

Preliminary Programme

FIP World Congress
of Pharmacy
and Pharmaceutical
Sciences 2017



SEOUL 2017
FIP WORLD CONGRESS
10-14 September

Medicines and beyond!
The soul of pharmacy

77th International Congress of FIP

10 – 14
September 2017
Seoul,
Republic of Korea

 #FIPcongress



Welcome to the FIP congress in Seoul!

Dear Colleagues and Friends,

The International Pharmaceutical Federation (FIP), the Korean Pharmaceutical Association (KPA) and the Pharmaceutical Society of Korea (PSK) are excited and honoured to host you in Seoul for FIP's 77th international congress, the World Congress of Pharmacy and Pharmaceutical Sciences, from 10 to 14 September 2017, inviting an international audience of pharmacy professionals and pharmaceutical scientists to go beyond medicines and answer patients' demands for high quality help and advice.

At this year's congress, the professional symposia will explore the many new ways that pharmacy professionals can add the value expected by modern health care systems and services. Sessions will show that tradition and dedication to patients' health — the true soul of pharmacy — can be coupled with innovation in technology, education and practice to deliver care fit for the 21st century.

Please also take this opportunity to see how the Republic of Korea has developed to become the 11th largest economy in the world in just a few decades. In doing so, you will not only discover the country's rich heritage and culture, but you will also witness its first-rate pharmacy education and practice as well as the latest advances in its pharmaceutical sciences and industry.

More importantly, you will experience Korea's warm hospitality to visitors from around the world. We will assist you in every way possible to make sure that you have an unforgettable experience.

Please honour us by attending this 77th FIP world congress. We look forward to welcoming each and every one of you!



Carmen Peña
President
International Pharmaceutical Federation (FIP)



Chan-Hwi Cho
President
Korean Pharmaceutical Association (KPA)



Dong Sohn Uy
President
Pharmaceutical Society of Korea (PSK)



Your hosts

INTERNATIONAL PHARMACEUTICAL FEDERATION (FIP)

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Michel Buchmann

Immediate Past President

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Ema Paulino

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Michael Ward

Member

Zuzana Kusynová

FIP staff, Policy Advisor &
Project Manager

Paula Cohen

FIP staff, Secretary

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President of KPA

Uy Dong Sohn

President of PSK (2016)

Aree Moon

President of PSK (2017)

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Co-Chair of the Local Organising
Committee

Kyung Shin Baek

Co-Chair of the Local Organising
Committee

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Vice-Chair of the Local Organising
Committee

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Vice-Chair of the Local Organising
Committee

HwanSeon Ryu

Vice-Chair of the Local Organising
Committee

Jae Myung Lee

Vice-Chair of the Local Organising
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Secretary General

Jin Tae Hong

Secretary General

Jae Hun Cheong

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Song Hee Hong

Co-Chair of the International
Cooperation Committee

Sun Choi

Co-Chair of the International
Cooperation Committee

Kwangsik Park

Co-Chair of the Finance Committee

Mal Sook Jang

Co-Chair of the Finance Committee

Beom-Jin Lee

Chair of the Deans' Forum
Committee

Dong Chul Suh

Chair of the Pharmacy Practice
Programme Committee

Sang Kook Lee

Chair of the Pharmaceutical
Science Programme Committee

Mi-Ock Lee

Chair of the Publication &
Exhibition Committee

Jung Hwan Cho

Vice-Chair of the Publication &
Exhibition Committee

Jae Kyum Song

Chair of the Cultural PR
(Public Relation) Committee

Sung Joo Hwang

Chair of the External Cooperation
Committee

Jong Hoon Ryu

Vice-Chair of the External
Cooperation Committee

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Co-Chair of the Protocol Committee

Myung Ja Hong

Co-Chair of the Protocol Committee

Youngim Lee

Vice-Chair of the Protocol Committee

Yi-Sook Jung

Vice-Chair of the Protocol Committee

Myung Ja Hong

Chair of Volunteers

Kyenghee Kwon

Chair of the Young Pharmacist Committee

Sang Chan Kim

Vice-Chair of the Young Pharmacist Committee

Song Hee Hong

Local Organising Committee Staff, Executive Director

Hyun-Seung Kim

Local Organising Committee Staff, KPA

Ki-Hyung Jeong

Local Organising Committee Staff, PSK

Jihye Na

Local Organising Committee Staff, Secretary

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Chief Executive Officer

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Membership Coordinator

Joana Carrasqueira

FIPed Coordinator

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Policy Advisor & Project Manager

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Congress Services Manager

Carola van der Hoeft

Chief Operating Officer & Congress Director

Oliver van der Spek

Marketing & Business Development Manager

Rachel van Kesteren

Executive Secretary

Lin-Nam Wang

Communications Manager

CONGRESS INFORMATION**FIP Congresses & Conferences**

Andries Bickerweg 5

2517 JP The Hague

The Netherlands

Office opening hours:

Monday to Friday 09:00 – 17:00 CET

Tel: +31 70 3021982

Fax: +31 70 3021998

Email: congress@fip.org

Website: www.fip.org/seoul2017

CONGRESS REGISTRATION, HOUSING & ABSTRACT HANDLING**MCI Amsterdam**

Schipluidenlaan 4

1062 HE Amsterdam

The Netherlands

Office opening hours:

Monday to Friday 09:00 – 17:00 CET

Tel: +31 20 5754220

Email: fip@mci-groep.com

HOUSING AND TOURS**MCI Korea**

Contact person HOUSING:

Sunny Kim

hotel@seoulfip2017.com

Contact person TOURS:

Sunny Kim

tour@seoulfip2017.com

Contact person EXHIBITION:

Esther Song

exhibition@seoulfip2017.com

TKOK Bldg. 8F, 12 Teheran-ro 86-gil

Gangnam-gu, Seoul 06179

Republic of Korea

Office opening hours: Monday to

Friday 01:00 – 09:00 CET

Tel: +82 70 78627344

OFFICIAL CARRIER**SPECIAL OFFER:****Discounted travel with SkyTeam**

SkyTeam's 20 member airlines provide you comprehensive access to an extensive global network with 1,052 destinations, plus more frequency and more connectivity than ever before. To make a reservation, please use the indicated link to open an online booking platform that will automatically calculate the discount offered or provide you with an even better offer if another promotional fare is available.

Your event ID: **3466S**

Your unique booking URL:

<http://res.skyteam.com/Search/promoDefault.aspx?vendor=sky&promocode=3466Saspx?vendor=sky&promocode=3466S>





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How to register

REGISTRATION OFFICE

MCI Amsterdam

Schipluidenlaan 4
1062 HE Amsterdam
The Netherlands

Office opening hours: Monday to Friday 09:00 – 17:00 CET

Tel: +31 20 5754220

Email: fip@mci-group.com

Individual registration

Please check the website www.fip.org/seoul2017

NEW special offer for congress participants: Free FIP membership for 2017

Please note that we are offering a special discount for registrants who are not yet FIP members:

When you register online for the congress, you will have the option to become an FIP member for the year 2018, and you will get free membership for the year 2017.

Make use of this special offer and enjoy all the benefits of FIP membership — including a reduced fee for the FIP congress as of 2019!

Group registration

Please check the website www.fip.org/seoul2017

For group registrations, a minimum of 10 participants is required. Please note that the same registration fees apply as for individual registrations. If you wish to register a group, please make sure that you can provide the personal email addresses of all individuals for follow-up on their registration, including for communicating access to abstracts, biographies and presentations. For more information, please send an email to FIP@mci-group.com

Payment of registration fee

All fees must be paid by credit card (Visa, Eurocard/Mastercard or American Express).

Instructions for payment will be available on the payment page of the registration website.

For security reasons the congress registration office does not charge credit cards from their office manually.

After completing your registration

You will receive an automatically generated email/invoice acknowledging submission of your registration and confirming your payment. If you do not receive this, please email FIP@mci-group.com

In early September 2017 you will receive a final information email, including a link to view all submitted abstracts and biographies.





Registration fees FIP 2017

	First deadline Before 15 May	Second deadline 15 May – 1 August	After 15 August
Full congress registration			
FIP individual member 1) for at least the past two years (2015 and 2016); and 2) ALL your membership fees (including those for 2017) must be fully paid up by 1 May 2017.	€ 650,00	€ 750,00	€ 1.050,00
Regular fee (non member)	€ 850,00	€ 950,00	€ 1.050,00
Student/Recent graduate	€ 250,00	€ 350,00	€ 1.050,00
In addition to a full congress registration (optional)			
Pharmacy Technicians Symposium	€ 250,00	€ 350,00	€ 450,00
Social events:			
Fun Run	€ 10,00	€ 10,00	€ 10,00
Young Pharmacists' Group Night	€ 35,00	€ 35,00	€ 35,00
Section Dinner	€ 60,00	€ 60,00	€ 60,00
Closing Dinner	€ 95,00	€ 95,00	€ 95,00
Accompanying person	€ 125,00	€ 150,00	€ 175,00
Without a full congress registration			
Pharmacy Technicians Symposium (only)	€ 400,00	€ 500,00	€ 600,00
On site day card (can only be purchased on site)	n.a.	n.a.	€ 350,00

The registration fee for participants includes:

- Admission to all sessions
- Opening ceremony
- Welcome reception
- Access to the exhibition and the poster session
- Coffee/tea breaks
- Access to all submitted abstracts and biographies as of 1 September 2017
- Congress bag with final congress programme and list of participants (name and country of all participants registered and paid by 1 August 2017)
- Access to a website where you can download the presentation slides of the speakers who gave permission (available as of 1 November 2017).

**Lunch will not be included at this congress*

The registration fee for accompanying persons includes:

- Opening ceremony
- Welcome reception
- Access to the exhibition and the poster session
- Coffee/tea breaks

**Lunch will not be included at this congress*

Please note that the fee for accompanying persons does NOT include admission to the sessions.

REGISTRATION CRITERIA

FIP member

In order to qualify for the congress registration fee for FIP members, two conditions must be met:

- 1) You must have been an individual member of FIP for at least the past two years (2015 and 2016); and
- 2) All your membership fees (including those for 2017) must be fully paid by 1 May 2017.

Student/recent graduate

In order to qualify for the student/recent graduate fee, two conditions must be met:

- 1) You must still be a student or have graduated from your last pharmacy study after September 2012;
- 2) You must attach to your online registration an official document (jpeg/gif/bmp/png, max. 200Kb) proving your student/recent graduate status.

Unless the congress registration office has received satisfactory proof of your student status, the regular registration fee will apply.

Council delegate

In order to qualify for the council delegate registration fee, you must attach to your online registration form proof (jpeg/gif/bmp/png, max. 200Kb) that you have been officially appointed to represent your organisation at the council meeting. Unless the congress registration office has received this proof, the regular registration fee will apply.

Registered council delegates will receive a supplement programme for member organisations as well as the council agenda six weeks before the council meeting. Please note that only ONE council delegate can be appointed per organisation.

Press

In order to qualify for press registration you must have applied for and been granted an official invitation code from the FIP communications department via the “press and media” section of the congress website.





Accompanying persons

A participant can register up to two accompanying persons via the congress registration system. The fee for accompanying persons does NOT include admission to the sessions.

On-site day cards

Day cards can only be purchased on site. Pre-registration for a day card is not possible. Please note: It is not possible to exchange a full congress pre-registration into a day card.

TERMS OF CANCELLATION

- Notification of cancellation must be made in writing and sent to MCI Amsterdam.
- In case of cancellation before or on 15 May 2017, the registration fee less an administration fee of 10% will be refunded.
- In case of cancellation between 16 May and 15 August 2017, the registration fee less an administration fee of 50% will be refunded.
- As of 16 August 2017, the registration fee will not be refunded.
- The terms of cancellation are applicable in all circumstances, including if a visa is officially refused to the participant and or accompanying person. We strongly advise all participants to start their visa application as early as possible in order to avoid disappointment.
- All registrations are strictly personal: replacements or name changes are not possible. You may be asked to show an identification document (e.g. passport) when picking up your badge at the registration desk.

ON-SITE REGISTRATION

If you register or pay on site, the on-site fee is applicable. On-site payment of registration fees can be made: Credit cards (VISA, MasterCard or American Express) or cash (in euros or US dollars) will be accepted.

CERTIFICATE OF CONGRESS ATTENDANCE

In order to avoid unnecessary printing, all participants will be emailed their certificate of congress attendance as a PDF within 10 days of the close of the congress. Accompanying persons do not receive a certificate of attendance.

ABSTRACT CERTIFICATE

If you would like to receive a certificate for your poster or oral presentation, please send an email to fig@mci-group.com after the congress and you will receive your certificate (as a PDF) by email.

REGISTRATION DESK

The registration desk will be open:

- **Saturday 9 to Wednesday 13 September**
08:00 – 18:00
- **Thursday 14 September**
08:30 – 14:30



Introduction of FIP



The International Pharmaceutical Federation (FIP) is the global body representing pharmacy and pharmaceutical sciences, founded in 1912. Through our 139 national organisations, academic institutional members and individual members, we represent over three million pharmacists and pharmaceutical scientists around the world.

FIP is a non-governmental organisation that has been in official relations with the World Health Organization since 1948. Through our partnerships and our extensive global pharmacy and pharmaceutical sciences network, we work to support the development of the pharmacy profession, through practice and emerging scientific innovations, in order to meet the world's health care needs and expectations.





Introduction of KPA and PSK



KOREAN PHARMACEUTICAL ASSOCIATION (KPA)

www.kpanet.or.kr
70,000 members

The Korean Pharmaceutical Association (KPA) is a non-profit organisation established as the Korea Pharmacists Association in 1954.

Approximately 70,000 members of the KPA have contributed to public health through “good quality of medicine and right medication”. With their belief and willingness to improve public health, members of the KPA are committed to building a welfare country.

The KPA tries to develop the public health service system combining public interests with pharmacists’ rights and gives the best effort to complete roles of pharmacists under the slogan of “Pharmacists with pride. KPA in company with public”.

Gathering:

- 16 regional divisions (5 special divisions abroad)
- 227 branches
- General Assembly of Delegates as a legislative body
- 21 standing committees as an executive organisation



PHARMACEUTICAL SOCIETY OF KOREA (PSK)

www.psk.or.kr
8,000 members

The Pharmaceutical Society of Korea (PSK) was established in 1946.

The PSK aims to improve pharmaceuticals and public health, strengthen cooperation among academia, industry and government with advancement and globalisation of the education system; reinforcing the foundation from the past 70 years, and stepping forward into the next 100 years.

Gathering:

- 3 branches
- 13 committees
- 19 subcommittees

Community pharmacy, history of pharmacy, hospital pharmacy, hygiene, industrial pharmacy, Korean academy of social & managed care pharmacy, medicinal chemistry, microbiology & immunology, natural product sciences, oriental pharmaceutical sciences, pharmaceutical analysis, pharmaceutical biochemistry, pharmaceutics, pharmacology, pharmacy education, physical pharmacy, physiology & pathophysiology, preventive pharmacy & public health, radiopharmaceutical sciences.

Accreditation for continuing education

The FIP Congress is accredited by the countries listed below. In addition, we have applied for accreditation in Japan, the Republic of Korea, The Netherlands, United Kingdom and United States of America (ACPE). A complete list will be published on www.fip.org/seoul2017 and in the final programme booklet.

Austria



The congress sessions of the FIP World Congress 2017 are automatically accredited in Austria, as agreed with the ÖAK (Österreichische Apothekerkammer – Federal Chamber of Pharmacists, number F20151104). Austrian participants are advised to note the verification codes during the course of each session and declare their confirmation of session attendance via the specific link that will be published after the congress.

Germany



The congress sessions have been accredited by the Federal Chamber of Pharmacists of Germany (Bundesapothekerkammer) for pharmacists and pharmaceutical technicians, according to the CPE-guideline of the Federal Chamber of Pharmacists as follows: 1 credit point/45 minutes of attendance of the congress sessions, limited to 8 points a day in the category 2: Congress (maximum 43 points/participant). The accreditation is valid from 9 to 14 September 2017. The credit points awarded during the event do not expire by the end of the accreditation period. German participants are advised to note the verification codes during the course of each session and declare their confirmation of session attendance via the specific link that will be published on the congress website after the congress. The participants may submit the certificate of attendance to their corresponding State Chamber of Pharmacists in the following three years in order to ensure that the points will be counted for their CPE-Certificate.

Ireland



Attendance at the 77th FIP World Congress of Pharmacy and Pharmaceutical Sciences is recognised as contributing to a pharmacist's continuing professional development (CPD) by the Irish Institute of Pharmacy (IIOIP), assuming that a pharmacist records the activity in their IIOIP ePortfolio and provides evidence of reflection on how his or her attendance at the conference impacts on their professional practice. The IIOIP was established by the Pharmaceutical Society of Ireland (PSI; the pharmacy regulator) to oversee the management of the Irish CPD system in accordance with the statutory requirements as laid out in The Pharmaceutical Society of Ireland (Continuing Professional Development) Rules, 2015 (Statutory Instrument 553 of 2015).

