



# news

about  
our  
section

International  
Pharmaceutical  
Federation

**FIP/Hospital Pharmacy Section**

# newsletter 43

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## Have Your Say in Refining the Basel Statements

Dear Colleagues,

Over the past several months, the FIP Hospital Pharmacy Section has been working on a revision of the 2008 Basel Statements on the Future of Hospital Pharmacy. We intend to complete this revision process at the upcoming FIP Congress in Bangkok in September, but since many hospital pharmacists will not be able to attend the Congress, we are interested in allowing everyone to contribute to the revision process through a “virtual discussion” – using a blog system that has been created expressly for this purpose.

The revision process is already well underway. From October 2013 through February 2014, a survey was conducted by the Hospital Pharmacy Section to identify areas within the original Basel Statements that required revision. The results of the survey were reviewed by the Section ExCo at their meeting several weeks ago, and a number of revisions have been proposed (please see the attached document).

We now hope that you will be willing to participate in an on-line discussion regarding Basel Statement revisions. How do you feel about the revisions proposed by the ExCo? Are there other changes to the Statements that you feel are needed? Are there Statements that should be deleted? Are there new

Statements that are not currently included? All of these questions should be addressed in the discussion groups on our new blog.

Instructions on how to get involved in the blog are provided below. We hope that you will get involved in the discussion. Please also remember that we will have a full-day session to finalize the Basel Statement revision at the Bangkok Congress... we hope you will attend and participate in the final process!

On behalf of the FIP Hospital Pharmacy Section,

With best regards,

Lee Vermeulen

Secretary, FIP HPS



#### Instructions for Accessing the Basel Statement Revision Blog

1. Our blog can be found at: <http://baselstatements.proboards.com/>
2. Register on the blog using the 'Register' link at the top right of the website.
3. Enter your email then click 'continue'.
4. Create and verify a password for this new account.
5. You will need to enter your name, gender and birthday to use the blog. This information will not be verified. Any information stating you are over 13 will be accepted. Once completed click 'continue'.
6. Enter your forum username. This name will be displayed next to all your posts.
7. Click to agree with the terms and services then click 'continue'.
8. Enter the letters and numbers on the image as a final security check then click 'submit'.
9. An email with the activation key will be sent to your email. Check your email and click on the link below your activation key.
10. A new webpage will open up saying your account is now active. Click 'continue'.
11. Congratulations, you have now registered to participate in the forum. Click the 'Home' button at the top of the page to see different threads and discuss different themes of the Basel Statements.

For more information, please visit: <http://www.proboards.com/forum-help-guide/registering>.

# REPORT FROM V.P. AFRICAN REGION

## TOPIC: “HOSPITAL PHARMACISTS IN THE SUB-REGION OF WEST AFRICA ASSERTING THEMSELVES TO TAKE UP MORE ROLES IN PHARMACEUTICAL CARE DELIVERY.”

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### INTRODUCTION:

Hospital pharmacists in the West African sub region have now asserted themselves to take up new roles through specialisation in sub-clinical specialities. This is because of opportunities available to them through Long Distance Education from some local universities and the West African Post graduate College of pharmacists with support from their ministries of Health.

In 2013, three hundred and fifty-two pharmacists graduated in the Fellowship Part One Certificate examinations. In the same year one hundred and thirty-four graduated in the Part two certificate examinations and were inducted as Fellows of the college in March 2014. The part two certificate qualifies candidates to apply for the status of a specialist in the chosen area of study. The college has six faculties and these are, Clinical, Community, Drug Production and Quality Assurance, Public Health and Social and Administrative Pharmacy. There were eighty five of part two students who were yet to submit their dissertation in order to receive their certificate.

In March 2013, F. I.P. Education Initiatives and Development Team commissioned four officers of the Academic section of F.I.P. to organise a two – day workshop for leaders of pharmacy training institutions, national leaders of pharmacy profession from Ghana, Nigeria, Uganda, Namibia at Accra, Ghana.

