



A Few Words from the President

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New Orleans is the city known as 'The Big Easy'. It was Big in its facilities for hosting the FIP Congress and Easy for having the sessions going smoothly. The Pharmacy Information Section programme was well attended and started with a successful two-day Pre-Congress Training Course on Medicines Information to Support Concordance. Pharmacists from Australasia, Africa, Europe, and Japan learned how to use the concordance model in order to adopt a new approach to patient communication.

Two symposia were dedicated to specific topics, one on Self-Medication and the information issues that consumers typically use to make decisions on OTC medicine use and the other on Exchange of Electronic Patient Information Between the Pharmacy and the Health Care Sector. A strong emphasis on new and current issues in drug and health care information was given in the third symposium. Also, we had a poster session that was well attended. Last but not least, the special issue of the *International Pharmacy Journal* was dedicated to Pharmacy Information and distributed during the congress.

With a substantial number of new Executive Committee Members our Section is ready to challenge the Pharmacy Information future. New information exchange guided by a new Editor of Info-Link, Françoise Pradel from the USA, and the Members Only website will provide opportunities for our members to be connected in a world wide network of pharmacy and health care information specialists.

In this issue you will be informed about our programme for Cairo 2005, which has been submitted for ASHP accreditation. Our tradition of starting with a two-day pre-congress event has been continued. A joint programme with the FIP Pharmacoepidemiology Special Interest Group and the WHO Collaborating Centre for International Drug Monitoring/Uppsala Monitoring Centre will focus on Information, Pharmacovigilance and Patient safety, and Approaches to Data Collection, Analysis, Dissemination, and Use. Two more joint sessions will be held, one with the Young Pharmacists Group on Information Sharing to Address Counterfeit and Substandard Medicines, and one with the Academic Section on e-Learning in Pharmacy Education. Also, a session will be held on HIV/AIDS featuring Models to Assure Adherence and Positive Outcomes and Associated Information Needs, and last but not least, our traditional session Current Issues session. Do not miss this exiting programme. Join us in Cairo!

With Greetings,

Han de Gier
President,
Pharmacy Information Section

New Working Group for Drug Information

The Access to Drug Information Working Group was established during the New Orleans Congress. The group consists of Graeme Vernon (Australia), Lana Dvorkin (USA), Carlos Vidotti (Brazil) and David Woods (New Zealand).

The group aims to promote the role of pharmacists providing clinical information support for health practitioners. The initial projects are to complete a statement on the

roles and resources required in independent drug information centres and an annotated summary of significant information resources for developing services.

The Working Group is keen to hear from any other section members who may be interested in contributing to current and future projects. For further information contact Graeme Vernon, Chair (vernon@austin.org.au).

Independent Assessment of New Drugs in Australia—NPS RADAR

Graeme Vernon, Craig Patterson; *New Drugs Working Group, National Prescribing Service, Australia, 21 September 2004*

The Australian National Prescribing Service has developed an assessment process for recently released drugs. The program is called RADAR - *Rational Assessment of Drugs and Research*. RADAR complements the approved product information and consumer medicines information. Unlike these documents, RADAR reviews include background information as to why a drug has been approved for government subsidy via the Pharmaceutical Benefits Scheme and places it into a context of other therapeutic options. Documents are provided in electronic format (and hardcopy from 2005) and are available when a drug first becomes available through the Pharmaceutical Benefits Scheme. The documents are also incorporated into the electronic prescribing software which is widely used in Australia by primary care physicians. Consumer versions of the documents are also available.

The aim of the program is provide an independent view on how new drugs can best be used at a time when there is maximum promotion by manufacturers and limited experience by prescribers and pharmacists. In some cases, cost-effectiveness data supplied by manufacturers during the application for subsidisation can be included in the assessment. The program is funded by the Australian Government and the National Prescribing Service has created a team of experienced writers, an expert advisory committee, and an external review process — including comments from industry.

By September 2004, 18 RADAR documents had been published. The process is a unique partnership between an independent assessment group, the government, and the pharmaceutical industry. RADAR reviews are available from the NPS website (www.nps.org.au).

For further information, contact Graeme Vernon (graeme.vernon@austin.org.au).

