



Administrative Pharmacists Update

A newsletter from the Administrative Pharmacists Section of FIP

Letter from the Section President

Dear Colleagues:

Well, the first thing I want to say is "Happy Holidays to you and your family." It is my sincere wish that you and, in fact, all of us, experiences a healthy, fulfilling, happy, successful new year, 2004 in a world filled with peace and reason.

The section had a good year in 2003. As you will read further in the newsletter, we had most successful sessions in Sydney at the 2003 annual congress during early September. We had interesting programs that were well attended and which generated a great deal of discussion. The section dinner, again, provided an opportunity for us to meet and chat in an informal setting and to renew acquaintances as well as having the opportunity to meet new friends and colleagues.

The section produced two newsletters during the year, our plan for this year as well. Membership remained constant. We were hoping to have increased the number and will with your assistance, perhaps be more successful this year. Budgets were difficult everywhere, a fact we recognize, but that should not stop us from trying to recruit additional members to the section. We were represented at the BPP meetings and at the Council meetings. Several section projects described in the following pages continued successfully.

For 2004, an exciting program is nearly finished for the Congress in New Orleans, USA. In addition, there is still an opportunity for the submission of contributed papers for poster and podium sessions. We have more time and submissions should be sent to section secretary, Professor Marian Schaefer, in Berlin. The section dinner in New Orleans should be our best yet. It is to be held in a famous landmark restaurant in New Orleans where we have arranged to have a room exclusively for ourselves. By the way, a famous pharmacy museum is located in New Orleans, near our meeting venue and is worth a visit even by those of you who do not have a special interest in the history of pharmacy.

We have just begun planning for the meeting in Cairo, Egypt in 2005 and for the Subsequent annual congresses in China and Brazil, we welcome suggestions on themes, topics or if you have finished a project or study you think might be of interest to the other members, please let me or the other officers hear from you.

Lastly, two points require mention. One is a frequent one from me; please help the section grow and prosper by recruiting your colleagues to join FIP and the section, and if they already belong to FIP, encourage them to also affiliate with the Administrative Pharmacists section as a second section membership. I am offering a prize to the section member who recruits the most (paid) members between 1 January and 30 August 2004, and we will announce the name of the winner in a future issue of this Newsletter and finally, this is your newsletter, so please feel free to use it if you have a question for your colleagues or want to call attention to a new article or book, or for any reasonable professional purpose.

So, bye for now. I look forward to interacting with many of you in the coming months and please never hesitate to contact me, and of course, if you are anywhere near Philadelphia or the US east coast, you are most welcome to visit Temple University and our facilities. All the best.

Albert Wertheimer, President
Administrative Pharmacist Section

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Future FIP Congresses

2004
New Orleans, USA

2005
Cairo, Egypt

Photos from the Section Dinner



Pictures were provided courtesy of
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PCT – Pharmaceutical Clinical Technology – A New Discipline in Pharmacy by Sonia Sanghani

During the FIP Congress in Sydney, September 4-9th 2003, the Administrative Pharmacy Section, in collaboration with the Industrial Pharmacy Section and the Pharmacy Information Section, debated the current and future role of the pharmacist in relation to pharmaceutical clinical technology. The session provided participants with plenty of 'food for thought' regarding the need for specialists who understand, and can advise on, the rational, safe and cost-effective use of many of the new advances which are already being seen in practice, as well as those earmarked for the 'new' patients of the future. The three presenters, Dr Ari Heller, USA; Dr Albert Wertheimer, USA and Dr Tom Sam, The Netherlands, urged pharmacists to embrace this emerging and expanding role within the healthcare team. In an effort to stimulate action in this arena, a PCT manifesto has been authored with international support from: Hong Kong, South Africa, Australia, New Zealand, Canada, Europe, Israel, Malta, UK and USA. The document incorporates viewpoints from multiple countries and multiple disciplines (150 senior experts from administration, hospital, science, academia and clinical medicine and 10 experts in pharmacy law were consulted over a 3 year period) – it is therefore designed to make a bold statement within the international pharmacy arena for maximum impact on the direction of the profession globally.

