Emergency ...

I felt that a dramatic respiratory failure occurred. My diagnosis was that this was caused by a general organ failure. We did not have emergency facilities for such complicated systems in Geneva. Therefore the patient was evacuated the same day to Belgium with the highly appreciated assistance of Brussels Airlines. She was put in an artificial coma waiting for a first diagnostic intervention. This diagnostic intervention finally revealed that the total respiratory failure was caused by a multiple valve defect, due to the extremely low temperatures during repeated ESCP air transport. At this moment the valves are temporarily fixed and the patient is put in an artificial coma again. In the near future it will be tested whether the valves can be definitively repaired and if the respiratory parameters will allow normal breathing again with harmonic sounds as final outcome. The chest op the patient will be opened for that surgical intervention that may take hours.

Me and my patient, we thank all of you for your feelings. Unfortunately the patient cannot be visited. If you want you can send her some wishes for improvement. They can be published in ESCP Newsletter as a support to our ESCP’s musical buddy.

Gert Laekeman
Past ESCP president and temporary head of the musical valve intensive care unit
Gert.Laekeman@pharm.kuleuven.be

Urgent evacuation and emergency treatment

ESCP/GSASA - 38th symposium on clinical Pharmacy
Geneva, Switzerland, 3-6 November 2009

Echos from the General Committee

Election of new Vice-President

The President is elected for 2 years, and after that will be Past President for one year.

Normal procedure is that when the President steps down, the Vice-President will take office as President for 2 years.

Frank Jørgensen will step down as President in October this year in the General Assembly during the Symposium in Lyon, and Cecilia Bernsten will take office as President.

The General Committee had to elect from among the GC-members a new Vice-President, which means: 2 years as Vice-President, 2 years as President, 1 year as Past-President.

GC-members are chosen for 4 years, which term can be extended by 2 years. Only a President can extend this term again, during his/her Presidency, which means that a President has to have at least one more year to go as GC-member at the moment of starting office as President. Thus: those GC-members that still have at least one more year to go before re-nomination as GC-member, can be elected as Vice-President.

In the General Assembly at Uppsala, Sweden, on May 9th, 2010, the members of the General Committee elected as the next Vice-President: Siska Desplenter, GC-member from Belgium.

Election of a new member of the General Committee, representing the “small countries”.

The members of the General Committee of ESCP are elected for 4 years and the term in office can be extended by the General Assembly for another 2 years.

In October 2010, at the next General Assembly during the Annual Symposium in Lyon, France, Pat Murray from the U.K., representing the “small countries”, will complete her term of office on the General Committee of the ESCP and is not eligible for re-election.

The five countries with the largest membership are all represented in the General Committee; therefore voting members from all not-represented countries (“small countries”) in Europe were invited to nominate a candidate.

The position of representative was open to any member living in one of the small countries with at least 10 ESCP-members. These countries are: Denmark, Finland, Poland, Portugal, Romania, Spain and U.K.

At the deadline of June 14th, 2010, the ESCP International Office had received one nomination, so no further postal vote was needed and elected is: Carmen Cristescu from Romania, Professor, Chief of Pharmacology, Clinical Pharmacy Department, Faculty of Pharmacy, University of Medicine and Pharmacy „Victor Babes”, Timisoara, Romania.

Welcome!

ESCP SIG Geriatric

The SIG Geriatrics presents a clinical case. If you cannot find the answer, please evaluate and send your answer by e-mail to louise.mallet@umontreal.ca. The answer will be presented at the next ESCP meeting in Lyon.

You are the community pharmacist.

Mr. GC, a 83 year-old patient with a history of angina, diabetes, congestive heart failure, chronic obstructive pulmonary disease, dyslipidemia, vitamin D deficiency, hypertension and gout comes to your pharmacy with a new prescription for Viagra (silfenadil) 100 mg, take when needed.