Antimicrobial Drug Resistance

Daniel Seyoum, M.Sc., *Program Manager and Drug Information Specialist, Global Assistance Initiatives, The United States Pharmacopeia*

Antimicrobial drug resistance (AMR) has become a major problem around the world. AMR results in increased morbidity, mortality, and costs, prolonged periods during which individuals are infectious, and greater opportunities for spread of infection to other individuals. The problem of AMR is particularly troublesome in developing countries. In these countries, the availability and use of antibiotics are poorly controlled, resulting in a high rate of resistance, particularly to the older antibiotics.

AMR has emerged in a wide variety of pathogens, and multidrug resistance is becoming common in many organisms such as *Staphylococcus aureus*, *Streptococcus pneumoniae*, and *Mycobacterium tuberculosis*.

Antimicrobial drug resistant infectious diseases result from excessive and unnecessary prescription of anti-infective drugs by practitioners, prescription by community health workers and unskilled personnel, the ready availability of anti-infective drugs without a need for prescription, carriers of resistant organisms which may be passed to visitors, inadequate hospital infection control practices, inadequate surveillance, expired drugs, poor storage conditions, economic and political factors, and/or counterfeit and sub-standard drugs.

Because of an increasing global concern over AMR, the FIP Pharmacy Information (PI) Section made AMR a priority issue and hosted a symposium dedicated to topics on AMR and rational antimicrobial use at the 2003 FIP Congress in Sydney, Australia.

The Section also formed a Working Group on AMR. The idea behind this Working Group is to draft a Working Paper on AMR. The plan is, after the Working Paper is revised based on inputs from the members of the Working Group, to post it on the PI Section's website. Dr. Mohan P. Joshi has been working as the chair of the Antimicrobial Resistance Working Group since its establishment. However, because of increased responsibilities, Dr. Joshi could not continue as chair. Therefore, Mr. Daniel Seyoum has volunteered to succeed him. Section members wishing to serve on the AMR Working Group should contact Daniel at dws@usp.org, Tel: +1-301-816-8242, Fax: +1-301-816-8374.

I have presented many papers at International Scientific Conferences on antiretrovirals and the prevention of mother-to-child transmission (MTCT) of HIV-1, anti-tuberculosis agents, and antimicrobial drug resistance (AMR). Papers related to AMR presented at recent International Scientific Conferences are:

- "HIV-1 Drug Resistance" at a Satellite Symposium of the XV International AIDS Conference, Bangkok, Thailand, July 11 – 16.
- "Counterfeit and Sub-Standard Drugs and the Problem of Antimicrobial Drug Resistance" at the 11th International Conference on Infectious disease (11th ICID) in Cancun, Mexico, March 4 – 7, 2004.
- "Counterfeit and Sub-Standard Drugs and the Problem of Antimicrobial Drug Resistance" at the 63rd International Congress of FIP in Sydney, Australia, September 4 – 9, 2003.
- "Identification of Counterfeit and Sub-Standard Fixed-Dose Combination Anti-Tuberculosis Drugs to Prevent the Emergence of Multidrug-Resistant Tuberculosis" at the 2003 Annual Conference on Antimicrobial Resistance, Bethesda, MD, USA, June 23 – 25, 2003.

How Medicines Information Can Support Concordance

Dr Parisa Aslani, Associate Dean (Undergraduate) and Lecturer in Pharmacy Practice (University of Sydney)

A two-day symposium, sponsored by the Pharmacy Information Section, was organised prior to the main FIP congress by Professor Marja Airaksinen, University of Helsinki, Finland, and Professor DK Theo Raynor, University of Leeds, UK. The Symposium described the Concordance Model and how pharmacists can apply their skills in verbal counselling and in the use of written medicine information to achieve concordance in their consultations with patients. A further objective of the two-day workshop was to develop future initiatives in patient counselling and written medicine information to enhance concordance between patients and health professionals.

The workshop consisted primarily of a series of brief didactic sessions, small group activities, and presentations. In attendance were more than 30 participants from Africa, Australia, Europe, Japan, Middle East, UK, and USA.

Dr Joanne Shaw, Director of the Task Force on Medicines Partnership, a UK Department of Health funded initiative to promote the quality use of medicines by patients, was the first speaker. She discussed the origins of concordance and compliance or adherence, in particular highlighting concordance as a process compared to compliance or adherence which are behavioral outcomes. Dr Shaw discussed the rationale for concordance, and the benefits of a concordant interaction on patients' medicine taking behavior.