The aim of the workshop was to sample views of members about the set-up of “Virtual Centres of Excellence” in the countries for easy accessibility to educational materials and information for human resource development within the African Continent.

This Initiative it was anticipated could help with the acceleration of growth and development of pharmacy practice within the African context.

It is worth noting that hospital pharmacists in Ghana and Nigeria especially had availed themselves of opportunities to build capacity and to specialise in the following sub-specialisation.

- Paediatric pharmaceutical care.
- Cardio vascular and Renal pharmaceutical care.
- Tropical Disease – (Tuberculosis, Malaria) pharmaceutical care,
- Drug information services,
- HIV/AIDS pharmaceutical care,
- Psychiatric pharmaceutical care
- Oncology pharmaceutical care and
- Reproductive Health pharmaceutical care.

### CONCLUSION.

Hospital pharmacists in the West African sub-region had taken up the challenge to justify their

inclusion in the front line healthcare delivery team by playing leading roles in drug therapy management and health commodities logistics.

By Rebecca B. Nordor

## **Update report from Japan**

*Yasuo Takeda*



### **Basic principles of the 2014 revision of healthcare fees**

This article explains about the basic principles of the 2014 revision of healthcare fees. The general idea of these principles is to differentiate and reinforce the functions of medical centers regardless of whether they provide in- or out-patient healthcare, promote cooperation between these centers, provide well-developed at-home medical care, re-establish the systems of providing healthcare, and develop systems of integrated community care. The important issue was to reinforce the functions of medical centers, promote cooperation between these centers, and provide well-developed at-home medical care. The revision includes viewpoints to: 1) appropriately evaluate medical fields that need to be developed, 2) provide trustworthy, safe, and high-quality medical care in a manner to ensure patients' understanding, 3) reduce healthcare providers' burdens, and 4) increase the efficiency of medical work. The medical fields mentioned in 1) include the promotion of both cancer treatment involving palliative care and adequate pharmaceutical management/instructions based on each patient's medication history. Concerning 3) and 4), the promotion of both team medical care and generic drug usage was highlighted.

### **The revision involves the use of the Generic Drug Index to assess hospital function**

In this revision, the main issues related to hospital pharmacists were as follows:

Concerning the approval of points for pharmaceutical care performed on wards, after the revision carried out in 2012, such points involving patients hospitalized on a long-term care or psychiatric ward were approved if their hospitalization period was up to 4 weeks. However, this time limit was extended to 8 weeks in the 2014 revision. This means that a target was set to appropriately accept or reject the allocation of points for

pharmaceutical care performed on a long-term care or psychiatric ward, and promote team medical care based on the fact that hospital pharmacists generally continue performing pharmaceutical care on these wards even after week 4 of hospitalization.

Next, concerning cancer chemotherapy for out-patients, the “Fees for Managing and Instructing Cancer Patients III” was newly created to evaluate management and instructions provided by physicians or pharmacists. It was based on the fact that the control of side effects due to anticancer drugs is becoming increasingly important among cancer patients. The requirement for approving one of these fees was determined as follows: to use anticancer drugs, a physician or pharmacist with sufficient experience and expertise in cancer chemotherapy gives the patient a written explanation of the necessity of their administration after obtaining his/her consent. This fee is approved up to 6 times, and 200 points (2,000 yen) are allocated per procedure. The establishment of these healthcare fees is considered to promote the involvement of hospital pharmacists in treating out-patients.

The 2014 revision of healthcare fees was notable in that the Generic Drug Index became a part of the Hospital Function Assessment Coefficients II items. Based on the Roadmap to Further Promote the Use of Generics, this index is used to determine the proportion of generic drugs used for hospitalized patients on the basis of their volume. The proportion is calculated by dividing the volume of generic drugs used by [the same volume as mentioned on the left + the volume of original drugs used whose generics exist], and the target percentage was set at 60%. Each of the Hospital Function Assessment Coefficients II items (7 items in total [Table 1]) is weighted equally, and, hence, the Generic Drug Index markedly influences the hospital income. Also, the index is considered to markedly promote the use of generics in medical centers, and significantly contribute to a reduction in medical expenditure.