Macedonia (FYROM)



The 77th international congress of FIP is recognised as a valid form of continuing education by the Pharmaceutical Chamber of Macedonia and it has been accredited according to the chamber's legal act. Participants from Macedonia are advised to acquire a certificate of attendance.

Norway



The international congress of FIP is recognised as a valid form of continuing education by Norges Farmaceutiske Forening. Norwegian participants are advised to note the verification codes during the course of each session and make a declaration of their session attendance after the congress via the specific link that will be published on the FIP website after the congress.

Portugal



The FIP congress programme has been approved by the Portuguese Pharmaceutical Society (Ordem dos Farmacêuticos) as a valid activity under its continuous professional development credit system. Attendance will be allocated with a maximum of 2,65 CPD credit points. Participants under the Portuguese professional development process are advised to note the verification codes during the course of each session and declare their confirmation of session attendance via the specific link that will be published on the FIP website after the congress.

Sweden



The international FIP congress is recognised as a valid form of continuing education by the Swedish Pharmacists' Association. Participants are entitled to a maximum of 10 FOKUS points.

Switzerland



The accredited congress sessions are recognized as valid continuing education by FPH. The Swiss participants are kindly asked to follow the instructions included in the Final Congress programme in order to get the FPH points accredited to their respective FPH account.

- Participants sending in their Confirmation of Attendance of the FIP World Congress via email at info@fphch.org will obtain 100 FPH credits in total.
- Participants who would like to obtain credits for each session separately (according to the following scheme: 1 academic hour (45 min) = 6.25 FPH points) are required to note the verification codes during the course of each session and declare their Confirmation of Session Attendance via the specific link that will be published on the congress website after the congress.

General events

COUNCIL MEETINGS



Saturday 9 September, 14:00 – 18:00
Sunday 10 September, 09:00 – 12:00
Thursday 14 September, 14:00 – 16:00

(simultaneous translation for official delegates)

Official representatives from FIP member organisations and observer organisations will be admitted to the council meetings (one delegate per organisation). Each representative will be asked to submit written proof when registering, that he or she has been officially appointed to represent his or her organisation. The council meetings will also be attended by the FIP Bureau members and FIP section representatives. FIP individual members are welcome to attend most of the council meetings, but only as a silent audience. They may be asked to show their FIP membership card at the entrance of the room.

FIRST TIMERS MEETING

By invitation for first time participants only



Sunday 10 September, 13:00 – 14:00

At this meeting, first timers will be able to meet not only experienced congress participants but also representatives from FIP sections and special interest

groups. This is a great opportunity for new attendees to exchange ideas, meet interesting people and get involved in FIP's global network and the vast array of projects that FIP offers to all its members.

OPENING CEREMONY



Sunday 10 September, 15:00 – 17:00

The opening ceremony will be open to all registered participants and their registered accompanying persons, but you do need to indicate when registering whether you will attend. Please be on time as a high number of attendees are expected.

POSTER SESSIONS



Monday 10 to Thursday 14 September

Depending on the number of abstracts submitted, posters may be on display for one or more days. Presenters will be informed about this after the abstract review period.

The poster area is open to all registered participants and their registered accompanying persons.

Exhibition

WELCOME RECEPTION



Monday 11 to Thursday 14 September

The exhibition is an integral part of the congress and offers a unique opportunity to explore the interests and services of global and local industry partners. The exhibition is organised by the Korean Pharmaceutical Association and the Pharmaceutical Society of Korea. The exhibition showcases local and international developments in pharmacy, and provides a central meeting point and information zone throughout the congress.

The exhibition runs for three and a half days and will be accessible to registered congress participants and registered accompanying persons from 09:00 to 18:00.

Interested in exhibiting?

Please contact:
MCI Korea
Esther Song
exhibition@seoulfip2017.com

TKOK Bldg. 8F, 12 Teheran-ro 86-gil
Gangnam-gu, Seoul 06179
Republic of Korea
Office opening hours: Monday to Friday 01:00 – 09:00 CET
Tel.: +82 70 78627344



Social events

WELCOME RECEPTION



Sunday 10 September, 17:00 – 19:00

The Korean Host Committee invites all participants and accompanying persons for a warm and festive welcome reception immediately after the opening ceremony. All guests will be treated to drinks and a selection of typical Korean food in the perfect setting for catching up with old friends and making new ones.

FIP FUN RUN



Tuesday 12 September, 06:45 – 08:00

For the sixth year the FIP congress will include a 5km fun run. The FIP Fun Run is an excellent event promoting a healthy lifestyle, and an alternative networking opportunity for delegates. We ask runners to register their interest in advance, as places are limited. The 10 euro fee is a donation to the FIP Foundation, which helps the development of programmes to advance the pharmacy profession. All runners will receive a small memento.

YPG (YOUNG PHARMACISTS' GROUP) EVENING



Tuesday 12 September, 19:30

SECTION DINNERS

Wednesday 13 September, 20:00 – 22:30

Academic Pharmacy Section
Clinical Biology Section
Community Pharmacy Section
Health and Medicines Information Section
Hospital Pharmacy Section
Industrial Pharmacy Section
Military and Emergency Pharmacy Section
Social and Administrative Pharmacy Section

CLOSING DINNER



Thursday 14 September, 19:30 – 23:00

The Closing Dinner will be an exceptional and memorable evening and will treat participants to a spectacular closure of this year's FIP congress!

DINNER TICKETS

Tickets for all the above mentioned dinners may be purchased when registering online for the congress.



Overview of sessions

SATURDAY 9 September 2017	Morning (09:00 - 12:00)			
	Afternoon (14:30 - 17:30)			1 st Council Meeting
SUNDAY 10 September 2017	Morning (09:00 - 12:00)			2 nd Council Meeting
	Lunch time (12:30 - 14:00)			First Timers Meeting and Showcase
	Afternoon (15:00 - 17:00)	Opening Ceremony, Opening Exhibition		
MONDAY 11 September 2017	Morning (09:00 - 12:00)	P1 - Plenary opening session: What is the Soul of Pharmacy?		
	Lunch time (12:30 - 14:00)			E15 - Host Madsen Award lecture
	Afternoon (14:30 - 17:30)		A1 - Nurturing pharmacy - opportunities and challenges	C1 - Serving the patient needs: Where to start?
TUESDAY 12 September 2017	Morning (09:00 - 12:00)		D2 - Hi-tech solutions for education and practice	E16 - What's new in practice? SOP Part 1
	Lunch time (12:30 - 14:00)		D3 - Telepharmacy: A new era of care	
	Afternoon (14:30 - 17:30)		D1 - Smart pharmacy: An introduction	E17 - What's new in practice? SOP Part 2
WEDNESDAY 13 September 2017	Breakfast (07:30 - 08:45)			
	Morning (09:00 - 12:00)		A2 - How to develop people	E18 - What's new in industry & science? SOP Part 1
	Lunch time (12:30 - 14:00)		A6 - New care models: Integrating physician and pharmacy workforces	C10 - Patient safety: How resilient are your services?
	Afternoon (14:30 - 17:30)		A5 - Listen better, talk better - Skills to improve medicines taking	D5 - Antibody drug conjugates: Where have we come from? Future opportunities
THURSDAY 14 September 2017	Morning (09:00 - 12:00)		A10 - Pushing the boundaries of leadership learning	
	Lunch time (12:30 - 14:00)		E6 - Closing session	
	Afternoon (14:30 - 17:30)		E3 - Natural products: Ensuring responsible use	3 rd Council meeting



FIP Congress Seoul 2017

E2 - 8 th AIM Global Deans Forum (day 1)			E1 - 6 th Pharmacy Technicians Symposium (day 1)
E2 - 8 th AIM Global Deans Forum (day 1)			E1 - 6 th Pharmacy Technicians Symposium (day 1)
E2 - 8 th AIM Global Deans Forum (day 2)	E14 - Pharmacy in the Republic of Korea		E1 - 6 th Pharmacy Technicians Symposium (day 2)
C12 - Management tools for clinical services	E7 - SIGN 1: FIP Member Organisations present their best cases and challenges	B4 - Gene-based therapy 101	
C3 - Improved outcomes: Better health	E11 - FIP-WHO session 1	B2 - Putting precision pharmacotherapy into practice	A12 - Young pharmacists: Putting heart and soul into pharmacy
C6 - How to deal with low health literacy	E12 - FIP-WHO session 2	B1 - One size doesn't fit all: Dose individualisation with population pharmacology	
C11 - Medicine shortages: The International Toronto Summit and beyond	E8 - SIGN 2: FIP Member Organisations present their best cases and challenges	C7 - Medication literacy, mother and children	
C8 - Counterfeit medicines: Safeguarding the supply chain, protecting people	A8 - Overcoming national challenges with FIPEd	E13 - Hot Topic session	
		A4 - Finding the humanitarian face of pharmacy	
C4 - Healthy ageing	A7 - Transforming pharmacy education: The year after Nanjing	E4 - Pharmacy inspections: Standardising pharmacy practice one site at a time	
C9 - Antimicrobial stewardship - Looking for global solutions	E9 - SIGN 3: FIP Member Organisations present their best cases and challenges		
C5 - Implementing services for people taking a new medicine	A3 - Advancing pharmacy education	E5 - Humanitarian pharmacists: Time to develop a competency framework	
C2 - A new service: Making the right choice	A11 - Ethics forum: Addressing issues in nurturing the soul of pharmacy	B6 - Biosimilars for all: Research, regulation and responsible use	
Pharmabridge	E10 - SIGN 4: FIP Member Organisations present their best cases and challenges	B5 - Biologic medicines: Optimising treatments and looking to the future	
D4 - Smart learning: Dynamic integration of technology into education	A9 - History of pharmacy: Great pharmacists, great discoveries	B3 - Individualised medicines: An ethical approach	

Sessions Programme FIP Congress Seoul 2017

Medicines and beyond! The soul of pharmacy

All over the world the pharmacy profession is facing new challenges and changes. Pharmaceutical science and industry are focused on new, precise therapy, individualised approaches and innovations, using novel technology and engineering. Smart pharmacy in community and hospital settings offers patient-centred services, promoting responsible use of medicines, patient safety and quality of life. Patients are seeking professional help and advice, including pharmacists in their decisions, and expecting much more than just medicines. The soul of pharmacy has to be nurtured and preserved, based on tradition, education, innovation and dedication. Education in pharmacy, therefore, has to address not only knowledge and skills, but also attitudes and values, and has to motivate pharmacists and pharmaceutical scientists to maintain quality and professionalism.

The professional symposia at this congress will show new ways to add value to the pharmacy profession, to provide more than medicines and to care for patient needs. Join us in this remarkable journey and enjoy the best practice, science and education experiences and achievements presented by global experts!

Plenary session:

What is the soul of pharmacy?

22

Topic A: Nurturing the soul of pharmacy

Topic coordinators:

Betty Chaar & Ralph Altieri

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Topic coordinators:

Don Mager & Michael Ward

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Topic coordinators:

Lars-Åke Söderlund & Arijana Meštrović

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Topic coordinators:

Linda Hakes and Hiroshi Suzuki

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Topic coordinator:

Zuzana Kusynová

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Plenary opening session: What is the soul of pharmacy?

Organised by the FIP Programme Committee

Duration: 3h



Monday 11 September,
09:00-12:00

INTRODUCTION

The “soul of pharmacy” can be described as the core purpose of pharmacy — its *raison d’être*. The essence of this core purpose of pharmacy as a profession is, no doubt, patient care. Incorporated in the make-up of its soul are the values of the profession and the principles underlying professional practice within the public arena. Pharmacists play an integral role in the health care system around the globe. Whether it is in their role as advisors, innovators, educators or health care service providers, pharmacists are dedicated to supporting the health and well-being of their clients and patients. This plenary session will provide an insight into the various roles and contributions that pharmacy makes to health care worldwide, and consider how these reflect the soul of pharmacy. Other sessions on this topic in the congress programme will explore how we nurture this soul of pharmacy and address contemporary issues that present both opportunities and challenges to its core elements.

LEARNING OBJECTIVES

At the end of this knowledge-based session, participants will be able to:

1. Describe the term “soul of pharmacy” and its core purpose in health care.
2. Identify the position of pharmacy in the health system as a profession dedicated to supporting the health and well-being of its clients and patients.
3. Express the value of pharmacy and pharmaceutical sciences in advancing health care.
4. Describe the role of education and training in supporting the soul of pharmacy among students and practitioners.

CHAIRS

Betty Chaar (The University of Sydney, Australia) and Dai John (Cardiff University Wales, UK)

PROGRAMME

09:00 – 09:15

1. The “soul of pharmacy” and its core purpose in health care

William Zellmer (Pharmacy Foresight Consulting, USA)

09:15 – 09:40

2. Pharmacy in a world of limited resources

Leonila Ocampo (Philippine Pharmacists Association, Philippines)

09:40 – 10:05

3. Pharmaceutical science and innovation

Leslie Benet (University of California San Francisco, USA)

10:00 – 10:20

4. Pharmacy caring for patients

Warren Meek (C7 Consulting Limited, Canada)

10:20 – 10:40

☕ Coffee/tea break

10:40 – 11:05

5. Educating pharmacists for the future

William Charman (Monash University, Australia)

11:05 – 11:40

6. Panel discussion

11:40 – 12:00

7. Q&A



Topic



Nurturing the soul of pharmacy

Topic coordinators: Betty Chaar & Ralph Altieri



**NURTURING PHARMACY —
OPPORTUNITIES AND CHALLENGES**



**Monday 11 September,
14:30 – 17:30**

Organised by the FIP Programme Committee

Duration: 3h

Introduction

The plenary session provided insight into the soul of pharmacy. For the soul of pharmacy to be sustained and advanced, it is essential to nurture — grow, cultivate, develop and cherish — it continuously.

The building blocks of the pharmacy practitioner are first laid down with training of students and continue into professional life. Students will inevitably be instilled with the science and principles of practice — going hand in hand to provide a solid basis for the cognitive development of the student towards becoming a competent pharmacist.

Professionalisation of the pharmacy student, however, requires more than acquiring basic knowledge. A profession is defined not only by its expert body of knowledge. It is also about the recognition and upholding of professional values — in the adoption of attitudes and behaviours that shape a profession and a professional. As pharmacists, we are to maintain a standard of behaviour reflective of expectations of contemporary practice, patient-centred care and the trust placed in us by the people and communities we serve.

Developing these values and behaviours necessitates consideration of different perspectives: the student (motivation, expectations, experience and reality); the educator (competency development, professionalisation); the practitioner (role model, motivation and attitude); the patient (expectations, trust and ethical demands). To nurture the soul of pharmacy we need to explore the role of the academic institutions, professional organisations and practitioners in shaping the core values and purpose of the profession. In doing so, we need to explore opportunities and challenges to its core elements.

This session will endeavour to explore alignment of the academic, science and practice communities around the core values of pharmacy; the role of mentoring and role modelling; individual care versus population health/public health care.

Learning objectives

At the end of this application-based session, the participants will be able to:

1. Advocate what is required of the profession to nurture its profile, its role in health care and its future.
2. Analyse the possibilities of action for nurturing our profession.
3. Endorse ways of overcoming barriers to nurturing the profession.

Chairs

Stephen Eckel (University of North Carolina, USA) and Linda Garrelts MacLean (Washington State University, USA)

Programme

14:30 – 15:10

1. Nurturing the soul of pharmacy: How?

Tom Zlatic (St. Louis College of Pharmacy, USA)

15:10 – 15:50

2. Opportunities for nurturing the soul of pharmacy: What can be done today to nurture our profession?

Andy Gray (University of KwaZulu Natal, South Africa)

15:50 – 16:10

 Coffee/tea break

16:10 – 16:50

3. Challenges faced in the nurturing of pharmacy: How to overcome barriers to nurturing the profession?

Betty Chaar (The University of Sydney, Australia)

16:50 – 17:30

4. World Café — perspectives on nurturing the soul of pharmacy

The World Café will focus on how each group should or can influence nurturing the soul of pharmacy. The task of each table is to develop ideas that your group can and should use to nurture the soul of pharmacy and the impact this might have on pharmacists as providers of health care.

Table 1: Students

Table 2: Pharmacists

Table 3: Consumers

Table 4: Educators

Table 5: Scientists

A2

HOW TO DEVELOP PEOPLE



Wednesday 13 September,
09:00 – 12:00

Organised by the FIP Academic Pharmacy Section, the International Pharmaceutical Students' Federation and FIPEd

Duration: 3h

Introduction

Mentoring, coaching and peer support are terms that we hear not just in pharmacy, but also in life. Pharmacists are increasingly expected to support colleagues and even patients using such approaches. This session explores what these terms mean and provides real-life examples of how such approaches can be used within pharmacy. There will be the opportunity to interact and ask questions in our panel discussion and Q&A session, and we will establish our own peer support group on Twitter under #FIPeersupport! Come and be part of a global peer support network! For those of you who aren't familiar with the concept of Tweeting, join us during the coffee break to learn about Twitter and (WiFi permitting) send your first Tweet. There will be a prize for the Tweet that gets the most likes by the end of the session.