The outcome of a consultation based on the Concordance Model is a successful negotiated treatment plan. In this model, the physician and patient negotiate the diagnosis and treatment. The physician elicits appropriate information from the patient, explains the diagnosis, illness and therapy, and provides a treatment option to suit the patient's lifestyle, ensuring that a limited behavioral change is required by the patient in order to follow the treatment regimen. The patient is actively involved in this consultation. Three criteria are required to be met, in order to establish concordance in a health care practitioner-patient consultation. A patient must have adequate knowledge about his /her disease and treatment options, patients and health professionals must be treated as equals in all consultations, and patients must be supported in their medication taking.

Some of the advantages and disadvantages of implementing concordance were identified by the workshop participants. These focused both on the impact of implementing concordance as well as the issues pertinent to establishing a concordant consultation. The direct benefits included: patient and health professional satisfaction, compliance, better health outcomes, less medication waste, reduced health costs, and patient safety. The di-



rect disadvantages, as well issues related to establishing concordance were: limited awareness of the concept of concordance amongst patients and health professionals, limited evidence on the benefits associated with concordance, increased cost and time, the established paternalistic medical culture, few if any concordance outcome measures, and patients' expectations of a different approach to consultations with health practitioners.

Professor Raynor, Head of the Pharmacy Practice and Medicines Management Group at the University of Leeds, discussed the link between concordance and written and verbal medicine information, focusing on patients' needs for medicine information, the different perspectives of patients and health professionals, and the broad range of preferences for medicine information by patients. An interesting issue highlighted by Professor Raynor, was the difference in the top five categories of medicine information sought by patients, compared to the five categories cited by physicians as important to patients. Patients reported the following five categories in decreasing order of importance: side effects, indication or action, lifestyle changes, dosing and drug interactions. Physicians identified the following information categories (also in decreasing order): drug interactions, dosing, lifestyle changes, missed or overdosing information, and risks of not taking the medication.

Professor Airaksinen used video vignettes and case studies to discuss the use of patient counselling to support concordance. She described the 'traditional' paternalistic approach to counselling, and compared this to a counselling scenario underpinned by concordance. To achieve the latter, Professor Airaksinen stated that communication about medicines must involve all stakeholders, including the patient, and must use all forms of medicine information to reach the ultimate outcome of quality and safety in medicine use by patients. However, to ensure that the communication process supports concordance, an extensive learning process for all key stakeholders is required.

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How Medicines Information Can Support Concordance (continued from page 3)

The last speaker, Dr Parisa Aslani, Associate Dean (Undergraduate) and Lecturer in Pharmacy Practice (University of Sydney) spoke about the use of written medicine information by pharmacists to support concordance. She reported on the rationale for using written medicine information, the impact of this information, and the advantages and disadvantages of the three common distribution forms currently available: package inserts, loose leaflets, and computer generated forms.

The factors contributing to the increased availability of written medicine information worldwide, range from increased patient demand to an increased recognition of the rights of patients to know about their disease and therapeutic options. The literature on the impact of written medicine information spans four decades and provides evidence for the benefits of providing written information on patient attitudes and medicine use behavior.

Factors such as the readability and presentation of the document, patients' coping style and health locus of control, patients' perceptions of the severity of their disease, previous problematic experiences with medicines, timing of the provision of the information and whether the patient was in a care-giver role were revealed from recent research, as affecting the use of written medicine information by patients. These factors can be targeted by health professionals when providing written information

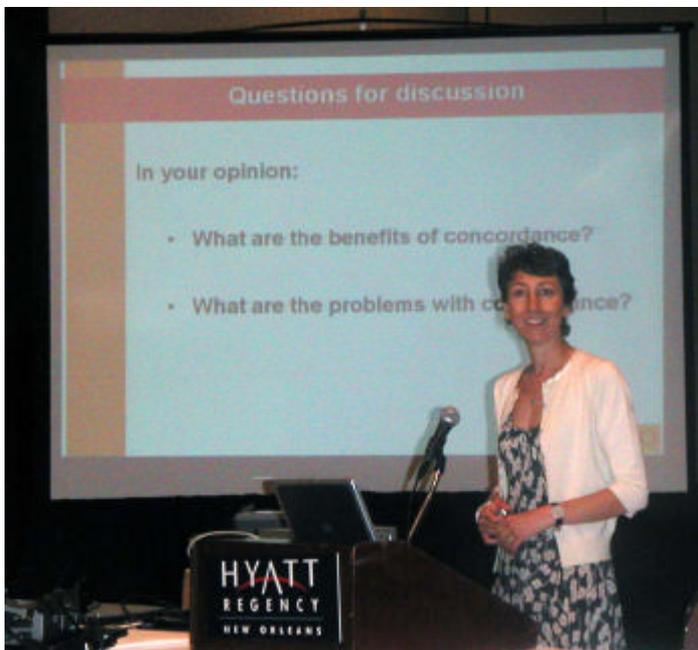
to optimise its use by patients.

