

Report on the 2011 FIP congress in Hyderabad



**Programme, sessions attendance and
accreditation**

31 October 2011

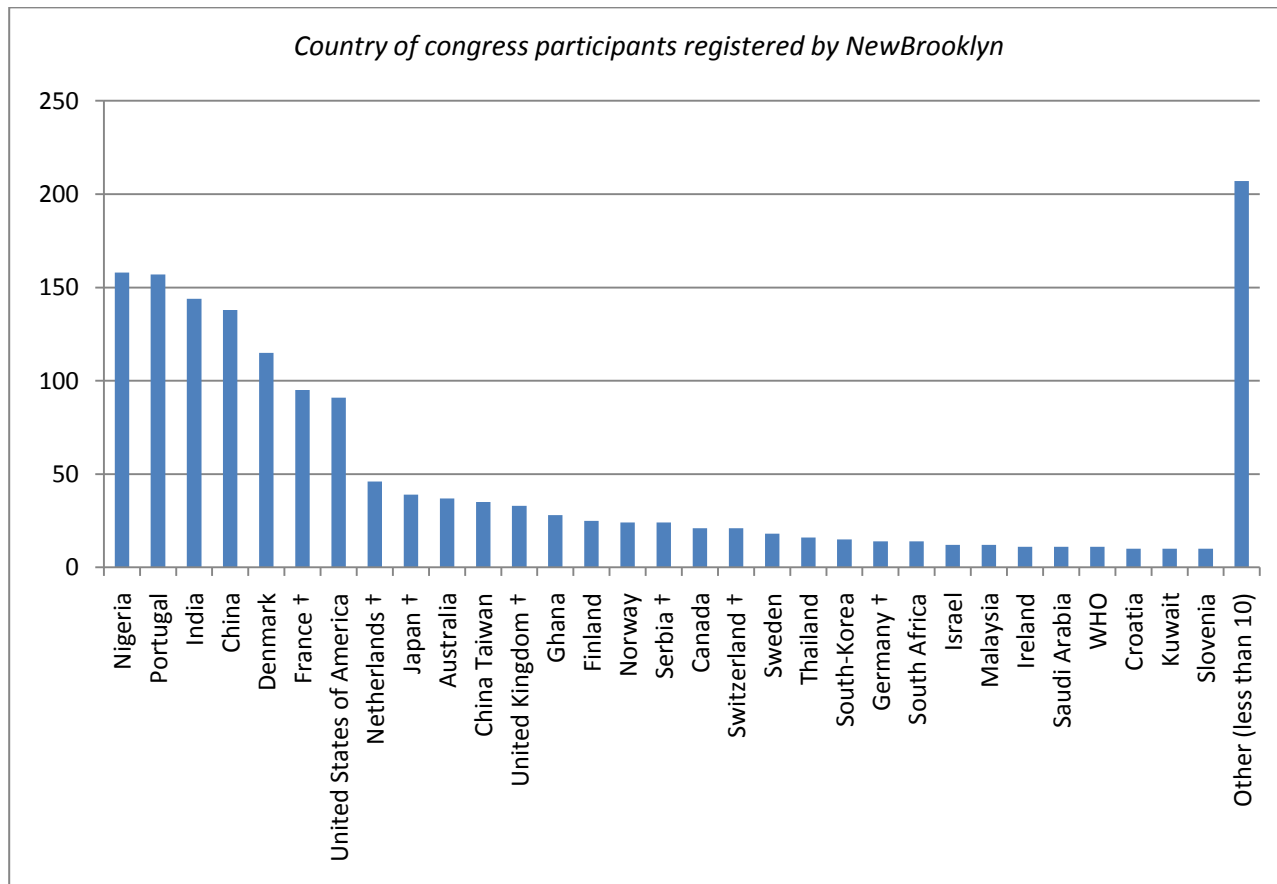
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Registration at the 2011 FIP Congress

There were 2156 participants registered and attended the FIP congress.

- 1601 were registered through New Brooklyn
- 555 were registered through the local host committee (and all of them were Indian)



