



Moments of a Congress – Community Pharmacy Section Activities

Success can be measured by a number of criteria. By means of just a few of them (eg, relevance and evaluation), we can conclude that this year's FIP Congress was a great success!

By entertainment value

A great number of people of all nationalities found their way to the Mississippi River for the Section Dinner – all in all 420 guests boarded the Natchez!



Whether French, Nigerian or other, most seemed to make the best of an untraditional non-singing-but-dancing night out with the Section.



France: Florence Guillier, Josette Dubray, Martine Chauvé



Nigeria

The Section Dinner was also the celebration of the new position of the Section Secretary, Ms Bente Frøkjær, who will commence her new duties as



Vice-President of FIP. At a more formal reception, representatives of the national member associations and a number of invited guests bid Bente farewell, as her 10 years as Secretary of the Community Pharmacy Section come to an end.

By evaluation

A large number of people, 215 registrants, found their way to the CPD Programme, which, this year, in Charlie Benrimoj's absence, was chaired by Hanne Herborg. According to the 55 evaluation forms received (representing one fourth of participants), the goal of the programme was achieved (96 % of responses), and the experience in the workshops was positive (92 % of responses). On average, satisfac-



Newest member of the Planning Committee, Alison Roberts, Australia, in conversation with fellow workshop leader, Trine Høpp, Denmark

tion with the lectures was rated positively by almost 96 %. From an administrative point of view, we cannot complain of such an evaluation, if perhaps only of the lack of responses ...



Planning Committee members Christine Nimmo, USA (left), Hanne Herborg, Denmark, and Foppe van Mil, The Netherlands

By numbers

For several years in a row, the number of submitted abstracts for presentation (poster or oral) under the Community Pharmacy Section has exceeded one hundred! Ten abstracts, representing Brazil, Canada, Finland, India, Nigeria, Spain, Sweden, The Netherlands, the USA and Serbia, were selected for oral presentation. Among the topics on the agenda were *Assessing customers' expectations and satisfaction at a pharmacy lacking professional advanced professional cognitive services* (Miguel Angel Gastellurrutia, Spain) and *Instructions for the management of community pharmacy practice in Republic of Serbia* (Vukica Kocic-Pesic, Serbia).



Birgitta Sahlin-Olofsson, Marianne Norelius and Cemille Özdemir, Sweden

Dear friends

In the last issue of ZOOM (July 2004), I shared with you some of my personal impressions from the Executive Committee's last Midyear Meeting, in India, hosted by our Observer from Developing Countries, Mr Prafull Sheth. At this point of time, Prafull Sheth is no longer our Observer, but a full member of the Executive Committee. It is the first time, to my knowledge, that the Observer is elected Member of this Executive Committee, and I am pleased for him and for us.

The new Observer of the Committee, Mohamed Laghdaf Rhaouti, is from Morocco. His project deals with counterfeit medicines. Is it only a problem of developing countries? Is it not a worldwide problem? Indeed, many developed countries face this problem, including Russia (more than 300 million dollar a year) and USA. I *do* believe that, with a lot of effort and goodwill, with implementation of GPP for developing countries, with implementation of quality care standards such as those soon to be published by our Working Group, and with assistance from developed countries, we can go in front to improve the quality of pharmacists and achieve high-level standards in our profession.

But are we all interested in it? Do we use the platform of our worldwide organisation, FIP, in order to learn from others? I am not sure about that. We, in the Executive Committee, were elected not only to prepare interesting congresses, but also to

be your centre of knowledge about community pharmacy all over the world. So let us assist you, if and when needed.



Avi Moshenson
Avi Moshenson

Executive Committee of the Community Pharmacy Section of FIP

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FIP Flash News

Flash News, the electronic newsletter of the Community Pharmacy Section, is sent 6 times a year to all individual CPS members who have provided us with their e-mail address, either through FIP Headquarters or as a direct request to the CPS Secretariat. If you are not already on the mailing list, please send an e-mail with the subject 'Flash News' to: ans@pharmakon.dk informing us of your name and e-mail address.

New member on the Executive Committee

Prafull D. Sheth was elected new member of the Executive Committee during the meeting of the Steering Committee in New Orleans, September 2004.