The workshop participants developed approaches or processes for the pharmacist to apply when using written medicine information as a counselling tool to support concordance. Some of the suggestions made were that health professionals should be cognizant of the positive impacts of written medicine information, as well as the reasons why patients read the information, and apply these as patient motivators when using written information during the counselling process, to not only increase readership, but also patient adherence to therapy and quality use of medicines. Furthermore, health professionals should also be aware of the negative aspects of the documents and their impact, and address these when using the information as a counselling tool. Health professionals must be aware of the content and impact of written medicine information leaflets, and practice using the documents as counselling tools, in order to be able to use written medicine information optimally to support concordance in their practice.

During the second day, Mr Simon Bell, past president (2003-2004) of the International Pharmaceutical Students' Federation (IPSF) and a current PhD student in Pharmacy Practice at the Faculty of Pharmacy, University of Sydney, reported on the use of patients with mental illness as educators for health professionals. This approach in health training has been shown to improve patient prognosis through empowerment, as it recognises the patient as an equal partner in the decision making process and healthcare in general, and demonstrates a move towards establishing concordance in consultations.

The remainder of the symposium consisted of small group activities with the aim of developing innovations in basic education, continuing education, patient counselling practices, written information and information technology, to support concordance in pharmacy practice. A wide variety of suggestions were made by the participants. These will be summarised by the facilitators Ms Heli Kansanaho, Acting Senior Lecturer and PhD student in Social Pharmacy (University of Helsinki, Finland) and Inka Puumalainen, president of the Finnish Pharmacists' Association and a PhD student in Social Pharmacy at the University of Kuopio, Finland. The summary reports will be available on the following website:

www.concordance.org



Welcome New Section Officers

Six new Section Officers joined the Executive Committee at the end of the New Orleans meeting. After acknowledging the outgoing members of the Executive Committee, Oscar Bruce, Patricia Bush, Antony D'Emanuele, Joseph Gallelli, Mohan Joshi and Koko Sasaki, the new ExCo for the period 2004-2008 was presented at the Business meeting in New Orleans.

Members in the respective parts of the world are invited to contact the representative of their region to suggest topics they would like addressed in the Section's activities.

Pharmacy Information Section Executive Committee 2004-2008

President	Han de Gier	The Netherlands	E-mail: degiercs@wxs.nl
Secretary	Agathe Wehrli	Switzerland	E-mail: wehrlia@bluewin.ch
Treasurer	Kevin Moody	The Netherlands	E-mail: k@kevinmoody.org
Past-President	Keith W. Johnson	USA	E-mail: kjohnson@msh.org

Executive Committee Members

Africa	Alexander Dodoo	Ghana	E-mail: alexooo@yahoo.com
Americas	Carlos Vidotti	Brazil	E-mail: vidotti@cff.org.br
Asia/Pacific	Graeme Vernon	Australia	E-mail: graeme.vernon@austin.org.au
Europe	Marja Airaksinen	Finland	Email: marja.airaksinen@helsinki.fi
Rep. At-Large	Eiichi Akaho	Japan	E-mail: akaho@pharm.kobegakuin.ac.jp
Rep. At-Large	Françoise Pradel	USA	E-mail: fpradel@rx.maryland.edu

New Editor Info-Link

Patricia Bush and Oscar Bruce were acknowledged during the Business Meeting in New Orleans for their successful editing of Info-Link over the past years. In turn, Pat thanked members for sending articles and also thanked Satu Siiskonen at the FIP Secretariat for her excellent support. The new editor is Françoise Pradel, Assistant Professor and Director PHSR Graduate Program at the University of Maryland School of Pharmacy, Pharmaceutical Health Services Research Department, Balti-

more, Maryland, United States. Françoise explained in New Orleans that she would like to give special attention to people who have done interesting research or activities related to pharmacy information and would like to report on their own work (abstracts, publications, presentations etc).

