Barcelona founded as a roman city is located on the coast of the Mediterranean Sea and is the capital of the autonomous community of Catalonia. It has a population of 1,510,000, but this number spirals to more than 4,000,000 if the outlying areas are also included. The city is also, the seat of the Catalan Government, known as Generalitat de Catalunya. There are a total of 12 universities in Catalonia, although the only one offering pharmacy studies, since 1845, is the University of Barcelona, which is the highest placed Spanish university in the international rankings.

The Clinical Pharmacy and Pharmacotherapy Unit (CPPU) was officially established at the beginning of 1995. However the origins can be traced back to 1988, with my transfer from the University of Salamanca to the University of Barcelona to assume the direction of the Pharmacotherapy Subunit of the present Pharmacy and Pharmaceutical Technology Department in the Faculty of Pharmacy.

The CPPU website was set up in February 1996. This innovation enabled us to present cutting edge work in both research and teaching activities, to support our approach to pharmacy studies in Spain. In October 2001, our website received accreditation as Medical web from the Official Medical College of Barcelona and after the HON code accreditation.

The CPPU is made up of pharmacy specialists from different fields of pharmacy, both full time academic and part time staff (fields: community and hospital pharmacy, primary health care centres and pharmaceutical industry).

Our main areas of research are: Preclinical: including studies of Drug Stability, Dissolution Rate and Protein Binding Clinical: Bioavailability and Bioequivalence studies, Clinical and Population Pharmacokinetics and Therapeutic Drug Monitoring. Post-Marketing: Drug Information, Drug Utilisation and Therapy, and Pharmaceutical Care in Hospital Pharmacy, Primary Health Care and Community Pharmacy.

In 1992 the reformed and homologated syllabus in the Faculty of Pharmacy of the University of Barcelona was the first to be officially approved in Spain. In this new syllabus, Clinical Pharmacy and Pharmacotherapy was introduced as compulsory subject for all students. Its main objective was to enable students to relate medication and its environment to patients (patient-focused care).

The CPPU has introduced other optional subjects such as Clinical Trials and Pharmacovigilance and Fluid Therapy and Intravenous Administration in 1996; Advances in Biotechnological Therapy, Social Pharmacy and Pharmacoinformatics in 1997.

At postgraduate level, CPPU has participated in various courses related to pharmacy degree programs. In 2003-04, we offered courses in collaboration with the Official Pharmaceutical College of Barcelona. Current postgraduate courses include Masters, such as Integrated Pharmaceutical Care (on-line since 1999, with a duration of two years through distance learning and corresponding to 60 ECTS) and other distant and self learning courses accessible through the CPPU website, such as Medication Errors, Use of Medicines by Pulmonary Route, Use of Medicines in Geriatrics jointly with different WebQuests.

In terms of international relationships, the CPPU has participated and currently participates in different Student Interchange Programmes not only within European Union countries (Erasmus Program) but also with South American countries (Intercampus Program) and since 2000 with USA: University of Florida, University of Michigan and University of Texas (Pharmo mobility Program).

Our Unit has been an institutional member of the Pharmaceutical Care Network Europe (PCNE) from 2007. The accumulated experience and effort to move away from the traditional “lectures and laboratories” approach towards strategies designed to improve factual recall and professional attitudes and skills, even before the Bologna Document, have contributed to our recognition as an Innovative Teaching Group (2000) by the University of Barcelona and as a Research Consolidated Group (2009) by the Generalitat de Catalunya, both under the name of Clinical Pharmacy and Pharmacotherapy.

In 2012 the ESCP Symposium on Clinical Pharmacy will be held in Barcelona, sometimes called the City of Marvels (Ciudad de los Prodigios). In our opinion, we think that there will be two new marvels. Firstly all the implications of the highly topical theme of the Congress itself, Personalised and Safe Therapy, a vital goal to be achieved. The second wonder is to have been involved, in the organisation of a Congress, incorporating the most important scientific and professional societies and health care organisations of pharmacy. This is in addition to the high level academic and professional institutions combining to make a Congress with a total of 22 plenary lectures and 29 workshops, among other activities.

On behalf of organising committee, with all the local co organizers and the scientific committee, welcome to Barcelona and to the 41st ESCP Symposium on Clinical Pharmacy and thank you for your presence and assistance.