He takes the following medications:

- Acetaminophen 500 mg 4 x/day
- Aspirin 80 mg 1 x/day
- Furosemide 40 mg 1 x/day
- Atorvastatin 10 mg 1 x/day
- Clonidine 0.1 mg 2 x/day
- Diltaizem ER 300 mg 1 x/day
- Glisazide 80 mg 2 x/day
- Allopurinol 100 mg 1 x/day
- Vitamin D 400 UI 2 x/day
- Spiriva 18 mcg 1 inh x/day
- Salbutamol 100 mcg 2 inh 4 x/day

If needed.

Would you dispense Silfenadil for this patient?

Louise Mallet
louise.mallet@umontreal.ca
Thony Björk, on behalf of PGEU, the Association representing European Community Pharmacists, gave an introductory address to the Uppsala conference, highlighting the political importance that patient safety has gained in the context of the EU political agenda and how we see the pharmacist’s contribution in such a context.

Resolution on ‘Medicines Are Special’

Almost fifteen years ago, PGEU approved its resolution on ‘Medicines Are Special’, highlighting the fact that medicinal products are not like any other goods. For you, as for me, this would seem a rather obvious thing, but it needs to be borne in mind that EU politicians and decision makers are not fully aware of this and our role is to ensure this message crosses their paths when developing new initiatives that at some point will affect us all sooner or later, in our own countries.

In addition to such a basic, but not always easy to pass message, PGEU’s main message in Patient Safety EU-debates focuses on the need to include non-hospital settings, such as community pharmacies, in the discussions of Patient Safety in order to ensure a systematic approach to all healthcare settings which are part of the patient journey in the healthcare system.

PGEU also calls for the involvement of all stakeholders, both at European and national levels. The establishment of national platforms bringing together among others, the organisations representing the different healthcare professionals, including pharmacists, is an important step to develop a solid culture for patient safety and thus patient safety overall.

To support this, PGEU’s policy in this area is to raise awareness on community pharmacists’ key role in the rational and safe use of medicines and how this contributes overall to patient safety strategies.

Brochure “Maximizing Patient Safety in Europe through the safe use of medicines”

In March 2007 PGEU published a brochure entitled “Maximizing Patient Safety in Europe through the safe use of medicines”. In May 2008 PGEU launched its booklet on “Targeting Adherence: Improving patient outcomes in Europe through community pharmacists’ intervention”.

Linked to this policy statement, PGEU also approved a statement on ‘Patient Therapeutic Education’ in November 2008. In March 2009 PGEU adopted a statement on ‘Community Pharmacists’ Contribution to Ensuring Rational and Safe Use of Medicines by Older People’, and in November 2009, a policy statement on ‘Community Pharmacists’ Contribution to the Control of Antibiotic Resistance’.

DG SANO’s Working Group on Patient Safety and Quality of Healthcare

Currently, PGEU actively participates at DG SANO’s Working Group on Patient Safety and Quality of Healthcare, the Commission working group responsible for developing what was approved last June as the Council Recommendation on Patient Safety, including the prevention and control of healthcare associated infections.

PGEU also calls for the involvement of all stakeholders, both at European and national levels. The establishment of a platform for collaboration and networking among Member States, international organisations, and stakeholders, such as PGEU, enabling them to identify and exchange good practices on Patient Safety.

The project has been developing work to support key national action in the areas of developing a patient safety culture, strengthening clinical governance and leadership, education and training in patient safety and further develop the knowledge and evidence base on patient safety.

The project also brought together professionals from hospitals in 11 Member States who tested 7 good practices in the area of medication reconciliation: which are of particular interest to pharmacists. Although this work has focused attention on Hospitals, PGEU has insisted on the need to recognize the interface between hospitals and community pharmacies as a crucial area that needs further attention. Furthermore, PGEU is a strong advocate for collaboration among different health organisations and the health team.

As you are very well aware, several medication errors happening at community level lead to hospitalisation and some other errors happen after discharge from the hospital. With this in mind and keeping the hospital in the centre of the action, PGEU has been advocating for an expansion of the scope of future initiatives in this field to include the whole patient journey and involve all stakeholders intervening in the medication process.

Another area where we have been active is on awareness raising on the prudent use of antibiotics in collaboration with the European Centre for Disease Control (ECDC).