Any member who would like to submit some material is invited to send this to fpradel@rx.umaryland.edu

Labelling and Advertising of OTCs

Have labelling and advertising abrogated the role of the pharmacist in advising consumers on appropriate use of OTCs? - A developing country's perspective

Alexander Nii Oto Dodoo, Ph.D., MPSGH, MRPharmS, Centre for Tropical Clinical Pharmacology & Therapeutics, University of Ghana Medical School, Accra, Ghana

Ghana with its population of 19 million people is an independent democracy in West Africa. With a per capita GDP of US\$390, Ghana cannot be said to be among the richer nations of the world. However, in recent years, there has been increased enthusiasm and hope based on several factors including an increasingly stable multi-party democracy, a strong economy characterized by increasing manufacturing and exports and falling inflation. In fact over the past three years, inflation has fallen from over 40% to just under 10% leading to strengthening of the cedi, the local currency.

Healthcare delivery in the formal public sector in Ghana is provided in over 2200 public health facilities including two teaching hospitals, ten regional hospitals and several district hospitals as well as numerous polyclinics, health posts, and primary health care facilities. Whilst several good laws exist on the prescribing and supply of medicines, these laws are loosely enforced leading to a situation where all classes of medicines can be obtained without prescription provided, of course, that the buyer can afford to pay for the medicines.

The Food and Drugs Law (PNDC Law 305b) of 1992 and the Pharmacy Council Act 489 of 1994 govern the

production, procurement, and supply of drugs. Deviations from strict adherence to these laws have enabled unbridled and sometimes uninformed self-medication to go on but the motivations for these are clearly evident: a policy of full cost recovery since 1985 means that patients make full and complete payment for healthcare services including consultation fees to see a doctor, laboratory fees for all investigations and finally full payment for the cost of all medicines prescribed. In such a situation, it is not difficult to understand what drives patients to short-circuit the system and make themselves their own doctors, diagnosing their own ailments and prescribing what they think is the best treatment even though this practice can be dangerous as it may prevent timely management of serious conditions. It is hoped that the introduction of National Health Insurance will help remove the financial barrier to accessing good healthcare delivery services and thereby encourage patients to consult appropriate health professionals before resorting to medicine use.

Have labelling and advertising abrogated the role of Ghanaian pharmacists in advising consumers on appropriate use of OTCs? Ghanaian pharmacists, when they are present in their shops, are very well respected and often consulted. They wield enormous power and influence over the treatment choices of their patients, most of whom rely solely on the mass media for all their healthcare information. Healthcare professionals are scarce in Ghana with the country having just about 1200 pharmacists and 1500 doctors all of whom are very well respected, even if poorly remunerated for their services.

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Labelling and Advertising of OTCs (continued from page 5)

The lack of strict adherence to the laws on supply of medicines means that pharmacists are able to manage several conditions in their facilities, sometimes using medicines which are officially "prescription-only", a feature of Ghanaian pharmacy practice that some pharmacists in developed countries may envy. However, how well do Ghanaian pharmacists carry out these activities and how standardized are their services? Studies in-country have shown that Ghanaian pharmacists are rarely found in their shops with one study putting the presence of pharmacists in their shops to just about 30% of the time. In their absence, their pharmacy shops are manned by assistants whose training, qualification and experience are variable and ambiguous. The unique opportunity provided to pharmacists to assist doctors to deliver excellent quality patient care is therefore lost as patients have to deal with assistants of unknown quality and professionalism.

If this state of affairs is viewed against the backdrop of active and aggressive drug promotion in the mass media and in towns, cities, villages and hamlets, it is fair to conclude that patients in Ghana may be led to request and often purchase medicines, which may not be just expensive, but also sometimes inappropriate for their clinical conditions. In a knowledge, attitudes, beliefs and practices survey carried out by the Ministry of Health of Ghana in 2001, patients lamented about the poor level of health and drug education offered and confessed to receiving most (over 70%) of their information on health and drugs from the mass media mostly radio (60%) and TV (over 10%). In that study, the majority of patients interviewed expressed a desire to know the side effects of

drugs, general health education, the names of drugs dispensed to them, and the dangers of self-medication from their health professionals. They generally did not know what to do when they miss a dose of any prescribed medications and the side effects of the commonly used and widely available medicines as well as the difference between over the counter and prescription-only medicines. The patients surveyed abused antibiotics and lacked access to good quality information on medicines. These findings point to a hugely significant and relevant opportunity and role for pharmacists in improving public health. It is hoped that pharmacists will take this opportunity and exploit it for the national good.

