news about our section

International Pharmaceutical Federation

FIP/Hospital Pharmacy Section

# newsletter 55
# June 2016

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# Message from the President

Hello, All HPS Members!

I hope that you are planning for the 2016 Congress in Buenos Aires. The program is excellent and the HPS has several sessions of great interest. For example, alternative therapies for pain, the pharmacist's role in treating dementia, and the newest personalized medicine approach to cancer treatment.

Please see the www.fip.org website for the full professional program and social activities. One practical reminder is to check your passport to make sure it will be in date for the August start of the Congress. Passports often take several weeks (6-8 in the U.S.) to update so you will need to do it now if you have a passport that is expiring soon. Hotel and airline reservations are important at this time.

I would like to extend congratulations to two of our members who have received HPS research grants. Cristina Sanches Giraud and Stephen Eckel submitted successful proposals for research relating to the revised Basel Statements. We look forward to hearing an update from them at our HPS Business Meeting in Buenos Aires. Speaking of the Business Meeting of HPS, we will be filling our officer positions for our section and you will want to meet the new officers of the HPS Executive Committee. This edition of our newsletter has reports on 2 regions of the world which you will be interested in. Representing FIP HPS, I personally attended the EAHP meeting in Vienna in March and it was an excellent meeting.

Finally, we are busy planning 3 webinars over the next several months. John Hertig, an HPS member, has volunteered to help coordinate this effort and we are happy for his leadership in developing the webinars. Your suggestions are invited to any of our officers on topics you feel are very important to the improvement of hospital pharmacy services to our patients. The intent is for the webinars to be of great value to developing countries and developed countries. We have received several suggestions already with offers to help John. We invite all of you with an interest to present to contact any one of the ExCo whose addresses and contact information is included in each newsletter.

Marianne Ivey
President; Hospital Pharmacy Section

# Call for Nominations for FIP Hospital Pharmacy Section Vice President -- Western Pacific Region

The FIP Hospital Pharmacy Section (HPS) Vice President, Western Pacific Region will complete his terms of office this year. The Council is seeking nominations to fill this vacancy.

At this time, we are seeking nominations for the following office with a term from 2016 to 2020:

- **Vice President, Western Pacific Region**
  *(Jonathan Penm is finishing his first term in this office and is eligible for a second term.)*

The sections of the HPS Statutes related to filling vacancies, instructions on nominating candidates and additional information about the duties of each office are provided below for your reference.

Self-nomination is encouraged.

All nominations will be reviewed by the 2016 HPS Nominations Committee. The members of the Nominations Committee include Lee Vermeulen (Chair), Marianne Ivey, Jean Curtis, and Stephen Curtis.

All nominations should be sent by 15th July, 2016 by e-mail to Lee Vermeulen at LC.Vermeulen@hosp.wisc.edu.

# Abstract from Statutes of the FIP Hospital Pharmacy Section

| **Article 6** | **Organs of the Section** |
|---|---|
| Section 1 | The Organs of the Section are: an Executive committee and the Section Assembly. The Section may create Permanent or Temporary Committees or Working Groups. |
| **Article 7** | **Executive Committee** |
| Section 1 | The Executive Committee shall consist of the President, Secretary, Treasurer, Assistant Secretary, Immediate Past President, and no more than eight Vice-Presidents each representing a specified geographical region or country.<br><br>The members of the Executive Committee shall have appropriate expertise and experience in hospital pharmacy. |
| Section 2 | The terms of office of the Executive committee shall be 4 years with the possibility of re-election for one second 4 year term. The President and the Immediate Past President shall normally only serve one 4 year term. The maximum term of office in any one post shall be 8 years. |
| | The Immediate Past President shall assume office upon the appointment of his successor and for the duration of the term of office of his successor. |
| Section 3 | The functions of the Executive committee are to serve as the governing body of the Section, to represent the Section according to the Statutes, to organise the Section Assembly and to submit recommendations for ratification to the Assembly, to initiate activities for and manage the affairs of the Section. |
| **Article 9** | **Section Assembly** |
| Section 1 | The Section Assembly is composed of all individual members of the Section present. |
| Section 2 | The Section Assembly shall be held during the annual FIP Congress. |
| Section 3 | The principal purpose of the Section Assembly is to ratify the Executive committee's recommendations and the general policy of the Section. |
| Section 4 | Decisions taken by the Section Assembly shall be by simple majority of members present at the meeting. In the event of a tied vote, the President of the Section (as Chairman of the meeting) shall have a casting vote. |

# Description of the Section Executive Committee

As noted in the HPS Statutes, the HPS Executive Committee includes the Section President, Secretary, Treasurer, Immediate Past-President, Assistant Secretary, and Vice-Presidents (substantially linked with WHO Regions). The Vice Presidents at this time represent the following 7 regions: Africa, Americas, Eastern Mediterranean, Europe, Japan, South East Asia, and Western Pacific. A list of the current officers is included at the end of each eNewsletter.

