In the past weeks, winter arrived early across the whole of Europe with cold temperatures and snow. We also heard the sad and shocking news that Professor Steve Hudson passed away. Many of you met him at one of the many ESCP meetings and participated at one of his courses or sessions. We lost an enthusiastic colleague and a friend. Please read more about Steve in the In Memoriam article in page 2. Steve’s dedication for clinical pharmacy will continue to inspire our ESCP Steering Committee. The ESCP Steering Committee was set up at the Lyon symposium by our President Cecilia Bernsten. The committee is working on the mission and vision of our society based on a position paper on clinical pharmacy, initiated by Steve. Keep an eye on our future ESCP newsletters to learn more about the activities of the ESCP Steering Committee.

As new vice-president and treasurer of ESCP, I would like to present myself and share my ideas and contributions to the future of our society. My name is Siska Desplenter. I graduated as a pharmacist in 2004 in Leuven, Belgium. In 2009, I presented my doctoral thesis on the impact of medication information for psychiatric patients at hospital discharge. Fifteen psychiatric hospitals participated in this study, pharmacists were the key contributors to the study in their hospitals. They were very eager to introduce clinical pharmacy in their hospitals. This PhD project was carried out at the Research Centre for Pharmaceutical Care and Pharmaceutical Economics of the Katholieke Universiteit Leuven. In 2010, I left my home base for a postdoctoral research project at the University of Eastern Finland in Kuopio, Finland. The focus of research was psychotropic medicine use in a geriatric population. In 2011, I will continue my postdoctoral research but I will move to Aberdeen (Scotland) to work on mental health problems in cancer patients.

My first ESCP experience was the ESCP annual symposium in Amsterdam in 2005. Since that time, I never missed an annual symposium. I presented the results of my PhD, moderated some workshops and was actively involved in the organization of the ESCP Oncology Workshop in Leuven and the Dubrovnik symposium in 2006. In 2009, I was happy to become the new GC member for Belgium. I hope these experiences will help me in supporting the society in the next years.

To support the functioning of the society, the ESCP Task Force was set up. This aims to produce an inventory of tasks and responsibilities across all levels of our society. This description combined with a critical reflection to improve our way of working, will result in a supportive tool for good working of the different parts of the society. It will also serve as a guide for new colleagues who will take up responsibility in our society. Beside my role in the ESCP Task Force, it is my role to support and assist our President Cecilia Bernsten in the daily running of the society. As treasurer, it is also my task to keep our organization financially healthy. Together with Erik Gerbrands, Executive Director of the International Office, I keep a close look on the books. Of course, new challenges are waiting as well for our society such as the new website which is on its way. The Research Committee is working on a research grant. The Education Committee is exploring possibilities for e-learning. And last but not least, the SIGs (Special Interest Groups) need you! Do you have any particular interests, please become an active member of our SIGs. You can inspire your colleagues and... you can learn from your colleagues as well.

As you can read, many members are active in our society and by joining forces we can improve our society. It is my view that it is only by working together; we can achieve the outcomes that you as a member expect. I want to work for you in a structured way, in collaboration and consultation with all involved parties by using a transparent communication and by prioritizing feasible goals to achieve the mission of our society: “develop and promote the rational and appropriate use of medicines by the individual and by society”.

Reflecting on current activities, looking for new opportunities and listening to our members seems the way to go for me. Maintain a broad outlook, but stay realistic. If you would like to share your views or if you have suggestions for us, do not hesitate to let us know!

Looking forward to meeting you at one of our upcoming meetings! See you in Utrecht or Dublin!

I wish you and your family all the best for 2011.

Franciska Desplenter
ESCP vice-president
Franciska.Desplenter@pharm.kuleuven.be

The overall aim of the Society is to develop and promote the rational and appropriate use of medicines by the individual and by society.
It was with great sadness that we learned of the sudden, untimely death of our colleague and friend Prof Steve Hudson from Edinburgh, Scotland. He passed away in his own home on November 21, at the age of 58, probably from a stroke.

Steve Hudson was very dedicated to Clinical Pharmacy. He taught clinical pharmacy to an in-numerous number of pharmacists throughout Europe and the rest of the World, and his students loved him.

Steve Hudson joined ESCP over 30 years ago and he has taken part in many activities, initiating many of them.

We think about the teaching courses, masterclasses, many lectures and workshops. For many years he was a member and chair of the Education Committee.