In conclusion, it can be said that there are good laws on advertising and labelling in Ghana but these are not strongly enforced. Whilst there is active and sometimes unbridled advertising of medicines in the mass media, Ghanaian pharmacists cannot say that their role to counsel patients has been abrogated as they are often not present to carry out their roles – roles that their patients actually expect and cherish. What is required is the presence of pharmacists in their shops all the time and also appropriate protocols to permit pharmacists across the nation to respond to ailments in a standard evidence-based manner. If this is done, Ghanaian pharmacists and indeed pharmacists in all resource-limited settings may be able to contribute immensely to public health by responding effectively and in a standard evidence-based manner to symptoms presented by patients whilst at the same time counselling patients on the effective and proper use of not just over the counter remedies but all other medicines be they allopathic or traditional.

Pharmacy Information Section Programme at FIP Congress 2005 in Cairo, Egypt

September 2-3, 2005

(Friday and Saturday before the 2005 FIP Congress)

Pre-Congress Workshop: Information, Pharmacovigilance, and Patient Safety – Approaches to Data Collection, Analysis, Dissemination, and Use

Organization/format: Plenary presentations with small group, interactive "hands-on" experiences. Workshop materials will be made available for participants to take home and use with their multiplier audiences. Some training-of-trainers will be provided. As time permits, opportunities will be provided for one-on-one interaction for specific questions and guidance.

Workshop goals

To provide workshop participants with the knowledge and skills to:

- Establish pharmacovigilance programs in their respective countries and/or institutions.
- Appropriately interpret and apply the information generated by pharmacovigilance programs.
- Apply results of pharmacovigilance programs to improve patient care outcomes and the public's health
- Communicate effectively with policy makers and the general public on medicine safety.
- Educate audiences in their respective countries on pharmacovigilance and patient safety issues.

Faculty:

- Alex Doodoo, Acting Director, Centre for Tropical Clinical Pharmacology and Therapeutics, University of Ghana Medical School, Accra, Ghana
- Ralph Edwards, Director, The Uppsala Monitoring Centre, Uppsala Sweden
- Bruce Hugman, Communications Consultant, London, England
- Keith Johnson, Deputy Director, Program Administration, Information, and Communications, Management Sciences for Health, Arlington, Virginia, USA
- Bert Leufkens, Chair, Department of Pharmacoepidemiology and Pharmacotherapy, Utrecht Institute for Pharmaceutical Sciences, Utrecht, The Netherlands
- Sten Olsson, Head, External Affairs, The Uppsala Monitoring Centre, Uppsala, Sweden
- Graeme Vernon, Senior Pharmacist, Austin Health Drug Information, Austin Hospital, Melbourne, Australia
- Carlos Vidotti, Technical Manager, Federal Council of Pharmacy, Brazilian Drug Information Center, Brasilia, Brazil

Co-sponsoring groups:

- FIP Pharmacy Information Section
- FIP Pharmacoepidemiology Special Interest Group
- WHO Collaborating Centre for International Drug Monitoring/The Uppsala Monitoring Centre

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Section Programme at FIP Congress 2005 in Cairo, Egypt (continued from page 6)

Day 1, morning

1: Information needs associated with ensuring patient safety; evidence base supporting safety monitoring data
 2: Practice vs. national vs. global reporting needs; experience in various countries

Day 1, afternoon

3: Establishing a patient safety reporting program; national and institutional examples
 4: New technology to support reporting programs

Day 2, morning

5: Data analysis issues

Day 2, afternoon

6: Taking action – Putting the results of pharmaco-vigilance activities into the patient care arena
 7: Taking the message home and sharing it with others

Registration fee: €175

Minimum/maximum number of participants: 25-50

Monday September 5, 2005

14.00-17.00 hrs

Information Sharing to Address Counterfeit and Substandard Medicines

A joint symposium with the Young Pharmacists Group

Program Co-Chairs:

Alexander Doodoo, Ghana and Lindsay McClure, UK

At the conclusion of these presentations, the participant will be able to:

- Discuss the problems with counterfeit and substandard medicines as encountered in various practice settings
- Describe the process for sharing information on counterfeit and substandard medicines from collecting the necessary information to disseminating the results of detected problems
- Describe the role that pharmacists can take in the dissemination of information to the profession and the public
- Describe how pharmacists can receive the necessary education to play their role in information sharing to address counterfeit and substandard medicines.