Prof. Eduardo Luis Manlio Hernandez
President of the Barcelona ESCP Conference
emarino@ub.edu

Figure 1: Faculty of Pharmacy of Barcelona

Figure 2: Logo Unit.
Who’s who: Prof. Eduardo Luís Mariño Hernandez
President of the 41th ESCP Symposium
Barcelona, Spain, 29-31 October 2012

Name: Eduardo L. Mariño
Age: born on 29th June 1954
Marital status: Married to Cecilia Fernández Lastra and father of Cecilia (22 years), Eduardo (20 years) and Ana Gabriela (18 years).

Work and education: Studied Pharmacy at the University of Salamanca (1976); obtained his PhD in 1981 and after that took the position of Assistant Professor in Pharmaceutics and Pharmaceutical Technology at the same University. He furthered his academic knowledge over the years: Physiology and Clinical Pharmacology Department, University of Lyon, in 1983; Applications Pharmacokinetics Laboratory, University of Southern California, in 1985 and, in 1986; at the J. Hillis Miller Health Centre, University of Florida.

He has a Heath Diploma (1977) and the official and state title of Pharmaceutical Specialist in Hospital Pharmacy (1988), Pharmaceutics and Pharmaceutical Technology (2000) and Analysis and Control of Medicines and Drugs (2002).

His first contact with professional clinical pharmacy was in 1975 during the XX Asamblea Nacional de Farmacéuticos de Hospitales. (Oviedo-Spain) and in the 8th European Symposium on Clinical Pharmacy in 1979 (Lyon-France).

In 1988, he was appointed Full Professor of Pharmacy and Pharmaceutical Technology at the University of Barcelona.

Prof. Mariño has been Coordinator of Erasmus Programs of Pharmaceutics and Pharmaceutical Technology, Biopharmaceutics and Pharmacokinetics, Hospital and Community Clinical Pharmacy and Tutelage Practices, since 1993.

He was elected as Academic of the Real Academia Nacional de Farmacia (Spain), in 1992; as Academic of the Academia Nacional de Farmacia y Bioquímica (Argentina), in 2001 and as Academic of the Academia Iberoamericana de Farmacia in 2010.

He started the current Unit of Clinical Pharmacy and Pharmacotherapy in 1988 which was finally approved officially, as structure of the University of Barcelona, in 1995.

He included the mandatory teaching of Clinical Pharmacy and Pharmacotherapy in the first homologated syllabus of pharmacy in Spain, which corresponded to the University of Barcelona, approved in 1992. In 2002, also for the first time in Spain and in the curriculum of Barcelona, he initiated the teaching of Pharmaceutical Care as a compulsory topic for all students within Clinical Pharmacy and Pharmacotherapy.

He has been promoter and founder of the Spanish Pharmaceutical Care Foundation and Vice President from 1998 to 2007.

From 2000 he has been the director of a Group of Innovation Docent of University of Barcelona and from 2009 is also the director of a Research Consolidated Group of the Generalitat de Catalunya, both with the denomination of Clinical Pharmacy and Pharmacotherapy.

Prof. Mariño is member of more than 12 professional national and international associations, including the European Society of Clinical Pharmacy from 1991.

He has participated in more than 30 nationally and internationally research projects, grant funded by public and private organisations; in over 400 presentations in national and international congress; has delivered over 100 lectures in international and national meetings and has published more than 250 papers regarding his specialty in national and international journals and books.

Finally, he has been acknowledged five times over a until 2006 by the Ministry of Education and Science in Spain.

Social media: Facebook, Twitter and what else
Who wants to join the Communication Committee?

Are you active on Facebook, Twitter or LinkedIn, and are you a member of ESCP?

The Communication Committee is looking for a volunteer who would like to get involved in creating and maintaining the presence of ESCP on social media, starting with the professional platforms like LinkedIn, down to perhaps Twitter, Facebook etc.

You should be a member of ESCP for at least one year, and have attended at least one of our symposiums. Of course you must be able to read and write in understandable English. You will be in close contact with the General Committee and the International Office for the latest news.