Learning objectives

At the conclusion of this knowledge- and application-based session, participants will be able to:

1. Distinguish between mentoring, coaching and peer support.
2. Identify the different ways in which these approaches can be used within pharmacy.
3. Describe an application of each approach within pharmacy.
4. Specify how they will participate in an FIP virtual global peer support network.

Chairs

Tina Brock (Monash University, Australia) and Jennifer Marriott (Monash University, Australia)

Programme

09:00 – 09:30

- 1. Introduction by chairs to include overview of terms and applicability in pharmacy; and establishing #FIPeersupport**

09:30 – 10:00

- 2. The mentoring relationship**

A mentor and mentee from the YPG Mentorship Programme (begun August 2016) will present their experience over the past year.

10:00 – 10:20

- 3. Developing a national peer support network**

Catriona Bradley (Irish Institute of Pharmacy, Ireland)

10:20 – 10:40

☕ Coffee/tea break

10:40 – 10:50

- 4. Review of Twitter feed so far in the session**

Top three contenders in the #FIPeersupport competition

10:50 – 11:15

- 5. Coaching pharmacists on supporting a change initiative within pharmacy**

Alison Roberts (Pharmaceutical Society of Australia, Australia)

11:15 – 11:45

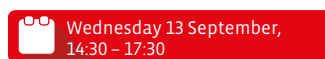
- 6. Panel discussion and Q&A**

11:45 – 11:50

- 7. Identify the most liked tweet including #FIPeersupport**

11:50 – 12:00

- 8. Closing comments**



Organised by the FIP Academic Pharmacy Section

Duration: 3h

Introduction

The FIP Academic Pharmacy Section (AcPS) includes members from all regions of the world who have valuable contributions to make in advancing pharmacy education to meet societal needs and who add to the global transformation of pharmacy education in accordance with FIP and FIPeD strategic goals. This session seeks to inform attendees of the aspirations and of pharmacy educators in countries facing unique issues, concerns and obstacles to advancing pharmacy education. The session also provides an opportunity for networking among members to establish relationships to promote development of pharmacy education programmes worldwide.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Identify pharmacy education aspirations in various countries.
2. Identify obstacles to development of pharmacy education.
3. Describe networking opportunities for advancing pharmacy education.
4. Identify opportunities for implementing others' contributions into their own academic context.

Chair

Mariet Eksteen (Pharmaceutical Society of South Africa, South Africa) and Dalia Bajis (The University of Sydney, Australia)

Programme

14:30 – 14:45

1. Introduction by the chairs

14:45 – 15:50

2. Presentations by speakers

Abdullah Dayo (University of Sindh, Pakistan)
Dalia Bajis (The University of Sydney, Australia)
Nettie Dzabala (University of Malawi, Malawi)
Nguyen Van Hung (Vietnam National University, Vietnam)
Zully Vera (Facultad de Ciencias Químicas – UNA, Paraguay)

15:50 – 16:10

☕ Coffee/tea break

16:10 – 17:10

3. World Café

Each speaker leads concurrent table discussions

17:10 – 17:30

4. Panel discussion, Q&A and wrap up

A4

FINDING THE HUMANITARIAN FACE OF PHARMACY



Wednesday 13 September,
07:15 – 08:45

Organised by the FIP Community Pharmacy Section and the FIP Military & Emergency Pharmacy Section

Duration: 1h30

Introduction

The role of pharmacists in humanitarian work and natural disasters is continuing to evolve as organisers and policy makers understand the value that pharmacists bring to these situations. In some cases pharmacists volunteer from a purely selfless internal motive to help; in other cases there is an organised political requirement for pharmacy to be included in the medical team assigned to provide relief and support. This session showcases how pharmacists have gone beyond their daily activities to offer humanitarian support.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe and develop the role of the pharmacist in emergency situations.
2. Identify the requirement for unique policies and procedures in these situations.
3. Identify the planning framework required for pharmacist involvement and collaboration in a humanitarian effort.

4. Describe how pharmacists may become involved in humanitarian projects.
5. Prepare plans for the required collaboration in any given humanitarian mission.

Chair

Warren Meek (C7 Consulting Limited, Canada)

Programme

07:15 – 08:00

1. Emergency medicine team pharmacist in the field — Experiences and learning

Tristen Pogue (National Critical Care & Trauma Response Centre, Australia)

08:00 – 08:45

2. Pharmaciens Sans Frontières Sweden — Role of pharmacists in AIDS/HIV in Uganda

Lars Rönnbäck (Pharmacists Without Borders, Sweden)



**LISTEN BETTER, TALK BETTER —
SKILLS TO IMPROVE MEDICINES TAKING**



**Wednesday 13 September,
14:30 – 17:30**

Organised by the FIP Community Pharmacy Section, the FIP Health and Medicines Information Section and the FIP Social and Administrative Pharmacy Section

Duration: 3h

Introduction

What do we mean by patient-centred consultation?

What behaviours would a pharmacist demonstrate in a patient-centred consultation?

What skills does a pharmacist need to be able to communicate with a patient?

Addressing problems with treatment adherence requires the involvement of the entire multidisciplinary patient care team, where the contribution pharmacists can make is key to achieving positive results.

A growing number of studies has found that intervention programmes which involve community-based pharmacists and include coordination and consultations with other health care providers have a beneficial effect on clinical outcomes and treatment adherence. Patient-centred drug therapy based on partnerships in medicine taking has become a gold standard in health care. This is a challenge to community pharmacists because they need to reconfigure their service provision to meet the requirement of concordance and patient autonomy. But what does patient-centred practice mean for community pharmacies?

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Distinguish the important features of effective communication from a theoretical perspective.
2. Describe effective communication skills.
3. Distinguish the concepts of compliance, adherence and concordance.
4. Describe the concept of patient-centred care.
5. Communicate with patients in order to improve adherence.

Chairs

Lars-Åke Söderlund (Apoteket AB, Sweden) and Marion Schaefer (Charité Medical University of Berlin, Germany)

Programme

14:30 – 14:40

1. Introduction by chairs

14:40 – 15:15

2. Communication and its influence on medicine taking

Parisa Aslani (The University of Sydney, Australia)

15:15 – 15:50

3. Communication skills for improved outcomes

Ash Soni (Royal Pharmaceutical Society, UK)

15:50 – 16:10

☕ Coffee/tea break

16:10 – 16:40

4. Patients' knowledge and perception of safety and risk information

Marion Schaefer (Charité Medical University of Berlin, Germany)

16:40 – 17:10

5. Pharmacists' wealth of experience as feedback for regulatory risk communication

Priya Bahri (European Medicines Agency, UK)

17:10 – 17:30

6. Discussion, wrap up and take home messages

A6

**NEW CARE MODELS: INTEGRATING PHYSICIAN
AND PHARMACY WORKFORCES**



Wednesday 13 September,
12.30 – 14.00

Organised by the FIP Community Pharmacy Section and the FIP Hospital Pharmacy Section

Duration: 1h30

Introduction

Pharmacists have particular skills and expertise about medicines and their use that they bring to multidisciplinary teams and to patients.

Collaboration between health care professionals is at the heart (and soul) of pharmacy and clinical practice. With emerging health trends, for example ageing and complex diseases, an increased demand on general practice and hospitals services have contributed to unsustainable pressures on physicians.

Pharmacists with the appropriate skills and experience can work in collaboration with physicians to relieve service pressure and increase capacity to deliver improved patient care and make a difference to patients. There are many examples of collaborative care in hospital practice and now in GP practices, where pharmacists are able to contribute to the clinical work related to medicines.

Primary care activities that pharmacists with the proper training can perform include advanced clinical services, prescription management, audit and education, and medicines management.

Effective clinical supervision and mentorship will be essential for clinical pharmacists new to collaborative practice; in particular, training to become independent prescribers may be considered a necessity in some countries.

This collaborative role of pharmacists increases interprofessional recognition for the value of pharmacists' skills and expertise.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe the role of pharmacists in collaborative practice settings with physicians, in hospital and primary care settings.
2. Specify the training needed, from preregistration (grassroots), to junior pharmacists (foundation practice), to senior pharmacists.

3. State opportunities for cooperation between pharmacists in different settings (community pharmacies, GP surgeries and hospitals).
4. Identify the potential and evolution of this practice.

Chairs

Jaime Acosta Gómez (Farmacia Acosta, Spain) and Rebekah Moles (The University of Sydney, Australia)

Programme

12:30 – 13:00

1. The future role of clinical pharmacy in primary care: The UK experience

Ravi Sharma (Primary Care Integration and GP Practice Partner, UK)

13:00 – 13:30

2. Pharmacotherapy related collaboration between pharmacists and physicians in a tertiary care hospital

Abdul Latif Sheikh (The Aga Khan University Hospital, Pakistan)

13:30 – 14:00

3. Education approaches for developing integrated physician-pharmacist care models

Wes Nuffer (University of Colorado, USA)

Benjamin Chavez (University of Colorado, USA)



TRANSFORMING PHARMACY EDUCATION: THE YEAR AFTER NANJING



Wednesday 13 September,
09:00 – 12:00

Organised by FIPeD and Planning Committee

Duration: 3h

Introduction

The term “education” is taken to mean career-long education (the development of a registered practitioner from pre-service to novice to advanced) and applies to workforce development which meets pharmaceutical public health needs, and which has a core of continuous education and training. It is also taken to encompass all the workforces we have in the profession, including pharmaceutical scientists and technicians. As a result of the Global Conference on Pharmacy and Pharmaceutical Sciences Education a set of statements and a set of Global Workforce Development Goals (WDGs) will form the basis of forward action planning for FIP, FIPeD, FIP member organisations and partners in order to support the development of the workforce from pre-service to advanced practice. The purpose is to set about activating progress towards achieving FIP’s Centennial Declaration and millennium statements on responsible use of medicines, of which many are workforce dependent. An educated workforce leads to better use of medicines. Participants will be invited to engage with the vision and strategic plans of FIPeD. This session will provide the opportunity for members and member organisations to engage with the WDGs set and follow up on the statements, to comment and provide ideas, and to commit their support for local action plans.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe the importance of the Global Conference on Pharmacy and Pharmaceutical Science Education and its outcomes (statements and workforce development goals).
2. Identify the key messages of the WDGs and statements and how they relate to local activities.
3. Define how the WDGs and the statements can be applied locally or transnationally.
4. Describe strategies on how to address barriers to changing the current state of education to ensure the recommendations of the conference are implemented.

Chairs

Ema Paulino (Portuguese Pharmaceutical Society, Portugal) and Giovanni Pauletti (University of Cincinnati, USA)

Programme

09:00 – 09:10

1. Introduction

09:10 – 09:40

2. Global statements and workforce development goals: Action planning

09:40 – 10:20

3. Perspectives from FIP stakeholders and partners about the global statements and WDGs

- a. Educator (AcPS member)
- b. Scientist (BPS member)
- c. AIM member
- d. Stakeholder
- e. Patient and civil society
- f. Other health care professional
- g. The concept of this part of the session will be to have 10-minute oral presentations from FIP members, stakeholders and partners across all settings, reflecting on the WDGs and global statements and how they will impact on their group.

10:20 – 10:40

☕ Coffee/tea break

10:40 – 11:10

4. Workshop of activity

Roundtable discussions about how to achieve WDGs targets and support FIP members to reach them.

11:10 – 11:50

5. National commitment to the statements and WDGs | Country dashboards

- a. Member organisation 1
- b. Member organisation 2
- c. Member organisation 3
- d. Member organisation 4
- e. Member organisation 5

11:50 – 12:00

6. Wrap up and closing

A8

**TRANSFORMING PHARMACY EDUCATION:
THE YEAR AFTER NANJING**



**Tuesday 12 September,
14:30 – 17:30**

Organised by FIPEd

Duration: 3h

Introduction

This session will address the global impact of the FIPEd resources. Having the right evidence and information is vital to develop policy, monitor trends and evaluate progress. The current status of FIPEd projects will be presented. Participants will be invited to engage with the vision and strategic plans of FIPEd, through presentation of examples of the impact of FIPEd tools and evidence to help solve national challenges in education. They will join in a debate

on how educational leadership can be translated into local visions for developing the profession. An important part of this session will be the congress launch of the 2017 Education Development Team Technical Report; past *FIPEd* technical reports have become important guidance and policy direction publications for members, member associations and a wider audience. All our reports and publications are available on the FIP website and are widely cited. This session will provide the opportunity for members and member organisations to see the results and impact of EDT work, to comment on them and provide ideas for further areas of interest. This session will be a mix of leading-edge presentations and participant engagement activities.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe the importance/impact of the *FIPEd* resources.
2. Identify the content and key messages of the 2017 *FIPEd* Technical Report.
3. Outline practical ways in which *FIPEd* resources and tools can be applied locally or transnationally.
4. Define the relevance and importance of the issues described in the technical reports and other EDT tools to the ongoing development of the pharmacy profession.

Chair

Ian Bates (University College London, UK)

Programme

14:30 – 14:40

1. Introduction

Ian Bates (University College London, UK)

14:40 – 15:00

2. Launch of 2017 Technical Report

Education lead

15:00 – 15:20

3. Global impact of collaborative education

- a. Education lead
 - b. Member organisation
 - c. AIM member or a school/institute
 - d. Health care professional/Non-governmental organisation
-

15:20 – 15:50

4. Workshop activity

Facilitated by education leads

15:50 – 16:10

☕ Coffee/tea break

16:10 – 16:25

5. Global impact of pharmaceutical workforces development

- a. Education lead
 - b. Member organisation
 - c. AIM member or a school/institute
-

16:25 – 16:40

6. Global impact of innovative education (pre- and postgraduation)

- a. Education lead
 - b. AIM member or a school/institute
 - c. Member organisation
-

16:40 – 17:20

7. Workshop activity

Facilitated by education leads

17:20 – 17:30

8. Wrap up and closing

Ian Bates (University College London, UK)

A9

**HISTORY OF PHARMACY: GREAT PHARMACISTS,
GREAT DISCOVERIES**



Thursday 14 September,
14:30 – 17:30

Organised by the FIP Working Group on the History of Pharmacy, the International Society for the History of Pharmacy (ISHP) and Sauvegarde du Patrimoine Pharmaceutique – France (SPP)

Duration: 3h

Introduction

The heritage of a profession underpins its future.

Today pharmacists benefit from the profession having a rich and fascinating history.

Their heritage is full of scientific discoveries and people dedicated to the welfare of humanity.

Pharmacists (scientists and inventors) have among their predecessors people who are part of the great saga of world history. They left their names in the fields of chemistry and botany but also distinguished themselves in politics, industry, food and agriculture.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Identify drug discoveries made by pharmacists.
2. List the many pharmacists who work for the welfare of humanity.
3. Explain errors of the profession in its history and avoid them in the future.
4. Describe how the soul of pharmacy must be nurtured and preserved in the historical tradition.

Chairs

Jacques Gravé (Sauvegarde du Patrimoine Pharmaceutique – International Society for History of Pharmacy, France)
and Uros Cakar (University of Belgrade, Serbia)

Programme

14:30 – 14:40

1. Introduction by the chair

14:40 – 15:15

2. From China: The impact of pharmacists' discoveries on pharmacy development

Dechun Jiang (Department of Pharmacy Xuanwu Hospital of Capital Medical University, China)

15:15 – 15:50

3. From Canada: Pharmacy practice — Past, present and future

Sherif Guorgui (United Pharma Group, Canada)

15:50 – 16:10

☕ Coffee/tea break

16:10 – 16:45

4. From the United States: Historical choices that strengthened the soul of hospital pharmacy

William Zellmer (Pharmacy Foresight Consulting and American Institute of the History of Pharmacy, USA)

16:45 – 17:30

5. From France: Pharmacists yes, but not only ...

Serge Caillier (European Association of Employed Community Pharmacists and French Order of Employed Community Pharmacists, France) and

Great pharmacists: Famous and not so famous

Alain Delgutte (French Order of Community Pharmacists, France)

A10

PUSHING THE BOUNDARIES OF LEADERSHIP LEARNING



Thursday 14 September,
09:00 – 12:00

Organised by the International Pharmaceutical Students' Federation, FIPed and the FIP Academic Pharmacy Section

Duration: 3h

Introduction

Leadership is vital within all pharmacy settings, with leaders driving innovation and professional expansion. However leadership skills, behaviours and attitudes are largely developed through experience and practice, the opportunities for which are often lacking in formal pharmacy education and even post-graduation. How can the dynamic mindset of leadership thinking be taught? In this session, participants and presenters will work together to identify the skills, attitudes and behaviours that they associate with leadership. The panel of pharmacy leaders will share how they developed these skills, behaviours and attitudes during their own leadership journeys. This will lead to small-group-facilitated brainstorming sessions to generate new ideas about how these experiences could be simulated in an educational setting. By the end of the session we will have produced an initial discussion document, from which further work can evolve to inform curricula design and student-organised extracurricular activities in the interests of cultivating future leaders.