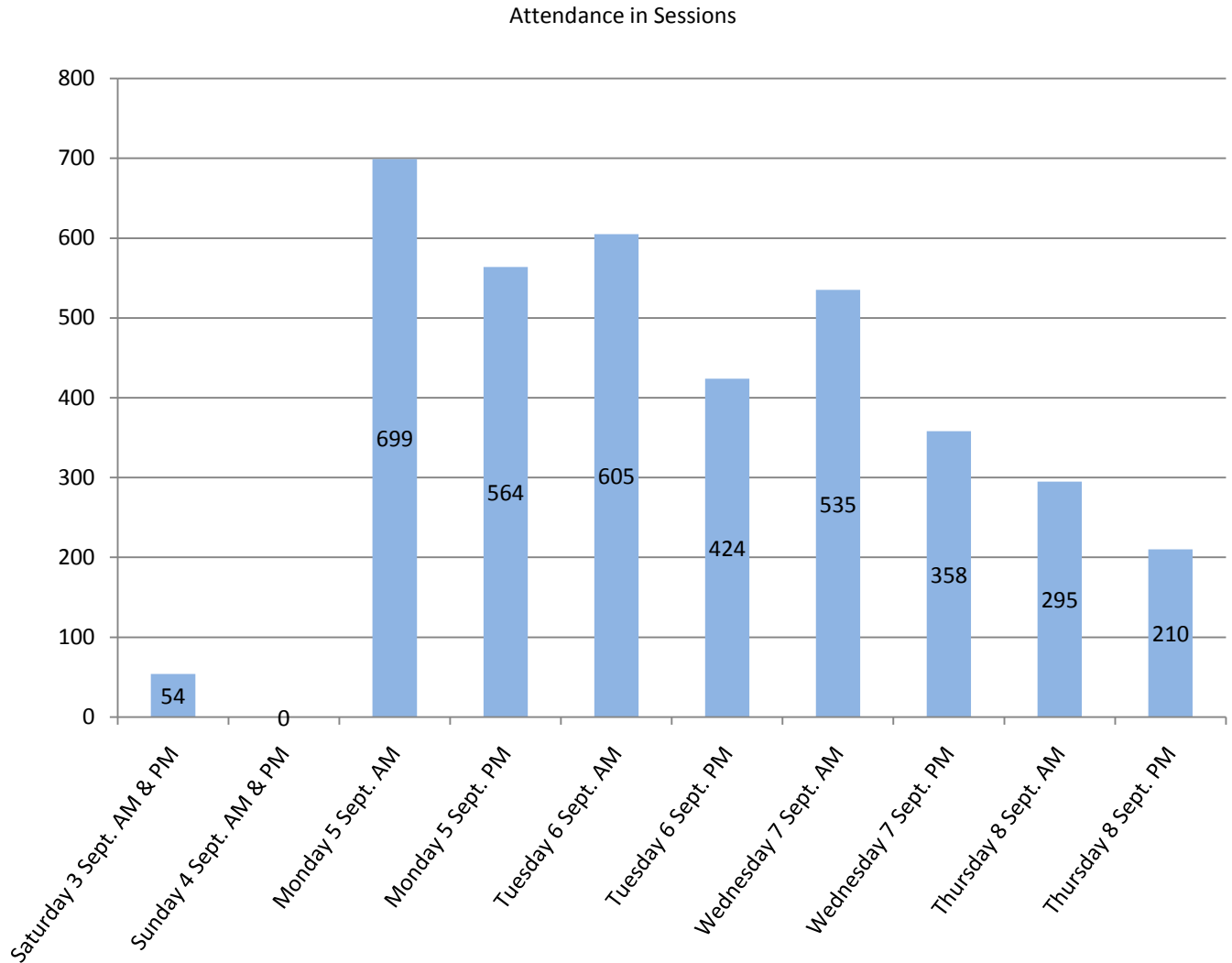
†: Country where FIP congress (or sessions) have been accredited

Attendance analysis

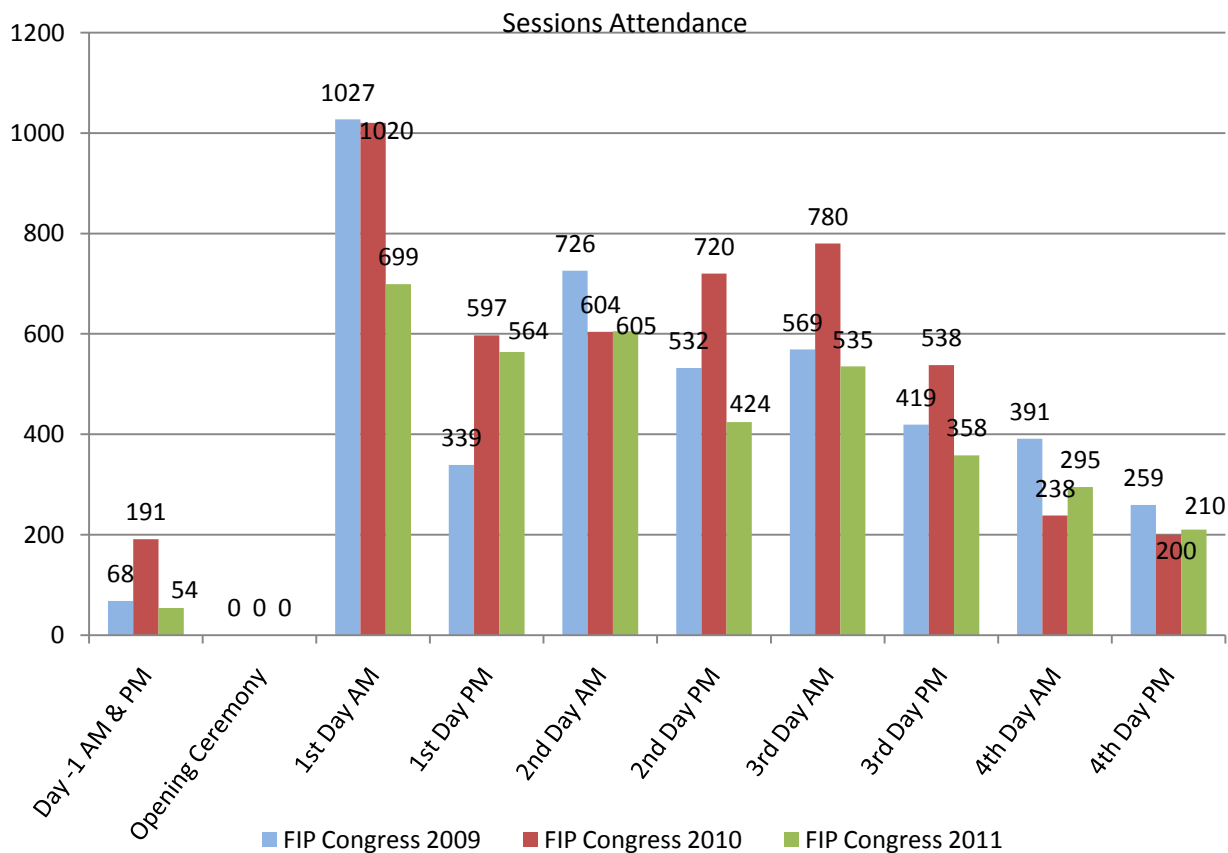
As every year, students head counted at the beginning and at the end of each session.