# Procedure for Filling Vacancies on the Section Executive Committee

The nomination/election process for filling vacant positions on the Hospital Pharmacy Section Executive Committee are as follows:

1. Nominations for vacant positions on the Executive Committee will be announced in a Section e-newsletter, giving a minimum of three weeks for receipt of submissions for consideration.

2. All nominations for vacant positions on the Executive Committee should include:
    a. A brief resume of the candidate, not exceeding 2 pages, including contact details;
    b. A letter of support stating the reasons why the candidate seeks the office and the benefit he/she would bring to the HPS Executive Committee.

3. A nominations committee, consisting of a chair (who will be a current officer of HPS Executive Committee not standing for re-election), another current officer, and at least one member of the Section who is not a current officer and who is not seeking election, shall review the candidates for each office and select a recommended candidate for each vacancy, for presentation to the HPS Executive Committee.

4. The Executive Committee will choose the successful candidate for subsequent ratification at the next meeting of the Section Annual Assembly.

# FIP Hospital Pharmacy Section
# Position Description – Duties of the Vice President
*3rd January, 2014*

Per the Section Statutes, the Section will have no more than eight (8) Vice Presidents, representing various global regions. Each Vice President shall have appropriate expertise and experience in hospital pharmacy, and shall serve a maximum of two (2) four-year terms of office.

The duties of the Vice President include, but may not be limited to:

- Support the implementation of the Section Statutes.
- Contribute to and promote the Section strategic plan.
- Serve as a member of the Section Executive Committee; attend all meetings and teleconferences of the Executive Committee.
- Represent, solicit members, and actively promote the Section in the respective regions of the world.
- Serve as a Chair and Executive Committee liaison to one or more standing Section Committees.
- Chair oral platform sessions at Congress meetings (including communicating with potential and selected speakers and ensuring the submission of abstracts, as required).
- Participate in the judging of the best poster award at the FIP Congress.
- Participate in various marketing efforts such as meeting booths at the Congress.
- Identify and communicate with country coordinators, as needed, to assist in each of the countries in the respective WHO region.
- Solicit financial support for Section programmes from various potential contacts in collaboration with the Treasurer.
- Communicate with and promote the Section with hospital pharmacy journals in the respective regions of the world.
- Contribute to the Section newsletter by providing at least one regional update per year, as requested by the Assistant Secretary.
- Contribute the Section email communications and the Section web site.

# Update from Europe

## Falsified Medicines Directive Delegated Act Accepted by European Parliament

The 'Delegated Act' of the European Commission that sets out hospital pharmacies are expected to fulfill requirements on 'check out' verification of all medicines they receive has been accepted by the European Parliament. The Act is now formal European Union law and must be implemented by a deadline of 9 February 2019.

**The EAHP EU Monitor of 25 August 2015** previously provided briefing on the main elements of the Delegated Act for hospital pharmacists to be aware of, including:

1. The unique identifier that will be contained on the outer packaging of all medicines, and its components
2. The end-to-end verification principle, requiring all hospital pharmacies to conduct 'check out' scans of the medicines packages they receive
3. The governance model of the system
4. The flexibility provided to hospitals in respect of 'when' they choose to conduct the scan
5. The 10 day limit on returns

Following this, EAHP is now advising all its member associations to engage as fully as they are able in national discussions on implementation issues, taking place via the current construction of 'national medicines verification organisations' (NMVOs). These national organisations will, for example, be in charge of defining the national user requirements under which verification systems will operate in the country in question. More information is available at http://www.eahp.eu/news/EU-monitor/eahp-eu-monitor-08-december-2015.

In addition to this, EAHP is currently preparing a further briefing for its member associations ahead of its Members' Meeting in Vienna on 15th March 2016.

The Delegated Act is now available to read in all principal EU languages at:
http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2016.032.01.0001.01.ENG&toc=OJ:L:2016:032:TOC.
Hospital pharmacists should give particular attention to Articles 25 and 26.