Prafull D. Sheth, India (left), photographed with Avi Moshenson, Israel, President of the Community Pharmacy Section

He is known to many of you already, as he has been Observer from Developing Countries on the Executive

Committee for the past four years (2000-2004). As Observer, he undertook the project of preparing and implementing "Guiding Principles for Pharmacists – HIV/AIDS in India".

Prafull D. Sheth is Professional Secretary of SEARPharm Forum, a South East Asian FIP-WHO forum of national pharmaceutical associations. The Forum promotes the role of pharmacists in WHO's health agenda in the South East Asian region of WHO.

Mr Sheth has vast experience with working with the Indian Pharmaceutical Association, of which he is Immediate Past President, and he is Vice-President of the Federation of Asian Pharmaceutical Associations.

We are pleased to have Prafull with us for another four years and welcome him on the Executive Committee.

ZOOM via E-mail?

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The next issue of ZOOM will be sent via e-mail to those who have requested it.

New Observer from Developing Countries

During the recent FIP Congress in New Orleans, the Steering Committee of the Community Pharmacy Section elected Dr Mohamed Laghdaf Rhaouti new Observer from Developing Countries attached to the Executive Committee of the Section.



Besides being a pharmacy owner in Rabat, Morocco, Dr Rhaouti currently holds the position as President of the Regional Board of Practicing Pharmacists – Northern Chapter (CRPON), and he is also President of the National Federation of Pharmacists of Morocco (CNOP).

Dr Rhaouti holds a postgraduate advanced degree in Political Sciences in addition to a doctorate degree in Pharmacy and, in this capacity, acts as sworn expert pharmacist before the court of law.

While attached to the Community Pharmacy Section, Dr Mohamed Laghdaf Rhaouti will develop his proposed project and tackle the fight against counterfeit of drugs in developing countries using Morocco as an example.

Chain pharmacy: Trends and future developments

Article in the CPS-IMS benchmarking series



A chain pharmacy means different things in different countries. Chains vary by size, services, ownership and pharmacy focus. Nevertheless, in those countries where chains have flourished, their market share has seen an almost inexorable growth. Key to this growth have been government pressures on pharmacy margin and the ability of the chains to extract economies of scale from manufacturers and in promotional and other central services. These same influences, however, are driving the chain pharmacy model into a new, evolutionary stage, as e-pharmacy and non-pharmacy retail chains take advantage of new regulations to enter the pharmacy marketplace.

This article describes the different types of chain pharmacy seen across the world and attempts to describe some of the key influences on future developments.¹

Chain pharmacy: What is it?

Chain pharmacy is normally understood as being a corporate organisation with multiple pharmacy store outlets under common ownership. An analysis of pharmacy based on this definition will, however, probably underestimate the extent to which pharmacies belonging to a chain dominate retail pharmacy. This is because the definition would fail to take account of voluntary networks of pharmacies that cooperate to buy products for a better price from manufacturers or to effect joint marketing campaigns under a common or different banner. The Katz Group in Canada probably combines the full spectrum, it having perhaps anywhere between 10-90% involvement with different pharmacies under 5 different brands. Each of these brands offers different services to different pharmacies ranging from private label product to flyer programmes for local advertising, finance packages and medicine management programmes.

Nonetheless, chain pharmacy, even using its strictest definition, is a many-headed beast. Traditional chain pharmacies in the USA have approximately 50% of their sales as prescriptions, the remainder being in other products. Mass merchandiser chains and food store chains have a very different mix, perhaps only 5-10% of their total sales relating to pharmacy. Even across and within such categories, ownership can vary. In some countries, vertical integration is permitted, in others not. In one or two, mechanisms have been devised so as to create vertically integrated chains despite the law. At the same time, in the UK, an independent pharmacy is seen by IMS as being one who belongs to a chain of less than 5 pharmacies. Cross-country comparisons should, therefore, be assessed with care.

How successful is chain pharmacy?