Dr Heller reminded the audience that, according to well-respected pharmacy opinion leaders such as Professor Doug Hepler and Richard Segal, 'there is a lack of a consistent process in patient care in pharmacy.' Essentially, no-one really knows what constitutes the practice of clinical pharmacy practice (and community pharmacy practice); the implications of this being quite profound from a professional point of view. He informed participants that Don Brodie, a foremost pharmacy theorist, had on a number of occasions called for 'a need to underpin pharmacy practice with a sound theoretical base.' The benefits that may accrue from this are highly visible amongst the nursing profession and the expansion it has experienced over the last few decades. Dr Heller pointed out that pharmacists' current weakness lay in their inability to see past issues related to drugs or therapies.

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Although the scope of practice in most countries includes drugs *and medical devices* - as stipulated by pharmacy professional bodies - undergraduate teaching and *actual* practice gear up the pharmacist to focus solely on drugs; at the expense of dealing with issues related to the use of medical devices.

He saw the place for medical device training as a parallel function to current clinical pharmacy teaching incorporating, for example, the fields of clinical technology information and clinical epidemiology; thereby highlighting the pharmacist's role in critically appraising technologies and advising on their rational, safe and effective use by healthcare practitioners and members of the public alike. Possible areas of activity for a PCT specialist include: consulting with the patient and advising them on the appropriate use of the clinical technology, collaborating with general practitioners on rational use, solving clinical technology related problems and providing / analysing clinical technology information.

Dr Albert Wertheimer, Temple University USA, suggested that everything a pharmacist does can be done by someone else and he warned that if we do not act now, 'this could be one more opportunity we miss or let pass by.' The little exposure to medical technologies that pharmacists receive during their undergraduate training concentrates on simple devices such as nebulizers, pumps, etc. This limits the roles that pharmacists can take advantage of in the practice environment; they are not readily employable within the pharmaceutical industry, requiring further intensive training first. Current technologies concentrate on monitoring issues such as pregnancy, glucose and cholesterol tests and there will soon be an explosion of biotechnology products such as DNA chips, proteins, peptides, genomics etc. Pharmacists must be prepared for these and become knowledgeable in these areas. The challenge now is how to incorporate teaching of this discipline into undergraduate or post-graduate programs? Many schools of pharmacy curricula are already full. If this discipline was to be taught at undergraduate level, it would have to be at the expense of something else within the curriculum; leading to much political debate within pharmacy schools and delays in implementing curriculum changes. To highlight this, Dr Wertheimer recalled that it has taken up to 20 years to teach clinical pharmacy to undergraduates. He hypothesised that had it not been for internal struggles within academic institutions, pharmaceutical care would have been

implemented much sooner in many countries. Questions that require answering include: should PCT be a specialty or is it core material for all pharmacists? Is a new sub-discipline needed? Who will advocate the PCT role within professional bodies? Who will communicate this to governments? Can the expertise from industry be harnessed to partner with pharmacy schools and provide visiting lectures, seminars, workshops etc? It was suggested by session participants that this issue seems to be led by those of academic background. It would greatly assist implementation if an equal and opposite (but not opposing!) clamour for this role was to be found within the practice setting. Examples from practice include quasi 'Equipment Committees' in hospitals set up under the umbrella of drug and therapeutics committees. Often multi-disciplinary in nature, they do not employ a sound, systematic approach to appraising requests for new technologies or equipment for investment by hospitals. It was put forward that hospital managers would certainly welcome PCT 'consultants' - the take-home recommendation for session organizers was that ideas within the manifesto would require more thorough exploration within practice settings.