For all these multiple activities he was recognized as Fellow of ESCP in 2005. Recently Steve Hudson initiated the formulation of an ESCP Statement on Clinical Pharmacy to be discussed by the tenors of Clinical Pharmacy and associated disciplines.

We are grateful for all Professor Steve Hudson has done for ESCP.

We will remember him as a remarkable person, keen to promote Clinical Pharmacy, but also a very sociable person with his characteristic humour... and with strong interests outside the field of Clinical Pharmacy: music, Zappa, and jazz.

We lost a great champion in the world of Clinical Pharmacy, but we also lost a Friend. He will be a great miss.

On behalf of ESCP we extend our sincere condolences to his family.

Ruud Dessing, Erik Gerbrandy, Ruud Dessing, Erik Gerbrandy, Ruud Dessing, Erik Gerbrandy, Ruud Dessing, Erik Gerbrandy

He was recognized as Fellow of ESCP in 2009.

February 2011
February 2011
February 2011
February 2011

Steve Hudson joined ESCP over 30 years ago and he has taken part in many activities, initiating many of them.

Steve Hudson was a great innovator. He introduced Scottish pharmacy to the advancement in pharmacy practice being undertaken in mainland Europe particularly the Netherlands and struck up lifelong friendships throughout the world. A particularly productive early partnership was with Ruud Dessing and Han de Geir.

Steve arranged many exchange programmes with Route and pharmacy in Scotland is greatly enriched by this.

Steve’s dedication to education and nurturing developing young minds was one of his greatest legacies. There are many pharmacists throughout Europe and beyond in very influential positions due in part to their tutelage by Steve on the MSc course at Strathclyde or through his many visiting appointments in European Universities.

I have been struck by the number of emails I have received expressing sorrow at the news of Steve’s death. E-mails from Uppsala University for example and from his former students and many others to numerous to mention here. Steve believed in evidence-based medicine. By the number of testimonials Steve is receiving the evidence base suggests a cherished friend and highly valued professional colleague to a wide and varied range of members of the pharmacy profession throughout the world. Beneath that outer shell was a compassionate and caring individual but unaware of that steely determination and ability to detect bullshit and woolly thinking at a hundred paces. He brought rigour to his debate and occasionally some of us were at the receiving end and still bear the scars. But he was the grit in the oyster that produces the pearl. That said, he loved the camaraderie facilitated by good food, good company and a very occasional glass of wine.

Many of us will remember that cheeky smile and twinkle in his eye when he realised he had you in check mate!

We shall always be in his debt particularly Scottish Pharmacy. We shall take the opportunity this afternoon to exchange stories and pay further tribute.

We shall always keep his memory alive and there is some talk of setting up some sort of trust or award to ensure this. The greatest tribute our profession can pay to Steve is to continue to develop our hospital and community pharmacy practice to realise his vision.

Pat, Shaun, your brother and uncle touched all of our lives in his profession and we are all the better for it. Till we meet again Steve adios amigo.

I’ll now let you get back to teaching Frank Zappa a few new chords.

Bill Scott, 4 December 2010
Bill.scott@scotland.gsi.gov.uk
WS1: Antimicrobial pharmacokinetics and extra-renal depurative techniques. 
Moderator: D. Soy.
Aim of the workshop: To prove therapeutic drug monitoring (TDM) is a helpful approach to optimize antimicrobial therapy (mainly vancomycin and aminoglycosides) in patients receiving HD or CVVHDF.
Learning Objectives: Describe main differences among extra-renal replacement techniques: Summarize vancomycin/amino-glycosides PK behavior in patients treated by HD or CVVHDF. How and when to implement TDM in these population of patients.

WS2. Evidence Based Practice: finding the best evidence in 5 minutes. (see p. 4)

WS3: Pharmacoeconomics: the Good, the Bad and the Ugly - a practical approach to assessing the literature
Moderator: K. Lyseig-Williamson
Aim of the workshop: To enable participants to understand key pharmacoeconomic terms and apply this knowledge to critically analyse published pharmacoeconomic analyses.
Learning Objectives: To understand basic pharmacoeconomic terms and their relevance. To recognize the key factors that should be included in a pharmacoeconomic analysis. To be able to use a simple scoring system to assess the value of any pharmacoeconomic analysis.