Attendance breakout per half-days

You will find below a summary of the attendance per half days:



Compared to previous FIP Congresses, the attendance seems to be better spread over the days.



Sessions attendance

The attendance figures for each session organized during this congress are gathered in the below table:

Session	Average attendance
R1 - Pharmacovigilance and medicines information to enhance patient safety	54
A1 - A primer on quality and safety	207
A2 - Learning from errors and monitoring safety	203
A3 - Building a safer service: Techniques and tools to improve quality and safety	134
A4 - Paying pharmacists for patient outcomes: Pay for performance?	123
B1 - Environment and pharmaceuticals	59
C1 - WHO Guidelines on multisource drugs and interchangeability	62
C2 - Biosimilars	85
C3 - Clinical research	58
C4 - Paradigm shift in drug discovery and development	42
C5 - Pharmaceutical manufacturing	81
C6 - Standardization of herbal products	50
C7 - Dissolution: The pivotal tool for developing quality drugs	20

Session	Average attendance
D1 - Community Pharmacy business models: Business and financial aspects of implementing and integrating pharmaceutical services - Integrating professional services with the business of a pharmacy (Forum for innovators in Pharmacy Practice) (part 1/2)	160
D2 - Community Pharmacy business models: Business and financial aspects of implementing and integrating pharmaceutical services - Integrating professional services with the business of a pharmacy (Forum for innovators in Pharmacy Practice) (part 2/2)	69
D3 - Clinical Biology in India health care system: Organisation and contribution	19
D4 - Current Issues Session - Vulnerable populations: What are their medicine/health information needs and how can we address these needs?	51
D5 - Solving practical tableting problems	67
D6 - The Basel statements in Developing and Developed Countries - What are the right ingredients?	58
D7 - A glimpse of Community Pharmacy in 2020	85
D9 - Medication safety and risk management	80
D10 - Recent advances and challenges in the safe preparation of cytotoxic agents	38
D11 - The practitioners' day – Practical solutions to health problems and service provision (part 1/2)	88
D12 - The practitioners' day – Practical solutions to health problems and service provision (part 2/2)	44
D13 - Innovations to improve teaching and learning	70
D14 - Quality and safety in Pharmacologistics	33
D15 - Pharmacists and mass communication – A job that needs to be done continuously	73
D16 - Aspects of medication and patient safety - Social and Administrative Pharmacy Section Contributed Papers [Short Oral Communications]	40
D17 - Good Manufacturing Practices - Expectations for the coming decade (part 1/2)	53
D18 - Good Manufacturing Practices - Expectations for the coming decade (part 2/2)	34
D19 - Ask your pharmacist Day (part 1/2) – Immunizations in community pharmacy – Ask your pharmacist!	75
D20 - Ask your pharmacist Day (part 2) – Healthy travelling? – Ask your pharmacist!	56
D21 - Contributed papers -Short Oral Presentations of the Academic Section	29
D23 - Communication and control in an operational setting	23
F1 - Careers and leadership in pharmacy and education	106
F2 - Generics and the patient experience: The pharmacist's role in ensuring safe and effective medicines use	77
F3 - FIP/WHO Symposium on engaging pharmacists in tuberculosis care and control	81
F4 - Report of the FIP Working Group on optimising the role of pharmacists in improving maternal, newborn, and child health	42
F5 - Presentation of the outcomes of the Pharmacy Education Taskforce and how to use them	78
F6 - Mapping a new vision - Translating ideas into practice	62
F7 - Symposium on the History of Pharmacy (part 1/2)	9

Session	Average attendance
F9 - FIP Member organisations presenting national updates (part 1)	95
F10 - FIP Member organisations presenting national updates (part 2)	66
F11 - FIP Member organisations presenting national updates (part 3)	45
F12 - FIP Symposium on counterfeit medicines	117
J1 - Building practitioner skills	104
J2 - Your career in Industrial Pharmacy - From drug development to drug distribution	66
J3 - Regulatory and legislative changes in pharmacy from across the world	76
J4 - Pharmacogenomics in oncology	35
J5 - Careering toward advanced levels of practice	128
J6 - Communicating basic medicines information to patients	127
J7 - Trends in Community Pharmacy – Debating the future of the profession: Forum for policy makers	88
J8 - Competition for the best oral industrial presentation (Short Oral Communications)	27
J9 - Pediatric medicines - Challenges and opportunities	95
J10 - Building a Toolbox for practitioner development and support	52
J12 - Globalization of pharmaceutical production - Environmental implications and future developments	38
J13 - Developing young academics through networking and mentoring	25
J14 - Pharmacovigilance: Ensuring serious medication safety concerns are recognised, addressed, reported and monitored	91
FIP Høst Madsen Award Lecture - Personalised medicines: we are virtually there	91

Accreditation of the congress

Accreditations obtained for the 2011 FIP Congress

10 different countries have accredited the whole FIP congresses or specific sessions.