## European Medicines Agency seeking to develop a harmonised definition of medicines shortage

The European Medicines Agency (EMA) has called for the establishment of a harmonised definition of a medicine shortage after hosting a meeting of national regulatory authorities, the pharmaceutical industry, and other stakeholders such as EAHP, to discuss the development of proactive approaches to preventing shortages in supply.

The formal report of the October 2015 meeting has now been published and provides insights to current intended direction of medicines agencies in Europe towards the shortages issue.

**Problems with defining shortage**

As preparation for the meeting a survey was conducted which revealed that most Member States do not have a definition for a shortage (18 out of 28 responses). The lack of a common definition was highlighted several times during the workshop as an obstacle for a common approach in dealing with shortages. The report of the meeting notes: *"This lack of clarity about what a shortage is means that the conditions for reporting shortages differ from one country to another which makes benchmarking and comparisons very difficult."*

**The continuing problems faced by patients and healthcare professionals**

At the meeting, EAHP presented headline results from its 2014 survey of medicines shortages across Europe. The report of the survey revealed 86% of hospital pharmacists report that medicines shortages are a current problem in the hospital they work in, with 66% stating that shortages are affecting their hospital on a daily or weekly basis. Reported impacts for patients included delayed or interrupted chemotherapy treatment, additional side effects, heightened Clostridium difficile risk and deterioration in their condition. EAHP emphasized the need for greater international coordination of efforts to combat what is clearly a global problem. This should include a step change improvement in the information made available to healthcare professionals about shortages, with available national best practices shared and taken up. Regulatory activity in the United States was pointed to as an example.

**Recommendations from the workshop**

The recorded recommendations from the workshop are:

- the need for a harmonized definition of a medicines shortage;
- the requirement to identify at what point a manufacturing or quality issue becomes likely to lead to a meaningful disruption as well as when it should trigger a report to authorities;
- national regulators should agree on common trigger points for notification as well as harmonised data requirements across the EU;
- a European shortages communication network, similar to a rapid alert network, should be constructed; and,
- the pharmaceutical industry should consider the value of stress tests to evaluate effectiveness of measures in place to prevent shortages.

The European Medicines Agency will update its implementation plan on this topic accordingly and further developments are awaited.

The report of the meeting is available at
http://www.ema.europa.eu/docs/en_GB/document_library/Report/2016/01/WC500200281.pdf

Presentations and documentation related to the meeting available at:
http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/events/2015/07/event_detail_001179.jsp&mid=WC0b01ac058004d5c3

EAHP research and advocacy points on shortages available at:
http://www.eahp.eu/practice-and-policy/medicines-shortages

Commenting on the published report of the meeting, EAHP Board Member Aida Batista, who is the Board lead on medicines shortages, said:
*"The headline recommendation of this meeting on the need for a harmonized definition on medicines shortages is absolutely right. However it is imperative that that definition is not of a highly restrictive nature. For example, some at the meeting advocated only defining a medicines shortage if it could be categorized as providing a "high risk". This will not do. Every medicines shortage causes problems for patients and healthcare professionals, with risks of error contained from substitution to alternatives. This problem must be dealt with holistically and in totality.*
*"We also emphasised at the meeting the need for transparency in medicines shortage information. As the example of the USA and some countries in Europe show, when you make information on shortages public terrible events do not occur. Public debate and solution finding is certainly better informed however."*

## Common Training Framework

The European Association of Hospital Pharmacists (EAHP), and its 34 member country platforms are creating a common training framework for hospital pharmacy education in Europe.

The framework will support the raising of standards in hospital pharmacy practice and thereby enhance the quality of, safety of, and equity of access to, patient care in every European country. The first step is to define and get acknowledgement of a common practice standard for the Hospital Pharmacy Specialisation. This will be accomplished by first getting the Common Training Framework in ten EU Countries. The whole project is divided in three working groups:

1) Complication of supporting evidence of the value that can be created in forming a Common Training Framework
2) Defining the knowledge, skills, and competencies
3) Communication regarding the program and the Common Training Framework

In sum, the Common Training Framework will provide a key tool for all countries in delivering the vision of the 44 European Statements of Hospital Pharmacy.

More information about this project is available at http://www.hospitalpharmacy.eu.

## European Commission publish study investigating differing national approaches to the medicines pricing challenge

The European Commission has published a new study examining differing approaches by national governments in the EU to the challenge of managing medicines expenditure. The report pays particular attention to the phenomena of external reference pricing, and the prospects for a European approach of 'differential pricing' according to country GDP (Gross Domestic Product).

