

Conseil de la FIP 2009

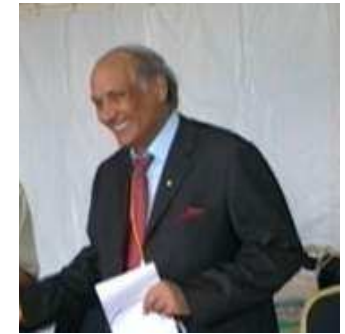
Istanbul, Turquie

Travaux présentés

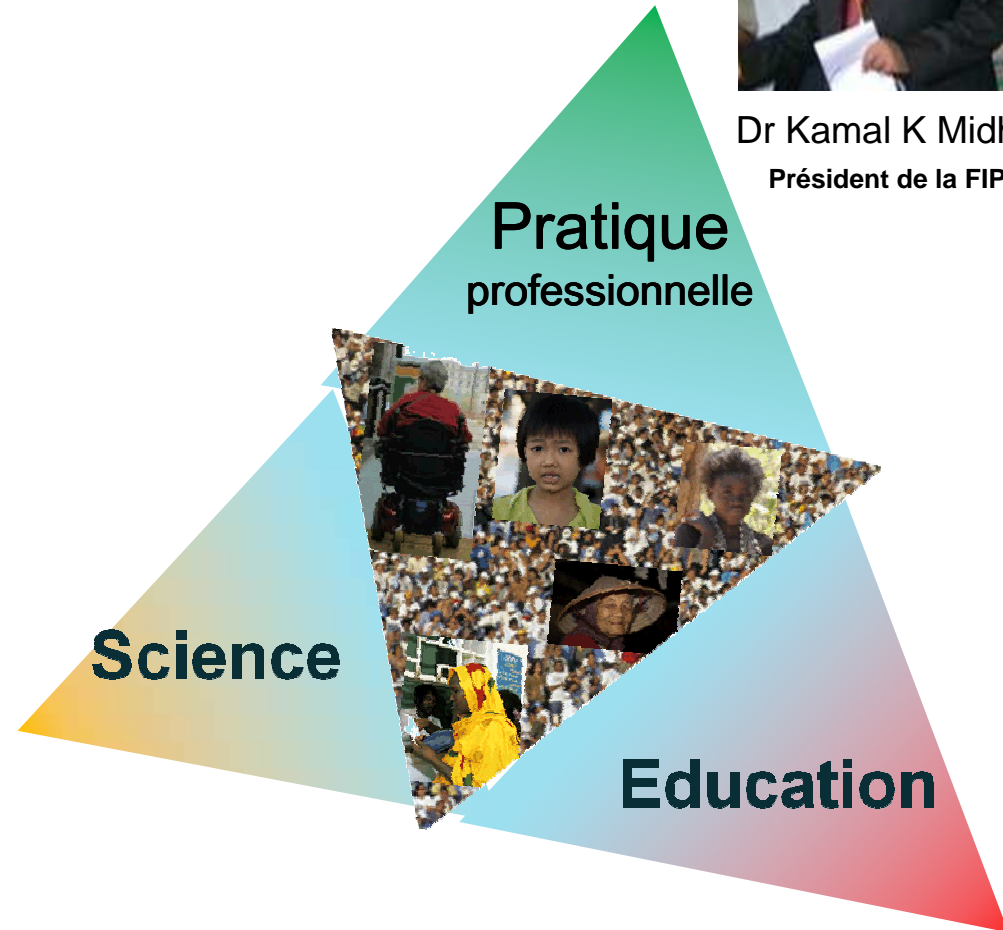
FIP Council Meeting 2009



Rapport du Président



Dr Kamal K Midha
Président de la FIP



Pratique professionnelle

(Board of Pharmaceutical Practice)

Preamble

The FIP Working Group on Collaborative Practice was established in 2007 by the FIP Board of Pharmacy Practice (BPP) with the purpose of developing a robust definition of collaborative practice with particular emphasis on the advanced collaborative practice; to identify the contribution of pharmacists within collaborative practice in terms of evidence based improvements in patient care and/or health economics; and to identify the current status of collaborative practice throughout the world supported by a number of international exemplars of collaborative practice.