WS4: Optimisation and individualisation of treatments taking into account pharmacokinetic modifications observed in the specific populations
Moderator: D. Breilh.
Aim of the workshop: To individualize and optimize treatments by taking account of modifications of the pharmacokinetic (PK) parameters observed in specific populations.
Learning Objectives: To define PK modifications observed in certain populations at risk: ICU patients, neotrophic patients, pregnant women. To understand the physiological and/or pathological mechanisms implied in these modifications. To describe methods (PK and PK/PD) of individualization and optimization of the treatments.

WS5: Seamless care: defining clinical pharmacy interventions.
Moderators: V Foulon, C Claes, F Desplenter.
Aim of the workshop: To make participants familiar with the different medication related problems that can occur due to transition between settings of care; to give an overview of the existing evidence on interventions to support seamless care focusing on medication; to exchange ideas and expertise on the development of clinical pharmacy interventions to support seamless care.
Learning Objectives: After this workshop participants should be able to identify medication related problems that can occur due to transition between settings of care; will have an idea of the existing evidence on interventions to support seamless care focusing on medication; will have designed a clinical pharmacy intervention to support seamless care; will have discussed the barriers and facilitators of the designed interventions.

WS6: From routine to research: how to assess pharmaceutical care?
Moderator: M. Roustit & M. Baudrant.
Aim of the workshop: To discuss and share experiences about how to assess pharmaceutical care by considering clinical, methodological, ethical and economic issues.
Learning Objectives: To define the key roles of the clinical pharmacist in a collaborative care program. To identify the main biases in clinical research. To get the basics to set up a study assessing pharmaceutical care.

WS7: Pharmacists, innovation providers! Methods, recommendations, and tools to optimize, add value, and transfer your know-how and your good ideas into medical products or health products.
Moderators: MC Husson, F Ghenassia, & JH Trouvin.
Aim of the workshop: Hospital Pharmacists often underestimate both the value of their know-how and the value of some of the products/processes they are delivering in their daily practice. They are also ignorant of the value that an industrial partnership can provide in the development and commercialisation of the products they have designed and developed in a “from bed-side to bench- to bedside” approach.
Learning Objectives: How to protect an innovation through a patent, a copyright, a trademark? How to identify the stakeholders of an innovation? Inventor, industrial partners, technology transfer office, preferential partnerships within institutes dedicated to innovation. How to find academic & industrial partners to develop joint research programs? How to raise funds and/or apply for call for tenders or any other scientific development program?

WS8: Evaluating Pharmacist Interventions and Strategies to Improve Medication Adherence
Moderator: Barry L. Carter, Roy J. Lucille A.
Aim of the workshop: To provide participants with skills necessary to conduct high quality evaluations of pharmacy interventions and medication adherence strategies for chronic conditions.
Learning Objectives: Participants will be able to: assess optimal pharmacy interventions that have a high likelihood of improving the control of chronic conditions such as diabetes, hypertension or asthma; design high quality studies to evaluate pharmacy interventions in community pharmacy and in primary care; compare the advantages and disadvantages of the key methods used to measured medication adherence including self-report, pharmacy databases, pill counts and electronic monitoring.

WS9: Costs associated with the production of an injectable preparation
Aim of the workshop: Identification of the costs associated with the production of an injectable preparation (chemotherapy) to be able to present analytical costs to stakeholders within and out-with the pharmacist’s establishment. (not sure if this has changed meaning) identify costs for quality and safety.
Learning Objectives: Knowledge of an evaluation method to define production costs. To learn how to use software to carry out a simulation. Presentation of the constraints and opportunities for the use of these costs by the pharmacist.

WS10: Medication reconciliation, a priority for the European community and WHO: the experience in Europe (EUNetPaS) and an update on the High 5s project looking at impact over 5 years
Moderators: C. Brunneau & A. Broyard.
Aim of the workshop: A description of the process and its potential benefits. A description of the European experience. A discussion of practical implementation issues with organizations that have piloted this practice. An update on the High 5s project and on its evaluation strategy.
Learning Objectives: Learning how health care organizations have dealt with the implementation issues linked to resources and cost. Learning how medication reconciliation can be integrated and benefit drug management globally throughout an organisation. Learning from a long term multicentric, multinational impact evaluation strategy. Learning how to use standardization for improvement.