**External reference pricing**

EPR, also known as external reference pricing or international price comparison/benchmarking, is defined in the report *"as the practice of using the price(s) of a medicine in one or several countries in order to derive a benchmark or reference price for the purposes of setting or negotiating the price of a medicine in a given country."*

EPR is used in 29 countries in the EU, as well as in Iceland, Norway, Switzerland and Turkey, though different approaches are applied in Germany, Sweden and the UK, which employ various forms of EPR, value-based pricing (VBP) and other pricing regulation schemes.

According to a survey from last year, the commission found that 20 of the 29 countries that apply EPR use this policy as their sole or main pricing policy. Countries most frequently referenced to are France, Belgium, Denmark and Spain, followed by Italy, the UK and to a lesser extent, Austria, Germany and Slovakia.

But the details of how an EPR scheme is designed differs between countries, the report notes, as 21 countries compare medicine prices at the level of ex-factory prices, while eight countries at the pharmacy purchasing price (wholesale price) level.

The study identifies ways in which EU countries could improve the operation of external reference pricing, including improving:

- the account taken of currently confidential discounts;
- the operation of the 'Eurepid database' for sharing information between EU countries on pricing;
- coordination between EU countries to have more harmonized method of comparison

**Differential pricing**

Meanwhile, the report also examines the feasibility of achieving a system of 'differential pricing', the strategy of selling the same product to different customers at different prices, in the case of medicines, dependent on country income (or ability to pay). Such approaches have been used in respect to delivering access to vaccines and other vital medicines in low-income countries outside Europe. The study is skeptical to both the possibility of achieving European agreement for such a scheme, as well as the proposed benefits that would be achieved.

The study states: *"The introduction of a fully-fledged DP scheme in Europe, as a government policy*

*or EC supported policy in full respect of the subsidiarity principle, though not completely impossible, would however require addressing major obstacles in legal, technical, organisational and political terms and might not be the most preferred policy to address challenges in equitable access to medicines."*

The study was written by Gesundheit Österreich Forschung- und Planungs GmbH and funded by the Health Programme of the European Union.

A fuller summary of the report, produced by the Regulatory Affairs Professional Society (RAPS) is available at http://www.raps.org/Regulatory-Focus/News/2016/02/25/24409/European-Drug-Prices-New-Commission-Report-on-What-Policies-Work-and-What-Could-Work/

The full report is available at
http://ec.europa.eu/health/systems_performance_assessment/docs/pharmaproductpricing_frep_en.pdf

EAHP Board Member Frank Jorgenson, who leads the Association's activities in relation to medicines access, commented:
*"What comes through in this report is to an extent what we know already; that the landscape of medicines pricing in Europe is confused by poor levels of transparency. We, the public, often simply do not really know the true costs of medicines to our Governments. This gets in the way of both scrutiny and informed public debate. Transparency could be improved by some of the suggestions in this report, but calls for greater disclosure on issues such as R&D costs will remain valid and reasonable."*

# Update from Japan

## The 2016 Kumamoto Earthquake and activities of pharmacists

Yasuo Takeda, Ph.D.
Vice President of Japan, Hospital Pharmacy Section, FIP
Professor and Director, Dept. of Clinical Pharmacy and Pharmacology, Kagoshima University Hospital, Japan
Executive Director, Japanese Society of Hospital Pharmacists

## A summary of the 2016 Kumamoto Earthquake

At 21:26 on April 14, 2016, an earthquake with a magnitude of 6.5 (foreshock) occurred at a depth of approximately 10 km in the Kumamoto region, Kumamoto Prefecture. At 1:25 a.m. on April 16, 2016, another earthquake with a magnitude of 7.3 occurred at a depth of approximately 10 km in the same region. These earthquakes brought serious damage to many areas in the region. The intensities of both of the earthquakes on April 14th in Mashiki-machi and on 16th in Nishihara-mura and Mashiki-machi were seven. According to a report by the Seismological and Volcanological Department of the Japan Meteorological Agency, there were a total of 1,571 earthquakes with an intensity of one or higher (an intensity of: seven × 2, six upper × 2, six lower × 3, five upper × 4, five lower × 7, four × 85) between April 14 and May 25, 2016, in the Kumamoto and Aso regions, Kumamoto Prefecture, and the western and central regions of Oita Prefecture. A total of 49 people died in this Kumamoto Earthquake across seven cities, towns, and villages of Kumamoto Prefecture, according to a news report published on May 26, 2016. 104,139 houses were destroyed or damaged. Even at present, 8,589 people are living in 193 shelters (http://www.nippon.com/en/features/h10018/). Regarding damage to health care institutions, only limited inpatient services were being provided by twelve hospitals due to damage to the hospital wards and other reasons as of May 17, 2016, according to information obtained from the Ministry of Health, Labour, and Welfare.