For more information please contact the chairman of the Communication Committee, Daniela Scala, through the International Office at escp@planet.nl and sdanielea2000@yahoo.com
The 41st ESCP Symposium on Clinical Pharmacy of Barcelona will focus on Personalised and Safe Therapy. This main idea will be introduced in the Opening Plenary by Manuel Peruchi (Spain).

From Monday, October 29th to Wednesday, October 31st, the Symposium will continue the following main themes: Effective Care, Patient Safety and Patient-Centred Care.

Currently, negative results associated with the use of drugs are due to either a lack of effectiveness or occurrence of adverse drug events, which influence a patient’s quality of life and increase health care costs. In the light of this situation, Christine Bond (UK) will discuss whether pharmacists can really deliver effective care by reviewing the available evidence, and Steven Simoens (Belgium) will analyze the cost-effectiveness of clinical pharmacy interventions.

In memory of Steve Hudson, John McAnew (UK) will give a lecture on Monday, October 30th.

Different influences on increasing expenditure on prescription medications, despite government efforts, will be fully analysed on Monday afternoon. Carlos Campillo (Spain) will describe relative effectiveness in regulatory and reimbursement decisions. Antoni Gilabert (Spain) will explain the evidence required to inform decisions on introducing new medications into the healthcare systems, and Iligio Azrapura (Spain) will examine drug advertising from an institutional perspective.

Pharmacy interventions can improve health outcomes, and Henk Frans Kwint (The Netherlands) will debate methods in performing successful medication reviews in elderly patients. Marta Pastor (Spain) will describe administrative health care databases linked at the patient level and their contribution to improving outcomes, while Suzette Costa (Portugal) will enlighten us with her experience as a pharmacist providing the influenza vaccine in order to achieve optimal patient outcomes.

Creating a culture of safety will be exemplified in the Tuesday morning session. Neus Rams (Spain) will talk about prevention of medication errors by reviewing ten years of an institutional program in Catalonia, and Marja Airaksinen (Finland) will explain the implementation of a safety culture in pharmacy and pharmacists as medication safety coordinators. Tommy Eriksson (Sweden) will also discuss medication reconciliation and safe care and implications for clinical pharmacy services. Anthony J. Avery (UK) will close the morning session by bringing his extensive experience in information technology interventions for medication errors in the community.

Comparison and discussions about practice in Europe and Central and South America, and Mexico will occur in the first Tuesday afternoon session. Graduate and postgraduate pharmacy training throughout Europe and Central and South America, and Mexico will be described by Bart Rombaut (Belgium) and Carmen Giraldo (Mexico) respectively. Aido Alvarez-Risco (Peru) will explain the South American network of pharmaceutical care as a communication platform for researchers, students, and health care professionals.

Optimising the therapeutic response by minimizing the negative results associated with medication constitutes the main challenge of clinical practice. Marta Vázquez (Uruguay) will talk about pharmacokinetic contributions to ensuring medication safety, Toine CG Egberts (The Netherlands) will describe clinical risk management of potential drug-drug interactions, and Mª Jesús Arranz (Spain) will consider translation of pharmacogenetics to safe clinical practice and personalised therapy.

On Wednesday morning, Alejandra García-Ortíz (Spain) will describe the concept and how to achieve patient-centred care from a strategic government perspective. D.K Theo Raynor (UK) will consider the impact of the use of multi-compartment compliance aids, Ulrich Jaehde (Germany) will develop patient education and counselling task allocation in cancer medication management, and Albert Jovell (Spain) will talk about patient involvement in research.

The symposium will have two pharmacotherapy updates. The first related to bone health disruption cause by cancer treatment and cancer will be run by Elena Galani (Greece) on Monday, the second related to melastoma, will be run on Wednesday by Yanna Chiaroni-Silani and Angelo C. Palazzo (Italy).

There will also be twenty nine workshops from Monday to Wednesday (cf. table 1).