WS11: Living with diabetic treatments: a group therapeutic patient education session
Moderator: S. Masseron & O. Bourdon.
Aim of the workshop: The aim of the workshop is to show health professionals how to run a group therapeutic education session for diabetic patients. The objective of the workshop is to provide a group session that will lead to an improvement in daily skills and self-management. One of the major difficulties for diabetic patients is the daily compliance with medications and treatments.
Learning Objectives: Learning objectives are to show health professionals how to assist patients; to identify their medications and treatments; to reorganize their life with regards to the medications; to resolve different health situations with their medications.
WS12: A systematic approach to evaluate complex geriatric patients.
(see ESCP NL 149)

WS13: Operating mode and relevance of REMED, a specific medical errors' systemic analysis method.
Moderators: E. Tissot & R. Collomp.

Aim of the workshop: Understand the REMED operating mode and its place in the management of risk.

Learning Objectives: Understand how to use REMED. Apply REMED to a practical experience. Organize future practice with REMED.

WS14: The study of pharmacoeconomics and pharmaco-epidemiology (Les études de pharmacoeconomie et pharmaco-épidémiologie)
Moderators: S. Limat, N. Thilly with support of Dr. X. Armoiry. (in French)

WS15: Therapeutic Education: what is the story? What is the issue? How can the pharmacist get involved?
Moderator: B. Allenet.

Aim of the WS: Share experiences in therapeutic patient education organizations in Europe.

Learning Objectives:
1. The participant should be able to define Therapeutic Patient Education.
2. The participant should be able to identify constraints & benefits for the pharmacist to get involved.

WS16: Medical devices assessment: role of the pharmacist

Aim of the workshop: Description of the role of the pharmacist in the evaluation of medical devices in various stages of product life.

Learning Objectives: Characteristics of the clinical evaluation of a medical device (before and after the CE marking). Place of clinical studies. Implementation of the technical evaluation of the medical device in hospitals.

WS17: Establishing a Disease-State Management Program for Hypertension
Moderator: Barry L. Carter.

Aim of the WS: To provide participants with skills necessary to establish effective patient management programs for hypertension using an established skill development workshop program.

Learning Objectives: Participants will be able to: identify strategies community pharmacists can use to improve blood pressure (BP) control and medication adherence; develop a long-term monitoring plan to achieve and maintain BP control; describe how intervention strategies may differ in community pharmacies and other health care settings; discuss proper BP measurement techniques used to monitor BP in patients with hypertension.

WS18: The Role of Clinical Pharmacists in Pre-Admission Clinics for Elective Angioplasty
Moderators: S. Vercaesens & P. Wright.

Aim of the WS: This workshop will identify and suggest solutions to common pharmacological issues in patients attending an elective pre-admission clinic prior to angioplasty. Opportunities to optimize patient's medication therapy and offer pharmaceuti cal advice in the pre-admission clinic will be highlighted and discussed.

Learning Objectives: Following the session, participants should: List the benefits of having a pharmacist involved in a multi disciplinary pre-admission clinic for elective angioplasty patients; Describe common pharmaceutical problems in patients with ischaemic heart disease who are returning for angioplasty; Provide rationale treatment plans for patients undergoing elective angioplasty.

WS19: Research and development in clinical pharmacy
Moderators: D. Braguer & M. Kinnear.

Aim of the WS: Research and development is integral to the role of all clinical pharmacists, whether it is application of the scientific research or whether it is leading on practice research or service development studies in pharmacy. It is of high importance because overall drug use increases, and technology and science allow us to move toward better targeting of and more individualized approaches to drug therapy. The workshop is aimed at pharmacists interested in learning about conducting research studies in clinical pharmacy.

Learning Objectives: Participants completing the workshop will get: Information about the aspects of the research in clinical pharmacy in Europe; Examples of methodology used in clinical pharmacy research and development; Information on postgraduate opportunities in clinical pharmacy including research.

WS20: Falls prevention in the elderly
Moderators: L. Mallet & M. Halima.

Aim of the WS: This workshop aims to understand the epidemiology of falls in the elderly, identify common risk factors, and propose interventional and preventative strategies to reduce the incidence of falls.

Learning Objectives: Understand the epidemiology, risk factors and consequences of falls in the elderly; Describe how to do a comprehensive fall evaluation; Describe strategies that pharmacists can suggest to reduce falls; Illustrate with case studies.

Marie-Caroline Husson
marie-caroline.husson@eps.aphp.fr

Joint meeting ESCP-SFPC
Lyon, France, 21-23 October 2010
Workshop Abstracts

SIG Medicine Information: Evidence Based Practice (EBP)

This workshop was organized in collaboration with Barbara Claus (barbara.claus@uzgent.be), Hospital Pharmacist and Clinical Pharmacist Intensive care Units at the University Hospital of Ghent (Belgium).

