

REPORT ON INTERNATIONAL MEETINGS 2007

This report will cover the attendance of CPhA delegates to the Pharmintercom meetings in Queenstown, New Zealand, and the FIP Congress in Beijing, China.

Pharmintercom Meeting – August 26-29

This is a meeting of the Presidents and Chief Staff Officers from eight national advocacy organizations—Pharmacy Guild of New Zealand (our hosts), Pharmacy Guild of Australia, National Community Pharmacists Association (USA), National Pharmacy Association (UK), Pharmaceutical Services Negotiating Committee (UK), Community Pharmacy Section of the Pharmaceutical Society of South Africa, Irish Pharmaceutical Union, and CPhA.

The meeting format consists of a discussion of issues from previously circulated country reports, specific agenda items of interest to usually two or more of the participant organizations and a presentation on trends and statistics relating to pharmacy practice in the different countries.

FIP World Congress of Pharmacy – September 1-6

In addition to attendance at the FIP Council meetings, CPhA delegates were heavily involved in the program. Paul Kuras presented in the general session on customer relationships; Jeff Poston presented in the Professional Session 4 on “who will pay for complementary and alternative medicine” and to the Leadership Conference of member organizations on “leading change – a perspective from a national organization”. Warren Meek was a reactor in a panel on “preparing the next generation of community pharmacists”. Other Canadian presenters included Regis Vaillancourt from CHEO in Ottawa. There were about 14 delegates from Canada.

The program content at FIP was very good, including wide-ranging topics with a broad range of perspectives. While topics had a well-worn look, many of the sessions had new information or new perspectives. Examples of topics include: pharmaceuticals and the environment, antimicrobial resistance, evidence on the value of pharmacists, pharmacist prescribing, smoking cessation, the future of community pharmacy, patient adherence, nanotechnology, patient self-care, drug information for the public, the use of informatics to improve patient safety, etc.

Being in China gave an opportunity to be exposed to some of the philosophy and practice relating to Traditional Chinese Medicine (TCM). I doubt if many skeptics were swayed but what was striking were the efforts being made to get TCM accepted as mainstream therapeutics.

Much of the symposium content will be available on the FIP website at www.fip.org.

Rather than provide exhaustive details, we have decided to compile a list of key findings from Pharmintercom and FIP that we believe accurately summarize what we learned.

Key Findings

- Profits from sale of medicines are under attack in many countries. UK, Australia and the US have also seen efforts to reduce pharmacy income from generic rebates. Germany has seen changes influencing the returns from dispensing brand name drugs.
- The value of pharmacies is increasing in certain countries particularly in Europe. In the UK and Ireland, values for goodwill are 2 to 2.5 times turnover.
- Wholesalers are funding the establishment of pharmacies in European countries where the distribution of pharmacies has been deregulated.
- Who gets paid for new professional services—the pharmacist or the pharmacy—is becoming an issue in Australia and other countries.
- The potential of a greater role for pharmacy technicians is being seen as a real threat to pharmacists in certain countries.
- Various crises are seen as driving change. These include: erosion of profits in traditional business models; government's interest in lower cost distribution models (pharmacy techs and or central fill); the development of individualized medicines that manufacturers will seek to supply directly to the patient; deregulation of ownership permitting grocery stores to move in. (It is interesting to note that the largest vertically integrated wholesale/chain group in Europe—Alliance Boots—have been bought by an Italian private equity concern.)
- e-prescribing continues to move slowly. A critical issue is control over how patients “nominate”, or not, the pharmacy for their prescription to go to. It is emerging that this nomination needs to be done independently by the patient and not in the doctor's office. In the UK, an online pharmacy is hooking up with clinical management physician systems to facilitate scripts going directly to the online/mail-order facility. Patients can often not nominate anywhere and simply present their barcode/prescription for filling at any pharmacy. In Denmark, this has been the trend and pharmacies have adjusted staffing levels to cope with the shifts produced in workload.
- Managing change is seen as an issue for many pharmacy organizations. The Pharmacy Guild of Australia has successfully negotiated \$10.3 million for change management programs in the last five-year agreement with government.
- Cost-of-dispensing studies were seen as having a potential to be problematic in how government might view the findings. Large sample sizes are seen as important to try to deal with the range of costs per pharmacy.
- Control of the sale of pseudoephedrine has been tackled in a variety of ways. Australia has a sophisticated online database system available at the community pharmacy level.
- Chronic disease management programs are beginning to be funded and evidence is demonstrating cost-effectiveness.
- Obesity programs are seen as an important opportunity for pharmacy, both professionally and economically.

- Global movement of pharmacists is hurting some countries; South Africa has a 55% shortage of pharmacists.
- Mail-order pharmacy is growing in the US and represents 17-18% of the market. This is driven by financial incentives to the patient (grown 10% in the last five years).
- Pharmacists in South Africa and US are allowed to provide routine immunizations; pharmacists in the UK are doing flu immunization.
- A number of English-speaking countries (UK, Australia, US) have seen a significant increase in the number of Schools of Pharmacy.
- Some mixed views on promoting pharmacy and influencing public opinion. Big spends are happening on TV advertising. In other countries, a bigger emphasis is being placed on grassroots activism.

Respectively submitted

*Jeff Poston, Paul Kuras, Warren Meek
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