Pharmacovigilance, another dimension of patient safety

Pharmacovigilance is another dimension of patient safety with particular relevance for pharmacists, and to which we give special attention.

In May 2006 PGEU submitted a joint response with FIP and the EuroPharm Forum to the Commission’s public consultation on ‘An assessment of the Community System of Pharmacovigilance’. In this submission, PGEU identifies the community pharmacist as an important element of the Community Pharmacovigilance System and calls for the full utilisation of pharmacists’ expertise and the existing network of pharmacies throughout national territories to further improve the EU Pharmacovigilance system.

This was one of the first steps of the policy-making process culminating with a Commission proposal for a Directive on Pharmacovigilance in December 2008. In January 2010, PGEU issued its comments to this Commission’s proposal. PGEU finds the proposal to be positive and supports its overall content, although we have identified some areas of the proposed text that still need additional work.

As you can see from the range of topics I have briefly scanned through, PGEU’s advocacy role is an important one in the EU policy-making arena, but needs to be grounded on sound evidence in order to be credible and irrefutable when discussing with politicians and decision makers.

Let me conclude by saying that we believe ESCP is well positioned to further stimulate practice-based research which allows gathering evidence on the impact of pharmacists’ interventions in medication safety and optimal health outcomes, and we welcome and support its efforts to continue in this direction.
Culture could be described as shared perceptions of what life is really about. There are different kinds of culture, such as a societal culture, an organizational culture and also the working culture. The organization you work within provides you with a set of ideas of how to behave, when you meet your managers you need to shake hands, not just say “hi”. Closest to you, is the local setting, the pharmacy, in which you work.

Safety culture is a part of culture and a popular definition is: The way things are done around here – no one is looking. A more serious definition is “Safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization’s health and safety management”.

Culture is very much about attitude and there are different attitudes towards different aspects of life, and work. This has an impact on the way you behave at work and how safety of the work you are carrying out.

How can errors happen in pharmacies since you have guidelines to safeguard the work within the premises? Every now and then however, something happens that forces you to work outside guidelines. Sometimes this is a most conscious decision, but at other times you are not fully aware of this drifting. It usually works, but every now and then, it will not and an error will occur.

The concept of safety culture has been in use since the 80s, but after the report by International Atomic Energy Agency in 1988, about the nuclear disaster in Chernobyl, it really came into focus – and use. The reason for this serious event was failure in the management of safety systems and a lack of safety awareness. This Chernobyl disaster led to a realization of the importance of safety issues within not only the nuclear industry but also other high risk industries such as aviation. Within aviation a lot of work has been devoted to exploring the concept of safety culture. From aviation the way of thinking and working with a safety focus has spread to healthcare.

There are different ways of describing safety culture and it components. Safety culture is described, by Reason, as being composed of different subcultures. The subcultures comprise a reporting culture that will accept and encourage the reporting of errors. The reporting frequency is dependent on the working environment, which must be just free from retaliation – a just culture. According to the American Institute of Medicine, “the biggest challenge to moving towards a safer health system is changing the culture from one of blaming individuals for errors to one in which errors are treated not as personal failures, but as opportunities to improve the system and prevent harm”. The traditional way of looking at errors has been considered an obstruction to any possibility of learning. A culture of blame-and-shame will make individuals refrain from reporting errors in fear of retaliation. A third subculture is about the willingness and capability of the organization to extract the important facts from the reports and use this knowledge to implement necessary changes – a learning culture.

To file a report on errors is not equivalent to learning. You must use the reports! The last subculture is about having an adaptive culture. This is about being able to change your way of working in a very smooth and quick way if for instance you need to work very fast for a short time period. Finally, the overall sum of all the subcultures is larger than all the individual parts together since they together form an informed culture.

A study on safety culture in all community pharmacies in Sweden, has been carried out; a questionnaire was used to assess the safety climate in Swedish community pharmacies in this national survey. The questionnaire has collected the opinions of the staff in safety related areas within these pharmacies.