Although for many of us, life without chain pharmacy would seem impossible, there are countries where laws prevent chain pharmacies (see Table 1). There would, however, appear to be no geographical rhyme or reason, at least as to why there should be these differences. In the new EU Member State countries, Latvia and Slovakia do not permit chain pharmacy (although chains do, nevertheless, exist in these

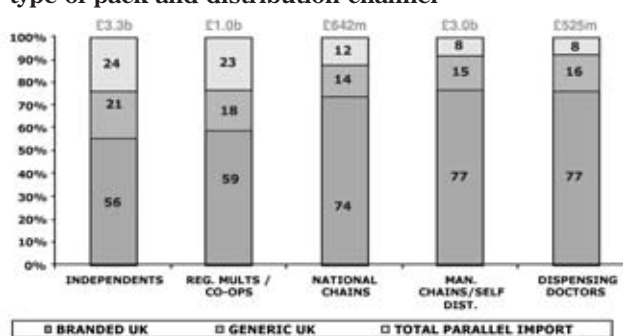
countries), whereas all the other new Members do. In Scandinavia, we range from the ultimate pharmacy monopoly in Sweden, through the domination of vertically integrated chains in Norway, to chain pharmacy being outlawed in Denmark (although voluntary networks are widespread).

Table 1: Countries that do not permit chain pharmacy

Denmark	Latvia
Finland	Portugal
France	Slovakia
Greece	Spain
Italy	Turkey

In those countries where chain pharmacy is permitted, however, success is very variable. In a 2002 report, it was stated that just 6.7% of retail pharmacies were in chain or public ownership across Europe as a whole.² This, however, ranged from 85% in Norway to just 3% in Switzerland. There are some indications that, in those countries where chains have flourished, the remaining independent pharmacies are having some commercial success. In the USA, for example, independent growth is similar to that of the supermarkets and mass merchandisers. In the UK, moreover, despite there being a 24% decline in the number of outlets classified as being independent between 1998 and 2003, growth in the year to November 2003 was only just below the market average. This success appears to be driven out of a greater focus on parallel import packs (see Figure 1).

Figure 1: % sales in UK in year to November 2003 by type of pack and distribution channel



What factors may explain pharmacy chain success?

Chain pharmacy is not popular with everyone. The Pharmacy Guild in Australia, for example, maintains that "... chain pharmacy is not good pharmacy ..." and has "been running a campaign for years that the supermarket giants would take over local chemists and destroy community based pharmacy in Australia, imposing a profit-driven regime where local care and community obligations would be abandoned."³ A 1997 research paper in the USA indicated that respondents gave higher ratings for technical skills to independent rather than chain pharmacies, it being suggested that these higher ratings were primarily due to increased personal service.

It is certainly true that the pharmacy chains appear to be able to leverage economies of scale somewhat better than independents. In South Africa, for example in June, Dischem Pharmacies opted to implement the new pricing regulations' dispensing fee of 26 %, ahead of the scheduled implementation date of August 2, stating that "...while the regulations might be damaging to smaller retail pharmacies, there was no reason why larger chain pharmacies could not break even."⁴

At the same time, there is also evidence that chain pharmacies drive the expansion of new services, particularly perhaps in the introduction of diabetes testing in the UK.

This heady mix of political opposition, better profit control and service delivery are not the only factors:

- Centralised distribution in the former Soviet Union was a key factor in the development of chain pharmacy in Russia and the Ukraine.
- The attitude of the chains to voluntary networks plays a part. Galenica, for example, one of the major wholesalers in Switzerland that owns its own outlets, also offers partnership packages to independent pharmacies.
- Labour shortages may also be a factor. In Canada, 47 % of pharmacy owners/managers report a shortfall of pharmacists in their own stores, and it may be that the chains can offer better packages and opportunities than can the independent.
- Geography also determines the market infrastructure. In Mexico, the chains dominate the urban settings, but have yet to penetrate the remoter rural areas where independent pharmacy is more common. And yet, because the distances between such pharmacies are so great, it has been very difficult to establish large-scale group purchasing by independents.

What is the future of chain pharmacy?

Chain pharmacy in its broadest sense, in other words: including both voluntary networks and chains of the same ownership, will no doubt fare better than the independent pharmacy. This is not only due to their greater purchasing

power, but because the expanding role of pharmacy requires greater investment in store infrastructure. Independent pharmacists may not have either the funds or the space to make that commitment.