This document is the outcome of their work and is aimed to provide both background information and as directive guidelines for practice in Collaborative Practice.

FIP commends the efforts of the Working Group members listed by name and affiliation below. The Working Group was supported by Co-Chairs Dr Jill Martin and Dr David W. Brown.

FIP Working Group members:
Dr David W. Brown, American Society of Hospital Pharmacy, USA (Co-Chair)
Dr David W. Brown, Royal Pharmaceutical Society of Great Britain, UK (Co-Chair)
Dr David W. Brown, University of Helsinki Division of Social Pharmacy, Finland
Dr David W. Brown, Ordre National des Pharmaciens, France
Dr David W. Brown, University of Sydney Faculty of Pharmacy, Australia
Mr Andrew Gray, President of the FIP Hospital Pharmacy Section, South Africa
Ms Tracy Ruegg, Nurse Practitioner, USA (nominate by the International Council of Nurses)
Dr Jon Snaedel, Physician in Iceland (nominated by the World Medical Association)

Acknowledgements

This reference guide on Good Pharmacy Practice is an initiative of the International Pharmaceutical Federation (FIP) Board of Pharmaceutical Practice (BPP) to support the revision of the 1993 FIP/WHO Statement on Good Pharmacy Practice. The core members of the BPP Working Group on GPP are Henri Manasse (co-chair), Dick Tromp (co-chair), Lowell Anderson, Colin Hitchings, Eeva Teerasäilmi, Raj Vaidya, Jacqueline Suruguchchi, Jan van der Vaart and Marthe Everard (WHO) representing expertise in community/hospital pharmacy, health systems and services. The overall management of this work was supported by the FIP.

We would also like to thank the following individuals for their contribution to the development of this guide:
Kay Sorimäki, National Association of Pharmacies, Finland
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Dr David W. Brown, University of Helsinki Division of Social Pharmacy, Finland
Dr David W. Brown, Ordre National des Pharmaciens, France
Dr David W. Brown, University of Sydney Faculty of Pharmacy, Australia
Mr Andrew Gray, President of the FIP Hospital Pharmacy Section, South Africa
Ms Tracy Ruegg, Nurse Practitioner, USA
Dr Jon Snaedel, Physician in Iceland
Christiane Eckert-Lill from Apoteket AB, Helle Jacobsgaard from the Danish National Association for Pharmacists (ANF) for reviewing the draft version of this guide.

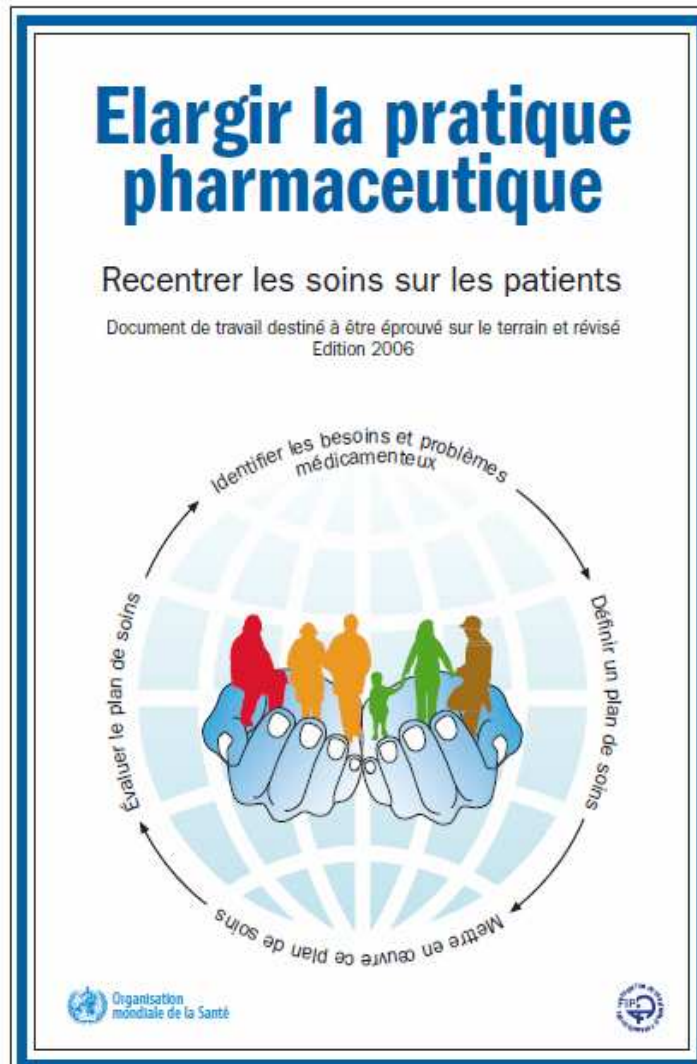
Special appreciation goes to the staff of the 37 FIP Member Organisations who contributed information on their national GPP standards and other authors whose work has been documented in this publication.

