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**New Beginnings**

“New beginnings” ... an evocative combination of words, isn’t it? You might have many images coming up when reading these two words: a new chapter in life, new life in your family, a new job, a new project ... or just a new recipe you want to try out in your kitchen on a Sunday morning. New beginnings don’t necessarily have to be big changes; they can be very small and pop-up into our lives on a daily basis.

“Every day is a new beginning.” The opportunities for a new beginning in life are abundant; even if we are not fully aware of them or sometimes choose to ignore them. A new beginning in any part of your life – whether in your professional life or your private life – can be inspiring and exciting, and almost inevitably evokes a range of emotions. It can be fear of the unknown or sadness for what you leave behind. It can be happiness and hope.

“Every new beginning comes from some other beginning’s end” (Seneca). By embarking upon a new beginning, we are obliged to reminisce about what that “beginning” is replacing. For every new chapter commences, an earlier chapter closes. The process of reminiscing is important: it is a moment to look back and to look ahead and to make a conscious choice for the new beginning.

Our society, the European Society of Clinical Pharmacy, is writing a book with many chapters. Whilst writing this editorial, speakers, moderators, organizers and participants are working to make the Barcelona symposium a success. Meanwhile new teams are preparing the upcoming events in Edinburgh (30-31 May 2013) and Prague (16-18 October 2013). We are already looking forward to seeing many of you there! Our Committees and our International Office are continuously working to feed the society and its members. The launch of the first ESCP Research Grant is just one new example of their dedication (read more about it on our website).

Leadership of the society changed during the Barcelona symposium. Together with my colleagues, I will do my utmost to serve our society in its daily running with a broad look towards the future.

Many of our members are active in our society. By joining forces we can improve our society! In my opinion, 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 using 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 seem the way to go for me. If you would like to share your views or if you have suggestions, do not hesitate to let us know!

It is not only our society, but also our discipline ‘clinical pharmacy’ is writing a book with many chapters. As we are living in a service economy, service management will become more apparent in our care systems. Delivering good service and good care ... isn’t this something we try to achieve every day when working as clinical pharmacists, researching clinical pharmacy or teaching clinical pharmacy?

Some countries still need to learn about clinical pharmacy. Others have taken their first little steps in clinical pharmacy. Others have already long standing experience ... and are ready to take the next step. For each of us, many challenges and new beginnings are waiting. Every day again. This is crucial to move forward. And remember:

“Don’t wait until everything is just right. It will never be perfect. There will always be challenges, obstacles and less than perfect conditions. So what. Get started now. With each step you take, you will grow stronger and stronger, more and more skilled, more and more self-confident, and more and more successful.” (Mark Victor Hansen)

Hopefully many of you are networking colleagues through our society and are feeling supported, having plenty of possibilities to exchange ideas and experiences and to move forward in your clinical pharmacy experience. Get ready for tomorrow ... a new beginning!

Good luck!

Siska Desplenter
ESCP President
president@escpweb.org
Time is flying. As I now look back on my two years of being the president of the ESCP I realize that what seemed as a long sequence in reality is just as short as a coffee break. It has truly been a time for learning and a time for research as well as a time for enjoyment.

The ESCP is an organization standing firmly on the ground on three scientifically oriented legs; our conferences, devoted and hard working committee members, and the SIG:s. One cannot do without the other. ESCP of course also provides educational activities such as the Master classes and the Patient Centered Training courses, but without the three legs, it would be difficult to provide the high quality “smorgasbord” of clinical pharmacy experiences and knowledge for clinical pharmacists and other health care providers that is our trademark.

Working inside a European society is interesting and challenging and rewarding. We are so alike and yet different. We come from different backgrounds; hospital, community pharmacy, University and health authorities with totally different cultures. Different countries also provide differences in how things should be done and who should decide about them and do the work. The administration of a society such as the ESCP is therefore extremely important. I have been lucky enough to have a skillful and devoted International Office staffed by Erik Gerbrands and Heidi Sørensen, and now lately also by Sonia Amini, by my side helping me and the society in everything that needs to be dealt with.

ESCP is its members and conference participants. Without the clinical pharmacists and clinical pharmacy supporters that come to our conferences the society would be merely a club for mutual admiration, and die slowly from lack of fresh clinical pharmacy oxygen. The autumn symposia and the spring workshops serves as an opportunity for people working with or for clinical pharmacy to learn on the spot and to network, building a platform for learning in between conferences.