At the same time, traditional chain pharmacies are coming under threat from the development of mass merchandiser pharmacies outside of North America, and from the development of mail order and e-pharmacy:

- Mass merchandiser pharmacies appeared to be restricted to North America and the UK but, last month, the retail chain "Drogerie Markt" announced that it would pilot a "pick-up" service at 8 of its 652 stores in Germany. Customers would drop off their prescriptions and return three days later.⁵
- Mail order pharmacy is still the fastest growing sector in the USA in both sales and prescription terms (see Table 2). In Europe, it is interesting to note that one of the insurers there has set up a preferred provider agreement with an internet pharmacy offering internet ordering and postal delivery of prescription medicines.

Table 2: USA prescription sales 2003 by type⁶

	2003	% share 2003	2002
Traditional chain (20,704)	\$85.37 Bn (+12.5 %)	42.0 % of total	\$75.92 Bn
Mass merchandiser (6,362)	\$19.46 Bn (+7.8 %)	9.6 % of total	\$18.05 Bn
Supermarket (9,437)	\$25.08 Bn (+8.5 %)	12.3 % of total	\$23.11 Bn
Total chain (36,503 outlets)	\$129.91 Bn	64.0 % of total	\$117.07 Bn
Independents (18,879)	\$38.25 Bn (+ 8.2 %)	18.8 % of total	\$35.35 Bn
Mail order	\$34.92 Bn (+15.5 %)	17.2 % of total	\$30.23 Bn
Total sales	\$203.08 Bn (+11.2 %)		\$182.66 Bn

Conclusion

The structure of retail pharmacy varies widely across continents. Chain pharmacy is probably most developed in North America, but even there, voluntary networks of independent pharmacies play a prominent role. It is difficult to predict where chain pharmacy will end up, but it is clear that, as pharmacy's role changes and regulations change, chain pharmacy, in 5 years' time, will not be the same as it is now.

¹ All information is taken from IMS Health, IMS Prognosis 2004-8 unless otherwise stated
² James Dudley Management OTC Distribution in Europe – New challenges and New Strategies for the Future, January 2002
³ Small pharmacy chain gets crushed in the mortar as collateral damage. The Sydney Morning Herald, 29 June 2004
⁴ Pharmacy chain goes ahead with new pricing. Business Report, 20 June 2004

⁵ Click and Drug. Chemist & Druggist, 31 July 2004
⁶ National Association of Chain Stores website
<http://www.nacds.org/wmspage.cfm?parm1=507> Manufacturer sales data from IMS HEALTH used with the addition of a retail margin to estimate retail sales. Franchise sales transferred from independent to chain category to reflect NACDS membership.

2004 André Bédard Award

The Board of Pharmaceutical Practice of FIP has awarded the 2004 André Bédard Award to John Alfred Bell, Australia. It is the premier award presented by FIP to a pharmacist who has made an outstanding contribution to international pharmacy.

John Bell is currently proprietor/manager of a community pharmacy in Sydney which provides specialist services to nursing homes, hostels and private hospitals. He is also Principal Advisor to Pharmacy Self Care, a consumer health information programme managed by the Pharmaceutical Society of Australia.

John is immediate past president of the Commonwealth Pharmaceutical Association (CPA). As CPA President, and now its Honorary Secretary, John works tirelessly for the benefit of the member countries and has been a member of delegations to India, Bangladesh, Tanzania, Zimbabwe and Zambia to consider and make recommendations regarding pharmacy practice and public health. His work within CPA has advanced the role of the profession in the developing Commonwealth countries member of CPA, which has led to improved health in those countries.

Source: Press release, 5 September 2004, FIP, fip@fip.org



FIP World Congress of Pharmacy and Pharmaceutical Sciences: Award winner John Alfred Bell (left) with Dick Tromp, Chairman of the Board of Pharmaceutical Practice

Big isn't all bad: Chain pharmacies in focus: Are chain pharmacies really the bad guys that some people say they are?

Community Pharmacy Section session, New Orleans

The room was filled to the brim in New Orleans on Tuesday morning when we started the symposium on Chain Pharmacies. All 225 seats were occupied, and people were waiting outside. For fire safety reasons, the doors eventually had to be closed.