This revision was carried out with the aim of adjusting the healthcare systems to better meet the future super-aging society, differentiate the functions of hospitals and clinics to provide specialized care according to the category of medical care (e.g., acute and long-term care phases), and develop home-based care involving community pharmacies. As the population is aging globally, health care reforms in Japan, which currently shows the world’s highest rate of people aged 65 years or older, provide a good model for other countries.

Before the 2014 revision of healthcare fees	After the 2014 revision of healthcare fees
1. Data Submission Index	1. Index of Medical Care under Health Insurance Coverage (revised item)
2. Efficacy Index	2. Efficacy Index
3. Complexity Index	3. Complexity Index
4. Coverage Index	4. Coverage Index
5. Emergency Medical Service Index	5. Emergency Medical Service Index
6. Community Medical Service Index	6. Community Medical Service Index
	7. Generic Drug Index (newly established item)

Table 1. Revision of Hospital Function Assessment Coefficients II for hospitals employing the DPC system (system of fixed payment for acute admission and treatment)

Establishment of the Generic Drug Index (Item 7): Based on the Roadmap to Further Promote the Use of Generics, this index is used to calculate the proportion of generic drugs used on the basis of their volume (new parameter).

**The Japanese Society of Hospital Pharmacists is going to re-elect Dr. Kitada as the next chairman, and will work to improve the functions of hospital pharmacies with a new lineup**

In February 14, the Japanese Society of Hospital Pharmacists (JSHP) held the 48th Extraordinary General Meeting to nominate Mitsukazu Kitada (current chairman of the organization) as the next president. Also, Kenji Kihira, Fumito Tsuchiya, Kimiko Matsuda, Kazuo Matsubara, and Hiroshi Sato (new member) were selected as candidates for the next vice-president. These two posts will be officially determined at an ordinary general meeting held in June 21.

At the meeting held in February, Dr. Kitada described the 2014 revision of healthcare fees: specifically, the

determination that insurance points for pharmaceutical care performed on wards can be approved to continue counting in future period, including expanded period up to 8 weeks in a long-term care or psychiatric ward, and a new type of fee for the management and instructions of cancer patients provided by pharmacists. In addition, he requested further efforts to achieve the development and dissemination of pharmaceutical care in hospitals while taking the establishment of new types of medical work into consideration, by stating as follows: “I think that opinions given by patients and healthcare providers were reflected in the 2014 revision of healthcare fees in order for our activities to meet patients’ needs. With this background, I would like to ask you to further promote in-hospital pharmaceutical care-related work.”

## WHO SURVEY



### 2014 WHO Pricing Survey of Medical Devices

Dear Colleague,

**We cordially invite you to participate in a survey on Pricing of medical devices.**

**If you are involved with procurement and sales of medical devices in your hospital, country or worldwide, please proceed.**

**In case you have no procurement functions, please feel free to forward this message to other interested parties.**

**Please note that deadline will be Friday 15<sup>th</sup> August 2014.**

**As always, we welcome very much your collaboration.**

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**First Global Pricing Survey on medical devices, first phase.**

**One of the WHO six priorities in the 2014-2019 WHO Global Programme of Work is:**

**“ Increasing access to essential, high quality and affordable medical products”**

So, this survey is intended to inform a World Health Organization (WHO) report on pricing and access to medical devices.

### **Objective of the pricing survey of Medical Devices:**

To consolidate information from various stakeholders on the current situation of: selection, pricing, procurement, pricing components, trading, challenges and affordability of medical devices.

### **Who is this addressed to?**

Procurers of Medical Devices at any level: global, national, regional or hospital level.

Information from Distributors, Manufacturers and/or Vendors is also welcomed.