Destroyed and damaged Houses


Temporary dispensation place

## Activities of pharmacists in disaster areas

On April 15, the day after the foreshock, the Oita Pharmaceutical Association dispatched five members (three pharmacists and two clerical workers) to the Medical Aid Center of Mashiki Town Office, using their Mobile Pharmacy (a special vehicle designed to supply drugs in the event of a disaster), in response to a request submitted by the Kumamoto Pharmaceutical Association. The pharmacists dispatched by the Japan Pharmaceutical Association were involved in dispensing at medical aid centers in Mashiki-machi, Minamiaso-mura, and Kashima-cho, and accompanied medical teams on rounds. The pharmacists teamed up with volunteer workers, who had received lectures on the initial symptoms of economy-class syndrome and its prevention methods, and made rounds with the medical teams to prevent economy-class syndrome under the supervision of physicians while providing the volunteers with support. The teams visited evacuees who had been using their cars as shelters, and informed them that they should come to the medical aid center as soon as they felt ill. There were 51 patients with economy-class syndrome (vein thrombosis) requiring hospitalization as of May 19, 2016.

Mobile Pharmacy dispatched by Oita Pharmaceutical Association

The pharmacists also provided advice on environmental hygiene. Immediately following earthquakes and other disasters, it is difficult for residents to wash their hands with running water. After outdoor restrooms had been cleaned, the pharmacists prepared sodium hypochlorite solution and disinfected them in collaboration with cleaning volunteers, as a measure for the prevention of norovirus.

Three mobile pharmacies arrived in the disaster area (vehicles owned by the Hiroshima Pharmaceutical Association on April 19 and those from the Wakayama Pharmaceutical Association on April 20) to conduct support activities. The pharmacists provided the DMAT, JMAT, and physicians of the Self-Defense Forces with advice on prescription, dispensing, and administration, as well as health consultation. In severely damaged Mashiki-machi, a large number of disaster-support pharmacists from across Japan conducted support activities in the three mobile pharmacies, which served as dispensing pharmacies.

The mobile pharmacies operated 24 hours a day to respond to the demands of the DMAT and Self-

Defense Forces for prescriptions. As for drug supply, the staff of the Kumamoto Prefectural Government placed orders for drugs required by the mobile pharmacies to wholesalers on an as-required basis, and, therefore, drugs other than those in stock were available. Since a sufficient number of personnel were recruited, the pharmacists worked in three shifts: 1st (7:00 a.m. to 10:00 p.m.), 2nd (10:00 p.m. to 2:00 a.m.), and 3rd (2:00 a.m. to 7:00 a.m.) shifts.

On receipt of a notice entitled: "The dispatch of pharmacists to disaster areas", issued by the General Affairs Division of the Pharmaceutical Safety and Environmental Health Bureau of the Ministry of Health, Labour, and Welfare, the Japanese Society of Hospital Pharmacists (JSHP) established disaster medical care headquarters on April 16, 2016. Hospitals in Kumamoto and medical teams making rounds at shelters also recruited volunteer pharmacists and dispatched them to disaster areas in which the number of pharmacists had been insufficient. A total of 127 members of the society were registered as volunteer pharmacists, 15 (a total of 67) pharmacists were involved in medical support activities in the disaster areas.

## Mobile pharmacies

Mobile pharmacies are vehicles designed to serve as pharmacies and supply drugs in the event of a disaster. If a large-scale disaster occurs, it may disrupt lifelines, interfere with the function of pharmacies, and paralyze systems for drug supply. Mobile pharmacies were introduced to visit areas stricken by such a large-scale disaster, and dispense and supply medical drugs for people in these areas. Mobile pharmacies not only function as passenger vehicles do, but they are also as livable as camping cars. They are equipped with electric scales and an automatic powder packaging machine required for dispensing, benches for dispensing liquid medicine, computers, and batteries and generators to supply electricity.