Learning objectives

At the conclusion of this application-based session, participants will be able to:

1. Analyse the range of attitudes, skills and behaviours required for leadership.
2. Analyse the developmental journey of some pharmacy leaders, and explore how these could be emulated in the pharmacy education experience.
3. Challenge conventional approaches to fostering leadership in education.
4. Advocate how they can accelerate their leadership journey.

Chairs

Catriona Bradley (Irish Institute of Pharmacy, Ireland) and Whitley Yi (University of Colorado, USA)

Programme

09:00 – 09:05

1. Introduction to the session

09:05 – 09:35

2. Leadership journey, a perspective from:

a. An academic

Jaekyu Shin (University of California San Francisco, USA)

b. A hospital pharmacist

Ian Coombes (SHPA or Royal Brisbane and Women's Hospital, Australia)

c. A pharmaceutical scientist in pharmacy systems

Lloyd Matowe (Pharmaceutical Systems Africa, Liberia)

09:35 – 10:20

3. Workshop Activity

10:20 – 10:40

☕ Coffee/tea break

10:40 – 11:10

4. Leadership journey, a perspective from:

a. A primary care pharmacist

Ravi Sharma (NHS England, UK)

b. A young practitioner

Radoslaw Mitura (Novartis, Poland)

11:10 – 11:50

5. Workshop activity

11:50 – 12:00

6. Closing remarks

A11

ETHICS FORUM: ADDRESSING ISSUES IN NURTURING THE SOUL OF PHARMACY



Thursday 14 September,
09:00 – 12:00

Organised by the FIP Expert Group on Ethics

Duration: 3h

Introduction

At its core, the “soul of pharmacy” comprises the beliefs, perspectives, motivations, decisions, and behaviour (i.e. the ethics) of individual pharmacists and pharmaceutical scientists; and the moral/ethical dynamics of pharmacy practice. An important way to nurture the soul of pharmacy is to (a) identify and analyse major ethical issues faced by pharmacists and pharmaceutical scientists around the world and (b) explore options and justify decisions on how to address those challenges.

This session aims to address both steps (a) and (b) through a process that stimulates reflection and engagement. Participation will be a rewarding professional experience for pharmacists and pharmaceutical scientists on their journey toward nurturing the soul of pharmacy.

Learning objectives

At the conclusion of this application-based session, participants will be able to:

1. Analyse important contemporary ethical issues facing pharmacists and pharmaceutical scientists around the world.
2. Formulate a range of perspectives on how to address specific ethical challenges facing pharmacists and pharmaceutical scientists.
3. Analyse the advantages and disadvantages of alternative approaches to addressing specific ethical challenges.
4. Compare methods and resources that should be considered for development to aid pharmacists and pharmaceutical scientists in addressing ethical challenges.

Chairs

Betty Chaar (The University of Sydney, Australia) and William Zellmer (Pharmacy Foresight Consulting, USA)

Programme

09:00 – 09:05

1. Introduction by the chairs

09:05 – 09:30

2. The case of pharmacy in Asia: Conflicts in health care delivery

Fei-Lin Wu (National Taiwan University, China Taiwan)

09:30 – 09:55

3. Ethical issues related to intellectual property and scientific integrity

Bert Leufkens (Utrecht University, Netherlands)

09:55 – 10:20

4. Emergency contraception and the lingering ethical tensions stemming from conscientious objection by the pharmacist

Arijana Meštrović (Pharma Expert, Croatia)

10:20 – 10:40

☕ Coffee/tea break

10:40 – 11:05

5. Ethical dimensions of pharmacogenetics and personalised therapy

Farshad Shirazi (Pharmaceutical Sciences Research Center, Iran)

11:05 – 11:55

6. Ethical forum

Chair/facilitator: Wilma Göttgens (Apotheek Blanckenburgh, Netherlands)

(11:05 – 11:30)

Four simultaneous breakout discussion groups (one related to each lecture), led by the lecturers with assistance from the session co-chairs. Key question for each group: What advice can be offered for those who are dealing with the type of ethical issue discussed in the lecture?

(11:30 – 11:55)

Reconvening of the whole group; summary reports from each small group discussion

11:55

7. Concluding comments by the chairs

A12

YOUNG PHARMACISTS: PUTTING HEART AND SOUL INTO PHARMACY



Monday 11 September,
14:30 – 17:30

Organised by the FIP Young Pharmacists' Group, the International Pharmaceutical Students' Federation and the FIP Academic Pharmacy Section

Duration: 3h

Introduction

Young pharmacy professionals are nurturing, sustaining and developing the essence of the pharmacy profession in different parts of the world. Confronted by challenges such as shortage of pharmacists, limited access to technologies for research and development and so on, innovative ways of health promotion, professional advocacy and continuous development for and by young pharmacists and other ways of improving the impact of pharmacy in global health are discussed in this session.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. List the different challenges faced by young pharmacy professionals globally.
2. Identify the various ways of peer development, science advancement, health promotion, professional advocacy, gaining business skills and capacity building strategies for young pharmacy professionals.
3. Describe the impact of these strategies on the profession and public health.
4. Outline the possible ways of scale-up and improvement of these strategies.

Chairs

Djulija Haxhibeti (Apoteka Panacea, Montenegro) and Chiedu Mordi (Coka Pharmacy, Nigeria)

Programme

09:00 – 09:05

1. Introduction by the chair

09:05 – 09:30

2. The benefit of pharmacy practice experience

09:30 – 09:55

3. Putting experience into practice: Nurturing pharmacy

09:55 – 10:20

4. Practice in the future — A vision of potential directions

10:20 – 10:40

☕ Coffee/tea break

10:40 – 10:55

5. The science of pharmacy — Supporting and advancing our knowledge

10:55 – 11:10

6. Nurturing pharmacy: A regional perspective

11:10 – 11:35

7. Practice/science meets business development: The new “pharmapreneurs”

11:35 – 12:00

8. Closing: Panel discussion, Q&A

Topic



Precision pharmacotherapy

Topic coordinators: Don Mager & Michael Ward

Introduction to topic B

Precision medicine is an emerging model that seeks to customise therapy to subpopulations of patients, categorised by shared molecular and cellular biomarkers, to improve treatment outcomes. In contrast, personalised medicine refers to the tailoring of procedures and therapeutic interventions on an individual patient level. Advances in analytical methods and computational algorithms have enabled the identification of intrinsic and extrinsic factors that regulate individual responses to medicines on an unprecedented level. Pharmacists and pharmaceutical scientists are experts in applied therapeutics and uniquely positioned to integrate and utilise diverse experimental approaches to realising precision and personalised pharmacotherapy. New approaches to designing single-agent and combination medicine regimens for patient subpopulations are becoming feasible owing to detailed patient information available from genomic, proteomic, and metabolic platforms, along with molecular imaging and diagnostic capabilities. On an individual level, pharmacists and pharmaceutical scientists can personalise pharmacotherapy through compounding and/or regimen individualisation techniques such as population analysis. There are many technical, ethical, and regulatory challenges to be addressed in this field. However, it is clearly evident that “one-size does not fit all” and that patients and health care systems desperately need, and will benefit from, research and implementation of precision and individualised strategies to medicine therapy.

Keywords

- dose/regimen individualisation
- pharmacogenomics
- systems pharmacology
- compounding and formulations
- targeted medicine delivery
- biomarkers
- molecular diagnostics
- targeted medicine design
- pharmacoinaging
- proteomics
- metabolomics

B1

ONE SIZE DOESN'T FIT ALL: DOSE INDIVIDUALISATION WITH POPULATION PHARMACOLOGY



**Tuesday 12 September,
09:00 – 12:00**

Organised by the FIP Programme Committee and the FIP Special Interest Group on PK/PD & Systems Pharmacology

Duration: 3h

Introduction

Most medicines have been developed for an “average” patient, with little to no concern for medicine responses in specific patient subpopulations or individuals. This “one-size-fits-all” approach often results in good performance in some patients but less than successful treatment outcomes in many others, including poor efficacy and/or adverse

medicine reactions. This session directly addresses the critical unmet medical need of individualised pharmacotherapy. Population pharmacology enables personalised medicine therapy through the effective integration of individual patient characteristics, pharmacokinetic and pharmacodynamic principles, and computational algorithms capable of handling big data and mathematical models of medicine action.

Learning objectives

At the end of this knowledge-based session, the participants will be able to:

1. Describe basic population-based pharmacokinetic-pharmacodynamic principles that underlie dosing regimen individualisation in specific diseases and special populations.
2. Describe approaches for integrating pharmacogenomic data in population-based analyses for identifying sources of variability in medicine action.
3. Specify the utility of population pharmacology and feedback measurements obtained from patients for individualising warfarin and antibiotic dose individualisation.

Chairs

Don Mager (University at Buffalo, USA) and Michael Ward (University of South Australia, Australia)

Programme

09:00 – 09:40

1. Basic principles of applied pharmacometrics

Stephan Schmidt (University of Florida, USA)

09:40 – 10:20

2. Development of a model-based dose-individualisation approach with an application to routine clinical data

Jinju Guk (Yonsei University College of Medicine, Republic of Korea)

10:20 – 10:40

☕ Coffee/tea break

10:40 – 11:20

3. Dose-individualisation of anticoagulants

Dan Wright (University of Otago, New Zealand)

11:20 -12:00

4. Optimising antimicrobial dosing regimens in clinical practice

Markus Zeitlinger (Medical University of Vienna, Austria)

B2

**ONE SIZE DOESN'T FIT ALL: DOSE INDIVIDUALISATION
WITH POPULATION PHARMACOLOGY**



Monday 11 September,
14:30 – 17:30

Organised by the FIP Academic Pharmacy Section and the FIP Special Interest Group on Translational Research and Individualized Medicines

Duration: 3h

Introduction

Pharmacists play important roles in generating knowledge and collaborating with other health care professionals to provide patient-centred and individualised patient care. This session will highlight competencies for pharmacists, strategies to educate and train future practitioners and scientists and to translate the science of precision pharmacotherapy into practice. It will also discuss the newer-omic techniques with a focus on the usefulness of the human microbiome to our understanding of health and disease.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Outline competencies and services provided by pharmacists in precision pharmacotherapy.
2. Define approaches to the implementation of pharmacogenetics into clinical practice.
3. Describe educational models to incorporate precision pharmacotherapy in pharmacy curricula.
4. Distinguish the newer -omics techniques and usefulness of the human microbiome.

Chair

Wafa Dahdal (American College of Clinical Pharmacy, USA)

Programme

14.30 – 14:40

1. Introduction

14:40 – 15:15

2. Competencies and pharmacist services in precision pharmacotherapy: The US perspective

Samuel Johnson (American College of Clinical Pharmacy, USA)

15:15 – 15:50

3. Implementing pharmacogenetics into clinical practice: European perspective

15.50 – 16:10

☕ Coffee/tea break

16:10 – 16:30

4. Curriculum and educational models in precision pharmacotherapy

Christina Aquilante (University of Colorado, USA)

16:30 – 16:50

5. Newer -omics techniques: Focus on the usefulness of microbiome

Masahiro Tohkin (Graduate School of Pharmaceutical Sciences Nagoya City, Japan)

16:50 – 17:20

6. Meet the expert (table discussions)

17:20 – 17:30

7. Panel discussion

B3

INDIVIDUALISED MEDICINES: AN ETHICAL APPROACH



Thursday 14 September,
14:30 – 17:30

Organised by the FIP Social and Administrative Pharmacy Section, the FIP Industrial Pharmacy Section and the FIP Expert Group on Ethics

Duration: 3h

Introduction

With the rapidly evolving pharmaceutical sector in individualised medicines, the overall impact/benefit to all populations must be considered. This form of medicine is much specialised, may be highly effective and is often extremely expensive. Considering this, can we be sure that these individualised medicines are regulated

appropriately, compared with the other medicines on the market? How can we ensure that those who need access to these medicines will not be detrimentally affected by location, wealth, obscurity of disease and how the drugs are provided? As these medicines are created based on an individual's genetic make-up, is there a risk that other diseases coded for in the genome will not be recorded against a person's insurance, thus making this a pre-existing condition for any future claims? Are there other ethical dimensions in individualised medicine? And are there implications for big data to assist in finding genetic patterns in populations, highlighting those with either higher risk of disease or better expected outcomes based on their genome?

Balancing therapeutic prospects introduced by scientific and technological advances with regulation to address emerging socio-ethical concerns is the ultimate challenge in dealing with application of such advances in health care. This presentation will highlight the many challenges that pharmacogenetics pose to ethicists, government bodies and practitioners alike. These challenges include such issues as reliability of personalised medicines; availability, affordability and equitable access to medicines, among many others.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Identify regulatory resources and systems for pharmacists to guide the right patient to the correct individualised medicine.
2. Identify current challenges for regulators and payers globally to fund this practice change.
3. Outline the ethical dimensions of pharmacogenetics and individualised medicine.
4. Describe use of big data to study and benefit from individualised medicines.

Chairs

Cody Midlam (MedImpact Healthcare Systems Inc, USA) and Gabrielle Wiederkehr (ACCESS Regulatory Consulting GmbH, Switzerland)

Programme

14:30 – 14:40

1. Introduction by the chairs

14:40 – 15:15

2. Regulatory framework for individualised medicines — Examples around the world

Mahdi Farhan (Roche Genentech, UK)

15:15 – 15:50

3. Payment models for individualised medicines

Ross McKinnon (Flinders University, Australia)

15:50 – 16:10

☕ Coffee/tea break

16:10 – 16:45

4. Ethical dimensions of pharmacogenetics and individualised medicine

Betty Chaar (The University of Sydney, Australia)

16:45 – 17:20

5. How to use big data to maximise benefit from individualised medicines

17:20 – 17:30

6. Conclusion by the chairs



Organised by the FIP Social and Administrative Pharmacy Section and the FIP Industrial Pharmacy Section

Duration: 1h30

Introduction

Gene-based therapy and individualised medicines are considered the future of medicine. Many people have heard of individualised medicines, but most will not know what they are or how they are made. Pharmacists may not be sure of what these drugs could mean to their patients, or their practice of pharmacy. The financial implications of personalised medicine are being understood now in many countries, as the price for these drugs, which affect smaller populations, may be high. Also, a number of newer therapies require companion diagnostics to confirm genetic markers.

The clinical development path for gene-based therapies and targeted drugs differs from that of previous therapies as well. As not all patients have the same genetic make-up, not all patients will be appropriate for new, targeted therapies — a notion which brings unique challenges to drug development and patient selection. In this session, we aim to explain what gene-based therapy is by covering the drug development process, including patient selection, gene target selection and choice of delivery. The session will also focus on unique monitoring requirements and, in some cases, regulatory requirements associated with genetic-based therapy. There are many nuances and this session will provide simple, clear and useful information for all pharmacists on individualised, gene-based therapy.

Learning objectives

At the conclusion of this application-based session, participants will be able to:

1. Express what gene-based therapy is clinically and what the benefits are for patients.
2. Differentiate how targeted therapies differ from historical treatments in the drug development and approval process.
3. Compare the different drug delivery pathways for individualised medicines, including compounding and specialty pharmacies.
4. Advocate for targeted therapies monitored by pharmacists and the implications of drug labelling.

Chair

Tara Hehir (Locum pharmacist, Australia)

Programme

12:30 – 13:00

1. What is clinically unique about gene-based therapies?

Cyril Usifoh (University of Benin, Nigeria)

13:00 – 13:30

2. From research to the patient — How are these new drugs made and provided?

13:30 – 14:00

3. Targeted therapies and patient care — Monitoring inpatients and outpatients

Jae-Gook Shin (Inje University, Republic of Korea)

B5

BIOLOGIC MEDICINES: OPTIMISING TREATMENTS AND LOOKING TO THE FUTURE



Thursday 14 September,
12:30 – 14:00

Organised by the FIP Special Interest Group on Biotechnology and the FIP Industrial Pharmacy Section

Duration: 1h30

Introduction

In the past 20 years biologic medicines have resulted in major advances in the management of many diseases ranging from oncology to auto-immune diseases to cardiology. Much of this advance has been through the development of monoclonal antibodies directed at a single disease causative target. More recently, attention has turned to optimising these treatments for individual patients through approaches such as therapeutic drug monitoring and screening for the development of anti-drug antibodies. Despite the enormous success of these agents and the improvements in their utilisation, the next generation of biologic medicines, such as biospecific antibodies and antibody drug conjugates, are beginning to emerge with the potential to further improve patient care. This session will describe the approaches to optimising the use of existing biologics and the exciting new agents that exploit the unique properties of these medicines.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe the approaches to individualising treatment with biologic medicines.
2. Identify the formulation strategies of biologics to enable precision pharmacotherapy.
3. Outline the emerging biologic therapeutic modalities.