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Table 1. 41st ESCP Symposium, Barcelona Workshops

| 1. | Successful Scientific Writing: Getting abstracts accepted. JWF van MI (Netherlands). |
| 2. | Successful Scientific Writing: Original research papers. JWF van MI (Netherlands). |
| 3. | Social Marketing and community management for pharmacy offices. D Peña García (Spain). |
| 5. | Inter-professional Training: The importance of clinical rounds in clinical pharmacy education. F Vehbi Izzettin, M Sancar (Turkey). |
| 7. | Effective Care, Patient Safety and Patient-Centred Care. Pilar Modamio Scientific Committee Chair pmodamio@ub.edu |

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15. Patients’ Medical Questions, Beliefs, and Concerns and Pharmacists’ Drug Counselling: What kind of communication style helps to make the communication patient-centred? H Frieland (Norway).
Discoveries by Louis Pasteur and Robert Koch (Nobel price 1905) paved the way for pioneering developments in infectious diseases. Research and discoveries in fatal diseases like malaria and the Spanish flu convinced many, and influenced world health policies. Periodically infections whether or not they are life threatening can lead to worldwide panic: SARS, bird flu and the pandemic H1N1 are examples. In the hospitals environment microbial organisms play an important role. The occurrence of MRSA and other resistant gram negative bacteria made antibiotic committees necessary (Willy Peertmans – University Hospital Leuven).

Prosthetic joint infections are difficult to treat. Bacteria are in a biofilm micro environment, not swimming in biological fluid. Infecting organisms like Staphylococcus epidermidis show a strong decline in 16S RNA. The rate of biosynthesizing membranes slows down making the Staphylococci less vulnerable. Phagocytosis and oxidative killing is also lowered. Results of swabs taken from wounds are misleading as they only give only information about skin surface cultures, blood cultures are negative and there are hardly any signs of infection. Radiographs are helpful, but not specific. Sampling of synovial fluid during surgical intervention may also support diagnosis. Treatment aims at pain free and functional joints. Intravenous fluocoxacillin and rifampicin have to be used in combination to avoid resistance against the latter. Treatment is continued with oral fluocoxirolines. If complications recur the prostheses has to be removed (Willy Peertmans – University Hospital Leuven).

Staphylococcus aureus and Pseudomonas aeruginosa are the most frequently seen bacteria in cystic fibrosis. Intensive antibiotic therapy slows down the decline of lung function. Azithromycin seems to play an additional anti-inflammatory role. During adolescence complications are occurring like nasal polyps, aspergillosis, and in a later stage diabetes (cf. pancreatic insufficiency). Infertility osteopenia and even a higher incidence of cancer are seen. Ivacatofor is a promising therapy in patients affected with a G551D mutation (hardly 4% of the patient population). Therapy with ivacatofor can cost up to 220,000 euro per year per patient, but opens promising perspectives for other mutations (Kris De Boeck – University Hospital Leuven).

Resistance is a major problem as Mycobacterium tuberculosis is a slow growing organism. Although the number of cases is dropping since 2005, the bacteria remains silent in millions of people and is difficult to eradicate. Political turmoil also hampers control. Underestimated resistance to rifampicin in Bukavu (Democratic Republic of Congo) can be taken as an example and the whole of Africa still has to be investigated. Chest X-ray gives a low inter rater agreement with a kappa 0.3. Molecular based techniques like the Nuclear Acid Amplification Test (NAAT) seems to give information within a shorter time frame. Therapies are being investigated using existing and new agents. Fluquinolones are compared with isoniazide. Clinical trials are being performed with bedaquiline, an ATP-synthetase inhibitor. Thioridazine diminishes the activity of efflux pumps (Steven Callens – University Hospital Gent).

Dosing strategies in resistant gram negative bacteria are necessary to counter the high mortality in cases of bacteraemia. Moreover ICU-patients differ strongly from non-ICU conditions. They can have an increased clearance and an increased volume of distribution, leading to lower circulating concentrations of antimicrobial agents. On the contrary organ dysfunction can enhance plasma levels. Beta-lactam antibiotics may be more effective if the plasma levels are enhanced to 4x the MIC values. MIC can be altered and should be checked in case of treatment failure. However one should be aware of the risk of neurotoxicity (non convulsive status epilepticus) caused by high doses of beta-lactam antibiotics (e.g. ceftepim). Other PK/PD examples given were related to amikacin, colistine and tigecycline (Frédérique Jacobs – Erasme University Hospital Brussels).