You will find below an overview of these accreditations:

Country	Accrediting body	Accreditation scope	Comment
Austria	Österreichische Apothekerkammer	Whole congress	
China Taiwan	Taiwan Society of Health-system Pharmacists	Whole congress	
France	Haut Comité de la Formation Pharmaceutique Continue	Specific sessions : A1, A2, A4, B1, C1, C2, C3, C4, C5, C6, C7, D1, D2, D3, D4, D5, D6, D8, D9, D10, D11, D12, D14, D16, D17, D18, D19, D20, D23, F2, F3, F4, J1, J2, J4, J5, J6, J7, J8, J9, J10, J12, J14 and R1	
Germany	Bundesapothekerkammer	Whole congress	
Japan	CPC Japan	Whole congress	
Macedonia (FYROM)	Pharmaceutical Chamber of Macedonia	Whole congress	
Netherlands	KNMP	Whole congress	
Serbia	Pharmaceutical Chamber of Serbia	Whole congress	Accreditation obtained too late to be included in the final programme but Serbian participants were informed individually.
Switzerland	pharmaSuisse	Whole congress	
United Kingdom	Royal Pharmaceutical Society	Whole congress	

The requirements for such accreditations vary greatly from one accrediting body to another, and therefore, the current guidance described in the BU26 – Quality Framework for the FIP Congress is the combination of these requirements in terms of process leading to the development of the programme, the absence of conflicts of interests, quality assurance and evaluation, as well as the information provided to congress participants.

Attendance records for accreditation purposes

As for previous FIP Congresses and based on the requirements on accrediting bodies, the tracking of the session attendance was offered to participants to enable them to qualify for the national CE credits. The attendance tracking was encouraged but participants were free to refuse to be scanned. Their attendance was scanned when they entered the session and when they left the session room.

Based on these elements, a total of 11279 records (entrance or exit of the session) were made. 1586 congress participants have their attendance (partly) recorded through the scanning.

Confirmation of session attendance

For the second time, congress participants were offered the opportunity to receive a certificate of sessions attendance.

This Statement included for each session attended, the date of the session, as well as when they entered and left the session room and was based on the data recorded through the scanners.

Participants could request their statement through an online form available at: <http://www.fip.org/hyderabad2011/ce> until 1st November 2011.

The instructions were also included in the Congress programme (page 9)

As of 31 October 2011, 29 statements were sent to congress participants who requested their statement. See appendix 1 for an example of this statement.

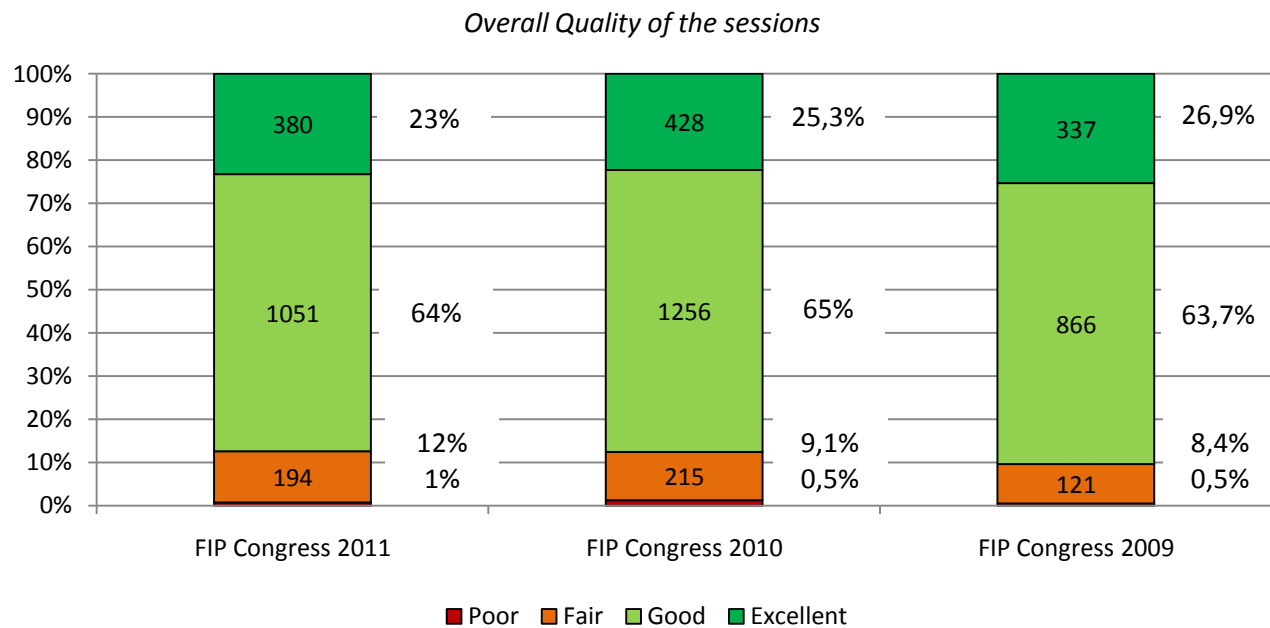
Summary of the evaluations of the sessions

1743 evaluation forms were collected during the FIP Congress.

Quality of the sessions

The participants were invited to rate the overall quality of the sessions they attended.

Out of the 1637 answers collected for the 2011 FIP congress, 87% of them stated that the overall quality of the sessions was good or excellent.