Chair

Michael Ward (University of South Australia, Australia)

Programme

12:30 – 13:00

1. Approaches to individualising treatment with biologics

Michael Ward (University of South Australia, Australia)

13:00 – 13:30

2. Formulation strategies for personalised medicine

Ping Yeh (Amgen, USA)

13:30 – 14:00

3. Emerging biologic therapeutic modalities

Pablo Umana (Roche, Switzerland)



Organised by the FIP Hospital Pharmacy Section, the FIP Special Interest Group on Regulatory Sciences, the FIP Health and Medicines Information Section, the FIP Special Interest Group on Analytical Sciences and Pharmaceutical Quality and the FIP Special Interest Group on Biotechnology

Duration: 3h

Introduction

This session has been planned to meet the needs of pharmaceutical scientists and pharmacists in all practice settings with an interest in drug development, regulatory processes, new medicines, health care policy, law, medicines safety, pharmacovigilance and leadership.

With regard to the regulatory processes for biosimilars, several countries have developed their own guidelines for approval, including extrapolation of clinical data. There is a global challenge to adopt standard regulatory processes in order to provide needed access to these medicines across the world. This session will address the analytical characterisation, bioanalytical assay development for pharmacokinetic and immunogenicity assays and the regulatory perspectives on the advancement of biosimilar products. With the expansion of the use of biologics and the development of biosimilars, pharmacists must address the operational challenges and opportunities related to introducing biosimilars into the medicines use process.

The presenters in this session will discuss challenges in the regulatory process, the experience with biosimilars in the European Union and other regions, and key formulary, legal, policy, and operational factors to consider when integrating biosimilars into the medicines use process, including issues regarding interchangeability with reference products. Practical issues related to naming, pharmacovigilance and transitions of care will also be discussed.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe the process for regulatory approval of biosimilars in various regions of the world and issues related to the approval process.
2. Explain the experience in the EU with biosimilars, including safety and management of issues such as indication extrapolation, uptake and pharmacovigilance.
3. State the key factors and decisions that must be considered in the formulary consideration of biosimilars.
4. Define factors that must be addressed in order to safely integrate biosimilars into the medicines use process, including those around naming and pharmacovigilance.

Chairs

James Stevenson (University of Michigan, USA) and Michael Ward (University of South Australia, Australia)

Programme

09:00 – 09:10

1. Introduction by the chairs

09:10 – 09:45

2. Challenges and lessons learnt in the regulatory approval process for biosimilars

Vinod Shah (Pharmaceutical Consultant, USA)

09:45 – 10:20

3. Challenges in the development of bioanalytical methods for addressing comparability of the biosimilar products

10:20 – 10:40

Coffee/tea break

10:40 – 11:10

4. Formulary, interchange and substitution considerations with biosimilars

Arnold Vulto (Erasmus University Medical Center, Netherlands)

11:10 – 11:40

5. Pharmacoeconomic impact of biosimilars

11:40 – 11:55

6. Panel Q&A session

11:55 – 12:00

7. Conclusion by the chairs







Topic



Pharmacy services: Going beyond prescription

Introduction to topic C

Pharmacy services, or value-added services, are pharmacy's future beyond the prescription. Effectiveness of care will be increased and will enhance pharmacy's position within health care, reducing costs in the same process. In implementing this model, a transition from the traditional business model to a value-based model is needed.

Pharmacy services will be targeted to appropriate customers based on their specific needs.

Future treatments should be paid for based on achieved outcomes, and both the pharmaceutical industry and pharmacy will need to move into the health management space to maximise the effectiveness of the investment in a medical therapy, for increased and improved patient safety and adherence. Responsible use of medicines will lead to lower health care costs and improved quality of life for patients.

Medication management services in pharmacy practice are designed to improve collaboration among health care professionals, to enhance communication between patients and their health care team, and to optimise medicines use for improved patient outcomes. Patients are taking an active role in managing their medication, leading pharmacy towards person-centred care. New innovative medicines also require competence development and education for new roles of pharmacists.

Services aimed at patients include providing educational materials that address signs and symptoms of a disease, treatment options, self-management techniques and adherence programmes as well as services for lifestyle consulting, chronic diseases, new medicines services, point of care, special groups services (rare diseases, paediatric, maternity, disabilities), prevention (metabolic syndrome, immunisation) and many more.

Keywords

- Patient safety
- Adherence
- Nutrition
- Responsible use of medicines
- Saving costs in health care
- Medicine therapy management, follow-up, patient care, personal record, reimbursement, multidisciplinary approach and team work in patient care
- New services based on patient needs
- Quality indicators for patient care
- Competency development and education for new roles of pharmacists



SERVING THE PATIENT NEEDS: WHERE TO START?



Monday 11 September,
14:30 – 17:30

Organised by the FIP Programme Committee

Duration: 3h

Introduction

Pharmaceutical care or medicines optimisation is provided for the direct benefit of the patient, and the pharmacist is responsible directly to the patient for the quality of that care. The fundamental goals, processes, and relationships of pharmaceutical care exist regardless of practice setting, and aims for the safe and best available therapy for the

patient. It is the professional activity in which the pharmacist, using his or her skills, knowledge and experience, revealing patients' needs, sets priorities in the treatment process and takes responsibility for a positive outcome of medicine therapy. That responsibility is shared with the doctor who determined the diagnosis and prescribed therapy, and with patients, leading them to the compliance, follow up and counselling about responsible treatment. Today, many countries are trying to introduce new services in community and hospital pharmacies to incorporate value-added pharmacy services in health systems. Although such attempts are of interest to national and international pharmacy organisations, many challenges often appear in the implementation of this new pharmacy model. Some of the difficulties may include: attitudes and opinions of other health professionals, culture, lack of cooperation and inadequate communication between them, reimbursement issues, an insufficient number of pharmacists, space or equipment for the provision of pharmaceutical care, including the structure and organisation of health care.

Learning objectives

At the end of this knowledge-based session, participants will be able to:

1. List different kind of services provided in community and hospital pharmacy all over the world.
2. Describe what tools are needed in implementation of services and how they have to be used.
3. Identify various financial models for successful services implementation.
4. Define educational needs and competencies required to provide services in pharmacy — now and in the future.

Chairs

Lars-Åke Söderlund (Apoteket AB, Sweden) and Arijana Meštrović (Pharma Expert, Croatia)

Programme

09:00 – 09:10

1. Introduction by the chairs

09:10 – 09:45

2. Overview of services (what exists: community, hospital, clinical setting)

Ash Soni (Royal Pharmaceutical Society, UK)

09:45 – 10:20

3. Toolbox to implement the services (where to start, time, resources management; reimbursement, stakeholders, indicators)

Per Kristian Faksvåg (Norwegian Pharmacy Association, Norway)

10:20 – 10:40

☕ Coffee/tea break

10:40 – 11:10

4. Best financial models for sustainable patient care

Charlie Benrimoj (University of Technology Sydney, Australia)

11:10 – 11:40

5. Educating pharmacists for person-centred care (undergraduate, CE, CPD requirements)

Fei-Lin Lin Wu (National Taiwan University, China Taiwan)

11:40 – 12:00

6. Panel discussion and take home messages



Organised by the FIP Academic Pharmacy Section, the FIP Community Pharmacy Section and the FIP Hospital Pharmacy Section

Duration: 3h

Introduction

Pharmacists are increasingly involved in the delivery of new services in both primary and secondary care. These include screening initiatives, health promotion campaigns, medicines optimisation and chronic disease management, to name but a few. How can pharmacists ensure that they are ready to rise to the opportunity of new pharmacy services? The answer is that it depends! It depends on the service, the environment and existing levels of competence. But surely there must be some common themes? In this interactive session we will explore three real-life case studies which are drawn from different practice areas in different parts of the world: a hospital pharmacy in Ireland, community pharmacy in Australia and ambulatory care clinics in the US. Each case will describe a new service and you'll get the chance to decide what you think was needed to get pharmacists ready to deliver these services. Then you'll hear what actually happened in real life from the pharmacists who led these initiatives. We'll also hear about Tanzanian pharmacy, where the evolution of core pharmacy services requires upskilling initiatives. Participants will also have the opportunity to discuss their own plans for potential new services during the session. Come ready for lively discussion and debate!

Learning objectives

At the conclusion of this application-based session, participants will be able to:

1. Conduct an analysis of the knowledge, skills and behaviours required to support the roll out of two "sample" services.
2. Compare the result of their analysis with the reality experienced by three pharmacy leaders.
3. Analyse how the local environment (including legislative, practice, health system, education and cultural issues) impacts on the support required for pharmacists who are delivering new services.
4. Plan the educational approach required to support a new service, having had the opportunity to discuss their ideas and reflect on the lessons learnt in the workshop.

Chairs

Mahama Duwiejua (Faculty of Pharmacy and Pharmaceutical Sciences — KNUST, Ghana) and
Lisa Nissen (Queensland University of Technology, Australia)

Programme

09:00 – 09:15

1. Introduction by the chairs

09:15 – 10:05

2 Case study 1

Tim Delaney (Hospital Pharmacy, Ireland)

10:05 – 10:20

3. Case presentation

Elizabeth Shekalaghe (Pharmacy Council of Tanzania, Tanzania)

10:20 – 10:40

Coffee/tea break

10:40 – 11:25

4. Case study 2

Kari Franson (University of Colorado, USA)

11:25 – 11:40

5. Small group debrief

11:40 – 12:00

6. Summing up and conclusion

Mahama Duwiejua (Faculty of Pharmacy and Pharmaceutical Sciences — KNUST, Ghana)



IMPROVED OUTCOMES: BETTER HEALTH



Monday 11 September,
14:30 – 17:30

Organised by the FIP Community Pharmacy Section, the FIP Health and Medicines Information Section, the FIP Social and Administrative Pharmacy Section and the FIP Industrial Pharmacy Section

Duration: 3h

Introduction

Adherence means taking the correct dose of your medicines every time, exactly as prescribed by your health care provider or recommended by your pharmacist. Adherence can also be defined as “The extent to which a person’s behaviour — taking medicine, following a diet, or making healthy lifestyle changes — corresponds with agreed-upon recommendations from a health care provider” (World Health Organization, 2003)

Chronic conditions currently account for three of every four dollars spent on health care, a factor of their prevalence and the spiralling cost of specialty drugs to treat them. And the burden of chronic diseases is a global and growing problem. Since medicines play a significant role in the management of chronic diseases, with patients usually having to visit their community pharmacy regularly to collect their medicines, pharmacists are ideally positioned to provide additional chronic disease management services.

Because barriers to medication adherence are complex and varied, solutions to improve adherence must be multifactorial. Improving adherence is crucial to the future sustainability of our health systems, where community and hospital pharmacy have vital roles to play. The cost of non-adherence can be calculated both in terms of generating additional costs for health care systems due to misuse or non-use of medicines leading to further treatment or even hospitalisation, and by simply wasting resources through the non-use of prescribed medicines funded by health care systems.

Suboptimal health literacy and lack of involvement in the treatment decision-making process will also affect adherence and outcome of the therapy.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Identify effective targeted interventions to address the barriers to adherence.
2. Describe the range of chronic conditions where pharmacists can play a significant role in supporting adherence to therapy.
3. Identify non-adherence through the use of medication management systems, and deliver targeted interventions for a range of chronic conditions.
4. Identify the lack of health literacy as a risk factor in adherence.

Chairs

Lars-Åke Söderlund (Apoteket AB, Sweden) and Parisa Aslani (The University of Sydney, Australia)

Programme

14:30 – 14:35

1. Introduction by the chairs

14:35 – 15:00

2. What patients need

Gi-Jong An (Korean Alliance of Patient Organizations, Republic of Korea)

15:00 – 15:25

3. Adherence and medicines management for chronic diseases

Victoria Garcia Cardenas (University of Technology Sydney, Australia)

15:25 – 15:50

4. The value of health literacy among patients for improved adherence

Parisa Aslani (The University of Sydney, Australia)

15:50 – 16:10

☕ Coffee/tea break

16:10 – 16:35

5. Adherence 3.0 (innovative approaches to increase adherence and outcomes)

John Shaske (Ascent Health Care Consultants, Canada)

16:35 – 17:00

6. Specific examples of how the pharmaceutical industry cooperates with pharmacy in optimising therapy and outcomes

Ulf Janzon (Merck Sharp & Dohme, Sweden)

17:00 – 17:30

7. Discussion and take home messages



 Wednesday 13 September,
09:00 – 12:00

Organised by the FIP Community Pharmacy Section, the FIP Health and Medicines Information Section and the FIP Social and Administrative Pharmacy Section

Duration: 3h

Introduction

Today, for the first time in history, most people can expect to live into their 60s and beyond. When combined with marked falls in fertility rates, these increases in life expectancy are leading to the rapid ageing of populations around the world. Pharmacy can contribute to a healthy life as people age. During the past 100 years life expectancy has increased by 40 years, but our brains have remained the weak link. At the age of 90, 61% of patients suffer from cognitive failure, 40% suffer from dementia and at least 10% suffer from depression. After the age of 50, the brain shrinks by 5% each year. Factors that negatively impact the brain are obesity, diabetes, smoking habits, lack of vitamin B12, depression and stress.

The protective factors are education, exercise, mental and social activity, and healthy eating, meaning that a change in lifestyle can delay the ageing process of the brain.

Global concepts of healthy ageing thus have to be built around the new concept of functional ability. This will require a transformation of health systems away from disease based curative models and towards the provision of older-person-centred and integrated care. It will need to draw on better ways of measuring and monitoring health. Nutrition, exercise, cognitive stimulation and socialisation are the factors recommended by experts which help to promote healthy ageing. This clearly highlights a significant role for the pharmacist, not only in the broader role of public health and consumer education, but also in disease prevention and healthy living. The pharmacist can be regarded as the future accessible, experienced and knowledgeable health provider. Pharmacists in some countries are already offering services to the elderly but a systematic approach is needed to face the health challenges created by the global “grey tsunami”.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Identify key areas for pharmacy to contribute in a systematic way to healthy and active ageing.
2. Describe how to develop personalised care for elderly consumers at the pharmacy.
3. Outline case examples of various types of services provided in community pharmacy for geriatric patients from different countries.
4. Specify educational needs and competencies required for the pharmacists to provide services for the elderly in pharmacy — now and in the future.

Chairs

Manjiri Gharat (Indian Pharmaceutical Association, India) and Vivien Tong (The University of Sydney, Australia)

Programme

09:00 – 09:10

1. Introduction by the chairs

09:10 – 09:45

2. Population ageing in Korea and new vision of healthy ageing

Heung-Bong Cha (Korea National Council on Social Welfare and International Association of Gerontology and Geriatrics, Republic of Korea)

09:45 – 10:20

3. Healthy ageing

Alex Ross (World Health Organization Kobe Centre, Japan)

10:20 – 10:40

☕ Coffee/tea break

10:40 – 11:05

4. Appropriate polypharmacy and adherence to medical plans for older people in Europe: Pharmacy's role for healthy ageing

Alpana Mair (Healthcare Quality and Strategy Directorate Scottish Government, UK)

11:05 – 11:30

5. Overview of specialty services provided to the elderly and competence development for pharmacists

Timothy Chen (The University of Sydney, Australia)

11:30 – 11:55

6. Panel discussion: Assessing needs of the situation, and discussion about the strategy to promote healthy ageing

Lead: Prafull Sheth (Unichem Laboratories Ltd., India)

11:55 – 12:00

7. Take home messages



IMPLEMENTING SERVICES FOR PEOPLE TAKING A NEW MEDICINE



Wednesday 13 September,
14:30 – 17:30

Organised by the FIP Community Pharmacy Section and the FIP Special Interest Group on Pharmacy Practice Research

Duration: 3h

Introduction

Various services have been designed and implemented in pharmacy practice over the past 20 years, based on pharmaceutical care research in the early nineties. Today several countries have experiences in designing, developing, negotiating and implementing services. In this session, a specific service, “New Medicines Service”, will be investigated from different perspectives allowing an insight into the different steps of the pharmacy practice service implementation.

Learning objectives

At the conclusion of this application-based session, participants will be able to:

1. Lay out an innovative and systematic research methodological approach, involving a model from design, impact and implementation to sustainability of services.
2. Produce the evidence necessary to get a pharmacy service remunerated.
3. Demonstrate how to move from research to practice, designing the tools necessary for delivery of services.
4. Perform the implementation of services, after remuneration.

