Many of you have travelled long distances to attend the 46th ESCP Symposium on Clinical Pharmacy in Heidelberg, Germany. I would like to express my sincere appreciation for the efforts you have made to be there, to present posters, to give oral presentations or to run workshops. Some of you were here for the first time, a special warm welcome to you!

It is an enormous task to organize a Symposium. On behalf of the General Committee of ESCP, I would like to thank the ESCP Symposium Presidents - Hanna Seidling and Ulrich Jaehde - the Scientific and the Organizing committees, the ESCP International office, the PCO and all the volunteers who have worked hard during the Symposium. Thank you to all of you for your commitment over the last two years.

As you maybe know, I am professor of clinical pharmacy at the Université Descartes in Paris where I am involved in clinical pharmacist education. I am also a hospital pharmacist in a paediatric hospital in Paris. The last 6 years I have been heavily involved in ESCP as a member of the General Committee, and last year as ESCP President.

You are scientists, researchers, pharmacists, health care providers… All of you have the abilities, resources and influence to impact the future in clinical pharmacy practice, research and education.

I hereby encourage you to get involved in the committees in ESCP. Because through learning more about research and education in other European countries, we improve our practice; we assess scientific knowledge; and we improve our routine care in practice. If you become an active member of ESCP, and through the networks you get here, it makes it easier for you to communicate with, and even visit, a colleague in another country. We hope that ESCP Conferences could help you to go back home with new ideas, tools, skills and networks which can improve how you practice Clinical Pharmacy.

Today I would like to inform you that I stepped down after one year of Presidency. It was my honour to preside ESCP during last year. ‘A year’, that is a short and unusual time for ESCP presidency.

I am a bit sad of course in a way not to have been able to assume the Presidency of this Society for two years, BUT Happy at the same time, for ESCP and for me!

Happy because I think I took the right decision in July to step down at this General Assembly and to have announced in advance to the General Committee my decision.

Happy because of you ‘ESCP family members’ because you didn’t blame me and are understanding.

Happy because during my spare time the next year, I will put that time dedicated the responsibility and pressure of ESCP Presidency onto some family centred time.

I am sure that the new President - Bart van den Bemt - will better conduct the management of ESCP exceptionally well, and as GC member during the next year I will do my best to make effective contributions to the work of the GC team some current issues.

Best wishes!

Olivier Bourdon
olivier.bourdon@parisdescartes.fr
Who’s who? Hege Salvesen Blix
New ESCP GC member

I became a specialist in hospital pharmacy in 1996, after following a 3 years program consisting of both university courses and clinical practice in different areas of hospital pharmacy. In 1996, we tried to establish a clinical pharmacy service at ward level. However, my hospital (like all, but one hospital in Norway) did not want ward-based pharmacists. I was very disappointed and I left hospital pharmacy and took another job where my tasks was to work in the WHO collaborating Centre for Drug statistics methodology (ATC / DDD - methodology) and with the national drug statistics. It was great fun, however after we managed, in 1998, to put up a test service with a ward-based clinical pharmacist I returned to hospital to work part-time on this project. Together with a few other enthusiastic pioneers in different hospitals in Norway we started a research project to show that ward-based clinical pharmacy was a benefit for the patients as well as the hospital team. In 2007, I finalized my PhD on the project called «Drug-related problems in hospitalised patients. A prospective bedside study of an issue needing particular attention». During this time I continued to work part-time with ATC/DDD and with pharmacoepidemiology at the Norwegian Institute of Public Health. I have been heavily involved in the work with antibiotic use and antimicrobial resistance, nationally as well as internationally. Furthermore, since 2012, I have held a part-time (20%) position at School of Pharmacy, University of Oslo as a professor in clinical pharmacy. The School of Pharmacy had no positions for clinical pharmacy lecturers in 2011, now we have six 20% positions and one 100% position. We give Masters courses in clinical pharmacy for under-graduates and we have a separate practice-based Master program in clinical pharmacy for postgraduates. The future looks bright for clinical pharmacy in Norway.

I have been a member of the ESCP for a long time, and I have frequently participated in conferences. From 1999-2003 I was a board member of the SIG group Infectious Diseases of ESCP. For many years I have not been very active within ESCP. This will change. In October 2017, I was elected as member of the General Committee from the small countries. I am looking forward to the task and I hope that I can use my experience to help the GC to enhance the role of the clinical pharmacists in the care of patients.