### **Methodology**

This survey seeks to collect data on a number of market access-related issues for medical devices. It only seeks to collect publicly available information; therefore it does not seek to collect information that is confidential or commercially sensitive.

### **The survey has 5 modules:**

The submitter can respond just on his area of knowledge or expertise, accordingly.

1. Contact information
2. Manufacturer/ vendor/ information
3. Procurer information, (includes country information).
4. General questions of import and export, taxes and tariffs
5. Price data of 21 specific medical devices, that were selected as a first phase:
  1. Anaesthesia unit (including ventilator, vaporizer and monitor)
  2. Centrifuge, table top
  3. Disposable syringe 5mL
  4. Electric bed
  5. Female condom
  6. Floor scale, mechanical
  7. General-purpose suction system, electric
  8. General purpose ultrasound (not portable and without transducers)
  9. HIV test kits rapid/simple assay
  10. Home-use/Point-of-care Blood glucose analyser
  11. Infusion pump + accessories
  12. Mayo scissors straight 170mm
  13. Mechanical stethoscope
  14. Overhead infant phototherapy unit
  15. Pulse oximeter, battery-powered
  16. Self-inflating neonatal resuscitation bag with mask
  17. Rigid intubation laryngoscope
  18. Rechargeable professional semi-automated external defibrillator
  19. Stationary basic diagnostic X-ray system digital (table and bucky)
  20. Surgical light (fixed)
  21. Digital hearing aids, behind the ear model with ear moulds and batteries

If you have information in any of the previously 5 areas or any of the 21 technologies , please kindly follow the instructions provided ahead; otherwise, if you do not comply with the profile but know someone who does, feel free to forward this survey to them.



Please follow the instructions in order to answer the survey:

Open on the following link:

### Pricing Survey of Medical Devices

[https://extranet.who.int/datacol/form\\_request.asp?form\\_id=2678](https://extranet.who.int/datacol/form_request.asp?form_id=2678)

1. Provide your email in order to receive the login credentials for the survey.
2. You will receive an email from the [medicaldevices@who.int](mailto:medicaldevices@who.int) account, which includes the login credentials for the survey. Click on the link provided in **that** email and access with the credentials provided. Note: The field *Domain* is Datacol.
3. This will take you to the survey, where you will need to read the instructions listed at the top of the page.
4. We understand that the information requested in this survey might not be easily attainable; therefore you **can partially save** your answers and submit the form later on, once it is completed
5. **The closing date for submission for this survey, will be 15th of August, 2014.**

Information will be used for statistical purposes. The results will be published and all the collaborators will be acknowledged unless otherwise requested by the submitters.

We hereby thank two medical devices interns for the research done and programming the survey: Ms. Olemurejiwa Fatunde( November, December 2013) and Ms. Rocio Nava (January to June 2014), and to the clinical engineers from at least 10 countries that provided information, and to Dr Nakatani, technical officer inWHO.

If you have any questions or need further assistance please contact the Medical Devices Responsible Officers at [medicaldevices@who.int](mailto:medicaldevices@who.int), with the subject "Pricing Survey".

Should you need any more clarifications, please contact Dr. Nakatani at [nakataniy@who.int](mailto:nakataniy@who.int) .

*Thank you for your invaluable participation and collaboration in this pricing study to analyze affordability and access of medical devices,*

*Best regards*

*Adriana*

Adriana Velazquez Berumen

Senior Adviser Medical Devices

[http://www.who.int/medical\\_devices/en/](http://www.who.int/medical_devices/en/)



# Committees of the FIP Hospital Pharmacy Section

## *Call for Volunteers for FIP Hospital Pharmacy Section Committees*

The Section has been extremely active over the past years and wants to engage section members that are not on the ExCo to also get involved in our activities. In September 2013, we launched several committees and members present at the AGM were able to register their interest in participating in one of more committee. This newsletter aims to showcase the committees to the broad membership of the section and ask members that are interested to volunteer to serve on a committee. After reading each of the committee charters if you are interested in helping, volunteers should email e-mail Lee Vermeulen at [LC.Vermeulen@hosp.wisc.edu](mailto:LC.Vermeulen@hosp.wisc.edu) by 1<sup>st</sup> August, 2014