The audience listened first to a presentation by Craig Fuller of the American Association of Chain Pharmacies. He gave a good overview of the situation in the USA and provided many figures. He focused both on the good sides, eg: the chains have actually developed many new services for the customers, and they keep a high standard – and the less good sides; however, from his outlook, the latter were not dominant.

The chains in the USA and in many other countries are genuine chains – meaning that a company owns many pharmacies and runs them after a company model. In the UK, you will see the same types of chains, eg, Boots and Moss the Chemist. However, in the UK and in some other countries, such as France, The Netherlands and Denmark, you also find so-called virtual chains. Robert Darracott, UK, provided the audience with a fine overview: He defined a virtual chain as a group of pharmacies of various ownerships that adopt chain behaviour for their mutual advantage. The collaboration can include commercial aspects: buying drugs and other goods in order to obtain benefits; marketing support: merchandising, promotion and branding; business support: store planning, business training, IT systems; strategic marketing: direct mailing, consumer marketing, website services; professional service development.

After two very informative presentations, and a break where 50 more chairs were brought in, we heard Inger Lise Eriksen, President of the Norwegian Pharmacy Association, tell the story of Norwegian chain pharmacy. The new pharmacy law came into force in March 2001 and opened the doors to chain pharmacies. The aims were to give better access to community pharmacies and to have more pharmacies, to increase the level of service and quality, to increase cost-effectiveness resulting in a lower drug bill.

Many pharmacy owners sold their pharmacies to pharmaceutical wholesalers, and most of the 400 pharmacies in Norway were taken over by chains during 2001. Since 2001, the total number of pharmacies has risen from 400 to 526, leading to an increase in the coverage from 11,300 inhabitants per pharmacy to 8,700 inhabitants per pharmacy. It is worth noting that the growth has taken place in the cities and towns and not in the rural areas.

There are benefits:

- Standardised quality
- Improved quality assurance systems
- Improved functional competence and implementation
- Improved efficiency
- Fewer deviations in chain pharmacies than in independent pharmacies.

And there are negative sides: Lost is:

- The spirit of the professional pharmacy owner
- The pharmaceutical environment
- The "days of wine and roses".

The government has reached some of its goals, but not a reduction in the drug bill.



Panel members: Dick Tromp, The Netherlands; Robert Darracott, UK; Craig Fuller, USA; Christine Glover, UK, Chair; Inger Lise Eriksen, Norway; Avi Moshenson, Israel

The three speakers and President of the Community Pharmacy Section, Avi Moshenson, Israel, and Chairman of the Board of Pharmaceutical Practice, Dick Tromp, The Netherlands, willingly responded to the many questions from the enthusiastic audience who stayed to the bitter end, 20 minutes past closing time, to listen. Christine Glover, UK, was a very competent chairman who handled the discussion well.



Michel Buchmann, Switzerland, and Howard Rice, Israel – just two of the many who took the floor to put their questions to the panel

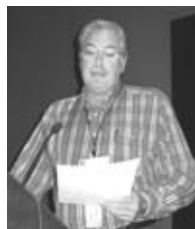
Many in the audience were concerned about chain pharmacies – it was as if the majority felt that "Big is bad". The panel outlined both the benefits and the negative sides. The final remark by Craig Fuller is worth citing: It is not the chains you should fear – it is the mail order pharmacies where there is no contact at all between pharmacist and customer!

Bente Frøkjær

► Continued from page 1



Vukica Kocic-Pesic, Serbia



Miguel Angel Gastellurutia, Spain

By relevance

As a final measurement, we bring forward the joint session with the Phar-

maceutical Forum of the Americas on Counterfeit Medicines. The session showed that this highly topical subject is not a problem limited to developing countries; on the contrary, it is very much in focus – and growing – in developed countries, too, eg, the USA. The Section will, in the near future, be putting much effort into charting the extent of counterfeiting, as a start through development of a project in Morocco. If resources suffice, it is conceivable that our activities will spread to include other parts in the world.