Hege Salvesen Blix
HegeSalvesen.Blix@fhi.no

Who’s who? Monika Lutters
New ESCP GC member

My research interests are very broad: hospital discharge management, prevention of ADE especially delirium, clinical decision management, patient knowledge, eHealth, systematic reviews, etc. We were very happy this year to receive two grants to finance a PhD position over the next 3 years. For more information see: http://www.gsasa.ch/seiten/forschung/forschungsprojekt-nationaler-tragweite/ Forschungsprojekt2017.

I’m attending conferences of the ESCP for a long time, but only as a “consumer”. I was always impressed by this huge network where you can learn a lot from each other. As my children don’t need me anymore (except for cooking and washing clothes), I want to use my free time and energy to contribute to the organisation of the ESCP.

As a new member of the general committee I will represent Switzerland, but also support the ESCP’s vision and mission. I will participate in the research committee as well and participate to their many tasks. The general committee gave me already a warm welcome and I’m looking forward to working with them.

Monika Lutters
monika.lutters@ksb.ch
Clinical Decision Support as tool for better decisions in patient care

Medication safety and rational pharmacotherapy using specific disease and patient characteristics are central aspects in current healthcare practice. With increasing knowledge of different factors influencing pharmacotherapy, CDS is becoming increasingly important as an aid to reach optimal outcomes for the individual patient. CDS systems can be defined as any system that provides clinical knowledge and intelligently filtered patient information to clinicians or patients for making clinical decisions at the point in time that these decisions have to be made.

Why a Special Interest Group within ESCP?

This SIG will stimulate the further development of evidence-based CDS systems, and facilitate international exchange of existing knowledge. This is important because (1) the current CDS have important shortcomings, (2) technology and clinical research offer (continuously) new possibilities for signals, (3) implementation research studying facilitators and barriers is important with respect to actual healthcare related outcomes.

A well-known but still prominent example of one of the current shortcomings is that alert based CDS systems for drug-drug interaction and allergy screening have high alert override rates of more than 90%. A high number of low specificity alerts may lead to alert fatigue, where users become desensitised to the excessive number of alerts. The important consequence is that both clinically significant and insignificant alerts are overridden. There is an urgent need for developing novel methods to increase alert specificity and combat alert fatigue. Otherwise, medication related CDS systems will not be able to fulfil their potential to prevent medication errors and improve patient safety.

Other challenges need to be studied, such as the lack of standardisation in CDS knowledge bases, more sophisticated techniques to include multiple characteristics, and implementation in specific settings. By creating this SIG, we can bring together experts from the field to start tackling these problems.

What are the objectives of the SIG Clinical Decision Support?

The objectives of this SIG are:

- to exchange knowledge and expertise about CDS, with international colleagues,
- to develop strategies to optimise the content of CDS,
- to support implementation of CDS and to study facilitators and barriers.

Receiving care in multiple health care settings often means that patients obtain medication from different prescribers. Unfortunately, medication information is often poorly documented and poorly transferred between health care settings which introduces the risk on drug-related problems (DRPs). Previous studies often focused at medication incongruities at hospital admission. This thesis aimed to disentangle the problems with continuity of care at time of readmission to primary care and to investigate the role of the community pharmacist within this process.

We showed that 92% of the hospital discharge prescriptions presented to Dutch community pharmacies led to one or more problems. These problems were almost equally divided between (1) medication discrepancies, which mainly resulted from missing pre-admission medication and dose regimen changes on the discharge prescription, (2) administrative problems, and (3) need for patient education due to patients’ lack of medication or regimen knowledge post-discharge.

To address these problems a new approach was developed: the HomeCoMe program.

First, a structured transfer of up-to-date medication discharge information (including possible DRPs) from the hospital to the community pharmacists was established. Second, the community pharmacist performed a post-discharge home visit to identify and address DRPs. Finally, the community pharmacists collaborated closely with GPs to resolve the identified DRPs.

On average, 4.9 DRPs were identified per patient. The “Need for additional education or information” and compliance issues were the most common types of DRPs. During the home visits, pharmacists mainly discussed practical issues regarding (1) the administration and use of medication, e.g. regimen and actual drug-taking issues, and (2) patients’ knowledge regarding their medication. Patient’s needs were less frequently discussed by pharmacists.

In general, pharmacists were positive about performing the home visits. Key items that influenced community pharmacists’ adoption of the home visit in daily clinical practice were (1) the necessity of dedicated time for performing pharmaceutical care, (2) the implementation of the home visit in pharmacists’ daily routine and (3) an adequate reimbursement fee for the home visit.