However ESCP is not perfect and never will be. Working hard to develop clinical pharmacy knowledge, thinking and actual performance throughout Europe is a hard and time consuming task. To fulfill its task the ESCP is constantly developing. Much has been achieved during my two years at the helm, but much remains to be done. The crew that will take over is a good one; they will manage to take the society forward and to fulfill the main assignment of the society – working for developing clinical pharmacy to the benefit of patients throughout Europe.

Finally, I’m very grateful for the opportunity to lead this great organization for two years. I surely have been rewarded – and I hope that I have contributed to the development and the continuous improved quality that is a trademark for our conferences, our committees and SIG:s.

Thank you all!

Cecilia Bernsten
cecilia.bersten@bredband.net

School of Pharmacy at the University of Oslo has developed a new postgraduate masters degree in clinical pharmacy.

The master program includes four courses comprising 60 study points. The master program includes courses comprising 60 study points. The master program includes courses comprising 60 study points. The master program includes courses comprising 60 study points. The master program includes courses comprising 60 study points. The master program includes courses comprising 60 study points. The master program includes courses comprising 60 study points. The master program includes courses comprising 60 study points.

The Master project (30 ECTS) is an individual research project. The first cohort of students were admitted in 2009, and 11 students graduated on February 17th 2012 (Picture).

The themes of the research projects for the first cohort of master students in clinical pharmacy were:

- “Medication reviews for patients in general practice” (Liv Marit Berre),
- “Clinical relevance of pharmaceutical interventions on drug-related problems” (Marit Buajordet),
- “Drug-related problems in an intensive care unit” (Kristine Lundereng),
- “Drug information at hospital discharge” (Hilde Holm),
- “Drug reconciliation at hospital admission at 1) an internal medicine ward (Katherina Wendelboe), 2) an acute geriatric ward (Glaer Glaeren), 3) an infectious ward (Yvonne Lao), 4) an internal medicine ward (Marianne Lea) and 5) a renal ward” (Niklas Nilsson).

Establishment of the masters program in clinical pharmacy is an important step in strengthening the position of clinical pharmacy services in Norway, and students have been admitted annually since it was established in 2009.

The key people behind the establishment, in addition to the leadership at the School of Pharmacy, have been Professor Espen Melden and Associate Professor Kirstin Viktill. The employment of further research staff in 2012 confirms that the University of Oslo is seeing clinical pharmacy as an important and viable discipline.

Dr Anne Granas
ESCP GC Member

The first students in clinical pharmacy have graduated from the University of Oslo
Based on the nominations received up to the deadline 31 March 2012, the General Committee (GC) of the ESCP decided on five additional members to be recognized as ESCP Fellows. The awardees received both a certificate and a plaque.ESCPEscp fellowship is awarded in recognition of continued excellence in clinical pharmacy practice and/or research, contribution to the advancement of clinical pharmacy, preferably in Europe, and services for ESCP (www.escpweb.org/cms/node/75).

Previous ESCP Fellows (FESCP)

2009:
Dr. Henk Buurman (The Netherlands)
Prof. Dr. Han de Gier (The Netherlands)
Yolande Harissens (Qatar)
Prof. Dr. Kurt Hersberger (Switzerland)
Prof. Stephen Hudson (United Kingdom)
Moira Kinnear (United Kingdom)

2010:
Erik Gerbrands (The Netherlands)
Prof. Dr. Gert Laekemann (Belgium)
Prof. Dr. Bert Leufkens (Netherlands)
Francesca Venturini (Italy)

2011:
Dr. Ruud Dessing (The Netherlands)
Prof. Dr. Yechiel (Chiel) Hekster (Netherlands)
Prof. Dr. Filip Y. Izzettin (Turkey)
Prof. Pat Murray (United Kingdom)

The following esteemed colleagues were presented on 29 October 2012 during the opening ceremony at the recent ESCP Symposium in Barcelona, Spain.
The 2012 Fellows (see picture from left to right are: 

**PD Dr. Johnny Benney** (Switzerland) 
**Prof. Dr. Margarida Caramona** (Portugal) 
**Dr. Marie-Caroline Husson** (France) 
**Dr. Fogge van Mill** (The Netherlands) 
**Heidi Sørensen** (Denmark/Netherlands)

Access to cancer drugs: an international survey

**A joint research project of the SIGs Cancer Care and Pharmacoeconomics**

The expenditure on cancer care has greatly increased for the last decade due to the introduction of expensive biotechnology medicines and orphan medicines in cancer therapy, the rising number of cancer patients as the population ages, the increasing need for individualised treatments. This against a back drop of the current financial and economic crisis.