The method used; the Safety Attitude Questionnaire has been developed over 15 years, to assess the quality of safety and teamwork related norms and behaviours of individual workers, in a particular setting and has been used in several health care settings in the US and several other countries. The construct validity of the Swedish version of the questionnaire has been established and some preliminary data were presented.

### References:


Annika Norden-Hägg
annikanordn.h@telia.com

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**ESCP website: current status & further development**

Did you know that ESCP members can get some of their benefits via the “Members Only” section of www.escpweb.org?

To login, use your Name and your ESCP ID as password (fig. 1). Then choose the “Members Only” section.

You will then be able:

- to access PWS online, (fig. 2):
- to view the video presentations of last symposia,
- to read the ESCP Glossary of scientific terms written by the Education and Training Committee,
- or to find reference numbers for discount rates on several Wolters Kluwer Health | Adis journals (go to “Publications”).

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Johnny Beney
Webmaster
johnny.beney@ichv.ch
The aim of the workshop was to highlight and discuss problems and their possible solutions with the aim of minimisation of medication errors in the patients health care transitions and to help the participants to improve their own environment and practice by initiate or refine their own action plan.

Each time a patient moves from one setting to another, clinicians should compare previous medication orders with new orders and plans for care and reconcile any differences. If this process does not occur in a standardised manner, designed to ensure complete reconciliation, medication errors may lead to adverse events and harm.

Medication Reconciliation is the process of identifying the most accurate list of a patient’s current medicines - including name, dosage, frequency, and route, and comparing them to the current list in use, recognising any discrepancies, and documenting any changes thus resulting in a complete list of medications.

Experience from hundreds of organisations has shown that poor communication of medical information at transition points is responsible for as many as 50% of all medication errors in the hospital and up to 20% of adverse drug events (1).

In our different settings at a university and country hospitals, we had errors in 40-85% for elderly patients before starting a new approach in this aspect of practice.

IHI has produced a full package for improvement with tool kits, follow up measures on all aspects on Medication Reconciliation. Based on different strategies and settings they also report an error rate reduction of at least 50% (1). NICE has produced an evidence based background and technical patient solution for Medicines Reconciliation on admission to hospital (2).

We have produced a tool “Medication Report in Discharge Information for patients” that reduced error rates and health-care contacts based on these errors by 50% (3, 4). Quality control and feedback by a pharmacist before patient discharge further decreased errors by 45% (5).


References

The Discharge Information is written for the patient and includes; a short presentation of causes for admission, what has been done and planned; a Medication Report of all medication changes and the reasons for them (what and why); a Medication List with information on drug, dosage, effects and special remarks. It is given to the patient at discharge, sent to the GP and the community care nurses on the discharge day. This model is mandatory at hospitals in the South of Sweden and has been selected by EUNETP as to be tested in European hospitals.

Towards the end of the session the groups were invited to discuss what they could do to improve medication reconciliation in their own setting/country:
1. How can you start; key persons to involve, your responsibility?
2. How can the models and tools presented in this workshop be used?
3. Prepare your own personal action plan (what, how, when).

Tommy Eriksson
tommy.eriksson@apoteketfarmaci.se

Report Satisfaction Survey ESCP WS UPPSALA 2010

Number of conference attendants that were invited to complete the questionnaire was 85, of which 41 responded and 39 fully completed the questionnaire.

The respondents:
The mean age of the respondents was 38 (min 24, max 63, sd 11.6), and 30 were female. Most respondents (11) came from Sweden, other important countries were Germany (4), France (4) and Norway (4). 15 Respondents worked in hospital pharmacy, 12 in university (mostly research) and 6 in community pharmacy. Only 15 (38.5%) of the respondents were ESCP member. Most respondents (19) had heard about the conference from a colleague or through ESCP mailings and/or newsletter (27). Only 6 had found the conference on the Internet.

The Lectures:
From the lectures, the third lecture on day one (by S. Kålvermark-Sporrong, on Patient safety & ethics) was the most popular; more than half of the respondents found the content and presentation excellent.