*Approved by FIP Hospital Pharmacy Section, 4<sup>th</sup> September, 2013, Dublin, Ireland.*

### Background

The FIP Hospital Pharmacy Section established several standing committees, focusing on various areas of interest of the Section, in an effort to increase member involvement in Section and FIP activities. The creation of Committees is allowed under Article 8 of the HPS Section Statutes. The HPS Executive Committee oversees the activities of all Section Committees.

The Committees established in September, 2013 are summarized here:

Committee	General Charge
Membership Committee	Identifying ways to increase membership, developing documents that list benefits of membership, etc.
Programme Committee	Guiding session development discussions in preparation for future Congresses.
Communications Committee	Coordination of Newsletter, web site and other communication strategies.
Research Committee	Coordinate activities of the World Hospital Practice Research Committee (WHoPReC).
Finance Committee	Fundraising and other financial matters.
Basel Statement Promotion Committee	Provide stewardship of the Basel Statements, encouraging application worldwide.

### Committee Structure

Each committee will be comprised of Section members who have volunteered to participate. It is expected that each Committee will have 4-6 members, representing as many different countries as possible. Membership may be larger for some Committees, based upon its expected workload and/or relative popularity amongst members. It is anticipated that individual members will not serve on more than 2 Committees simultaneously.

Each Committee will be coordinated by one or more members of the HPS ExCo. While no term-limits are currently in place for Committee members, it is anticipated that members will serve for a minimum of 2 years.

## **Committee Activities**

A charge has been established for each Committee (see below). It is anticipated that Committees will meet via teleconference on a quarterly basis (coordinated by the ExCo representatives to each Committee), and in person at each FIP Congress, to discuss the business of the Committee. Activities of each Committee will be reported back to the ExCo on a regular basis, and reported at least once per year in the Section newsletter. Brief verbal reports from each Committee will be provided at the Section Assembly, which meets annually during the FIP Congress.

The work of each Committee is determined by its charge. Some Committees may meet more frequently during particular times of the year. For example, the Programming Committee may need to meet more frequently in the months leading up to the deadline for Congress programme proposals, as they develop the Section programme elements.

## **Membership**

Individual HPS members interested in participating on a Committee should contact any member of the HPS ExCo. Anyone with an interest will be placed on a Committee as space becomes available.

## **FIP Hospital Pharmacy Section Membership Committee Charter**

*September 2013*

### Committee Charge

The HPS Membership Committee is charged with identifying ways to increase membership, developing documents that list benefits of membership, and other activities that increase membership value.

### Committee Aims

1. Provide guidance and support to the Section Executive Committee on matters related to activities that increase the value of membership.
2. Review quarterly reports of membership renewals, and support regional Vice Presidents in their efforts to encourage existing members to pay dues and continue their membership.
3. Develop and implement campaigns to encourage pharmacists who are not current Section members to join the Section.
4. Develop and maintain reports on Section membership activities.
5. Conduct other membership-related tasks as assigned by the HPS ExCo.

### Membership

The committee will be comprised of 4 to 6 active Section members and the Section Membership Committee Co-Chairs. The committee co-chairs will be officers within the Section and will be the liaisons between the Membership Committee and the HPS Executive Committee. Committee members will be recruited from the general Section membership and will be endorsed by the HPS Executive Committee.

### Committee Activities

The Committee will meet telephonically at least once per quarter to discuss Committee activities. Minutes from each meeting will be forwarded to the Section Secretary to be shared with the HPS ExCo. The Committee may also meet in person at each FIP Congress.

It is expected that each Committee member will work on several specific tasks every year. The time anticipated time commitment is not expected to exceed 3 to 4 hours per month per member.