Chairs

Charlotte Rossing (Pharmakon, Denmark) and Charlie Benrimoj (University of Technology Sydney, Australia)

Programme

14:30 – 14:40

1. Introduction by the chairs

14:40 – 15:15

2. From design to sustainability of services: Research methodology

Charlie Benrimoj (University of Technology Sydney, Australia)

15:15 – 15:50

3. Designing a study on “New medicines service” — case from Norway

Per Kristian Faksvåg (Apotekforeningen, Norway)

15:50 – 16:10

☕ Coffee/tea break

16:10 – 16:45

4. Negotiating a new service — case from UK on new medicine service

Rajesh Patel (Hollowood Chemists Limited, UK)

16:45 – 17:20

5. Moving from research to practice, what tools and competences are needed?

Alison Roberts (Pharmaceutical Society of Australia, Australia)

17:20 – 17:30

6. Conclusion by the chairs

**Organised by the FIP Health and Medicines Information Section**

Duration: 3h

Introduction

Health literacy within the broader context of health care can be regarded as a patient/consumer risk factor as well as an asset. As a risk factor, low health literacy can impact on a person's health and medicine-related information seeking behaviour, ability to understand and act on information, self-management and self-care, and adherence to therapy. Health care professionals should be aware of this and ensure that all services delivered follow a "Health Literacy Universal Precautions" approach. As an asset, health care professionals can improve a person's health literacy through improvements in knowledge and capacity. Therefore, having an understanding of health literacy, specifically in populations who are more vulnerable and who visit the pharmacy more frequently, will equip pharmacists with the knowledge needed to support these groups more effectively and deliver services that are targeted and tailored to their needs.

Learning objectives

At the conclusion of this application-based session, participants will be able to:

1. Analyse health literacy as a risk and an asset.
2. Evaluate the impact of low health literacy levels on clinical, humanistic and economic outcomes.
3. Differentiate the specific needs of women in health care and the impact of low health literacy on their use of health care services.
4. Advocate for interventions that pharmacists can deliver to increase women's knowledge and capabilities, and therefore health literacy.
5. Advocate for interventions that pharmacists can deliver which are underpinned by the Health Literacy Universal Precautions.

Chairs

Greg Duncan (Monash University, Australia) and Parisa Aslani (The University of Sydney, Australia)

Programme**09:00 – 09:20****1. Health literacy and its impacts**

Greg Duncan (Monash University, Australia)

09:20 – 09:40**2. Women's health and the impact of low health literacy**

Safeera Hussainy (Monash University, Australia)

09:40 – 10:00**3. Complementary and alternative medicine information seeking behaviour of women and the impact of health literacy**

Larisa Barnes (The University of Sydney, Australia)

10:00 – 10:20**4. Interventions to assist women with low health literacy to find appropriate and relevant information**

Parisa Aslani (The University of Sydney, Australia)

10:20 – 10:40

☐ Coffee/tea break

10:40 – 11:05

- 5. Interventions to assist women with low health literacy to use appropriate health care —
Case example from the Republic of Korea**
-

11:05 – 11:30

- 6. Interventions to assist women with low health literacy to use appropriate health care —
Case example from the Netherlands**
Ellen Koster (Utrecht University, Netherlands)
-

11:30 – 12:00

- 7. Workshop on developing interventions which can be delivered in the pharmacy for women to assist with
information seeking behaviour, decision-making and informed consent**
-



**Organised by the FIP Pictogram Project**

Duration: 1h30

Introduction

Pharmacist and patient communication is crucial for a successful relationship and effective exchange of information, especially when serving patients with low education, low medication literacy or other communication barriers. Health literacy plays a crucial role in the comprehension of health and drug-related instructions. Prescription drug labels that are not clearly stated can be misunderstood due to limited literacy or impaired reading ability. The misinterpretation of medication instructions can result in under-treatment and possible harm. Ultimately, low health literacy may lead to adverse health outcomes. These consequences of low health literacy are particularly severe for maternal, new born and child health with findings showing a strong association between mother's literacy level and infant mortality. The purpose of this session is to provide an overview of the concept of medication literacy and present medication literacy tools that pharmacists around the world can use to improve maternal, new born and child health. The session will also focus on helping participants enrich their understanding of the factors influencing medication literacy levels in the population and how to identify patients at higher risk.

Learning objectives

At the conclusion of this knowledge-based presentation and application-based session, participants will be able to:

1. Define medication literacy and understand the importance of the concept for pharmacist working in maternal, new born and child care.
2. Identify factors influencing medication literacy and how to identify patients most at risk for medication literacy.
3. Adjust their interventions to the needs of their patients with low medication literacy by using medication literacy tools.
4. Advocate for or educate other health care providers about the use of enhanced communication strategies that support medication literacy and maternal, new born and child health.

Chair

Régis Vaillancourt (Children's Hospital of Eastern Ontario, Canada)

Programme**12:30 – 13:00****1. Medication literacy and maternal, child and new born health: What can pharmacists do?**

Régis Vaillancourt (Children's Hospital of Eastern Ontario, Canada)

13:00 – 13:30**2. Medicines use in children, and the pharmacy curriculum**

Rebekah Moles (The University of Sydney, Australia)

13:30 – 14:00**3. Rethinking discharge pharmacy services at a paediatric hospital: Identifying patients at risk for low medication literacy and using the right tools to deliver medication instructions**

Annie Pouliot (Children's Hospital of Eastern Ontario, Canada)



Organised by the FIP Hospital Pharmacy Section, the FIP Military and Emergency Pharmacy Section and the FIP Industrial Pharmacy Section

Duration: 3h

Introduction

Substandard, spurious, falsely labelled, falsified and counterfeit (SSFFC) medicines are a global challenge to the pharmaceutical supply chain. SSFFC medicines compromise the distribution of high quality medicines, putting patient safety at risk. This session will clarify what constitutes “counterfeit” medicines, show the global scope of the problem and potential effects on patient outcomes. Measures to forensically combat existing and potential counterfeit products, as coordinated by the WHO, will be presented. A global overview of legislative measures to prevent counterfeit drugs will be presented and the underlying approaches will be discussed.

Learning objectives

At the conclusion of this application-based session, participants will be able to:

1. Differentiate substandard, spurious, falsely labelled, falsified and counterfeit medicines.
2. Advocate the WHO Medical Product alert system.
3. Evaluate various legislative measures securing the pharmaceutical supply chain.
4. Detect weaknesses in the supply chain of their own practice.

Chairs

Nkechi Christiana Anyanwu (Federal Medical Centre, Nigeria) and K.H. Chung (Sungkyunkwan University, Republic of Korea)

Programme

14:30 – 14:40

1. Introduction by the chairs

14:40 – 15:15

2. The loopholes in SSFFC because of the scale of production

Mike Anisfeld (Globepharm, USA)

15:15 – 15:50

3. WHO Medical Product Alert: Detection, warnings and forensics

Michael Deats (World Health Organization, Switzerland)

15:50 – 16:10

☕ Coffee/tea break

16:10 – 16:45

4. A world tour of measures to stop SSFFC drugs at governmental level

Robert Moss (European Association of Hospital Pharmacists, Netherlands)

16:45 – 17:20

5. Experience on the practical aspects of identifying counterfeit medicines in the field

Trudi Hilton (London School of Hygiene and Tropical Medicine, UK)

17:20 – 17:30

6. Conclusion by the chairs



ANTIMICROBIAL STEWARDSHIP: LOOKING FOR GLOBAL SOLUTIONS



Wednesday 13 September,
12:30 – 14:00

Organised by the FIP Hospital Pharmacy Section, the FIP Industrial Pharmacy Section and the FIP Clinical Biology Section

Duration: 1h30

Introduction

The WHO's 2014 report on global surveillance of antimicrobial resistance revealed that antibiotic resistance is no longer a prediction for the future; it is happening right now across the world and is putting at risk the ability to treat common infections. Without urgent, coordinated action, the world is heading towards a post-antibiotic era, in which common infections and minor injuries, which have been treatable for decades, can once again kill. With both developed and developing countries being affected by antimicrobial resistance, pharmacists around the world have become leaders on the responsible use of antimicrobials through antimicrobial stewardship programmes.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe common mechanisms of antimicrobial resistance and its current impact on patient outcomes.
2. Explain competing interests that have impacted on antimicrobial resistance and how to encourage the development of new antimicrobials.
3. Describe core antimicrobial stewardship elements and compare and contrast them based upon their advantages and disadvantages.
4. Prepare a proposal on implementing a stewardship intervention and how it will be assessed and evaluated.

Chairs

Jonathan Penm (University of Cincinnati, USA) and Ulf Janzon (Merck Sharp & Dohme, Sweden)

Programme

12:30 – 12:35

1. Introduction by the chairs

12:35 – 12:55

2. Antimicrobial stewardship: Key ingredients and innovative practices

Sabiha Essack (University of KwaZulu-Natal, South Africa)

12:55 – 13:15

3. Policy impact on antimicrobial resistance and the development of new antimicrobials

Richard Bergström (Swedish Association of the Pharmaceutical Industry AB - LIF, Sweden)

13:15 – 13:25

4. Q&A

13:25 – 13:55

5. Group discussions

on the current state of resistance in participants' countries and initiatives that are occurring

13:55 – 14:00

6. Conclusion by the chairs



Organised by the FIP Social and Administrative Pharmacy Section, the FIP Community Pharmacy Section and the FIP Hospital Pharmacy Section

Duration: 1h30

Introduction

Pharmacy services commonly aim at improving patient safety. In any high risk industries, such as aviation or health care, research in safety sciences shall be recognised when initiatives for improving safety are developed and implemented. In the past, initiatives to improve patient and medication safety have focused on analysing and preventing negative outcomes, such as errors and adverse events. In recent years, a new way of thinking about safety has been introduced in safety sciences: resilience. Resilience has been described as the ability of a system to adjust its functioning before, during and following changes to sustain operations under expected and unexpected conditions. While negative outcomes have been the focus of past approaches to safety, resilience in contrast focuses on the positive aspects. Safety is achieved through resilience, by strengthening the ability of organisations, groups and individuals to succeed and make appropriate adjustments under varying circumstances. Although resilience is not yet established in health care, and concepts, principles and methods are being developed, the pharmacy profession should be informed about this new development in safety sciences. During this session, the concept of resilience will be introduced and its use in developing pharmacy services for improving safety will be discussed.

Learning objectives

At the conclusion of this application-based session, participants will be able to:

1. Compare current medication safety services in pharmacy practice.
2. Adopt the concept of resilience.
3. Challenge the past thinking of safety improvement through prevention of negative outcomes.
4. Demonstrate improved safety on the use of resilience in developing pharmacy services.

Chair

Latif Sheikh (Aga Khan University Hospital, Pakistan)

Programme

12:30 – 12:35

1. Introduction by the chair

12:35 – 12:50

2. Overview of medication safety services in pharmacy practice in primary care

Timothy Chen (The University of Sydney, Australia)

12:50 – 13:05

3. Overview of medication safety services in hospital pharmacy practice

Latif Sheikh (Aga Khan University Hospital, Pakistan)

13:05 – 13:35

4. Resilience — Concepts and use to improve safety

Ramesh Walpola (The University of Sydney, Australia)

13:35 – 13:55

5. Panel discussion: How to use resilience in practice in developing and implementing pharmacy services?

13:55 – 14:00

6. Conclusion by the chair

C11

MEDICINE SHORTAGES: THE INTERNATIONAL TORONTO SUMMIT AND BEYOND



Tuesday 12 September,
12:30 – 14:00

Organised by the FIP Social and Administrative Pharmacy Section and the FIP Industrial Pharmacy Section

Duration: 1h30

Introduction

Medicine shortages continue to be a significant problem for health systems, pharmacists and health care providers worldwide. Shortages of effective medicines generally have negative clinical, economic and emotional outcomes that impact on individuals and public health institutions, posing challenges to health care systems. Also, as a result of medicine shortages and in the absence of commercially available therapeutic alternatives or substitutes, health care practitioners, especially pharmacists, are sometimes obliged to find “work arounds”. For example, pharmacists may need to compound customised dosage forms of medicines in short supply to meet patient clinical care needs and, in doing so, must ensure compliance with sterile and non-sterile compounding guidelines that meet compendial and regulatory standards. There are many challenges that may be associated with work arounds in relation to medicine shortages. This session will discuss current global trends, the clinical, humanistic and economic impact of medicine shortages, and strategies to manage the problem. This session will also describe the importance of active communication and collaboration among stakeholders in managing medicine shortages and identify pharmacists’ roles within the medication use cycle in managing shortages, the medicine supply chain and compounding to meet individual patient needs.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. List the key recommendations on tackling medicine shortages globally, issued at the International Summit Toronto in June 2013 hosted by FIP.
2. Describe strategies, resources and options for the management of medicine shortages.
3. Explain the role of active communication strategies with stakeholders in managing medicine shortages.
4. Outline the role of the pharmacist in general in managing individual medicine shortages and assurance of safe compounding practices.

Chair

Ola Ghaleb Al Ahdab (Ministry of Health, United Arab Emirates)

Programme

12:30 – 12:35

1. Introduction by the chair

12:35 – 13:00

2. Where are we today since the Toronto Summit?

Dawn Tan (International Medical Clinic for Expatriates, Singapore)

13:00 – 13:25

3. Pharmaceutical compounding as a viable option in medicine shortages

Vaiyapuri Subramaniam (Veterans Health Administration, USA)

13:25 – 13:50

4. Novel strategies can reduce the impact of medicine shortage: Industry perspective

Sini Eskola (European Federation of Pharmaceutical Industries and Associations, Belgium)

13:50 – 14:00

5. Conclusion by the chair

**Organised by the FIP Health and Medicines Information Section**

Duration: 1h30

Introduction

To effectively deliver patient-centred pharmaceutical services, pharmacists must have the appropriate tools and resources, in particular, management tools. Management tools are also essential for the implementation of broader policies and guidelines, such as the FIP Basel Statements.

Pharmaceutical management tools allow for a structured approach to development, implementation and evaluation of service delivery, as well as ensure that services can be audited and improved.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe management models and tools that can be used as a framework for implementation and delivery of pharmaceutical services.
2. Describe Porter's Five Forces for empowering pharmacy clinical services.
3. Describe a model canvas for improving pharmacist care planning.
4. Identify problems and solutions for implementation of clinical pharmacy services without an underpinning framework.

Chair

Aldo Alvarez-Risco (Universidad de San Martin de Porres, Peru)

Programme**12:30 – 12:35****1. Introduction by the chair****12:35 – 12:55****2. Porter's Five Forces for improving outcomes in clinical services**

Lawrence Brown (American Pharmacists Association, USA)

12:55 – 13:15**3. Case study — implementation of a pharmaceutical service underpinned by a management model**

Seun Omobo (World Health Organization, Nigeria)

13:15 – 13:35**4. Canvas model for improving pharmacist care in a community pharmacy**

Aldo Alvarez-Risco (Universidad de San Martin de Porres, Peru)

13:35 – 13:55**5. Workshop — Application of models to the implementation of pharmaceutical services****13:55 – 14:00****6. Conclusion by the chair**

Topic



Smart pharmacy

Topic coordinators: Linda Hakes and Hiroshi Suzuki

Introduction to topic D

Health care today is subject to advances in science and technology at an almost unprecedented rate. Medicines have become much more sophisticated, targeting specific pathways involved in the development of a disease, and our ability to select the right medicine for an individual is improving steadily through better understanding of pharmacogenomics. In addition, diagnostic tests are enabling earlier detection of many diseases as well as more reliable diagnoses. Web-based information technology is being enhanced through the use of “wearable” technology that can provide real-time monitoring of an individual's health status and provide feedback and recommendations for interventions to the patient, their carer or a health care provider. Recent developments with “gene editing” may mark the beginning of a new phase of treatment options which may offer new hope to patients suffering from previously untreatable conditions. All these developments mean that the nature of pharmacy and the role of the pharmacist are changing even more quickly than in the past. Pharmacists in every branch of the profession need to ensure that they know how to use these new technologies and how to provide appropriate advice to patients and to their fellow professionals in the health care team.

Keywords

- Improving outcomes through novel medicines
- Scientific approach to epidemic management
- Effective utilisation and management of antibiotics
- Cost-effective production and distribution of diagnostic tests
- Facilitating transfer of technologies
- Promoting research and development of technologies and new medicines
- Point-of care testing (HIV/AIDS, chlamydia, helicobacter, colon cancer tests, medicine addiction tests)
- Health literacy support and standardisation of informatics to be adopted to increase literacy level
- mHealth as a disruptive technology leading to empowered citizens
- ePharmacy

D1

SMART PHARMACY: AN INTRODUCTION



**Tuesday 12 September,
14:30 – 17:30**

Organised by the FIP Programme Committee

Duration: 3h

Introduction

This session aims to introduce the concept of “smart pharmacy” by considering the various ways in which pharmacy is extending beyond the traditional role of supplying medicines and health care advice. Pharmacists today are confronted by both opportunities and challenges in the form of new technologies in health care. Introduction of web-based technologies has been particularly rapid and the full potential of these in pharmaceutical science and practice is probably not yet fully appreciated. During this session we will consider a few of the new developments and the ways in which pharmacists can learn to use them effectively.

Learning objectives

At the end of this knowledge-based session, participants will be able to:

1. Identify some of the new technologies that have impacted on pharmacy and health care in recent years.
2. Describe the contribution that some of these technologies have made to health care.
3. Explain the challenges that new technologies can pose to pharmacists and other health care professionals.
4. Describe opportunities for staying up to date in their field of practice.