These are all factors that are putting increasing pressure on healthcare and pharmaceutical budgets. How do governments and health care funders achieve the objectives of sustaining market access of cancer drugs and making these drugs available to patients, while at the same time containing pharmaceutical expenditure?

The primary objective of this study is to describe how individual countries sustain access to cancer drugs by conducting a survey of policies surrounding registration, pricing, reimbursement, distribution and prescribing of cancer drugs. Information will be derived from the international literature, an analysis of legal texts, and an international survey. Each country profile will be validated by a national expert. If you wish to get involved in this research project, please contact either Mikael Daouphars or Steven Simoens.

Steven Simoens 
steve.simoens@pharm.kuleuven.be
Mikael Daouphars 
mikael.daouphars@chb.unicancer.fr

Posters, Poster Discussion Fora and Oral Communications

In total 466 abstracts have been reviewed. After the peer review process (28 reviewers) 411 were accepted. Of these 411, 24 authors were invited for an oral communication, 36 for poster discussion forum and 348 for a poster (and 3 withdraw requests). As mentioned in Table 1, 38 countries have participated.

Table 2 shows the distribution of the accepted abstracts in each category. The abstracts of all presented communications and posters will be published in ICP. They will also be available on the Springer website www.springerlink.com and the ESCP website www.escpweb.org.

<table>
<thead>
<tr>
<th>Country</th>
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Table 1: Number of abstracts/country

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Table 2: Number of abstracts/category
Now the 41st European Society of Clinical Pharmacy (ESCP) Symposium on Clinical Pharmacy, focused on “Personalised and safe therapy” in Barcelona, October 29-31, 2012, has finished, the Clinical Pharmacy and Pharmacotherapy Unit of the University of Barcelona (CFPU-UB) would like to thank the more than 700 participants that have made it possible and share with them and with all ESCP members our positive impression.

An extraordinary atmosphere was created from the initial contact on July 2009 with Prof. Gert Laekeman as past President of ESCP 2006-2008 and later in different productive meetings with General Committee of ESCP (represented by Cecilia Bernstein as a President), and International Office (represented by Erik Gerbrands as a Executive Director), that let us work together with enthusiasm and make this 41st ESCP Symposium in our city and in our country reality.

We intended to make an integrated symposium and invited participation on the Organizing Committee representatives of seven different Spanish professional and scientific associations related to pharmacy such as the College of Pharmacists of Barcelona, Pharmaceutical Care Foundation, Spanish Society of Community Pharmacy (SEFAC), Spanish Society of Primary Care Pharmacy (SEFAP), Spanish Society of Rural Pharmacy (SEFAR), Spanish Society of Hospital Pharmacy (SEFH) and the Catalan Society of Clinical Pharmacy (SCFC). Thus, this Symposium of Barcelona has been co-hosted with all of us and the ESCP.

With some nervousness at the beginning, on Sunday evening Oct. 28th, the 41st ESCP Symposium began with the Evening Opening Lecture given by Marc de Semir, an expert in strategic communication and management in health, science and research. His lecture entitled “Integrate Communication in the DNA of physicians and researchers” was very interesting and sparked a lively debate that set the tone for what promised to be a very profitable and participative symposium.

Opening Ceremony on Monday Oct. 29 (photos 2 and 3), also included ESCP fellowship awards and an English and Spanish version of ESCP song, sung by a crowded audience and conducted by our friend Gert and his accordion (photo 4). Straight afterwards, the Opening Plenary was given by distinguished Manuel Perucho, Director of the Institute of Predictive and Personalized Medicine of Cancer of Badalona, Barcelona, Spain, who exposed the new model of medicine in the postgenomic era based on prediction and how medicine based on pharmacogenomic knowledge aims to generate personalized treatments.

After that, the scientific programme set for three days developed links between three main headlines (Oct. 29th: Effective Care, Oct. 30th: Patient Safety and Oct. 31st: Patient-Centered Care) that formed the conceptual basis for this symposium. Besides, Scientific Committee, a team formed by members from seven different nationalities, balanced to ensure the program was of interest to community pharmacists, hospital pharmacists, primary care pharmacists and the University.