Our main objectives were for the participants:
- To define a good clinical research question;
- To use some world wide (free access) databases to search a quick answer (without obtaining more than 20 hits)
- To screen the answer for internal validity;
- To adopt the principle: “if the answer does not meet the criteria of workload, validity and relevance, then the effort to explore further is not worth it”.

A total of 65 attendees participated. The motivation and enthusiasm of the participants made it a very enjoyable experience.

A short introduction provided standard definitions of EBP and related terminology (Number Needed to Treat, Number Needed to Harm, Absolute Risk Reduction, Relative Risk Reduction etc.). This was followed by several examples of how to quickly build a good clinical question using related key word (e.g. PICO method).

Then the participants were divided into 8 groups to critically evaluate and appraise 2 different review articles about the usage of stockings to prevent venous thromboembolic complications following air travel. The workshop was concluded with “Tips & Tricks for a "quick" appraisal and take home messages. Barbara and I really enjoyed preparing and delivering the workshop. We thank all the participants for joining us on a sunny afternoon in Lyon!

The slides will be posted on the ESCP website. Feel free to email us with any further comments.

Yolande Hanssens
SIG Leader Medicine Information
yhanssens@hmc.org.qa
Interview report of the Turkish people

Turkish members of ESCP present at the recent joint conference between ESCP and SFPC in Lyon met with Prof. Pat Murray, Edinburgh, UK, to discuss the progress of clinical pharmacy practice in Turkey.

Dr. Mesut Sancar, Assistant Professor, Sule Apikoglu Rabus, Assistant Professor, Betul Okuyan, Research Assistant, all from Marmara University, Faculty of Pharmacy, Department of Clinical Pharmacy, Istanbul, together with Zeliha Yilmaz, an experienced community pharmacist with her pharmacy in Antalya, shared their enthusiastic reports of progress in clinical pharmacy.

Turkey boasts twelve schools of pharmacy by 2009 of which one is private and another private school is situated in Northern Cyprus. Marmara University hosts the only established Clinical Pharmacy Department in Turkey.

The Clinical Pharmacy Department was established in 1995 by Prof. Fikret Izzettin building on the valued experience he gained from his own post grad experience in the Nebraska Medical Center, USA.

In 1996, Prof. Izzettin became a member of ESCP and a loyal contributor to the conferences thereafter across Europe. He promoted and supported the ESCP conference coming to Istanbul and the successful conference held in 2007 further enhanced the Turkish bond with European colleagues from ESCP.

Now, he is serving as a member of the Education and Training Committee. “Prof. Izzettin must take the credit for his progressive thinking” reports the assistant professors, who together with Prof. Izzettin,visit other schools of Pharmacy to share their teaching experiences across Turkey e.g. Ankara and Malatya.

Since the establishment of the clinical pharmacy department, together with other supporting improvements Marmara University has enjoyed a significant shift in its university ‘ranking’ as it now sits at second out of the thirteen faculties of pharmacy.

The basic clinical pharmacy continuing-education course has taught in excess of 2,000 pharmacists to date. The Turkish Pharmacists’ Association and Society of Clinical Pharmacy has organised these national courses since 2003. Assistant Professor Apikoglu Rabus said “people travel from all over Turkey to attend these courses, the reputation of which is growing and are ‘well respected.’”

Marmara’s unique Department of Clinical Pharmacy is designed to embrace theory and practice. The basic pharmacy course is now 5 years (instead of 4 years) long with the clinical pharmacy course being fully integrated at the undergraduate level. Post graduate courses in Clinical Pharmacy exist at the Masters level with or without theses and some go on to achieve PhD level degrees.

“The establishment of the clinical pharmacy department, clinical pharmacy related publications have increased in the national pharmacy journals” as Assistant Professor Apikoglu Rabus stated. “Most of the research publications focus on the interventions made by clinical pharmacists in practice to improve pharmaceutical care outcomes in individual patients across both hospital and community settings.” In summarising the work to date the group felt there was good evidence that the clinical pharmacists’ contribution has made a difference.

A recent publication in PWS in 2009 reported work completed in community pharmacy practice, where measurement were made of the positive effect of community pharmacy practitioners in Type II Diabetic patients. The pharmacists identified pharmaceutical care needs and provided educational support, tailored to the needs of individual patients.