During the ESCP meeting in Heidelberg the SIG Clinical Decision Support was initiated to share experiences and further develop Clinical Decision Support (CDS) as specific interest within clinical pharmacy.

Who can participate?

All professionals interested in CDS systems in primary, secondary or tertiary care can participate in this SIG with the purpose of sharing existing knowledge, to support implementation and to initiate further development of decision support. It is not requirement to be working with an advanced CDS system to participate in this SIG.

SIG Leaders

The SIG was initiated by three enthusiastic experts in the field of CDS: Sander Borgsteede, Hanna Seidling and Pieter Cornu. Leadership will rotate every year. During the first year Pieter Cornu is the SIG leader and Hanna Seidling the SIG vice-leader.

Interested in Clinical Decision Support? Join the SIG

You are invited to join the SIG. If you want to be informed about future activities or if you are interested to join the SIG, please send an e-mail to Pieter.Cornu@vub.be.

Pieter Cornu
CDS SIG leader

A PhD-thesis from a Dutch pharmacist

Readmission to primary care: the role of community pharmacists post-discharge

Rik Ensing
rensing@zorggroepalmere.nl
From 9th to 11th October 2017, European’s clinical pharmacists met in Heidelberg, Germany, for the second time in ESCP history after 1993.

As the main theme of the symposium „Science meets practice“ intended, many scientists and practitioners found their way to Heidelberg sharing the mission to promote clinical pharmacy and its role in health care. In total, 582 participants from 44 countries attended the symposium and contributed to a unique atmosphere characterized by dedication to clinical pharmacy, curiosity and networking. We were very proud to welcome 50 participants from Non-European countries, among them 7 from Vietnam and Saudi Arabia. And also from Germany itself, traditionally one of the small countries in the ESCP, 99 participants attended the conference.

This year, the mission already started with three pre-conference events on the day before the symposium. The German Society of Clinical Pharmacy (DGKPha) held its annual meeting discussing intensively about drug-related problems across interfaces and celebrated its 25th anniversary. In a Joint Symposium with the European Pharmaceutical Students’ Association (EPSA) pharmacy students from 9 countries practiced medication reviews and discussed their importance as core competence of future pharmacists. In the Master Class of Excellence in Pharmacy on the design and implementation of pharmacist-led randomized clinical trials the participants improved their knowledge, understanding and skills how to design an own RCT in their professional environment. And at the end of this exciting day, all participants came together to follow the evening lecture guiding us through the apparently unlimited possibilities of mobile health technologies.

Throughout the days of the main symposium in the Stadthalle Heidelberg there were many highlights among the well-established mix of plenary lectures, workshops and poster presentations. The 14 excellent plenary lecturers showed us impressively how we can integrate evidence derived from research into our daily professional routine, how we can generate evidence for our clinical pharmacy services and how education and training can sustainably promote the quality of our services. Thus, we explored the synergies between science and practice and easily learned how to bridge the gap in many different ways - for the benefit of our patients. And it was one of the conclusions of the symposium that it is none other than the patient who ultimately brings scientists and practitioners together. And for those of you who did not make it to Heidelberg or like to listen to the lectures again: There are webcasts of the plenary lectures available at the ESCP website!

Each of the 19 workshops was a highlight on his own. Experienced clinical pharmacists shared their knowledge and skills with beginners leading to creative interactions between moderators and participants. It was also impressive to see the variety of clinical pharmacy research and practical projects presented at the conference, mainly but not exclusively by young colleagues. The symposium offered an extensive poster session with 268 poster presentations as well as 24 oral communications and 36 Pecha Kucha presentations in the Poster Discussion Fora. This was the second time Pecha Kucha presentations were held at an ESCP symposium. Still it was a great challenge for many speakers to get their message across to the audience with 20 slides in just 7 minutes but most of them tackled this task with ease and imagination.

The social programme was refreshing our minds after those days full of clinical pharmacy. One highlight was certainly the common walk up to the Heidelberg castle with a visit of the Pharmacy museum and the magic view down to the river Neckar and the illuminated city of Heidelberg. And of course, the ESCP quiz during the conference dinner remains unforgettable, at least for the two of us 😊.

Indeed, it was a great pleasure for us to be your hosts during these exciting days in October 2017 and we would like to thank all the participants, lecturers, workshop moderators, poster presenters, and – last not least- our amazing and highly committed organization team for four fabulous days of learning, discussion and networking. We hope that all of you have good memories of your stay in Heidelberg and found the symposium inspiring to further develop your own practice and research. See you all in Belfast next year!