The clinical pharmacist may take more responsibility in proper therapeutic drug monitoring (TDM). It is not only important to measure plasma levels. Several problems can occur when administering antimicrobial agents. Part of the dose can remain in the reservoir when discarding. Furthermore deficiencies can occur with the timing of administration. Sampling itself should be carefully monitored as well. TDM can have a positive influence on length of stay, febrile period and treatment duration. Underdosing due to obesity, supranormal renal clearance in certain conditions and enhanced volume of distribution make TDM useful, although some antibiotics like meropenem are difficult to master. Anyhow, there are many PK/PD topics for pharmacists, taking the therapeutic outcome for the patient as primary outcome (Pieter De Cock – University Hospital of Ghent; Isabel Spriet – University Hospital Leuven).

Patients affected by invasive fungal infections are mostly immunosuppressed and suffering from an uncontrolled underlying disease. These patients should enter an integrated care pathway. Prophylaxis should be considered. In cases of a persistent fever despite broad spectrum antibiotic treatment, an invasive fungal infection should be suspected. The usefulness of combined therapy (e.g. voriconazole + anidulafungin versus mono-therapy) is still under discussion (Johan Maertens – University Hospital Leuven).

Fever is also an important symptom when treating opportunistic infections in immunocompromised cancer patients. Often there is no clear focus, with negative blood cultures. Fluquinolones and fluconazole may be used for prophylactic treatment. There are several kind of deficiencies in T-cell mediated immune deficiencies: viral pathogens, Pneumocystis jiroveci, cerebral toxoplasmosis and Cryptococcus neoformans (Dirk Vogelaers – University Hospital Ghent).

Antivaccination is nearly as old as vaccination itself. The name vaccination was derived from ‘vacc’ or cow, the animal involved in the discovery of the first primitive vaccines. Worldwide eradication of smallpox was achieved in 1977. Pictures of wards full of polio patients lying in ‘iron lungs’ are impressive, but now consigned to history after development of the effective Salk vaccination. Nevertheless, quite a lot of bodies campaign are acting against vaccination. Actually there is still discussion about some cases of narcolepsy (Finland) after the Mexican flu vaccination campaign. If not imposed, vaccination coverage will be low (25%) among hospital caregivers (Marc Van Ranst – Katholieke Universiteit Leuven).
Because infections are important
We don’t want to stay at home
We are studying the subject
Patients cannot be alone
Koch, Pasteur and many others
Paved the way for us to go
Our knowledge has to grow
Glory, glory hallelujah (3x), our knowledge has to grow

Joint infections with prostheses
Should be taken into account
Staph aureus is robust
And needs IV all day round
Cystic fibrosis can be treated
Polypharmacy is good
With ivacaftor in the mood
Glory hallelujah (3x), with ivacaftor in the mood

TB is still omnipresent
And resistance can emerge
Diagnosis should be quicker
Old and new drugs need research
MIC and TDM
For AB in intensive care
We should be well aware
Glory hallelujah (3x) we should be well aware

Sampling can be sometimes tricky
Clinical pharmacists play a role
And for fungal sepsis strategies
And pathways are the goal
In immunodeficiency
Fever is a capital thing
Good support lets the patient sing
Glory hallelujah (3x) good support lets the patient sing

Antimicrobial stewardship
The UK model does instruct
Clinical pharmacists who show
How the whole team has to conduct
Perspective can be created
Using phages in therapy
Let researchers be free
Glory hallelujah (3x) let researchers be free

My dear friends we were together
Many thanks to all of you
We wish you a safe trip home
May your dreams really come through
Don’t forget ESCP
May we think all clinical
There is Barcelona in the fall
Glory hallelujah (3x) there is Barcelona in the fall

In the last issue of ESCP News some of you may have noticed an outdated list for the Special Interests Groups (SIGs). Here are the current available SIGs, and their respective leader:

Cancer Care, Mikael Daouphars
Education, Moira Kinnear
Geriatrics, Louise Maillet
Infectious diseases, vacant position
Medical Information, Yolande Hanssens
Nutrition, Maria Skourollaou
Patient education, Bart van den Bernt
Pediatrics, vacant position
Pharmacoconomics, Steven Simoens
Pharmacokinetics, Maria Skourollaou

Primary Care, Anne Gilchrist
Feel free to contact any of these leaders if you are interested in joining a SIG!
Mikael Daouphars
mikael.daouphars@chb.unicancer.fr

ESCP SIGs leaders: Erratum

Summing up of ‘Patients, Infections and the Clinical Pharmacist’

Gert Laekeman
Chair of the Workshop
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Photo 3. Posters.