Through a total of 22 plenary lectures (8, 10, and 4 on days 1, 2 and 3, respectively) current topics of interest were presented by experts from different countries, such as Belgium, Finland, Germany, Mexico, Peru, Portugal, Spain, Sweden, The Netherlands, Uruguay, and United Kingdom, followed by meaningful discussions between the round tables and the audience (photo 5). In addition, interactive workshops (a total of 28) (photos 6 and 7),

Photo 1. Sonia Amini and Marie-Caroline Hussan at ESCP booth.

Photo 2. Opening Ceremony. From left to right: Symposium President Eduardo L. Marrero; Elderly People Commissioner Maria Assumpció Roset as Barcelona City Council’s representative; Catalan Parliament Minister of Health Boi Ruiz; Delegate for innovative strategic actions Xavier Testar as University of Barcelona Vice-chancellor representative; and ESCP President Cecilia Bernstein.

Photo 3. Audience during the Opening Ceremony.

Photo 4. Opening Ceremony during ESCP song, sung by a crowded audience and conducted by our friend Gert Laekeman and his accordion.

Photo 5. Table of the Plenary Session 1B: “Increasing the effectiveness and affordability of prescription drugs”. From left to right: I. Alzpuruz; A. Gilabert; E. Satue as a Chair, and C. Campillo during his lecture.

Photo 6. Introductory talking during Workshop 15: “Patients’ medical questions, believes and concerns and pharmacists’ drug counseling. What kind of communication style helps to make the communication patient-centered?” by facilitator Hilde Freyland, Norway.

At this time, we would like to extend our warmest congratulation to all the high quality chairs, facilitators and, of course, participants who made our work easier.

Another remarkable point is that there were many very young pharmacists and also pharmacy students. Some of them attending an ESCP event for the first time. Most of them were impressed with the Symposium above all because there were a lot interactive activities and because we think that they felt there was a comfortable atmosphere.

We cannot forget the Organizing and Technical Secretariat and their impeccable job, even controlling the assistance for obtaining continuing education credits (to our knowledge, the first time that this has been possible for Spanish participants). The coffees and food service was perfect, fast and satisfying (figures 10 & 11). The media (projection, public address system) were impeccable in all the sessions, area in which we have previously experienced problems.

Symposium was absolutely independent and free from any conflict of interest related to ethical and bioethical principles, and since pharmaceutical industry was not present there were no incidents that could violate the codes of Farmaindustria and the EFPIA.

We can also explain some background stories: We had lovely weather on first day, as usual in Barcelona at this time of the year, but on the evening of the second day we did a trip from the symposium hotel to the venue for the official dinner in torrential rain. And, on the last day, when most of participants had gone back home a 24 hour strike affecting transportation (metro, buses and taxis) was announced. By contrast, and only narrowly, we got rid of a daily resort fee that has just been implemented.

Many people have contributed to what we think has been a successful symposium, beyond the Scientific, Organizing, General and International ESCP Committees and Organizing Secretariat, that have been all participants that have attended. To all of you that took part in this symposium, directly or indirectly, we would like to recognize your substantial contribution. And that’s all. Sure, we look forward seeing all of you again!

Pilar Modamio
Scientific Committee Chair
Cecilia Fernández
Organising Committee Chair and
Eduardo L. Mariño
Symposium President of the 41st
ESCP on Clinical Pharmacy.
Barcelona, Spain, 2012

ESCP Song

We are coming together
To share and to meet
To investigate whether
We fulfill the need
We will not live forever
We don’t know when and where
But we will no never
Forget those who need care

ESCP song

El canto de ESCP

Juntos caminamos
Para sentir y compartir
Aquello que investigamos
Y objetivos conseguir
No existen vidas eternas
El tiempo te da y te quita
A quien de ti necessita
A quien cuidados necessita
Medical products for weight control

Introduction
The current guideline on medicinal products used in weight control (CPMP/EWP/281/96 Rev.1) was adopted by the Committee for Human Medicinal Products in November 2007 and needs updating.