Dr Tom Sam, Director of Regulatory Affairs within the pharmaceutical industry in The Netherlands, argued the case for a PCT specialist / consultant as a partner for industry. Industry sees great value in a consultant role that integrates the knowledge of medicine, engineering and pharmacy. Healthcare environments and patients are changing rapidly and the pace of development within the medical technology field has been one of the key drivers of this. In an effort to stimulate debate regarding pharmaceutical clinical technologies within The Netherlands, Dr Sam printed an article in their pharmaceutical journal. He obtained zero response to this, indicating that there is a gap in the market that is not being talked about yet. From his perspective, a PCT expert can support the industrial innovation process by providing advice to the patient about the delivery device they may be using and by providing appropriate PCT information to other healthcare team members. The industrial innovation cycle of R+D, new medicines / devices, sales and profits is a simple one which is now targeting itself more acutely towards the patient. A PCT expert who can interact closely with the end user, i.e. the patient, assists in ensuring compliance and safe, effective technology use; resulting in optimal health and societal outcomes.

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Many professions have the ability to take on this role within the healthcare environment and Dr Sam urged pharmacists to take the challenge of being the single authoritative voice on pharmaceutical clinical technologies. Providing timely feedback to the industry on technology / device issues whilst they are in use enables the pharmaceutical industry to produce safer, more advanced, innovations for patients.

This session highlighted the need for pharmacists to be proactive in creating their own opportunities within the healthcare profession. It will be interesting to monitor developments globally in this discipline. Whilst the manifesto has provided the 'broad brush strokes' for the profession to consider, adoption of the principles across nations will require adaptation to local needs and priorities.

For further information on the PCT manifesto, address enquires to the FIP Administrative Section or to the following email address:

pctproject@yahoo.com



Albert Wertheimer, Tom Sam & Ari Heller urge Pharmacists to embrace the emerging and expanding role within the healthcare team. (FIP Congress, Sydney, Australia, 9/4-9/2003)

2003 World Congress

The 2003 World Congress of Pharmacy and Pharmaceutical Sciences — FIP's 63rd World Congress — took place in Sydney, Australia, from 4 to 9 September, focusing on the theme *Developing a new contract between pharmacy and society (Risk management and improving outcomes)*.

Sydney 2003 Minutes of the Administrative Pharmacists Section Meetings

Following are the minutes of the Administrative Pharmacists Section Meetings

1. Exco – Meeting 8th September 2003

present: Mei Ling Hasia, Lenka Praznocova, Maria Altagracia, Albert Wertheimer, Marion Schaefer

excused: Cecilia Bernsten, Anna Birna Almarsdottir, Yves Gariepy

- last year's minutes were approved
- Maria Altagracia gave a short report on the council and BPP meeting
- Marion Schaefer gave a report on the BPP Board meeting with the following topics:
 - 4th draft of guidelines of quality assurance for BPP section programs, which require program evaluation, abstracts from all speakers, etc.
 - As a contribution for the BPP Trend Watching Approach ("hot topics of interest") the section has suggested the PCT-Project run by Ari Heller and Albert Wertheimer as well as the (possible) development of quality indicators of pharmaceutical care including measuring outcomes.

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Sydney 2003 Minutes of the Administrative Pharmacists Section Meetings

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- working group on counterfeit medicines where Marion Schaefer is a member.
 - Again, all EXCO members were asked to recruit new section members.
 - The cooperation with WHO should be continued (drug policy and counterfeit project)
2. Business Meeting 8/9/2003
- The business meeting was attended by less than 20 participants.

Suggestions for the section program in New Orleans included:

1. To continue the session on outcome research and pharmacy/health economics with a special focus on hospital pharmacy services (see attached draft program for NO).
 2. To present first results of the drug policy project, including a discussion about advertising.
 3. Session with contributed papers.
- The Section Dinner in New Orleans will take place at an Italian-style Restaurant called "Bacco" with an offer for \$70., which includes the exclusive use of a separate room. Marion is asked to Negotiate with the local organizers about the option to reduce the prize preferably by omitting the second course.

Report by the Treasurer

The report of the treasurer was given by Anna Birna's substitute who had unfortunately lost part of his presentation. However, it was accepted. The complete report will be published in the next newsletter.

Albert Wertheimer Marion Schaefer
President Secretary

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