Chairs

Linda Hakes (Royal Pharmaceutical Society, UK) and Hiroshi Suzuki (University of Tokyo, Japan)

Programme

14:30 – 14:40

1. Introduction by the chairs

14:40 – 15:15

2. Novel approaches to diagnostics

Oliver Yoa-Pu Hu (National Defence Medical Centre, China Taiwan)

15:15 – 15:50

3. Wearable technologies

James Mault (Qualcomm Life, USA)

15:50 – 16:10

☕ Coffee/tea break

16:10 – 16:40

4. Novel therapeutic interventions

Ross McKinnon (Flinders University, Australia)

16:40 – 17:10

5. Keeping up to date

Gilles Aulagner (Lyon University, France)

17:10 – 17:25

6. Panel discussion

17:25 – 17:30

7. Conclusion by the chairs

D2

HI-TECH SOLUTIONS FOR EDUCATION AND PRACTICE



Tuesday 12 September,
09:00 – 12:00

Organised by the FIP Academic Pharmacy Section and the International Pharmaceutical Students' Federation

Duration: 3h

Introduction

Several technologies have been used in delivering pharmacy education and practice worldwide. This session will cover a spectrum of topics, including technologies used in pharmacy education, practice and resource-limited regions. The session will also cover some of the technologies used to engage patients in their own care.

An open forum will engage the participants in discussing challenges and opportunities for employing various technologies in their daily activities. The focus of the discussion will be on education and practice, summarising approaches to overcome challenges to effective deployment.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe best practices for integrating technology in pharmacy education.
2. Identify advantages of employing telepharmacy to advance pharmacists' reach to the underserved.
3. Identify opportunities to use technology effectively in resource-limited regions.
4. Discuss types of technologies that may be used by the patient to monitor and manage their own health.
5. List types of technologies used by the international audience and discuss advantages and disadvantages of each.

Chairs

Wafa Dahdal (American College of Clinical Pharmacy, USA) and Amber Liu (NLC Amsterdam Health and Technology Centre, Netherlands)

Programme

09:00 – 09:10

1. Introduction

09:10 – 09:50

2. Best practices for integrating technology in pharmacy education: A national perspective

Peter Vlases (Accreditation Council for Pharmacy Education, USA)

09:50 – 10:20

3. Expanding pharmacist services to the underserved: Employing telepharmacy in an HIV pharmacist service

Melissa Badowski (The University of Illinois at Chicago, USA)

10:20 – 10:40

☕ Coffee/tea break

10:40 – 11:00

4. Employing technologies in resource limited countries

Michael Carpenter (CU Peru, USA)

11:00 – 11:20

5. Using technologies that engage patients in their own care

11:20 – 11:50

6. Open forum: Challenges and opportunities to integrating technology into pharmacy education and practice

– The international experience

11:50 – 12:00

7. Panel discussion



Organised by the FIP Community Pharmacy Section and the FIP Military and Emergency Pharmacy Section

Duration: 1h30

Introduction

Telepharmacy is the delivery of pharmaceutical care via telecommunications to patients in locations where they may not have direct contact with a pharmacist. It is an instance of the wider phenomenon of telemedicine, as implemented in the field of pharmacy.

New patient care opportunities and many potential benefits of telemedicine can be envisaged, including: improved access to information; provision of care not previously deliverable; improved access to services and increasing care delivery, especially in underserved and rural areas; improved professional education; quality control of screening programmes; and reduced health-care costs. Although telemedicine clearly has a wide range of potential benefits, it also has some disadvantages such as: a potential breakdown in the relationship between health professional and patient; a potential breakdown in the relationship between health professionals; increased workload; issues concerning the quality of health information; and organisational and bureaucratic difficulties.

Already, telepharmacy has had a significant impact and its influence is beginning to show promise in underserved populations and rural communities, and as technology evolves to provide a better user experience with safer and more convenient tools, a greater number of patients will be supported remotely by a pharmacist.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe the process and singularities of telepharmacy versus traditional care.
2. Identify the advantages and disadvantages of telepharmacy, and outcome metrics for results measurement.
3. Specify the potential of telepharmacy, and future evolution and trends.
4. Define different technological requirements and how they may affect practice.

Chairs

Jaime Acosta Gómez (Farmacia Acosta, Spain) and Sylvain Grenier (Canadian Forces, Canada)

Programme

12:30 – 13:00

1. Reaching four continents: The US Navy experience

Angelica Kliniski (US Navy, USA)

13:00 – 13:30

2. Telepharmacy from community pharmacies: A practical experience

Lawrence Brown (American Pharmacists Association, USA)

13:30 – 14:00

3. Telepharmacy service in Denmark: Results so far

Helle Jacobsgaard (Association of Danish Pharmacies, Denmark)



Organised by the International Pharmaceutical Students' Federation, the FIP Academic Pharmacy Section and FIPEd

Duration: 3h

Introduction

The rapid evolution of technology has only continued to accelerate, making it an essential aspect of pharmacy practice and education. As technology changes practice, incorporating it into the student learning experience while also training students to be competent in the use of emerging technology poses a challenge. This session will take the form of an interactive, hands-on seminar, which will begin with a brief overview of the innovative tools available for enhancing the learning process and the data behind their use. Participants will explore the e-learning platform in education, and assess how these platforms can facilitate collaborative and multi-sectoral learning and address region-specific needs. To enrich our insight, the IPSF student survey data on use of e-learning will be presented. In the second part of the session, participants will be guided through an evidenced-based approach to examine the current gap in technology literacy. We will explore how education can help close this gap by preparing students to critically evaluate the evidence and applicability of emerging tools, such as data-generating health care apps.

Learning objectives

At the conclusion of this application-based session, participants will be able to:

1. Compare and contrast key available technological tools used in education.
2. Draw strategies for implementing new technologies in education based on region-specific needs.
3. Differentiate the need for incorporating medical technology appraisal skills in education.
4. Adopt an innovative approach, through e-learning platforms, to create solutions for lifelong learning.

Chairs

Whitley Yi (University of Colorado, USA) and Amber Liu (NLC Amsterdam Health and Technology Center, Netherlands)

Programme

14:30 – 14:35

1. Introduction

14:35 – 14:55

2. Efficacy and implementation of e-learning — An overview of how technology can enhance the learning experience Ian Larson (Monash University, Australia)

14:55 – 15:15

3. A look at the data: Global student assessment on e-learning

15:15 – 15:30

4. Supporting students in optimal utilisation of e-learning resources and effective development of learning portfolios

15:30 – 15:50

5. Workshop activity

15:50 – 16:10

Coffee/tea break

16:10 – 16:30

6. What do the data really tell us? Assessing the utility of emerging mHealth: A patient's view

16:30 – 17:00

7. Teaching evidenced-based evaluation of mHealth

17:00 – 17:25

8. Workshop activity

17:25 – 17:30

9. Closing remarks



D5

ANTIBODY DRUG CONJUGATES: WHERE HAVE WE COME FROM? FUTURE OPPORTUNITIES



Wednesday 13 September,
14:30 – 17:30

Organised by the FIP Programme Committee and the FIP Special Interest Group on PK/PD & Systems Pharmacology

Duration: 3h

Introduction

The recent approval of two antibody-drug conjugates (ADCs) has reinvigorated the approach of safely delivering small molecule cytotoxic agents using targeted monoclonal antibodies in the treatment of cancer. The pharmaceutical industry is rapidly developing and evaluating ADCs that include novel antibody targets, cytotoxic payloads and molecular linkers. Pharmacists and pharmaceutical scientists must become familiar with the potential of and challenges to developing and utilising anticancer ADCs. This session will introduce and review ADCs and highlight the current challenges to bringing these complex medicines to patients needing more effective and less toxic agents for treating cancer.

Learning objectives

At the end of this knowledge-based session, participants will be able to:

1. Describe important clinical considerations for treating cancer patients with ADCs.
2. Describe the challenges and potential solutions to managing the complex supply chain for the manufacture and delivery of ADCs.
3. Describe the biophysical properties that regulate the pharmacokinetics and pharmacodynamics of ADCs.
4. Identify important factors to consider for developing combinatorial cancer treatments with ADCs.

Chair

Don Mager (University at Buffalo, USA)

Programme

14:30 – 15:10

1. Clinical insights into treating patients with ADCs

Joanne Mortimer (City of Hope Hospital, USA)

15:10 – 15:50

2. Managing the ADC supply chain

Pernille Hemmingsen (Genmab, Denmark)

15:50 – 16:10

☕ Coffee/tea break

16:10 – 16:50

3. PK/PD and bioanalytical considerations for ADCs

Peter Lloyd (KinDyn Consulting Ltd, UK)

16:50 – 17:30

4. Rationale and approach to ADC combination therapy

Hans-Peter Gerber (Pfizer, USA)

Topic



Targeting special interests

TOPIC COORDINATOR: ZUZANA KUSYNOVÁ



PHARMACY TECHNICIANS SYMPOSIUM



Saturday 9 September,
09:00 – 17:30
Sunday 10 September,
09:00 – 12:00

Organised by FIPeD

Duration: 9h

Evolution of the pharmacy support workforce

Pharmacy technicians and other pharmacy support workers, pharmacists, educators, health administrators and others interested in the education, practice, regulation, development and promotion of the pharmacy support workforce will explore current issues and challenges about education, role development and utilisation of the pharmacy support workforce within the pharmacy profession and broader health care system. The discussions during this one and a half day forum will focus on the roles, education programmes and services that have evolved and serve to define pharmacy technicians and other pharmacy support workforce cadres in a variety of contexts globally. Presentations will reflect findings from an extensive global survey and literature review on the roles and responsibilities of pharmacy technicians, which was undertaken in 2016, in preparation of a report commissioned by the FIP Board of Pharmaceutical Practice.

Programme

Part I — Understanding the profile of pharmacy technicians

Short presentations

Through short, country-specific presentations, this first session will showcase the variety of roles and responsibilities that pharmacy technicians and other pharmacy support workers fulfil globally. Speakers will share different practice models and legal frameworks they work within to demonstrate how they function on the pharmacy team and contribute to the delivery of pharmaceutical services and responsible medicines use.

Part II — Competency frameworks: The heart of role definition

Educational session and discussion forum

This session will showcase competency frameworks that currently exist for pharmacy technicians and other pharmacy support workforce cadres and will explore how needs-based competency models can support development of education requirements and regulatory frameworks.

Part III — When two souls meet in an integration challenge

Case studies and interactive workshop

The final session will provide participants with an opportunity to discuss the integration of mid-level cadre workers within the pharmacy profession. Specific case examples that illustrate systemic barriers toward the development of an integrated workforce will be discussed and compared with examples of complementary intra-professional relationships that support expanded delivery of pharmaceutical care services for patients.

E2

8TH AIM GLOBAL DEANS FORUM

Saturday 9 September,
09:00 – 17:30
Sunday 10 September,
09:00 – 12:00

Organised by FIPEd**Duration: 9h**

(By invitation — for deans who have FIP academic institutional membership; AIM)

Nurturing the soul of pharmacy education

AIM members, deans and academic leaders from around the world will discuss how pharmacy and pharmaceutical sciences educational institutions are transforming their programmes towards achieving better health outcomes. The discussions during this one-and-a-half-day forum will focus on areas of critical importance in the role of pharmacy educational institutions, focusing on educating the pharmacy and pharmaceutical sciences workforce of the future.

Programme**Part I — Developing a strategic perspective for the school****Dean's Global Leadership**

This session will discuss how to develop a strategic perspective for your school. A strategic perspective can facilitate the process of engagement when implementing change; this session will focus on methodologies that can be used to empower deans to better conceptualise it. Transforming a concept into a strategic and business plan, with a clear vision, mission and strategic objectives for the school.

Social event

(invitation for deans only)



Saturday 9 September,
17:30 – 19:00

Part II — Managing change in schools**Educational session**

This session will focus on the unique processes of managing change in schools. It will incorporate several structured approaches to support the school and the academic staff, by making links of how to gain better support and how to improve performance. It will also provide examples of how to prepare, equip and support the academic staff to successfully adopt change in order to drive organisational success and outcomes.

E3

NATURAL PRODUCTS: ENSURING RESPONSIBLE USE

Thursday 14 September,
14:30 – 17:30

Organised by the FIP Special Interest Group on Natural Products, the FIP Hospital Pharmacy Section, the FIP Special Interest Group on Translational Research and Individualized Medicines and the FIP Expert Group on Ethics

Duration: 3h**Introduction**

Natural products (including natural medicines and dietary supplements) sometimes have pharmacological or biological activity that can be of therapeutic benefit in treating diseases. However, many products are marketed and used without rigorous trials proving their safety and effectiveness. They are categorised differently to conventional medicines because of their complex nature and constituents. For many combining natural medicines (or dietary supplements) and conventional medicines can often result in good outcomes for symptom control of chronic conditions, however most pharmacists feel they need more evidenced-based information to support patients using these products, and furthermore more evidence is needed if they are to be recommended by pharmacists. This session will cover issues surrounding these products' quality and regulation, evidence of efficacy, prevalence of use and how to provide appropriate services to patients taking natural products as well as case studies that can describe individual patient experiences.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe the widespread use of natural medicines and dietary supplements and how they are categorised.
2. Explain how these products are checked for quality and regulated.
3. Specify the current evidence available to support the use of natural medicines and dietary supplements and apply knowledge to help support patients that take them (including ethical principles).
4. Outline the pros and cons of these medicines when used for personalised care.
5. Prepare a course of study to improve pharmacists' skills in selecting natural medicines and dietary supplements for patients.

Chairs

Michiho Ito (Kyoto University, Japan), Rebekah Moles (The University of Sydney, Australia) and Maria Allinson (Keele University, UK)

Programme

14:30 – 14:35

1. Introduction by the chairs

14:35 – 15:00

2. What are natural products, how are they defined and categorised around the world?

Michiho Ito (Kyoto University, Japan)

15:00 – 15:25

3. Quality and regulation of natural products in USA

15:25 – 15:50

4. Regulation of the quality of dietary supplements, a type of natural products

Marianne Ivey (University of Cincinnati, USA)

15:50 – 16:10

☕ Coffee/tea break

16:10 – 16:35

5. Clinical evaluation of crude drug products using bioactive peptides in human body fluid

Yuhki Sato (Oita University Hospital, Japan)

16:35 – 17:00

6. Korean traditional medicines combined with conventional medicines — Lessons on how it can be done properly

Rana Lee (Korea Institute of Oriental Medicines, Republic of Korea)

17:00 – 17:25

7. Discussion on a way forward to educate pharmacists on natural products, when and when not to use them

17:25 – 17:30

8. Conclusion by the chairs



PHARMACY INSPECTIONS: STANDARDISING PHARMACY PRACTICE ONE SITE AT A TIME



Wednesday 13 September,
09:00 – 12:00

Organised by the FIP Military and Emergency Pharmacy Section

Duration: 3h

Introduction

Most organisations will establish policies and standards in order to offer high quality and safe pharmacy services. In military and emergency organisations, pharmacies are often spread over great distances, which can span many countries. Ensuring that policies and standards are adhered to by all members of the pharmacy team requires a concerted effort. Pharmacy inspections and visits, standard operating procedures, training and other strategies are just some examples of how policies and standards can be implemented and monitored across regions, states and countries.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe measures put in place to assist pharmacists and other members of the pharmacy team to apply organisational policies and standards.
2. Identify tools used to improve communication and feedback between the organisation's decision makers and the frontline professionals.
3. List strategies to empower frontline professionals to adapt and adjust organisational policies and standards to their local needs, while still meeting organisational vision.
4. Identify key elements included in the development of a professional inspection model.

Chairs

Jane Dawson (New Zealand Defence Force, New Zealand) and Richard Wosolsobe (Austrian Armed Force, Austria)

Programme

09:00 – 09:05

1. Introduction by the chairs

09:05 – 09:30

2. Inspection processes in the German military

Matthias Meyer (Bundeswehr, Germany)

09:30 – 09:55

1. GMP in Brazil

09:55 – 10:20

3. Professional pharmacy inspection in Canada

10:20 – 10:40

Coffee/tea break

10:40 – 12:00

4. FIP MEPS discussion panel: Professional pharmacy inspections and visits

- a. WHO conducts professional inspections in your pharmacy and under whose authority?
- b. WHAT pharmacy activities are being audited?
- c. HOW are the results of the inspection/visit being communicated and addressed?