**Document de référence
sur la pratique collaborative**

**Document de référence
sur les Bonnes Pratiques
en Pharmacie**

Pratique professionnelle

(Board of Pharmaceutical Practice)




En français, disponible sur le site de la FIP...

cet ouvrage écrit en 2006 en collaboration avec l'OMS

Pratique professionnelle

(Board of Pharmaceutical Practice)


Evidence of primary care pharmacists' impact on health

Executive Summary

Primary care is basic or general health care focused on the point at which a patient ideally first seeks assistance from the health care system. The quality of health care is affected by primary care in two ways: it defines access to health care for those who need it, and the quality of care provided at this point determines whether health will improve or not.

Pharmacists are an important component of a primary care system for two reasons. Pharmacists are often an easily accessible source of primary care because of the widespread distribution of pharmacies. After access to the health care system, primary care requires recommending treatment or referral to another health care provider with the expertise that is needed. By accessing a pharmacist, expert advice can be provided to the patient by a health care professional about the use of health care supplies including those that do not require a prescription. The pharmacist's expertise and professional network to refer a patient if there is a need for services not available with medicines that do require a prescription or other treatments has been demonstrated.

In writing the World Health Report for 2008 on primary care, the International Pharmaceutical Federation (FIP) encourages health care systems to include pharmacy services as an essential part of primary care. FIP is providing this summary of evidence to support this recommendation.

This report consists of:

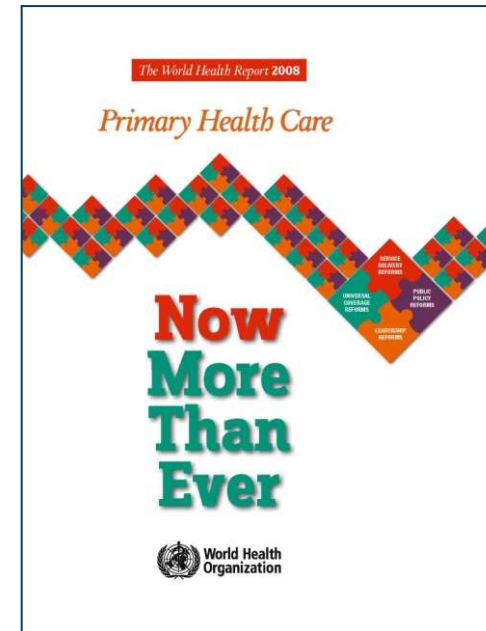
1. This executive summary
2. A full report on the impact of primary care pharmacists on health outcomes, available at www.fip.org.

The evidence presented is organized according to five positive outcomes of the impact of primary care pharmacists that have been demonstrated. These outcomes include:

- Providing an accessible and cost effective place to access the health care system
- Promoting the prevention and management of health risks to improve patient health and welfare
- Reducing the need to use medicines and other more expensive health care services.
- Identifying, preventing, and managing problems with the use of medicines and minimizing adverse drug events.
- Improving health care outcomes from the use of medicines including better adherence to treatment regimens.
- Reducing health care costs by improving outcome, improving medication safety and reducing the use of unnecessary medicines.