Hanna Seidling and Ulrich Jaehe
Presidents of the 46th European Symposium on Clinical Pharmacy

**ESCP New Fellows**

Every year, ESCP awards the fellowship to members of our society who have made a sustained contribution to ESCP and have demonstrated continued excellence in clinical pharmacy practice and/or research.

This year, the general committee has received 3 nominations and all nominations were accepted. However, only two new fellows were awarded in Heidelberg because the third person could not join us and it was her wish that we postpone announcing the award to next year.

The 1st new fellow this year is Mikael Daouphars.

Mikael has developed and delivered Clinical Pharmacy services since 1995. He has a special interest in cancer care with a particular focus on patient education and oral chemotherapy and he currently leads a regional project on patient education & oral chemotherapy supported by the French National Cancer Institute. Mikael has been active in ESCP since 2006. He has regularly led workshops at ESCP conferences and he has acted as SIG leader and SIG council chair for a number of years.

The 2nd new fellow is Siska Desplenter.

Since Siska qualified as a pharmacist in 1999, she has contributed to the development, delivery and evaluation of clinical pharmacy services at national level in Belgium and during her postdoctoral work also in Scotland and Finland.

She has a particular interest in psychiatry and is currently the head of pharmacy at the University Psychiatric Hospital in Leuven.

Siska has been a member of the ESCP general committee between 2009 and 2015, and first served as vice president and treasurer before she became president of ESCP in 2012.

Siska, thank you very much for your commitment and passion you have shown to both Clinical Pharmacy and our society over the years.

Congratulations to both Siska and Mikael for their commitment to our cause, their great work in Clinical Pharmacy and their long-lasting contributions to ESCP.

Tobias Dreischulte
TDreischulte@dundee.ac.uk
Steve who passed away on the November 21th 2010 was a visionary and a great champion in our field. His brilliant philosophical approach consisted to bring science and care together as a mind set for the profession.

Frank Zappa – everybody knows that Steve loved his music- in 1979 he performed the song Packard Goose (from the Album Joe's Garage, Act III) with lyrics that Steve could adjust to suit his purpose: a stepway approach to make a journey from knowledge to care.

Steve was devoted to sculpture (like an artist) practical competence and professional artistry. As a pioneer he explored the boundary of ‘hard’ (scientific) and ‘soft’ (contextual) thinking, beyond the limits of academic thinking.

Steve presented his stepway approach to focus on quality as a unifying concept, with the major, equally important, underlying concepts that:
- Knowledge is not Understanding
- Understanding is not Wisdom
- Wisdom is not Empathy
- Empathy is not Care

We are all familiar with Pharmacy Practice Research, where we have learned to design studies and use methods with rigor to bring new insights to the profession. However Steve correctly made us realize that solutions to a problem are not the end but the beginning of thinking, in respect of the context in which we care for an individual patient. Uncertainties in the context of patient’s needs, concerns and expectations need to be managed.

Steve emphasised that “Care is the most valuable human interaction”. Steve also discussed the different positions of clinical pharmacy and pharmaceutical care in various “conversations” with colleagues.

“Clinical pharmacy represents the pharmacist’s clinical contribution to patient care in hospital and in the community”  
“Pharmaceutical care represents the level of quality of care with medicines that is perceived by the patient(s)” 

Pharmaceutical care is a philosophy of practice with consequences for the profession. There is a social need for it, and as a consequence pharmaceutical care can only be provided by a professional who can be regarded as a ‘quality performer’, responding to the needs, concerns and expectations of patients in relation to medicine use. We agreed that the clinical pharmacist could well be that professional provided that he or she can act as an effective and advanced practitioner, improving quality of professional performance through two forms of reflective activity:

Firstly, Continued Professional Development (CPD) as a process of critical examination and a state of continuous personal critical appraisal.

Secondly, Reflective Practice, according to Steve a quality testing experience during professional action that relies on experiential learning.  

Steve’s favourite approach to solving problems was the “conversation”, an exercise to create a better solutions to clinical issues in interactions with patients but also with professionals for achieving better quality of a scientific professional community. Organise an environment in which patients and professionals can act as co-producers of health, sharing experiences and decision making.

To be more critical not to focus too much on evidence-based practice as a basis for good health care.

Steve’s vision was recently shared by the Dutch Council for Public Health and Society in a provocative report: No Evidence without Context. About the illusion of evidence-based practice in healthcare (Publication date: 19th June 2017).

Steve’s vision on how to use Information and Communication Technology in integrated pharmaceutical care was used to test our development of a web-based integrated pharmaceutical care plan.