## **FIP Hospital Pharmacy Section Programme Committee Charter**

*September 2013*

### Committee Charge

The HPS Programme Committee is charged with guiding session development discussions in preparation for future Congresses. Timelines for specific programming decisions and actions are provided.

### Committee Aims

1. Provide guidance on the timeline for programming topic decisions that are made at FIP headquarters level and at the hospital pharmacy section level.
2. Identify deadlines for topic suggestions for FIP HQ consideration, for speaker recruitment, presentation objectives, abstract submission and slides for sharing will all session speakers.
3. Coordinate planning by HPS so that all officers are involved in chairing or co-chairing sessions over the course of their term in office.
4. Review program session evaluations for use in determining improvements and future topics.
5. Be aware of topics of interest to other sections and how collaboration between and among sections might increase the rigor of the presentation and of interest in the topic.

### Membership

The committee will be comprised of 4 to 6 active Section members and the Section Programme Committee Co-Chairs. The committee co-chairs will be officers within the Section and will be the liaisons between the Programme Committee and the HPS Executive Committee. Committee members will be recruited from the general Section membership and will be endorsed by the HPS Executive Committee.

### Committee Activities

One of the activities of the committee is to disseminate the program decisions timeline for each Congress. Another activity is to make sure the deadlines are discussed and met during Section teleconferences and meetings.

See the following table for a template of program activity deadlines.

## For FIP Congress in Year XXXX:

Year	Month	Day	Task
Yr XXXX-1	February	15	- Submission of sessions proposals
	March	30	- Selection of sessions by Programme Committee
	April	30	- First approach of CPC speakers by the Chair
			- Feedback on the decisions of the programme committee to SIGs and Sections
	May	30	- Finalization of the sessions titles
			- Finalization of the content of the CPC sessions - Deadline for the 2 <sup>nd</sup> announcement
September	30	- Finalization of SIGs' / sections' speakers and sessions	
November	30	- Deadline for the preliminary programme	
Yr XXXX	January	10	- Launch of congress programme website
			- Speakers' and chairs invitations to be sent out
	April	30	- Abstract deadlines (for posters)
	May	15	- 1 <sup>st</sup> deadline for congress registration
			- List of abstracts accepted
		30	- Deadlines for the final programme
	June	15	- List of abstracts accepted
	August	1	- 2 <sup>nd</sup> deadline for congress registration
	Late August / September		Congress
	November	30	- Feedback from FIP on sessions evaluation
December	1	- Speakers' presentation on FIP website	
		30	- IPJ December issue: feedback on congress

## **FIP Hospital Pharmacy Section Communication Committee Charter**

*September 2013*

### Committee Charge

The HPS Communications Committee is charged with coordination and support of all communications to and amongst Section members.

### Committee Aims

6. Provide guidance and support to the Section Assistant Secretary in the development and editing of the Section Newsletter.
7. Develop and maintain a Section blog or listserv that provides Section members with the ability to communicate with one another quickly, about issues relevant to hospital pharmacy practice.
8. Coordinate the Section Poster Competition, held at each FIP Congress.
9. Coordinate the distribution of documents, prepared by FIP and external organizations (e.g., WHO, etc.), to Section members for review and comment.
10. Other communication-related tasks as assigned by the HPS ExCo.

### Membership

The Committee will be comprised of 4 to 6 active Section members, the Section Secretary and Assistant Secretary. The Section Assistant Secretary will be the liaison between the Committee and the HPS ExCo. The Committee will be Chaired by a Section member, selected by the Committee in consultation with the HPS ExCo. Committee members will be recruited from the general Section membership, and will be endorsed by the HPS ExCo.

### Committee Activities

The Committee will meet telephonically at least once per quarter to discuss Committee activities. Minutes from each meeting will be forwarded to the Section Secretary to be shared with the HPS ExCo. The Committee may also meet in person at each FIP Congress.

It is expected that each Committee member will work on several specific tasks every year. The time anticipated time commitment is not expected to exceed 3 to 4 hours per month per member.