The following disaster medical care vehicle to supply medicine was introduced by the Oita Pharmaceutical Association at a cost of approximately 13 million yen; approximately 40 types of drug were in stock:

Activities of Mobile Pharmacy


Inside - Medicine shelf

Principal equipment (data on the vehicle)

- Base vehicle: TOYOTA CAMROAD 4WD/4AT (3,000 cc diesel turbo, capacity: three people)
- A car navigation system, an ETC system, an automatic air conditioner
- A basin, a cassette flush toilet, a hot shower room, beds (two people)
- A water supply tank (64 L), a water supply pump, hot water equipment (24 L), an FF heater, an air conditioner
- Curtains, indoor lighting, outdoor lighting, side awning (power-supply equipment)

Power-supply facilities

- Connecters for external power (100 V), 100-V indoor output outlets
- A portable generator (gasoline engine 1,600 W), solar panels (182 W)
- Deep cycle batteries (100 Ah × 3) (communication equipment)

Communication facilities

- Simplified digital wireless devices (5 W, one for the vehicle, two portable), antennas for the vehicle and temporary stations
- A liquid crystal TV (40 inches), digital terrestrial broadcasting and BS/CS antennas

Dispensing-related equipment

- Electric scales (battery-type), an automatic powder packaging machine (21 packages)
- A cabinet for tablets (storing 300 to 500 items), a counter with drawers
- A sink and faucet for dispensing liquid medicine, fresh water tanks (20 L × 2), a drain tank (70 L)
- A refrigerator (90 L)
- L-shaped work benches, office desks for computers for information processing and printers, swivel chairs

BUENOS AIRES 2016
FIP WORLD CONGRESS
28 August - 1 September

## Rising to the challenge: reducing the global burden of disease

Of the top 10 causes of death around the world, nine are diseases. Heart disease, stroke, HIV/AIDS, chronic obstructive pulmonary disease, lung cancer, diabetes and diarrheal diseases are among this list. But the burden of disease is not just about the years of life lost due to death; it is also about years lost due to living in less than full health. As a result, there has been an effort to change from a sickness care model to a health model. Our role in improving the outcomes of treatments is the essence of the pharmacy profession and of pharmaceutical scientists. Creating, preparing and providing medicines is based on this role. Moving from a sickness model to a health model means that pharmacy is also now about disease prevention and health promotion.

Pharmaceutical scientists, pharmacists and pharmacy educators are dedicated to integrating evidence-based practice to improve the use of medicines. Innovation that creates new treatment options with medicines, collaborative practices (not only within health professionals, but also individuals and communities themselves), practices that improve the use of medicines, prevention (of both diseases and complications from existing disease) and public health programmes all have the potential to reduce the global burden of disease.

The International Pharmaceutical Federation (FIP) and the Confederaçion Farmacéutica Argentina (COFA) invite you to Buenos Aires, the dynamic capital of Argentina and home of the tango. Come and be captivated by the lively atmosphere in this elegant city, the gateway to South America, where plains, vineyards, jungles and great rivers await discovery.


**HPS members are especially welcomed at the following events:**

**Wed 31 August 2016, 12:45 – 13:45**
**Hospital Pharmacy Section Assembly**
**Hilton Buenos Aires; Buen Ayre A**

**Wed 31 August 2016, 20:00 – 22:30**
**Hospital Pharmacy Section Dinner**
**Location to be announced; ticket required**


## Together we will transform pharmacy!

An **exceptional event** is set to take place in November: the Global Conference on Pharmacy and Pharmaceutical Sciences Education -- **"Creating a global vision for a global workforce"**.

This **unique conference** will gather pharmacy leaders from across the globe to set the future milestones for education and workforce development of pharmacists and pharmaceutical scientists, creating a **global vision** for transformative pharmacy and pharmaceutical sciences education.

The International Pharmaceutical Federation (FIP) is proud to host this seminal platform to establish dialogue and consensus among policymakers, education leaders and regulators **on how pharmaceutical workforce competence can be assured through education.**

FIP will lead the adoption of a clear roadmap on which we can all rely to advance education and training through a **shared vision** to accept fully responsibility and accountability for improving global health.

Participants of the Global Conference on Pharmacy and Pharmaceutical Sciences Education will be able to input into the following crucial documents:

- ***Global Vision*** for the Workforce and Workforce Development (in the context of education and training);
- ***Pharmaceutical Workforce Development Goals***; and
- ***Professional Statements on Pharmacy and Pharmaceutical Sciences Education***.

The draft documents are available for public consultation at
http://www.fip.org/nanjing2016/public_consultation.
These documents will be ratified and adopted at the conference.

We look forward to welcoming you in China -- where major reform of pharmacy education is already taking place -- for this **exciting opportunity to direct** the future of our profession through education.

Prof San Guowei
Prof. Philip Schneider

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




## 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

International Pharmaceutical Federation
Hospital Pharmacy Section

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