Our final collaboration together was focussed on improving the patient’s involvement in pharmaceutical care consultations. In a multi-centre European study initiated by the European Directorate for the Quality of Medicines and Health Care (EDQM) we designed a feasibility study for Scottish community pharmacists.

The study was aimed to investigating if a simple tool enabling patients to set the agenda for consultations with their pharmacists at the start of a chronic treatment and in preparing a clinical medication review, was accepted by both patients and pharmacists.

The ultimate goal was to develop and evaluate an indicator for the level of involvement of the patient in the process of pharmaceutical care.  

The tool is called MyChecklist: a self-completion concordance form with five questions to be answered before the consultation with the pharmacist (cf. table 1).

When things get too tough for you as a clinical pharmacist, go back to a “conversation”... with good colleagues, as Steve would have suggested if he was still alive. In his spirit look for the best opportunities, if needed with good food and a very occasional glass of wine.

Professor Han de Gier
The Netherlands
degiercs@planet.nl

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Self completion concordance form</th>
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<tr>
<td>1. What would you like to know about this medicine (or medicines)? Please write the first things that come to your mind.</td>
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<td>2. What are your expectations of the effects of this medicine or medicines? Please give examples of how you expect the medicine(s) to affect your normal daily activities.</td>
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<td>3. Have you experienced problems using this medicine in the first weeks? What, if any, practical problems or unwanted effects did you experience during the use of the medicine? Please write ‘YES’ and describe them briefly or write ‘NONE’.</td>
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<td>4. If you have concerns about taking this treatment for the long term, what are your concerns? For example, are you aware and concerned about any possible side effects? Are you concerned in any way about how to fit in the taking of the medicines within your normal daily routine and activities, including remembering to take them?</td>
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<td>5. What would be a reason for you to stop using this medicine? If you expect to stop using this medicine please explain when that would be and why.</td>
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For this conference, 401 abstracts were submitted, and as usual, each abstract was reviewed by at least 2 reviewers. The abstracts come from 38 countries, most from France and Spain (table 1).

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Table 1. Abstract submissions by country (the first ten)

If the score of the reviewers showed a big discrepancy, then a third reviewer was assigned.

At the end, 73 abstracts were rejected due to low quality, or because the abstract was not about clinical pharmacy. On the 328 accepted abstracts, twenty-four were assigned to the oral communication sessions, and thirty-six to a poster presentation forum. There have been 268 posters on display in Heidelberg (fig 1).

ESCP Poster Award and Oral Communication Award 2017

Every ESCP Symposium there are three Awards: ESCP Poster Award, the ESCP Oral Communication Award, and the Pecha Kucha Award.

The best poster presentation winner was: Gabriele Gradl, g.gradl@dapi.de

The best oral communication was: Juliette O’Connel jaocconne@tcd.ie

The best pecha kucha presentation (new format of poster discussion forum) was: Carla Meyer-Massetti carla.meyer@unibas.ch CP-PC012: Medication safety during transition from hospital to home care - a baseline study Carla Meyer-Massetti1, Vera Hofstetter1, Barbara Hedinger-Gregg1, Christoph R. Meier1,2, B. Joseph Guglielmo3 1. Clinical Pharmacy & Epidemiology, Department of Pharmaceutical Sciences, University of Basel, Basel / Switzerland 2. Hospital Pharmacy, University Hospital of Basel, Basel / Switzerland 3. Home Care Organization of the City of Lucerne, Quality Management, Lucerne / Switzerland 4. School of Pharmacy, University of California San Francisco, San Francisco / USA

Congratulations to the winners!

ESCP FunRun in Heidelberg

On the third day of ESCP Congress, in Heidelberg, the FunRun took place. 23 Delegates participated in this 5 km run in the streets of the beautiful city of Heidelberg. At slow pace, while sometimes stopping for a photoshoot, the runners, wearing a white safety jacket, admired the Neckar river and bridges. Each donated €10, for Children’s Cancer. The FunRun is an initiative of Berry van Schaik.