Panel members: José Luis Castro, USA (left); Marv Shepherd, USA; Lowell Anderson, USA, Chair; Rodrigo Salas Sanchez, Costa Rica; Jane Nicholson, UK; Eshetu Wondemagegnehu, Switzerland

Anja Sichlau

Community Pharmacy Section Steering Committee Meeting on Negotiating Skills

We can all benefit from improving our negotiating skills, particularly when we are negotiating contracts for the payment of pharmaceutical services said Chairman, Dick Tromp, opening the meeting.

"Negotiating for life and for business" was the subject of the entertaining first presentation by Rex Corlett (International Business Development Education Testing Service, Princeton, USA). He described the big picture on negotiations as a process and not an event. Negotiating is relationship-building.

Negotiations can take a long time, take place in many formats and with no set rules on how to proceed. It is necessary to understand the culture and history of the opposition and to know the negotiating styles of both sides so that the most appropriate members of your team are chosen to act as the negotiators, said Mr Corlett. If the other side is smarter than you, learn from them, use new knowledge to your advantage, adapt and don't be afraid to back off. Be wary of the "Good Cop, Bad Cop" routine, consider a new partner if it is used, and never, ever use it yourself.

Follow your instincts or your "Gut" when making decisions and avoid emotions as they block objectivity and hinder negotiation. Do not negotiate if



John Bronger, Australia (left); Rex Corlett, USA; and Chairman, Dick Tromp.

you are emotionally involved, warned Mr Corlett, and do not confuse a "gut reaction with a "gut decision". A "gut reaction" is a decision based on one fact or piece of information. A "gut decision" is made after you have collected all available facts.

Put your "cards" not your "hand" on the table, advised Mr Corlett, and leave no doubt about your objectives because without a clear target, you will fail.

Set and know your parameters in advance, get agreement, know your "high" and "low" and depending on your position, start negotiating from the high or low, never in the middle. When you reach your goal, be happy, and even if you have the feeling you might get more, sit down and shut up, otherwise you may lose what you have achieved.

Mr Corlett emphasised that "Value Added" is the key. The whole should be much bigger and of more value than the sum of the two parts (1 plus 1 should make at least 3!). The paradox of the long-term relationship is that success can be as big a problem as failure. You must spend as much time protecting yourself from success as you do from failure, he concluded.

The importance of negotiating skills for the practising pharmacist was explained by John Bronger (Community Pharmacist, The Pharmacy Guild of Australia). In reality, "negotiation" is an inter-personal process and is about getting the best possible deal. A pharmacist will conduct hundreds of negotiations during his career, such as negotiating wages and the training of employees. An effective negotiation is not necessarily gaining concessions because ongoing social relationships can be more important than "winning a round" said Mr Bronger. Skills for

negotiating change include thorough preparation, focus on resolving issues, achieving quality resolution satisfying both parties, testing both sides' understanding and seeing negotiations in the context of building relationships. Individual skills also include interacting in a principled way, obtaining responses from other parties, showing concern for implementation issues, seeking information through questioning, acknowledging the feelings of all parties and avoiding irritators that result in defend/attack spirals and cause people to become boxed in a corner.

Negotiations need to be realistic and must result in resolution, mutual satisfaction and positive implications for ongoing relations.

As a case study, Mr Bronger used the Australian 5-year agreement. Two teams are used for succession planning, one team containing the "current" and the other the "next generation" negotiators. Critical to success is that both teams are trained in the content of the negotiations as well as in negotiating skills. Strategies and tactics are determined, personality clashes in the team are overcome, allies in the healthcare sector, such as wholesalers, academics and public peer groups, are contacted, deal issues are analysed and public relations and the image of pharmacy are reviewed. Mr Bronger explained the preparation programme and the negotiation flow at various levels: for pharmacy teams involved with health economics, Pharmacy Guild executive director, national president and negotiating team members and their counterparts, the staff at the Department of Health to Minister and members of the public. The strategic significance of price, cost and profitability are considered in scenarios by both teams, including what innovations will have value, and what technologies will be most important to success. Negotiation priorities are determined by considering the positioning range, the resource platform and the negotiating issues. Essential tactics of the team are that they must always appear open, allow other parties to have their say and develop relationships. Political power is part of the game and in the face of realities, the aim is to secure the best long-term outcomes which are vital to the future of pharmacy.

Jane Nicholson, UK

DEADLINE 31 DECEMBER 2004
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