Recommendations
The following aspects should be reconsidered:
- Reflection on current scientific knowledge and development (especially concerning endocannabinoid neuromodulators).
- Clarification and updating of primary endpoints including cut-offs for relevant weight reduction.
- Updating of relevant secondary endpoints, including consideration of short-term beneficial effects.
- Discussion on the necessity to demonstrate a positive effect on cardiovascular mortality and morbidity.
- Identifying patients at risk before inclusion.
- Requirements concerning the assessment of cardiovascular and neuropsychiatric safety.

Consultation deadline for the paper is 31 December 2012.

Medicinal products for the treatment of acute heart failure

Introduction
The CHMP Note for Guidance on the Clinical Investigation of Medicinal Products for the treatment of Acute Heart Failure (A HF) (CHMP/EWP/235/95, rev. 1) provides limited regulatory guidance for development of medicinal product for the treatment of acute heart failure and led to the addendum on acute heart failure (CHMP/EWP/2986/03). The current document is a revised version of this addendum and is intended to provide updated guidance on the evaluation of drugs in the treatment of Acute Heart Failure (AHF).

This document (guideline) aims to provide guidance to applicants on the main regulatory requirements that are expected in the development of a medicinal product for treatment of AHF in adults.

Important endpoints
The preferred primary endpoint is all cause mortality. As the treatment for acute heart failure is often short term administration of the investigational agent (drug), these would either be in-hospital mortality during the admission and mortality at 30 days. Longer term outcome such as 6 months or 1 year might also be relevant and could be included. Apart from mortality, dyspnoea, well-being, fatigue and mental confusion can be considered as short term outcomes.

In general, use of co-primary endpoints is preferred to composite endpoints. Co-primary end points may include various combinations of symptoms or symptoms and mortality/morbidity. Use of haemodynamic measurements as co-primary endpoint in pivotal trials is not encouraged.

Cardiovascular deaths should be included as secondary endpoint. Duration of hospital stay during index admission may be another secondary endpoint. Furthermore organ linked outcomes are recurrent myocardial infarction, pulmonary congestion and renal insufficiency. Finally natriuretic peptide, changes in concomitant medication, oxygen therapy and intubation/assisted ventilation could be useful.

Patients
It is expected that approximately 25-30% of the population will be from Europe in order to be a representative sample.

Consultation deadline for the paper is 15 April 2013.

Clinical investigation of medicinal products for the treatment of juvenile idiopathic arthritis

Introduction
The current CHMP Guideline on clinical investigation of medicinal products for the treatment of juvenile idiopathic arthritis (JIA) was adopted by CHMP in 2006. Since then there have been major advances in the understanding of the pathophysiology of JIA subtypes, along with the introduction of new treatments including biological therapies.

Proposal
As a result of recent advances in classification, diagnosis and treatment the JIA guidelines need to be updated with particular emphasis on the following:
- Paediatric investigation plans.
- Inclusion populations
- Age range in different subtypes.
- Feasibility issues affecting paediatric development.
- Extrapolation from adults.
- Study design, primary endpoints.
- Active comparator.
- Assessment of structural damage.
- Treatment discontinuation, safety and efficacy of re-treatment.
- Definition of flare and remission.
- Paediatric-specific complications of JIA and treatments.
- Inclusion of JIA uveitis in JIA studies.
- Long-term follow-up and registries.

Consultation deadline for the paper is 15 December 2012.

Gert Laekemann
Past president ESCP (2006-2008)

Preliminary Announcement: 8th PCNE Working Conference
Berlin, Germany, 6-9 February 2013

Collaborative Pharmaceutical Care in Research and Practice

The provision of care is becoming an interdisciplinary activity, and it is increasingly important that the different parties in care connect to each other for the benefit of the patient. This is also valid for pharmaceutical care. All different elements of the care around medicines should be coordinated between the different professionals such as pharmacists, doctors, nurses and of course the patient. In practice this is not yet happening, and this affects the quality of the care.

The PCNE working conferences are the opportunity to explore new practices and to further the research that show the impact of pharmaceutical care cooperation.

Lectures
Collaborating: Integrating patient and physician needs. Dr. Mark Xuereb, Malta.
Research on implementation of services. Dr. Allison Roberts, Australia

WS4: Quality standards for pharmaceutical care research.
Aim: To develop a system for assuring quality in a research group, involving different professionals
WS5: Stimulating competences in interdisciplinary collaboration.
To develop a framework and teaching methodologies, and to prepare practitioners to contribute to interprofessional research and practice, so that different professionals will cooperate better in the future.
WS6: Development of measures for assessing the level of interdisciplinary pharmaceutical care
To create a modernized tool that measures the levels of pharmaceutical care in different settings and is valid across borders. The WS needs the input of experiences from researchers in performing international research.