Participants
- Beate Garcia
- Kenneth Law
- Sophia Campbell Davies
- Lina Yuk Hauge
- Beatrice Rosenling
- Elisabeth Mayer
- JIan Khoischnau
- Anja Ilic
- John MacAnaw
- Vera Jordan
- Theresa Hermaupann
- Liv Mathiesen
- Malin Davidson
- Johnny Beney
- Luce Barthod
During the 2-day workshop plenary lectures and workshop will involve topics including:
- Clinical overview and use (classification and naming, indications, regimens, schedules) of oral cancer treatments;
- Managing drug-drug and drug-food interactions with oral cancer treatments
- Mechanisms of action of oral cancer drugs (targeted treatment)
- Managing common side effects of oral cancer drugs
- Medication adherence / interventions to increase adherence to oral anticancer treatments
- Pharmaceutical care and patient education for oral cancer treatment
- Availability of oral cancer drugs
- Safe handling of oral cancer drugs in clinical practice (yellow hand)

Info about Reykjavik:
Reykjavik is the world’s northernmost capital. Although small in size with only about 190,000 inhabitants, its size is also its charm. Most of its shops, museums, restaurants and bars are situated around the centre, making Reykjavik easily accessible on foot. The growing number of visitors has resulted in a number of excellent restaurants, bars and cafés. Reykjavik is also known for its superb museums, remarkable heritage sights and vibrant urban life. Why not extend your visit and mix business with pleasure and explore the island of fire and ice. Iceland’s natural environment is an extraordinary country filled with beautiful nature with an abundance of mountains, volcanoes, glaciers, rivers, lakes and natural geothermal baths. A true outdoor paradise! If you are curious to know more about Iceland and Reykjavik, check out www.visiticeland.com and www.visityrekjavik.com. Travel from Europe and US to Iceland is easy with Iceland’s international airport only about three hours away from Amsterdam, London, Paris and Oslo and about five hours from New York, Boston, Toronto and Minneapolis. The International airport at Keflavik is about 40 minutes’ drive from Reykjavik and is operated by many (low budget) airlines, including the national carrier Icelandair, SAS, Delta, British Airways, WOW air and Easy Jet.

Presidency
Martin C. Henman, chair (IE)
James C. McElney (NI)

Organising Committee
Martin C. Henman, chair (IE)
Erik Gerbrands (NL)
Carmel Hughes (NI)
Mike Scott (NI)

Scientific Committee:
Helga Garðarsdóttir (NL/IS) Chair
Bart van den Bemt (NL)
Moira Kinnear (UK)
Stephane Steurbaut (BE)
For Your Diary

2018

19-20 February Reykjavik (Iceland) ESCP International Workshop
Expanding roles and opportunities for the pharmacist in optimizing use of oral cancer drugs

23-26 October Belfast (Northern Ireland) 47th ESCP Symposium on Clinical Pharmacy
Personalised Pharmacy Care

EUROAGEISM H2020 project
(Marie Skłodowska-Curie-ITN Project)

Announcement for Early Stage Researchers in Clinical Pharmacy (before PhD degree)

EuroAgeism Consortium is opening positions for 15 early stage researchers (ESR) in different scientific disciplines for 3-year fully funded PhD programs under Horizon 2020 EUROAGEISM project, MSCA-Innovative training network (2017-2021).

Under this program, a position is opened in the field of clinical pharmacy at the Charles University, Czech Republic in the research area IRP7 “Inappropriate prescribing and availability of medication management services in older patients in Europe”. The aim of this research project is to evaluate problems with inappropriate prescribing in older patients in 4 Central and Eastern European countries and 3 Western European countries and to assess availability of medication-safety and medication management services for older patients in Europe.

Research PhD fellows selected by EuroAgeism consortium will benefit from leadership by expert supervisors, secondments in academia, policy and health organizations, training and transferable-skills courses and additionally active participation in workshops and conferences over the period of their fellowship. They will be offered a living allowance between 2500- 3100 Euro per month (adjusted for country coefficient), mobility allowance (600 Euro per month) and family allowance (500 Euro per month, if applicable) in line with the Marie Skłodowska-Curie Horizon 2020 requirements for ESRs.

Timelines
Deadline for submission of applications: December 31st, 2017
Interviews with applicants: will be held in January-February, 2018
Job offers to successful candidates: until May 1st, 2018

How to apply?
Applicants need to fully comply with several eligibility criteria, and have to send a full application. If you are interested in this PhD programme, please contact directly IRP7 supervisor: Fialová D., PharmD, PhD, BCCP, email: daniela.fialova@faf.cuni.cz

Membership 2017 & 2018
Address: http://www.escpweb.org

2017 & 2018 Membership fees
1 year Full Membership ......................... € 85
3 years Full Membership ......................... € 215
5 years Full Membership ......................... € 340
Student Membership ......................... € 25

Dual Membership (SFPC or SIFO)
SFPC: see http://sfpc.eu/fr/
SIFO : contact the italian office

Announcements

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