Collecting information on problems encountered in developed and developing countries.

Sabine Kopp, Switzerland (invited)

Analyzing the reports on counterfeit and substandard medicines

Jane Nicholson, UK

Disseminating the results of detected use of counterfeit and substandard medicines to the profession.

Naana Frempong, Ghana

Disseminating the results of detected use of counterfeit and substandard medicines to the public and the patient.

Olivier Malick Bonny, Côte d'Ivoire

Development of educational programmes to address the problems of counterfeit and substandard medicines in curricula at pharmacy schools.

Alexander Doodoo, Ghana

Tuesday September 6, 2005

9.00-12.00 hrs

E-Learning in Pharmacy Education*Program Co-Chairs:*

Marja Airaksinen (Finland) and Claire Anderson (UK)

At the conclusion of this symposium the participants should be able to

- Describe the criteria for a quality e learning process
- Explain how to manage the e-learning process
- Describe the pros and cons of using e-learning in pharmacy education

How e-learning contributes to learning and the criteria for a quality e learning process?

Gilly Salmon, University of Leicester England

E-learning in pharmacy practice

Sue Burton, University of Port Elizabeth, South Africa

Implementing E-learning Programmes -Problems and Results?

Pedro Barata, University of Porto, Portugal

Tuesday September 6, 2005

14.00-17.00 hrs

HIV/AIDS: With Improved Access to Medications, Now What? Models to Assure Adherence and Positive Outcomes and Associated Information Needs

Program Co-Chairs: Gary H. Smith, USA and TBA

At the conclusion of these presentations, the participant will be able to:

- Understand the importance of assuring adherence in the treatment of Patients with HIV/AIDS
- Understand information needs of pharmacists, caregivers, and patients relating to HIV/AIDS treatment
- Conceptualize a program that will provide the infrastructure for helping to assure adherence in patients treated for HIV/AIDS
- Develop appropriate information materials needed to assure adherence with HIV/AIDS medications
- Understand how incentives that will encourage adherence with HIV/AIDS medications can be used

Information needs for pharmacists, patient advocates and patients to support adherence

Gary Smith, USA

Patient information to support adherence to HIV/AIDS therapy:

The experience in South Africa

Ros Dowse, South Africa

Home-based Care and Directly Observed Therapy

Joseph Serutoke, Uganda

The Role of Incentives and Other Approaches to Enhancing Adherence

Kevin Moody, Switzerland

The Role of Counselling to Enhancing Adherence

Marja Airaksinen, Finland & Prasad Reddy, India

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Section Programme at FIP Congress 2005 in Cairo, Egypt (continued from page 7)



Thursday September 8, 2005
09.00–12.00 hrs

Current Issues in Drug and Health Care Information

The wide range of topics covered in this session provides an interesting insight into the variety of problems that researchers in our area are addressing. Very importantly, speakers from different countries are invited to present, which will offer the participants

insight into pharmacy information issues in different practice settings. New topics are welcomed! Some of the topics are related to on-going activities in the Section's various working groups, for which no specific sessions have been programmed. The Section invites all who have suggestions to submit an abstract.

Poster session

In Cairo we will organize a poster session for providing opportunities to share new ideas and research outcomes in various

areas of pharmacy and health care information. Participants are invited to submit abstracts through the FIP website (www.fip.org/cairo2005).

Proposals for FIP Brazil 2006

Early next year the Executive Committee would like to have a draft Section's programme for Brazil in order to be on time for starting the accreditation process. Members are invited to suggest topics for sessions that are preferably related to the overall theme of the whole conference and the four symposia of the Board on Pharmaceutical Practice:

Bringing Innovations into Patient Care

- Innovations in Patient Treatment
- Innovative Healthcare Delivery
- Using Innovations to Improve Patient Safety
- Innovations in Learning and Education

The Executive Committee will discuss the proposals that are submitted and look forward to receive your suggestions. Topics that are not related to the overall theme as mentioned above will be accepted for the discussion and final approval. Please send your proposals to han.de.gier@healthbase.nl