The concept of the antimicrobial pharmacist is well developed in the United Kingdom. Clusters of competencies are defined and competencies have to be demonstrated by a portfolio system. The course exists of 6 modules, 8 weeks each: microbiology and infection, resistance, major clinical syndromes, epidemiology, prescribing and industrial strategy. (Philip Howard – University of Leeds)

It is said that research to develop new antibiotics is discouraged, nevertheless new patterns of resistance are emerging (e.g. for Pseudomonas aeruginosa). However, a lot of new agents are in the pipeline. Tigecycline, doripenem, telithromycin, moxifloxacin and linezolid are new antibiotics introduced on the Belgian market since 2000. Furthermore sulfabactam, ertapenem, quinupristin, daltofirin, daptomycin and telavancin are approved by EMA, but not marketed in Belgium. More than 10 others are waiting for an approval. In order to lower the hurdles for making antibiotics available, in some conditions agents should already be conditionally registered after phase II studies, instead after expensive phase III studies. Bacteriophages may also open possibilities. They are viruses attacking bacteria by a technique comparable with ‘moon landing’. Bacteriophages occur as a natural products, e.g. in surface water. However, phages are specific for one bacteria and therefore before treating the organism present in the patient, should be identified. In the western world this therapy was neglected, but in eastern European countries (Georgia, Poland and Czech Republic), there are phages on the market. Actually, there is no specific regulatory framework for bacteriophages. The European Medicines Agency considers them as biologicals. It remains difficult to have protocols for clinical trials granted by ethical committees. (Paul Tulkens – Université Catholique de Louvain & Isabelle Huys – Katholieke Universiteit Leuven).

Photo 4. Social life

Apart from the above mentioned plenary lectures, ten interactive sessions were run during the meeting in Leuven, two guest lectures were given and six oral communications and 33 posters on the subject were presented. All of this information is now considered for continuing education of clinical pharmacists. We keep you informed!

Gert Laekeman
Chair of the Workshop
Gert.Laekeman@pharm.kuleuven.be
The results of a pilot project promoted by Italian Ministry of Health and managed by SIFO (Società Italiana di Farmacia Ospedaliera e dei Servizi Farmaceutici delle Aziende Sanitarie), were discussed during a national meeting held in Turin the 7th and 8th of May.

The aim of the project was to promote clinical pharmacy through the introduction of the Department pharmacists in the oncologic and hematologic departments of 5 Italian Hospitals (Torino, Padova, Ancona, Bari) and to evaluate the effectiveness and economic benefits of their presence.

Department pharmacists promote appropriate, effective and safe medication use. As a part of the healthcare team, they closely monitor patients’ drug therapy and advise medical, nursing and other hospital staff on medication issues including therapeutic use, dose, dose form, duration of therapy, adverse effects, drug interactions, administration, availability and cost.

In this era of rising health care costs, the economic value of each new and existing service has to be closely scrutinised as society attempts to allocate limited health care resources wisely and judiciously. The Italian experience shows that department pharmacists provide quality health care and save money and that results may encourage health care administrators to implement this professional model.

Based on these positive findings, the SIFO is planning to continue the experimentation involving new medical specialities, such as Surgery and Paediatric in at least 10 more hospitals. Pharmacists, from countries where the role and the value of clinical pharmacist is well established, presented their experience making the debate more interesting and stimulating and contributing to the success of the meeting.

We learnt how the USA model works: it relies on caring values with specialised knowledge, experience, and judgment underpinning the critical importance of the synergy achieved by combining a caring ethos, in-depth therapeutic knowledge, clinical experience, and expert judgment. We also were provided with the experience of an infectious Disease clinical pharmacist who described the antimicrobial stewardship at UPMC Mercy Hospital in Pittsburgh.

In the UK clinical pharmacy reflected the participation of the pharmacist in the clinical team, working with other professionals to improve patient care and optimise the use of medicines.

The goal for securing defined outcomes is generally not within the reach of the hospital pharmacist alone, but involves a multifaceted approach to care. We had also the opportunity to get an insight into how clinical pharmacy has evolved in China. The president of EAHPh showed the data of a recent European survey on the state-of-the-art and development of hospital pharmacy underlining the fact only by knowing our professional art, its performance and its development, we can strive for professional recognition of hospital pharmacy.