Quality of speakers

The quality of the speakers' presentations was rated similarly compared to previous FIP Congresses:

Evaluation of speakers'	In Hyderabad (2011)	In Lisbon (2010)	In Istanbul (2009)
Oral skills	3,40	3,40	3,40
Quality of their slides	3,36	3,40	3,35
Content of their presentation	3,38	3,41	3,49
Topic relevance	3,49	3,50	3,41
<i>Number of presentations evaluated[†]</i>	257	302	287

Rates range from 1 for poor, 2 for fair, 3 for good and 4 for excellent

[†]: please note that a same speaker can make several presentations in one or several sessions

It should be noted that the quality of the 58 sessions is rather homogenous as only 19 sessions rate out of the range of +/- 5% of the average rate (3,41, which is similar to the one of last year).

You will find below the details of the rate for the speakers presentations combined per session.

- In Green: the 9 sessions with a rate higher than 5% of the average rate
- In Black: the sessions with a rate between 95% and 105% of the average rate
- In Red: the 10 sessions with a rate lower than 5% of the average rate. Most of them are Short Oral Communications sessions, for which the quality of the abstracts is not related to the speakers' skills.

Session	Oral skills	Content	Quality of slides	Topic relevance	Average mark	Nb of evaluations
D3 - Clinical Biology in India health care system: Organisation and contribution	3,83	3,73	3,82	3,82	3,80	8
F5 - Presentation of the outcomes of the Pharmacy Education Taskforce and how to use them	3,61	3,75	3,86	3,93	3,79	9
D15 - Pharmacists and mass communication – A job that needs to be done continuously	3,77	3,75	3,72	3,8	3,76	40
D20 - Ask your pharmacist Day (part 2) – Healthy travelling? – Ask your pharmacist!	3,51	3,8	3,67	3,8	3,70	24
D23 - Communication and control in an operational setting	3,53	3,72	3,74	3,66	3,66	12
A2 - Learning from errors and monitoring safety	3,54	3,64	3,68	3,64	3,63	27
D19 - Ask your pharmacist Day (part 1/2) – Immunizations in community pharmacy – Ask your pharmacist!	3,57	3,56	3,65	3,65	3,61	29
F6 - Mapping a new vision - Translating ideas into practice	3,53	3,52	3,73	3,65	3,61	18
D6 - The Basel statements in Developing and Developed Countries - What are the right ingredients?	3,5	3,53	3,65	3,63	3,58	29
C7 - Dissolution: The pivotal tool for developing quality drugs	3,59	3,59	3,41	3,69	3,57	12
J14 - Pharmacovigilance: Ensuring serious medication safety concerns are recognised, addressed, reported and monitored	3,45	3,52	3,56	3,71	3,56	26
R1 - Pharmacovigilance and medicines information to enhance patient safety	3,54	3,5	3,48	3,68	3,55	31
J10 - Building a Toolbox for practitioner development and support	3,37	3,52	3,57	3,7	3,54	30
C5 - Pharmaceutical manufacturing	3,54	3,5	3,52	3,59	3,54	37

Session	Oral skills	Content	Quality of slides	Topic relevance	Average mark	Nb of evaluations
J12 - Globalization of pharmaceutical production - Environmental implications and future developments	3,58	3,53	3,45	3,58	3,54	9
D5 - Solving practical tableting problems	3,53	3,55	3,42	3,63	3,53	32
D7 - A glimpse of Community Pharmacy in 2020	3,37	3,61	3,54	3,59	3,53	38
F10 - FIP Member organisations presenting national updates (part 2)	3,56	3,5	3,37	3,65	3,52	37
J9 - Pediatric medicines - Challenges and opportunities	3,47	3,47	3,49	3,59	3,51	52
J3 - Regulatory and legislative changes in pharmacy from across the world	3,49	3,46	3,6	3,42	3,49	32
A4 - Paying pharmacists for patient outcomes: Pay for performance?	3,52	3,45	3,43	3,51	3,48	67
C2 - Biosimilars	3,44	3,47	3,42	3,57	3,48	30
A1 - A primer on quality and safety	3,44	3,43	3,43	3,51	3,45	88
A3 - Building a safer service: Techniques and tools to improve quality and safety	3,41	3,42	3,47	3,51	3,45	72
D14 - Quality and safety in Pharmacologistics	3,43	3,4	3,51	3,43	3,44	13
F2 - Generics and the patient experience: The pharmacist's role in ensuring safe and effective medicines use	3,46	3,51	3,34	3,46	3,44	17
J1 - Building practitioner skills	3,34	3,39	3,48	3,5	3,43	77
F4 - Report of the FIP Working Group on optimising the role of pharmacists in improving maternal, newborn, and child health	3,19	3,44	3,38	3,69	3,43	16
D17 - Good Manufacturing Practices - Expectations for the coming decade (part 1/2)	3,52	3,4	3,35	3,42	3,42	24
J13 - Developing young academics through networking and mentoring	3,41	3,35	3,48	3,43	3,42	24
D16 - Aspects of medication and patient safety - Social and Administrative Pharmacy Section Contributed Papers [Short Oral Communications]	3,5	3,41	3,24	3,51	3,42	13
Average	3,40	3,36	3,38	3,49	3,41	30
D9 - Medication safety and risk management	3,37	3,33	3,33	3,53	3,39	46
C6 - Standardization of herbal products	3,4	3,4	3,38	3,36	3,39	26