Feedback from the patients was collected at 2 week-intervals and 3 months after the intervention. Patients returned for 6 visits where their weight, blood glucose, blood pressure, smoking status were all revisited and logged. Improvements were observed. There was no doubt from the group that the enthusiasm and support during the engagement with patients had produced good patient outcomes.

The group reported that their future focus will be how to engage and further develop the role of clinical pharmacy in both hospital and community pharmacy settings. It is a ‘secret’ desire of the Marmara team interviewed that they become recognised and respected as an independent department as currently they are hosted within the Department of Pharmacology.

Assistant Professor Apikoglu Rabus stated, “There is hope since last year the Minister of Health opened up positions for clinical pharmacists in government run hospitals having recognised the important role the clinical pharmacists have made.”

On asking the group why they attend ESCP conferences their responses included, “I feel it is important to improve the training of our students in their contributions to the pharmaceutical care of individual patients.” “I came to learn about new developments and to translate them back into Turkish practice – if possible.” “ESCP is attractive because of the quality and diversity of its programmes.” “I always promote the ESCP Conference to other because I enjoy it.” What better result could ESCP wish for at a conference – another group of committed colleagues?

All four Turkish colleagues wished to express their thanks to ESCP for support but from my perspective I wanted to thank them for their time at the conference but more importantly for the valuable work they are doing back in their home country, Turkey, where building on their successes appears to be bearing fruit.

Pat Murray
Director of NHS Lothian Pharmacy Service
pat.murray@nhslothian.scot.nhs.uk
On October 21, 2010, during the XXXIX European Symposium on Clinical Pharmacy in Lyon, I spoke to Emma Triki and Amel Hassairi, two colleagues from Tunisia, respectively from Sfax and Sousse, concerning the culture and practice of Clinical Pharmacy in Tunisia.

Emma pointed out that though the practice of clinical pharmacy is not as popular as it should be, a pharmacist has to be trained as a clinical pharmacist for four years, 2 in France as interne and two in Tunisia as resident. In her department there are four pharmacists and six students. They analyze therapies, advising health care practitioners on the correctness of drug therapy history treatments, control prescriptions, notify adverse drug reactions and discuss the issue with their medical team in order to stop treatment or change posology if the side effect is not severe. Emma participates in medical staff meetings and visits. In addition, she organizes meetings on new drugs for the medical team, prepares procedure for preparation and administration of parenteral drugs and is involved in a project on antifungal drugs.

**Medication history interviews**

Amel works in the Department of Pharmacy at the university hospital of EPS Sahliout, Sousse. The hospital consists of 21 clinical services. Three pharmacists and 7 technicians work in the Pharmacy Department. Medication history interviews are part of pharmacists’ job as well as validation orders. She says that within the system of health care, clinical pharmacists are experts in the therapeutic use of medications. She routinely provides medication therapy evaluations and recommendations to patients and other health care professionals.

Stating that the clinical pharmacist is a primary source of scientifically valid information and advice on the best use of medications, she emphasizes that the clinical pharmacist serves as an objective, evidence-based source of therapeutic information and recommendations. This expertise extends beyond traditional medications to include nontraditional therapies as well. Finally, she monitors, detects and prevents harmful drug interactions, adverse reactions and medication errors through evaluation of prescriptions profiles. As a clinical pharmacist she pays special attention to the dosage of drugs which needs therapeutic monitoring.

Amel knew about ESCP through the website of the Association pour le Développement de l’Internet en Pharmacie Hospitalière (ADIPH) while Emma made contact through a French colleague. Both believe that Clinical Pharmacy is of great value for patients and the public health as well; but the major issues facing its development are the lack of computerized information that limited the exchange of information among all health professionals in charge of patients and the full integration of the pharmacist with the medical staff as an instrumental part of the interdisciplinary team in the role of drug expert, patient educator, and disease state manager. I thank Amel and Emma for the pleasant exchange of opinions and for the enthusiasm they put into their job which is certainly a stimulus for those who have the chance to meet them.