Our president Cecilia Bernsten was one of international invited speaker and she provided the audience with the mission and the tasks of the ESCP not forgetting that the main focus of our profession is to improve health of people and relieve their suffering. She introduced the concept of “social pharmacist”: on a professional level as a person taking the perspectives of the patient, and on the level of research as a scientist using methods and theories from the behavioural and humanistic sciences to map and analyse how medicines are being prescribed, handled and used, leading to a better care with medicines for patients.

Piera Polidori
Daniela Scala
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Teaching geriatrics in Pharmacy School

It is warm in Montreal and I am trying to find a topic in geriatrics for the next ESCP newsletter. No inspiration and Marie-Caroline is waiting for my paper. So, I decided to discuss how the faculty of pharmacy are preparing pharmacy students and practitioners to meet the growing pharmaceutical needs of our elderly patient. The tsunami has arrived (1). Are we ready?

In 2005, the American College of Clinical Pharmacy (ACCP) published a white paper on pharmacy practice, research, education, and advocacy needs as part of the care of older adults (2). This position paper presented the problems associated with medication use in elderly patients and emphasised the need for appropriate training and education to assure safe and effective drug therapy for this population (2).

In 2007, Odegard et al published a strategic plan for the future of geriatric pharmacy education. The authors mentioned that “colleges and schools of pharmacy must understand that a) care of the older person in an essential part of the education of all pharmacists; b) geriatrics curricula content should include the knowledge, skills, attitudes, and values for caring for older adults; c) geriatrics faculty members who provide the classroom and clinical teaching, research, and administrative base for geriatrics content are important to assuring the quality of geriatrics education and for promoting its future development at all levels; and d) pharmacy students need to be prepared to work effectively within interprofessional health care teams (3).”

A survey of the 89 US colleges and schools of pharmacy was conducted by the American Association of Colleges of Pharmacy Geriatrics Special Interest Group in 2006 (4).

The response rate was 42% (n = 37). Sixteen (43%) colleges and schools of pharmacy had 2 full-time faculty members specialising in geriatrics. Part-time faculty members were teaching geriatrics in the majority of colleges and schools of pharmacy.

It was also reported that the majority of respondents (92%) did agree that geriatrics should be integrated into the curriculum. Only 43% of the respondents included a course in geriatrics. Interesting, an advanced pharmacy practice clinical clerkship in geriatrics or long-term care is offered by all colleges and schools pharmacy education (4).

In the next year, ESCP SIG in geriatrics will be conducting a survey to identify the content of geriatrics curricula in faculties of pharmacy across Europe. The results from this survey will help understand the current status of geriatric pharmacy education.

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Abstracts submission deadline
30 August 2012
Notification to abstract submitters
15 September 2012
Registration Deadline for Abstract presenters

1st May 2012:
Abstracts submission open
1st July 2012:
Abstracts submission deadline
31 July 2012:
Early registration deadline
30 August 2012:
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15 September 2012:
Registration Deadline for Abstract presenters

42nd ESCP Symposium, Prague, Czech Republic, 16-18 Oct 2013
Implementation of Clinical Pharmacy Practices: Research, Education and Management

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Irena Netíkova (CZ), PhD – clinical pharmacy expert for oncological drugs, deputy for pharmaceutical care and head of department of clinical pharmacy in teaching hospital Bulovka, Praha. Scientific chair of Czech clinical pharmacy association of Medical association of JEP
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30 August 2013:
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15 September 2013:
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2012

29-31 October  Barcelona (Spain)  41st ESCP Symposium on Clinical Pharmacy
« Personalised and Safe Therapy »

2013

30-31 May  Edinburgh (UK)  ESCP Workshop
« Improving patient care through collaborative practice »

16-18 October  Prague (CZ)  42nd ESCP Symposium on Clinical Pharmacy
« Implementation of Clinical Pharmacy Practices: Research, Education and Management »

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Austria
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Belgium
Hanna Deman ............... Avelgem
Sara Desmaele .............. Brussels
Kim Vanstraelen ............ Leuven

Brazil
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