Sylvain Grenier (Canadian Forces, Canada)



HUMANITARIAN PHARMACISTS: TIME TO DEVELOP A COMPETENCY FRAMEWORK



Wednesday 13 September,
14:30 – 17:30

Organised by the FIP Military and Emergency Pharmacy Section

Duration: 3h

Introduction

Pharmacists are professionally responsible for the safe and effective use of medicines. They traditionally work in various environments, such as community, hospital, industry and academia. However, there are also a number of pharmacists working in a humanitarian environment where the infrastructure, supply chain and patient needs are quite different from what other pharmacists encounter. We will call them the humanitarian pharmacists. The skills required to accomplish the tasks and responsibilities of a humanitarian pharmacist, although based on the competency framework of the pharmacist, include an extra set of competencies. These competencies are usually acquired with time and experience and few programmes exist to train pharmacists for this humanitarian role. Current training opportunities for humanitarian pharmacists are limited and often organisation-specific. In other words, in most cases, pharmacists can only access training programmes once they have been hired by an organisation. This limits the number of pharmacists who have received training to become humanitarian pharmacists and leads to an inconsistent skill set throughout the profession. With the growing recognition and demand for humanitarian pharmacists, there is also a growing need to develop an internationally recognised competency framework for them.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Identify areas where a humanitarian pharmacist would be working.
2. Describe the role of a pharmacist during emergency situations.
3. Identify resources available to pharmacists to prepare for emergencies.
4. Identify current limitations and gaps in the training available for pharmacists when it comes to emergency preparedness and response.

Chairs

Wendy Walker (FIP MEPS, Australia) and Stephen Shaddock (Australian Defence Force, Australia)

Programme

14:30 – 15:05

1. Humanitarian pharmacists' competency framework: Fact or fiction?

Sylvain Grenier (Canadian Forces, Canada)

15:05 – 15:50

2. Workshop/World Café part 1

15:50 – 16:10

Coffee/tea break

16:10 – 16:45

3. Workshop/World Café part 2

16:45 – 17:20

4. Workshop/World Café part 3

17:20 – 17:30

5. Conclusion by the chair



Organised by the FIP Programme Committee

Duration: 1h30

Introduction

Pharmacy practice varies from country to country, but there is a consistent and growing need and interest in progress and improvement in all sectors of the pharmacy profession. Pharmacy education is changing and new services are emerging, but sometimes the resources can be limited. This session will provide a global overview of successful initiatives and innovations from developing countries in advancing the profession in spite of the fact that conditions are not encouraging. Good collaboration among health care sectors, national institutions and regulation will be highlighted in the best examples from different parts of the world. This session aims to promote partnership, encouragements and motivation to advance the profession in any conditions, beyond limits and borders.

Learning objectives

At the conclusion of this knowledge-based session, participants will be able to:

1. Describe the role of pharmacists in developing countries, in different settings.
2. State opportunities for collaboration and sharing best practices in pharmacy worldwide.
3. Describe and apply best practice examples from countries with limited resources.
4. Identify the potential and startup points to advance pharmacy practice in their own countries.

Chair

Arijana Meštrović (Pharma Expert, Croatia)

Programme

12:30 – 12:50

1. Background and statistics — What do we need to know about challenges and achievements in pharmacy practice in developing countries? Global overview

Ahmed Ibrahim Fathelrahman Elhassan (Qassim University, Saudi Arabia)

12:50 – 13:10

2. How to be successful in overcoming limited resources in pharmacy practice advancements? The African experience

Mahama Duwiejua (Faculty of Pharmacy and Pharmaceutical Sciences — KNUST, Ghana)

13:10 – 13:30

3. Promoting excellence in the pharmacy profession through innovation — The South America experience

Cairo Toledano (Facultad de Farmacia UAEM, Mexico)

13:30 – 14:00

4. We are the pharmacy world! — The way forward

Panel discussion with experts from different countries



SIGN 1, 2, 3, 4 SESSIONS: SHARING IDEAS IN A GLOBAL NETWORK



Thursday 14 September,
12:30 – 13:30

Organised by FIP

Duration: 1h30 each

FIP Member Organisations will present their best initiatives and challenges, including the presentations of the winning projects of the FIP Health Promotion Campaign Award and the FIP Pharmacy Practice Improvement Programme Award.



FIP-WHO SESSION 1



Monday 11 September,
14:30 – 17:30

Organised by the FIP Programme Committee

Duration: 3h

*



FIP-WHO SESSION 2



Tuesday 12 September,
09:00 – 12:00

Organised by the FIP Programme Committee

Duration: 3h

*



HOT TOPIC SESSION



Tuesday 12 September,
14:30 – 17:30

Organised by the FIP Programme Committee

Duration: 3h

*



PHARMACY IN THE REPUBLIC OF KOREA



Sunday 10 September,
09:00 – 12:00

Organised by the Local Host Committee

Duration: 3h

*

* The programme for these sessions will be announced closer to the congress.

E15**HØST-MADSEN AWARD LECTURE**Monday 11 September,
12:30 – 13:30**Organised by the FIP Board of Pharmaceutical Sciences****Duration: 1h**

The Høst-Madsen Medal is made possible by the support of Danmarks Apotekerforening, the Association of Danish Pharmacies.

The Høst-Madsen Medal is the highest pharmaceutical sciences award of FIP and is given, every two years, to an eminent pharmaceutical scientist whose research is particularly distinguished.

E16**WHAT'S NEW IN PRACTICE?
SHORT ORAL PRESENTATIONS PART 1**Tuesday 12 September,
09:00 – 12:00**Organised by the FIP Boards of Pharmaceutical Sciences and Pharmaceutical Practice****Duration: 3h**

Presentations will be selected from submitted abstracts.

E17**WHAT'S NEW IN PRACTICE?
SHORT ORAL PRESENTATIONS PART 2**Tuesday 12 September,
14:30 – 17:30**Organised by the FIP Boards of Pharmaceutical Sciences and Pharmaceutical Practice****Duration: 3h**

Presentations will be selected from submitted abstracts.

E18**WHAT'S NEW IN INDUSTRY & SCIENCE?
SHORT ORAL PRESENTATIONS PART 3**Wednesday 13 September,
09:00 – 12:00**Organised by the FIP Boards of Pharmaceutical Sciences and Pharmaceutical Practice****Duration: 3h**

Presentations will be selected from submitted abstracts.



Additional programme items

FIP SPEAKERS' CORNER



Date and time
TBA

**Organised by the FIP Community Pharmacy Section (CPS),
the International Pharmaceutical Students' Federation and
the FIP Young Pharmacists' Group**

Duration: TBA

In a fast moving and challenging health care environment, pharmacy instantly needs to develop new insights regarding relevant issues. A "Speakers' Corner" is an easy, fast and innovative way of sharing experiences and insights with other participants at the FIP congress without having to have presentations accepted in advance. Pharmacists can talk about questions and issues that are of high importance to them in a facilitated discussion that gives practitioners the opportunity to learn from peers and advance the dialogue on critical issues.

Topics can be linked to the overall theme of the congress, "Medicines and beyond! The soul of pharmacy", or otherwise. Each participant will have the opportunity to talk about his or her topic (without slides) for 10 to 15 minutes. Chairs will encourage passers-by to participate, but will also have prepared some back-up topics.

Congress participants can register their interest to speak, during the congress, with a moderator. The Speakers' Corner moderator will post topics on social media in order to attract an audience. Comments can be posted on social media.

The FIP Speakers' Corner will be a one-day activity.

LEARNING OBJECTIVES

At the conclusion of this application-based session, participants will be able to:

1. Analyse the overall scope of relevant issues from pharmacists' daily practice.
2. Advocate development of specific areas when returning from the congress.
3. Acquire new contacts, making the pharmacy world smaller.
4. Demonstrate the importance of being a member of FIP and being active via FIP's and the CPS's social media.



PHARMABRIDGE



Thursday 14 September,
12:30 – 14:00

Organised by Pharmabridge

Duration: 1h30

Pharmabridge aims to strengthen pharmaceutical services in developing and transitional countries through coordinated support from the pharmacy establishment and individual pharmacists in developed countries. This is done by linking people for book donations, visits of pharmacists from developing countries for practice exposure in countries with more advanced pharmacy education and practices, and the organisation of lectures and workshops in developing countries. The project is supported by FIP, its Board of Pharmaceutical Practice and the Commonwealth Pharmaceutical Association. This session will include an update on Pharmabridge, reports and results of Pharmabridge practice exposures, and discussion.

All those interested in the project, from developing or developed countries, or wanting to establish contacts with colleagues from other countries (or even a specific country) are invited to attend this meeting. People with books, DVDs, etc, to offer are encouraged to bring them to the meeting and give them to colleagues from less affluent countries.



General information

BADGES

Participants will be given their name badges at the registration desk. Due to security regulations, all participants and accompanying persons must wear their badges throughout the congress. Only participants with white badges will be admitted to the sessions. Accompanying persons (different badges) may attend the Opening Ceremony and social events but will not be allowed to attend sessions.

BREAKS

The coffee breaks during the sessions will be from 10:20 to 10:40 in the morning and from 15:50 to 16:10 in the afternoon. Between the sessions there will be a lunch break from 12:00 to 14:30. Please note that there are also some sessions between 12:30 and 14:00.

DRESS

Informal dress is acceptable for all sessions but business attire is recommended for the Opening Ceremony.

FILMING, RECORDING AND PHOTOGRAPHY PRODUCTION POLICY

Copyright of the FIP congress is owned by the International Pharmaceutical Federation (FIP). FIP reserves the rights to all recordings, reproductions or presentations at this congress. Any photography, filming, taping, recording or reproduction in any medium of any of the programme sessions, events, exhibits and/or posters presented at the FIP congress without the express written consent of FIP is strictly forbidden.

LIABILITY/DISCLAIMER

It is strongly recommended that participants obtain adequate cover for travel, health and accident insurance before they depart from their countries. The FIP Organising Committee, the Korean Host Committee, FIP headquarters, MCI Amsterdam and MCI Korea accept no liability for the act of any supplier to this congress, nor liability for personal injury, the safety of any attendee while in transit to or from this event, for any loss or damage, for delays in transport by air, sea, rail, road otherwise, in case of weather, strikes, sickness, war or other causes.

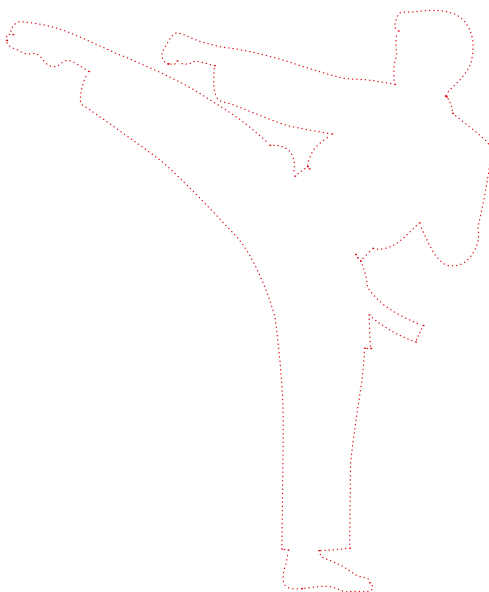
MEDIA ROOM

The congress media room will offer a number of services, strictly limited to official press representatives and professional journalists. Press accreditation and press registration are required for access to the media room. For more information, please visit the “press and media” section of the congress website.

VISA REQUIREMENTS

The invitation letter from the organisers, which can be requested during the online registration process at <http://www.fip.org/seoul2017>, can be used to apply for a visa to the Republic of Korea if needed.

All delegates requiring visas for the Republic of Korea should contact their nearest Korean embassy or consulate in good time, **allowing at least eight weeks** for your visa to be processed. All delegates, regardless of needing a visa or not, must hold a passport, valid for at least six months after their time of departure from the Republic of Korea. They must also ensure that they have transit visas in order should they be necessary.





Call for abstracts

Abstract handling will be carried out by:

MCI Amsterdam
Schippluizenlaan 4
1062 HE Amsterdam
The Netherlands
Tel.: +31 20 5754220
E-mail: FIP@mci-group.com

Abstracts for review need to be submitted before

1 April 2017.

Please visit our website: <http://www.fip.org/seoul2017>

Abstracts can be submitted under the following topics:

PHARMACEUTICAL PRACTICE:

- Academic pharmacy
- Clinical biology
- Community pharmacy
- Hospital pharmacy
- Industrial pharmacy
- Military and emergency pharmacy
- Health and medicines information
- Social and administrative pharmacy
- History of pharmacy
- Pharmacy technicians

PHARMACEUTICAL SCIENCES:

- Drug design and discovery
- Natural products
- Formulation design and pharmaceutical technology
- Pharmacokinetics/pharmacodynamics and systems pharmacology
- Translational research and individualised medicines
- Biotechnology
- Analytical sciences and pharmaceutical quality
- Regulatory sciences
- Pharmacy practice research

ABSTRACT FORM

The online abstract form should be used for submitting abstracts for review and is available at <http://www.fip.org/seoul2017>

ABSTRACT MENTORING PROGRAMME

How the FIP Abstract Mentoring Programme works:
FIP has implemented an Abstract Mentoring Programme: an extra support for authors with limited or no experience of submitting an abstract for a scientific congress.

The goal of the mentoring programme is to help authors present their material clearly and concisely, before their abstracts are submitted for the formal abstract review process. Because abstracts must be in English the programme may be particularly helpful for those whose first language is not English.

WHAT MENTORS AND MENTEES CAN EXPECT

Abstract authors may send a draft of their abstract to a FIP mentor and feedback will be provided.

The volunteers who serve as a mentor in this process will pay attention to:

- Grammar and spelling
- Structure
- General content (e.g. Does the project address a significant or important issue? Would any further information improve the abstract?)

Comments from the mentor will be one-time-only advice. They will not be followed by correspondence between mentor and mentee.

It is important to note that the mentoring process is entirely separate from the formal abstract submission and review process. Requesting mentoring assistance and gaining feedback from that process will not guarantee that an abstract will be accepted for presentation at the congress.

SUMMARY OF IMPORTANT DATES

1 March 2017:

Deadline for sending in abstracts for mentoring

15 March 2017:

Deadline for mentor to give feedback to mentee

1 April 2017:

Deadline for abstract submission

For more information, please send an email to: abstracts@fip.org

For the Call for Abstracts and online abstract submission, go to: <http://www.fip.org/seoul2017>

Abstract Mentors and (Co-)Reviewers

FIP Congress Seoul 2017

Topics	Name
Academic Pharmacy Section	Nahoko Kurosawa
Academic Pharmacy Section	Dai John
<i>FIPed</i>	Joana Carrasquiera
Social and Administrative Pharmacy Section	Timothy Chen
Clinical Biology Section	Julien Fonsart
Clinical Biology Section	Lenira Da Silva Costa
Community Pharmacy Section	Martin Astbury
Community Pharmacy Section	Lars-Åke Söderlund
Community Pharmacy Section	Warren Meek
Hospital Pharmacy Section	Josep Guiu
Hospital Pharmacy Section	Rebekah Moles
Industrial Pharmacy Section	Gabrielle Wiederkehr
Industrial Pharmacy Section	Ulf Janzon
Military and Emergency Pharmacy Section	Nita Sood
Military and Emergency Pharmacy Section	Wendy Walker
Health & Medicines Information Section	Marielle Nieuwhof
Health & Medicines Information Section	Vivien Tong
Working Group History of Pharmacy	Jacques Gravé
SIG on Regulatory Sciences	Rodrigo Cristofolletti
SIG on Regulatory Sciences	Vinod Shah
SIG on Regulatory Sciences	Horst-Dieter Friedel
SIG Drug Design and Discovery	Takuya Kumamoto
SIG Drug Design and Discovery	Ulrike Holzgrabe



Topics	Name
SIG Formulation Design and Pharmaceutical Technology	Jayne Lawrence
SIG Formulation Design and Pharmaceutical Technology	Tetsuya Ozeki
SIG Pharmacokinetics/Pharmacodynamics & Systems Pharmacology	Stephan Schmidt
SIG Pharmacokinetics/Pharmacodynamics & Systems Pharmacology	Masoud Jamei
SIG Natural Products	Amanda Corbett
SIG Natural Products	Michiho Ito
SIG Translational Research and Individualized Medicines	Michael Sorich
SIG Analytical Sciences and Pharmaceutical Quality	Daniel Tang
SIG Analytical Sciences and Pharmaceutical Quality	Masaru Kato
SIG Biotechnology	Michael Ward
SIG Biotechnology	Hanns-Christian Mahler
Pharmacy Technicians Symposium	Susan James
Pharmacy Technicians Symposium	Arijana Meštrović
SIG on Pharmacy Practice Research	Martin Schulz
SIG on Pharmacy Practice Research	Ross Tsuyuki
SIG on Pharmacy Practice Research	Charlie Benrimoj

FIP guidelines on writing an abstract, and abstract requirements (for example, the maximum word count of your abstract), are available at <http://www.fip.org/seoul2017>

FIP guidelines for poster presenters are published at <http://www.fip.org/seoul2017>. Depending on the number of abstracts submitted, posters may be on display for one or more days. Presenters will be informed about this after the review process.

POSTER BOARD SIZE

The net size of the poster boards will be announced on our website <http://www.fip.org/seoul2017> and will be included in the FIP Guidelines for Poster Presenters.

WAIVER OF LIABILITY

All poster presenters are responsible for putting up and removing their own posters in a proper way and strictly within the indicated timeslots.

If presenters hang their posters too early or do not remove their posters in time, FIP is not responsible for any damage that may occur if they have to be removed by staff members.

It is not possible to ship posters to COEX before the congress.