All information about this conference can be found on http://www.pcne.org.
Patients and their families expect that health care providers will collaborate together and work as an efficient team in the delivery of safe and effective patient centred care. Patient experience, teamwork and outcomes improve when there is a shared understanding of the treatment plan for individual patients. Our ageing population and the increasing prevalence of chronic disease are drivers for interprofessional teamwork and collaborative practice. In fact, lack of effective teamwork and interprofessional communication is considered a cause of poor patient care and outcomes. There are many examples of pharmacists working as a member of a multidisciplinary team in hospitals, outpatient clinics, primary care, nursing homes and community pharmacy to identify, prevent and resolve medicine related problems and improve quality of prescribing. Roles often include leadership in maintaining continuity of pharmaceutical care during movement between health care settings. Examples of collaborative practice will be shared in this workshop to stimulate practice developments across Europe. It is anticipated that learning together enhances future working together. This concept will be included in this collaborative workshop between the ESCP specialist interest groups: Geriatrics, Integrated Primary Care and Education & Training, Interprofessional education (IPE) is not new – World Health Organisation (WHO) reported in 1988 Learning Together to Work Together for Health and in 2010 Framework for Action on Interprofessional Education and Collaborative Practice. IPE is where health professionals and students learn with, from and about each other to improve collaboration and the quality of patient care. We invite pharmacists and other health care professionals to Edinburgh, Scotland 30-31st May 2013 to share experiences. The workshop will take place at the University of Edinburgh conference centre at Pollock Halls, just 8 miles from the international airport. An Airlink bus service runs to central Edinburgh from where there are several buses to the campus, about 10 minutes from the city centre. Edinburgh is a historic and vibrant city with something for everyone.

The number of participants will be limited to 135.

The implementation of clinical pharmacy practice is essential for patients, and for clinical pharmacists. Clinical pharmacy knowledge is valuable only if it is used for the benefit of patients. To implement clinical pharmacy there is a need for management support, appropriate education and research to build the practice upon. The rate at which clinical pharmacy is implemented varies throughout Europe. In some countries, clinics, hospitals and community pharmacies are more developed than others in this sense although some are strong in implementation of clinical pharmacy in particular areas. This symposium will give us all a chance to learn from each other.

The key question is – How do we achieve a good and patient oriented implementation of clinical pharmacy practice in our respective countries, clinics, hospitals and community pharmacies? What are the experiences of others and what are the problems that we should try to avoid or learn overcome? The answers depend on the individual country, the individual pharmacist, and the care setting.

Come and join us in Prague to discuss and learn how to implement clinical pharmacy with the aim of achieving high quality clinical pharmacy practice with the patient’s best health as the ultimate goal. During three days you will meet international experts reporting on recent developments, exchange and share knowledge during workshops, oral communications and poster sessions. And naturally since the symposium is in Prague, you will have ample opportunities for networking and friendly socialising.

To learn more about the programme and register, visit: www.escpweb.org or mail info@escpweb.org
2013

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

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

### New Members

AUSTRIA
Eva Past........................................ Vienna

COSTA RICA
Erika Unfried ............................. San José

CZECH REPUBLIC
Stanislave Kalafutova ......... Hradec Králové
Katerina Ladova .......... Hradec Králové
Magda Vytraslova ...... Hradec Králové

DENMARK
Trine Graabæk Hansen.............. Esbjerg
Dorthe Vlstrup Tomsen .......... Hillerød

FRANCE
Laurence Benard .................... Antony
Camille Bertin ...................... Pierre Benite
Nathalie Canton ................. Bayonne
Sylvie Charruey Olleu .......... Villeared Ornon

GERMANY
Pierre Cognard............. Condat sur Viennille
Emile Coquet.............. Chalon sur Saone
Sebastien Hardy ......... Laragne Monteglin
Valérie Loureno .............. Damvilles
Christine Salavert Grizet ...... Angoulins
Gérardine Senor ........... Bordeaux
Catherine Zussy ............... St Poil sur Termoise

ITALY
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