

Report on the FIP Congress September 3-8, 2011 Hyderabad, India

The FIP Congress was a very active meeting for CPhA. Our President, Jody Shkrobot, presented a resolution from the floor of the Council meeting for a statement to be issued by FIP on drug shortages. This created a minor administrative flurry that involved consultation of statutes and bylaws, etc. The Council agreed to allow discussion on the topic since it was an urgent issue in many countries. A public hearing was held during the Congress, and at the second Council meeting the statement (see attached) was passed.

Past President Warren Meek has been chair of a committee working on the Centennial Declaration of FIP to be published at the 2012 FIP Centennial Congress. Warren led discussion on this document at two sessions on the Council and at a public hearing during the Congress.

It is always a challenge to illustrate Canada and CPhA's status on the world stage and the leadership role that is accorded to us and also expected from us. One example was a session organized for community pharmacists on communication. The presenter was a WHO expert on communication (Bruce Hugman)—a very entertaining presentation and several of his positive examples about pharmacy practice were from Canada. In discussion afterwards, he was asked "why Canada?" His answer was "well, you guys are doing a lot of the right stuff and you communicate it out quite well".

The theme of the Congress was "compromising safety and quality: a risky path". As always, FIP is looking to the twin mandates of serving the practice and science of pharmacy. The range of topics presented is very wide, biosimilars to community pharmacy business models, patient information to pharmaceuticals in the environment, in fact probably pick any contemporary issue and there would be a session on that topic. The frustration is that presenters do not always present exactly on the topic described. Also, the level at which content is presented varies, but the content continues to improve and provides a lot of information on developments worldwide. For example did you know Croatia has a national e-prescribing system? Other sessions included a review of community pharmacy business models in countries like the US, Spain, Australia and Denmark with a hands-on workshop on assessing financially viable pharmacy services (a very interesting exercise in a diverse/international group); a review of medication error prevention strategies, paying pharmacists for improving health outcomes, and communication strategies for pharmacists.

There was quite a good Canadian presence. The Deans from U of T, UBC and the recent Dean from Laval were present to participate in the Dean's Forum, which was also attended by the Emeritus Dean from U of T. This is a major part of FIP's education initiative which is aimed at raising the standard of pharmacy education in developing countries.

CPhA's former Pharmacist of the Year, Régis Vaillancourt, was scheduled to present in a number of sessions, and unfortunately was not able to attend due to a family bereavement. His place in some sessions was taken by Diane Lamarre, President of OPQ.

CPhA's Executive Director, Jeff Poston, presented in a session on the Impact of Legislative and Regulatory Change. In the same session, John Chave (Pharmaceutical Group of the European Union) presented a summary of the various changes to pharmacy ownership and product sales restriction across Europe. Needless to say, a huge variation exists and governments are even changing their decisions; a few years after they implement one direction, they move back to the way it was (e.g., Hungary – liberalized in 2006 and now is going back to 50% pharmacist ownership requirements).

An unofficial part of the program is a meeting of CEOs and elected officers that CPhA organizes. This was well attended with delegates from the USA, UK, Sweden, Netherlands, Germany, Ireland, Denmark, the Pharmaceutical Group of the European Union, FIP and Canada. The findings from this meeting are always interesting. Sweden and Denmark have very bizarre generic tendering systems—the generic drug that is covered changes once every two weeks in Denmark and changes once every month in Sweden (the pharmacy physically must return the other brand of the drug to the wholesaler and receives the new stock to dispense – no wash out transition for existing stock is in place). In Germany, collaborative practice between pharmacists and physicians is being legislated with a focus on medication reviews. The service will be required for patients receiving five chronic meds or more; reimbursement is paid to both the pharmacist and the physician (this program has not yet started; the fee for this service was not yet finalized). The Netherlands is moving to a free market model for both drug prices and professional fees with insurance companies (there are 4 major insurers). New funding is available to support medication reviews. Eleven clinical services are available, six of which must be paid for by insurance providers (but fees are not yet negotiated).

Further details on the Congress program can be found at www.fip.org and copies of presentations will be available after December 1.

The new President of FIP is Michel Buchman from Switzerland. Michel is a community pharmacist and has been an elected member in the Swiss government. One of the points in his address to Council was that the easiest thing for a government to do was pass a new law or change a law and that pharmacy has to be ever vigilante to advocate to governments. The experience in Ontario is perhaps a good example of how government can pass laws that dramatically affect practice and the profession needs time to adjust.

*Jeff Poston, Executive Director, & Jody Shkrobot, President
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