## **FIP Hospital Pharmacy Section Research Committee Charter**

*September 2013*

### Committee Charge

The HPS Research Committee is charged with coordination and support of all research activities that are occurring amongst Section members.

### Committee Aims

11. Produce high quality, internationally focused research on hospital pharmacy practices to improve health outcomes.
12. Link research activities with the Section's Basel Statements.
13. Recruit PhD students to conduct hospital pharmacy research activities around the world.

### Membership

The Committee will be comprised of 4 to 6 active Section members and a member of the HPS ExCo. The HPS ExCo member will be the liaison between the Committee and the HPS ExCo. The Committee will be Chaired by a Section member, selected by the Committee in consultation with the HPS ExCo. Committee members will be recruited from the general Section membership, and will be endorsed by the HPS ExCo.

### Committee Activities

The Committee will meet telephonically at least once per quarter to discuss Committee activities. Minutes from each meeting will be forwarded to the Section Secretary to be shared with the HPS ExCo. The Committee may also meet in person at each FIP Congress.

It is expected that each Committee member will be involved on at least one research activity aimed at improving hospital pharmacy practices each year.



## **FIP Hospital Pharmacy Section Finance Committee Charter**

*September 2013*

### Committee Charge

The HPS Finance Committee is charged with coordination and support of all financial operations of the Section and efforts to raise corporate support for Section activities.

### Committee Aims

14. Provide guidance and support to the Section Treasurer in the financial management of the Section.
15. Develop and maintain reports on Section financial activities.
16. Develop and implement strategies for gaining corporate support for Hospital Pharmacy Section programs and activities.
17. Other finance-related tasks as assigned by the HPS ExCo.

### Membership

The Committee will be comprised of 4 to 6 active Section members, including the Section Treasurer. The Section Treasurer will be the liaison between the Committee and the HPS ExCo. The Committee will be Chaired by a Section member, selected by the Committee in consultation with the HPS ExCo. Committee members will be recruited from the general Section membership, and will be endorsed by the HPS ExCo.

### Committee Activities

The Committee will meet telephonically at least once per quarter to discuss Committee activities. Minutes from each meeting will be forwarded to the Section Secretary to be shared with the HPS ExCo. The Committee may also meet in person at each FIP Congress.

It is expected that each Committee member will work on several specific tasks every year. The time anticipated time commitment is not expected to exceed 3 to 4 hours per month per member.

## **FIP Hospital Pharmacy Section Basel Statement Committee Charter**

*September 2013*

### Committee Charge

The HPS Basel Statement Committee is charged with providing stewardship of the Basel Statements, and encouraging application worldwide.

### Committee Aims

18. To disseminate the Basel Statements.
19. To provide a platform for HPS members to discuss issues around Basel Statement Implementation
20. To assist the research committee with Basel Statement research.
21. To assist with future revision and maintenance of the Basel Statements.

### Membership

The Committee will be comprised of 4 to 6 active Section members and selected members of the HPS ExCO. The HPS ExCO lead member will be the liaison between the Committee and the HPS ExCo. The Committee will be Chaired by a Section member, selected by the Committee in consultation with the HPS ExCo. Committee members will be recruited from the general Section membership, and will be endorsed by the HPS ExCo.

### Committee Activities

The Committee will meet telephonically at least twice per year to discuss Committee activities. Minutes from each meeting will be forwarded to the Section Secretary to be shared with the HPS ExCo. The Committee may also meet in person at each FIP Congress.

## Recognition of Hospital Pharmacy Section Sponsors

The Hospital Pharmacy Section is very grateful to these sponsors for their support of Section activities.

**MCKESSON**

*Empowering Healthcare*



### Organizational Sponsors of the Hospital Pharmacy Section

In addition to corporate sponsors, many national and regional pharmacy organizations have provided financial and in-kind support of the activities of the FIP Hospital Pharmacy Section. We gratefully recognize these contributors:

- The French Ordre des Pharmaciens
- The Japanese Society of Hospital Pharmacists

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