The workshops:
The most favourite workshops of the respondents were the ones on Patient safety in the elderly (18 respondents) and Medication reconciliation (14 respondents). We omitted the scores that the facilitators gave to their own workshop.

The content of the workshops on Medication reconciliation (Eriksson) and Patient safety in renal diseases (Launay-Vacher) seemed to be very good. The workshop structure of patient safety in the elderly (Mallet, van Mil, Leendertse) and Patient safety in children (Isaac) was best received. The workshop presentation of Patient safety in the elderly, Patient safety in children and Patient safety in renal diseases was found best.

The Posters:
All participants found a poster session important, only a few did not find it necessary that the posters’ content and conference theme were closely linked. Most respondents (85%) found it (very) important that the presenters were available at their posters to answer questions. The poster quality for this conference was mainly perceived as good (61%) or satisfactory (26%), but some found the posters not very well linked to the conference theme.

Venue:
The respondents were in general very satisfied with the venue and the support of the conference staff, although some found the lecture theatre a bit small, and others wanted more room for the posters.

Conclusion:
According to the respondents (only 35% of all attendants) the ESCP Uppsala workshop on patient safety and pharmacy was very successful, with good lectures and especially good workshops. More than 90% of the respondents found it likely that they would attend another ESCP event in the future, although less than half was a member.

Heidi Sørensen
Foppe van Mill


References:
1. How can you start; key persons to involve, your responsibility?
2. How can the models and tools presented in this workshop be used?
3. Prepare your own personal action plan (what, how, when).

Tommy Eriksson
tommy.eriksson@apoteketfarmaci.se
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)  E. Gerbrands
J. Calop  M.C. Husson
J.L. Prugnaud  F. Jorgensen

Scientific Committee (SC)
From SFPC
B. Allenet  O. Bourdon
D. Breilh  M. Saux
S. Honoré  M.C. Saux
P. Le Corre  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.

40th ESCP Symposium on Clinical Pharmacy
Clinical Pharmacy: connecting care and outcomes
Dublin (Ireland), 19-21 October 2011

Organising Committee
Siska Desplenter, Belgium
Erik Gerbrands, Netherlands
Marie-Caroline Husson, France
Pamela Logan, Ireland
Kate O’Flaherty, Ireland

Scientific Committee
Mara Guerreiro, Portugal
Martin Henmann, Ireland
Gert Laekeman, Belgium
Anne Lendertse, Netherlands
James McElnay, Northern Ireland
Foppe van Mil, Netherlands
Piera Polidori, Italy

To learn more about the programme and register, visit:
www.escpweb.org
or mail
info@escpweb.org
### For Your Diary

**2010**

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<tr>
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<td>Lyon (France)</td>
<td>ESCP/SFPC Symposium Clinical Pharmacy at the Front Line of Innovation</td>
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**2011**

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<td>Vienna (Austria)</td>
<td>16th Congress of the European Association of Hospital Pharmacists</td>
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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>
<th>Country</th>
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<tbody>
<tr>
<td>Belgium</td>
<td>Mark Naegels</td>
<td>Tremelo</td>
</tr>
<tr>
<td>Canada</td>
<td>Yves Gariépy</td>
<td>Quebec</td>
</tr>
<tr>
<td>Germany</td>
<td>Ina Richling</td>
<td>Menden</td>
</tr>
<tr>
<td>Ireland</td>
<td>Oisin O hAlmhain</td>
<td>Tullamore</td>
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<tr>
<td>USA</td>
<td>Philip Onigman</td>
<td>Woburn</td>
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</tbody>
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### Membership 2010

Membership in ESCP is open to clinical pharmacists, researchers and other healthcare professionals who work in any of the following environments: community, hospital, academic, industry or any other healthcare setting. Pharmacy students are also invited to become members of ESCP.

**Adress:** [http://www.escpweb.org](http://www.escpweb.org)

**2010 Membership fees**

- 1 year Full Membership ....................... € 75
- 3 years Full Membership ....................... € 185
- 5 years Full Membership ....................... € 290
- Student Membership ............................. € 20