 Daniela Scala  
daniela.scala@aocardarelli.it

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It has been a while you heard about the activities of the Research Committee. As you know, a few years ago, ESCP had a hard time from a financial point of view. Thanks to commitment of many people, we may say that ESCP is again a financially healthy organization. In those difficult years, no money could be allocated to the Research Committee and therefore, we were not able to take initiatives. The General Committee decided in Lyon to allocate a certain amount of money again to the Research Committee - for which we are really happy. Within the Research Committee, several options were discussed on how to invest this money in the best way. Our first priority is a research grant; maybe our other options can be implemented in the future. The research grant is not a new idea, the Research Committee worked on a protocol and guidelines for the research grant in 2006. At this moment, we are updating the protocol and guidelines. This updated version will be presented for approval to the General Committee in Utrecht (May 2011). Proposals should at least comply with the following: the research topic is clinical pharmacy, the project leader has to be an ESCP member and the project has to be carried out in two or more European countries. As soon as the research grant is approved, a call for proposals will be published in the Newsletter and on our website with more detailed information.

A second topic the Research Committee is working on, is exploring to organize a masterclass on research methodology for pharmacy practice. We hope to organize this in Dublin (October 2011) along with our annual symposium. You will be informed through our Newsletter and website as soon as more specific information is available.

Franciska Desplenter  
ESCP vice-president  
Franciska.Desplenter@pharm.kuleuven.be
The possibility to choose different subjects of interest. Which tools should be used in clinical practice? A comparison of different tools using case studies will be presented. Different workshops will provide the participants with the possibility to choose different subjects of interest such as: Bring your own case; Meet the expert; A personalised medication review; When falls become a problem for the elderly; How to manage common dermatological problems in the elderly; How to manage behaviour problems; Update on cancer in the elderly; Short oral communications.

Program

**May 5**
- Appropriateness of prescribing in older patients: Which tools should be used?
- Practical approach: Comparison of different tools using case studies.
- Interactive sessions: Workshop sessions
- Specific needs of geriatric patient.

**Workshop sessions**
1. Meet the expert: Bring your own case: A personalised medication review.
2. When falls become a problem for the elderly?
3. How to manage pain in older patients?

**May 6**
- Update on dementia in the elderly.
- Interactive sessions: Workshop sessions
- Osteoporosis: Calcium and risk of cardiovascular events, oral bisphosphonates and risk of cancer of oesophagus, stomach and colorectum.
- frailty in the elderly.

4. How to manage common dermatological problems in the elderly?
5. How to manage behaviour problems?
6. Update on cancer in the elderly.
7. Short oral communications.

Clinical Pharmacy - Connecting Care and Outcomes

**Organizing Committee**
Aisling Collins, Ireland
Siska Desplenter, Belgium
Erik Gerbrands, Netherlands
Anne Leendertse, Netherlands
Pamela Logan, Ireland
James McClenay, Northern Ireland
Kate O’Flaherty, Ireland
Joan Peppard, Ireland

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

On behalf of the Hospital Pharmacists Association of Ireland, the Irish Pharmacy Union, the Pharmaceutical Society of Ireland, and the European Society of Clinical Pharmacy (ESCP), you are invited to the 40th European Symposium on Clinical Pharmacy in Dublin (October 19th-21st). Patient care at an excellent level is at the care of the practice of clinical pharmacy.
For Your Diary

2011

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<tr>
<td>5-6 May</td>
<td>Utrecht (Netherlands)</td>
<td>ESCP International Workshop on Geriatrics</td>
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<td>19-21 October</td>
<td>Dublin (Ireland)</td>
<td>40th ESCP Symposium on Clinical Pharmacy</td>
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The EAHP congres: 30 Mars–1st April 2011, Vienna (Austria)

Happy New Year

New Members

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<tr>
<th>Country</th>
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<tr>
<td>Austria</td>
<td>Julia Rolke</td>
<td>Salzburg</td>
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<td>Germany</td>
<td>Charlotte Kloft</td>
<td>Halle</td>
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<td>Greece</td>
<td>Panos Papandreou</td>
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<td>Italy</td>
<td>Adriana Cecchi</td>
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<td>Malaysia</td>
<td>Ridhwan Abdullah</td>
<td>Kuchsarawak</td>
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<td>Romania</td>
<td>Liliana Pop</td>
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<td>USA</td>
<td>Olivier Wamain</td>
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Membership 2011

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

2011 Membership fees

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</thead>
<tbody>
<tr>
<td>1 year Full Membership</td>
<td>€ 75</td>
</tr>
<tr>
<td>3 years Full Membership</td>
<td>€ 185</td>
</tr>
<tr>
<td>5 years Full Membership</td>
<td>€ 290</td>
</tr>
<tr>
<td>Student Membership</td>
<td>€ 20</td>
</tr>
</tbody>
</table>