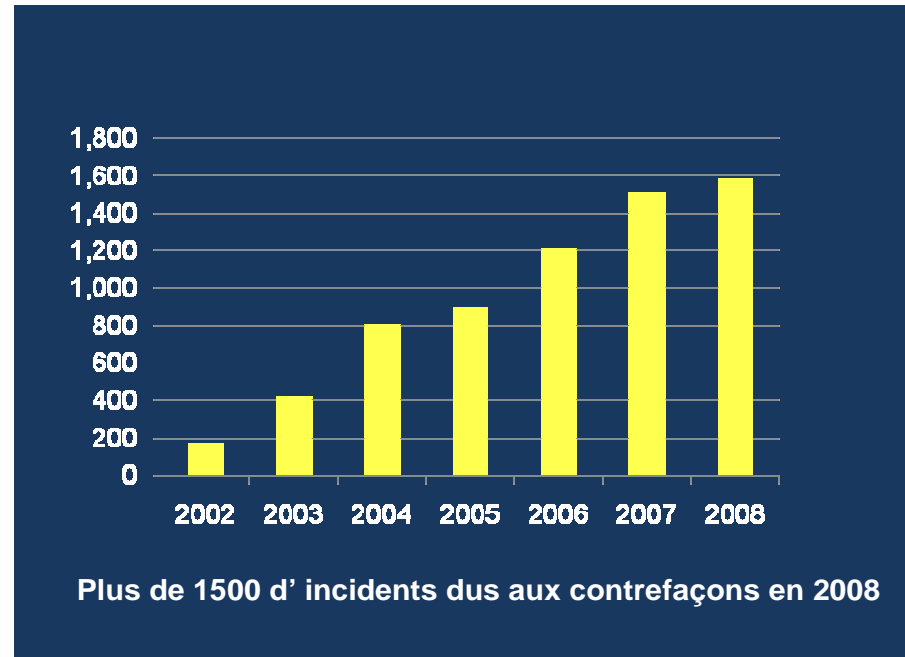
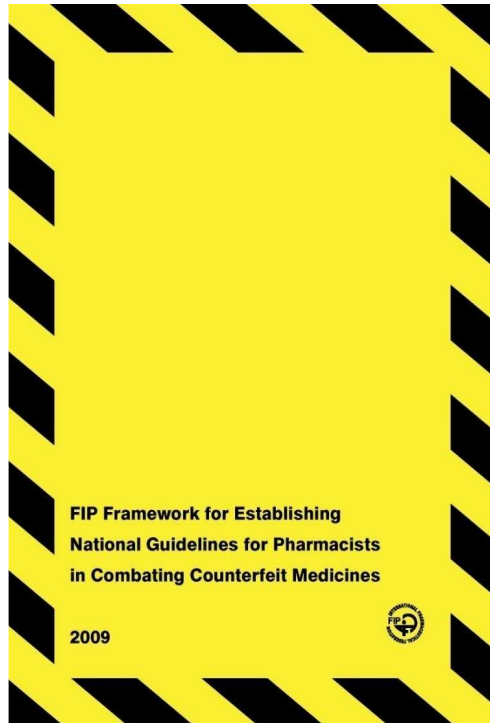
One of the hallmarks of improving health is the use of evidence to make informed treatment decisions. It should also be used in the design of health care systems. The evidence provided in this report supports including pharmacists in the Report on Primary Care in the World Health Report.

L'impact du pharmacien d'officine sur la Santé



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COUNTERFEIT DRUGS KILL!

- Counterfeits have harmful effects on patients' health and can kill
- Counterfeits frustrate efforts to deal with high burdens of disease
- Counterfeits undermine health care systems
- Increased international collaboration is essential to defeat counterfeiting
- Combating counterfeiters requires acting at the same time on legislation, regulations, enforcement, technology and communication strategies

World Health Organization Updated May 2008

IMPACT!