Session	Oral skills	Content	Quality of slides	Topic relevance	Average mark	Nb of evaluations
C4 - Paradigm shift in drug discovery and development	3,49	3,35	3,22	3,44	3,38	21
J6 - Communicating basic medicines information to patients	3,29	3,31	3,44	3,46	3,38	77
F1 - Careers and leadership in pharmacy and education	3,33	3,32	3,37	3,41	3,36	55
D1 - Community Pharmacy business models: Business and financial aspects of implementing and integrating pharmaceutical services - Integrating professional services with the business of a pharmacy (Forum for innovators in Pharmacy Practice) (part 1/2)	3,37	3,3	3,31	3,43	3,35	44
D13 - Innovations to improve teaching and learning	3,25	3,26	3,42	3,48	3,35	13
D2 - Community Pharmacy business models: Business and financial aspects of implementing and integrating pharmaceutical services - Integrating professional services with the business of a pharmacy (Forum for innovators in Pharmacy Practice) (part 2/2)	3,37	3,3	3,31	3,43	3,35	44
J4 - Pharmacogenomics in oncology	3,42	3,37	3,16	3,35	3,33	26
B1 - Environment and pharmaceuticals	3,28	3,29	3,26	3,41	3,31	37
D10 - Recent advances and challenges in the safe preparation of cytotoxic agents	3,1	3,24	3,4	3,44	3,30	14
D18 - Good Manufacturing Practices - Expectations for the coming decade (part 2/2)	3,28	3,27	3,23	3,4	3,30	27
F3 - FIP/WHO Symposium on engaging pharmacists in tuberculosis care and control	3,27	3,25	3,31	3,35	3,30	26
D4 - Current Issues Session - Vulnerable populations: What are their medicine/health information needs and how can we address these needs?	3,21	3,3	3,23	3,42	3,29	22
J5 - Careering toward advanced levels of practice	3,18	3,23	3,41	3,33	3,29	23
C1 - WHO Guidelines on multisource drugs and interchangeability	3,12	3,31	3,18	3,41	3,26	28

Session	Oral skills	Content	Quality of slides	Topic relevance	Average mark	Nb of evaluations
F12 - FIP Symposium on counterfeit medicines	3,13	3,16	3,26	3,39	3,24	45
D12 - The practitioners' day – Practical solutions to health problems and service provision (part 2/2)	3,24	3,16	3,24	3,24	3,22	13
D11 - The practitioners' day – Practical solutions to health problems and service provision (part 1/2)	3,13	3,25	3,24	3,24	3,22	18
C3 - Clinical research	2,98	3,2	3,24	3,29	3,18	39
J8 - Competition for the best oral industrial presentation (Short Oral Communications)	3,02	3,18	3,12	3,37	3,17	12
F9 - FIP Member organisations presenting national updates (part 1)	3,05	3,16	3,14	3,26	3,15	14
D21 - Contributed papers -Short Oral Presentations of the Academic Section	3,04	3,11	2,89	3,44	3,12	6
F11 - FIP Member organisations presenting national updates (part 3)	2,99	3,22	2,95	3,32	3,12	44
J2 - Your career in Industrial Pharmacy - From drug development to drug distribution	2,96	3,08	3,04	3,35	3,11	30
J7 - Trends in Community Pharmacy – Debating the future of the profession: Forum for policy makers	2,99	3	3,18	3,17	3,09	47
F7 - Symposium on the History of Pharmacy (part 1/2)	2	3,67	3	3	2,92	4

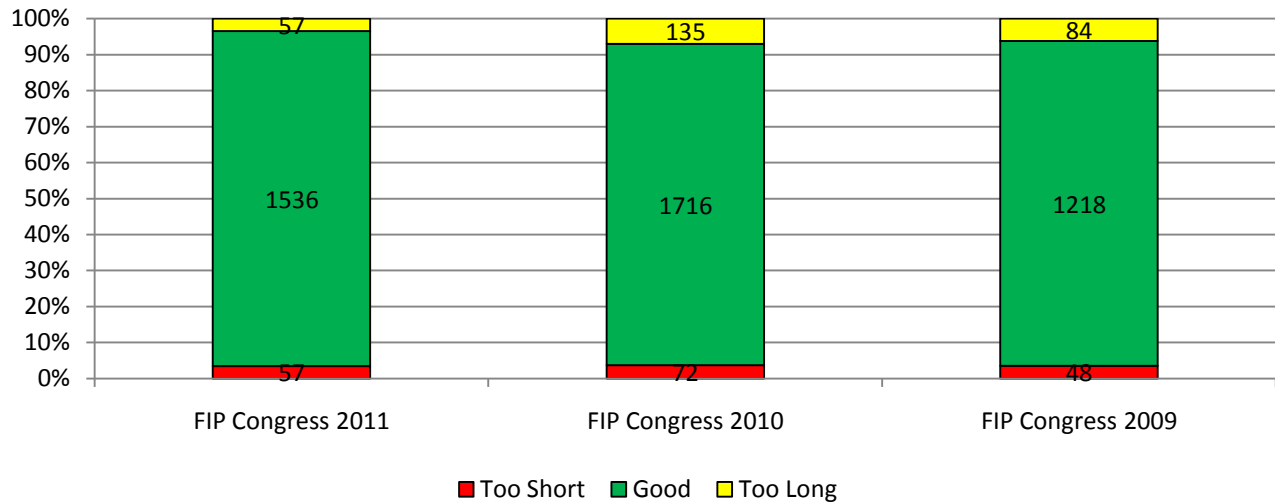
Length of the sessions

The participants were invited to give their opinion on the length of the sessions they attended.