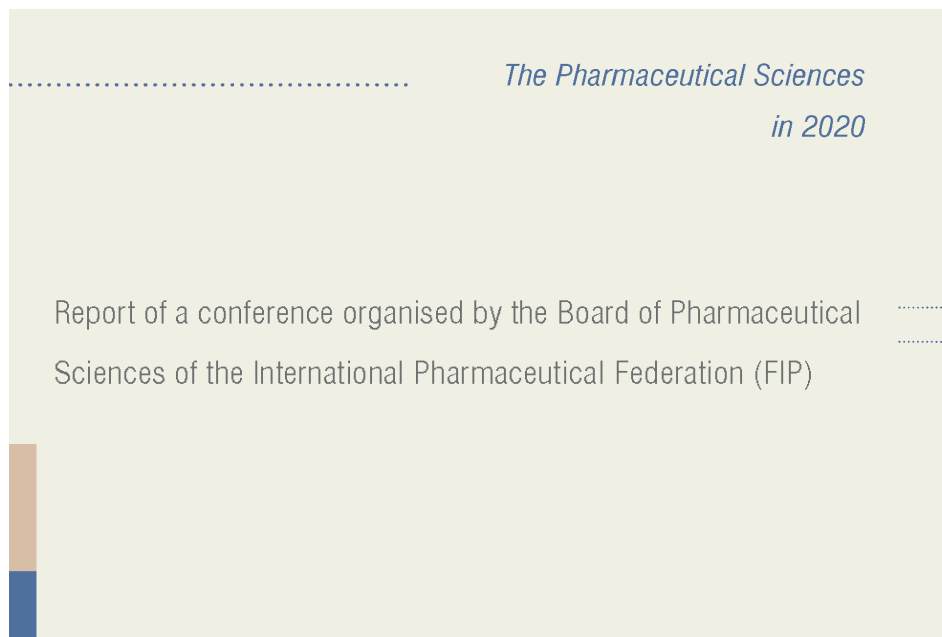
International Medical Products
Anti-Counterfeiting Taskforce

Sciences Pharmaceutiques (Board of Pharmaceutical Sciences)



Daan Crommelin

Meeting Chair &
Past Chair of BPS



Education/ Formation en Pharmacie



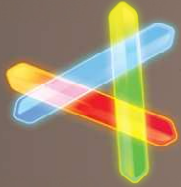
OMS UNESCO FIP
Groupe de travail sur la formation
pharmaceutique au niveau mondial





FIP – WHO - UNESCO

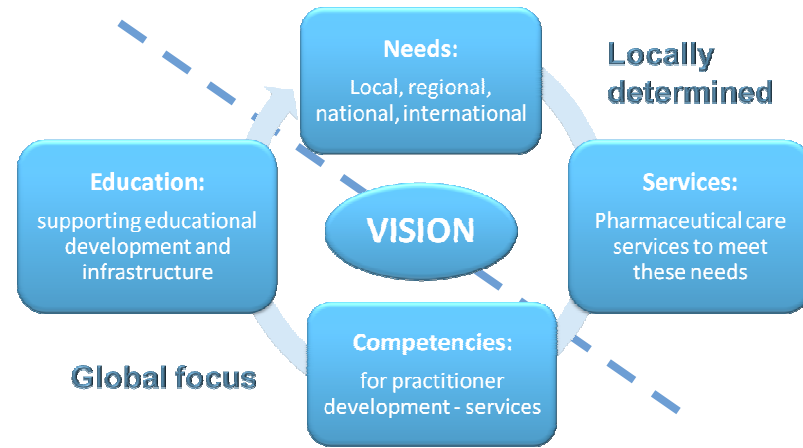
Global Pharmacy Education Taskforce



Professor Ian Bates

Director, FIP Pharmacy Education Taskforce

Pharmacy Education Action Plan



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Global Pharmacy Education Action Plan



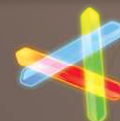
Progress in 2009



WHO UNESCO FIP

Pharmacy Education Taskforce

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