Out of the 1651 answers collected for the 2011 FIP congress, 93% stated that the length of the session was good, 3,5% that the session was too long and 3,5% that the session was too short.

These results are similar to the ones from previous FIP congresses.

Length of the sessions



Most of the participants who rated the session they attended as too long mentioned in their comments that this session did not include a break. It is therefore of interest for all sessions organizers to **remember that a 3-hour session should include a coffee break.**

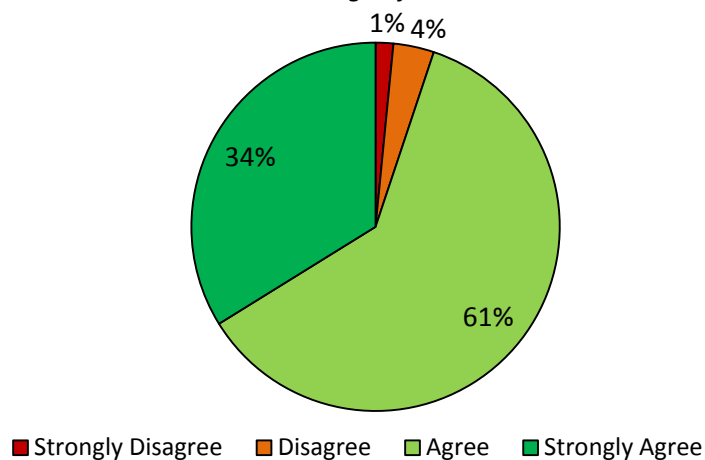
Many participants who rated the sessions as too short explained in their comments that the session did not enable them to raise questions or the time dedicated to the discussion was not enough.

Learning objectives

Participants were invited to state for each learning objective of the session they attended, if it was met or not, using a 4 degree scale: Strongly Disagree, Disagree, Agree and Strongly Agree.

For over 95% of the responses, the learning objectives of the sessions were met:

Were the learning objectives met?



Feedback on perceived conflicts of interest

In preparation of the FIP congress, all speakers and chairs were invited to submit a disclosure of conflict of interest form via a dedicated website.

Based on the analysis of their answers, some recommendations were made to the Chairs and/or the speakers. The relevant conflicts of interests were shared at the beginning of the session in the introduction slides produced by FIP staff and sent to the Chair(s) of the session.

In addition, participants were invited to state if they have perceived any conflict of interests during the session. If yes, they were then asked to describe the conflict they have perceived.

Out of the 1544 answers to the questions on perceived conflicts of interest, there were 56 times where perceived conflict of interest was ticked (4% vs. 5,7% last year), but only 19 included a description of the conflict of interests perceived (it is not clear if the 38 other respondents really perceived conflict of interests or if they ticked the box by error).

You will find below the list of these conflict of interests as perceived at the 2011 FIP congress:

The main complaint was about the participation of Pfizer to session F12 on counterfeit medicines, as it was sometimes perceived as a promotion of their products... although the session was focusing on counterfeit medicines. This might also be explained by the sensitivity of the issue in India.

Commercial bias perceived as stated by participant	Is this really commercial bias?	Comment
It was more like an advertisement for Pfizer pharmaceuticals (F12)	Partly	The session was focusing on counterfeit medicines. This might also be explained by the sensitivity of the issue in India.
Pfizer representative x 2 (F12)	Partly	
Bias towards the rules and procedures as exposed by the 4th speaker (Archna Mudgal) (F1)	Partly	This commercial bias was not detected as the programme was not provided by the organizer (FIP PET) on time. Therefore, no conflict of interest form was sent to that particular speaker.
Due to manufacturer who want to sell their own combination formulae (F3)	Partly	This commercial bias was not detected as the programme was not provided by the organizer on time. Therefore, no conflict of interest form was sent to that particular speaker.
Neelima was concentrating on her company and its products (C4)	Yes	A caution note was made in the introduction slides of the session, to raise this issue to participants and to call for their vigilance on that particular conflict of interest.

Commercial bias perceived as stated by participant	Is this really commercial bias?	Comment
Tucker speaks was the advertisement of Simcyp company (C4)	Yes	A caution note was made in the introduction slides of the session, to raise this issue to participants and to call for their vigilance on that particular conflict of interest.
Session presentation is not clear, bit biased (J4)	Unclear	It is not clear what the bias was. Was it related to commercial bias?
One presentation-specific info about companies and their products (J2)	Unclear	No identification of the speaker makes harder to consider corrective actions
The mention of Viagra (D15)	Unclear	It is unclear which speakers mentioned Viagra. No brand was included in any slides of the session
Pharmacists role in maternal health (F4)	Unclear	It is not clear whether the critics are about the scope of the session or not
Some reservation by researchers on the use of herbal medicines	No	If bias, it is more related to the differences of views between this participant and individuals who do not have commercial interests in this
Notification of reporting from for detected counterfeit medicines	No	No bias related to speakers but rather a bias on the method used for report / detect
REMS	No	No bias related to speakers but about the scope of the session
WHO update from Africa	No	No bias related to speakers but about the scope of the session
All the reports are based on clinical experience in Asia. Please expand to include trials in Africa in future	No	No bias related to speakers but about the scope of the session
To decide to improve the community pharmacy in India	No	No bias related to speakers but about the scope of the session
Notification of reporting from for detected counterfeit medicines	No	No bias related to speakers but rather a bias on the method used for report / detect
Please think in line with phyto pharmaceuticals since majority of the world population is turning towards natural medicine for their healthcare needs	No	No bias related to speakers but about the scope of the session
No information of lectures before hand	No	It is only about programme
Dealing with hospital pharmacy in INDIA	No	No bias related to speakers but about the scope of the session

Suggestions and complaints shared through the evaluation forms

The evaluation form included fields where participants were offered the opportunities to explain the rating of presentations, but also to provide general comments on the session and ideas for topics for future sessions in coming FIP congresses.

Suggestion to the organisers of sessions.

Practical knowledge

Several participants highlighted the interest of having practical sessions, where they “can see, feel and touch issues been discussed”, in contrast with too theoretical sessions. To achieve this objective, it would be appropriate to have presenters with experience in the field.

A focus should also be given on presenting best practice models, especially suitable for resource limited settings.

Format

A strong preference was shown by participants to sessions which are debate-based (and not only informative) and involving a higher level of interactivity, between the speakers and the audience.

To achieve this, more time should be dedicated to discussion and for questions and answers, or group-discussion.

One suggested that contest could be organised, such as a drug-interaction recognition contest.

Others mentioned having workshops associated with a system of certification (e.g. a test at the end).

Scope of the presentations

Several participants mentioned that most of the speakers restricted their presentation and comment to one country, their own. It was felt that they should have more comparison between different practice and models.

Moreover, a few comments were received that some data were old and basic (and therefore, presentations should be more mature).

A programme should be provided for all sessions

For some sessions (e.g. D11, D12F8, F1, D1, D2, D3), the programme was either not provided on time (no presentation titles) or did not include the speakers names.

Several participants considered this as not acceptable, as it prevents them from choosing effectively the sessions they want to attend.

Similarly, it was suggested to include in the congress programme to whom the lectures are targeted.

More new speakers

Several comments were received on the fact that over the years, the speakers can be the same and call for a renewal of speakers.

Scope of the presentation

One individual highlighted that the countries represented in the presentations should be wider. It is always the same countries giving a presentation, and then it reduces the view of pharmacy practice to the one in English-speaking countries while there is a whole different world where English is not the native language and where great outcomes are achieved by pharmacists!

Moreover, some inputs from the host country should be sought for some sessions (e.g. community pharmacy in India).

Suggestions to chairs and co-chairs

Several participants reported some redundancy between presentations and to avoid this, it was suggested that the chairs should screen the slides of the presentations before the congress.

Moreover, such a screening by the chair could also prevent a session to be overtime and could ensure the quality of the slides.

The importance of chairs was also highlighted in the comments to ensure a proper time management, including for breaks.

It should also be mentioned that as this year, there were some lunch sessions, when a session was overrun, it led to delays in starting the session planned after. It is therefore important for all chairs to respect the time schedule (not only starting on due time, but also finishing on due time), with respect to other sessions and accreditation staff.

Suggestions to speakers

Many comments were received that speakers were speaking English too fast and it is suggested to all chairs to remind their speakers of this important point.

Others mentioned that the speakers were speaking too low, despite the microphone.

A few were described as only reading their slides.

For the speakers who do not speak the official language of the Congress (English), it was suggested to provide a translation.

One comment also mentioned that the speakers should stay until the end of the session (and not leave after their presentation), so that they can interact on an individual base after the session with participants.

Finally, some participants regret the last minute cancellation of Indian speakers such as Dr Roy.

With regards to their slides, most speakers had a slide where contact information but it is often the last one and this information should be available after the session.

Someone noted that some slides had a lot of grammatical errors on the slides.

Similarly, the slides should have fewer words, and have a house style helping to read them (e.g. correct font, background color...).

Suggestions to FIP head office

Over 20 people commented on the fact that the handouts were not provided during the congress. Some requested that these handouts are delivered at the entrance of the session room, others suggested to have a website during the congress where the pdf file of the presentations could be downloaded, while other would appreciate to have access to the slides earlier (e.g. one month after the congress. Vs. on December 1 as it is the current FIP policy).

The titles of the lectures given by speakers could also be mentioned over the display board at entrance

Some participants suggested that free WiFi should be provided to all congress participants, free of charge.

Other reported that the setting of the room was not appropriate, as it was difficult to see the screen where the slides were displayed (as it was partly hidden by the heads of congress participants seating in front of the screen and by the speakers' desk). One mentioned that the projector switched off two times in the middle of session.

A few reported that the room was noisy and it was sometimes difficult to hear properly the speaker.

One individual reported that the room was cold and another, a press flash photographer who was very disturbing.

Finally, one individual suggested including affiliation on the congress badge for networking.

Suggestions for topics of future sessions:

Congress participants were offered the opportunities to provide their comments and suggestions for future topics through the evaluation form. As a caution note, it should be kept in mind that this list of suggestions for future sessions is collected through the evaluation form and therefore is related to the topic of a particular session. Therefore, most of the topics should be seen as a continuation

You will find below the summary of these comments.

Education

- A special session on senior academics
- Incorporation of mentoring in pharmacy under graduation curriculum
- Share results of PET work
- 7 star pharmacist integration into curriculum
- Comparison of various accreditation systems
- Specialty clinics, maintaining the competencies.
- Articulation between competencies and university requirements
- Mentorship of pharmacist
- Developing onset for career in industrial pharmacy-training/competencies.
- Educating pharmacist to meet the needs of patient care
- Role of pharmacist in supply chain management, and training + CPD to building skills
- Education based on innovative needs and objectives of transforming healthcare system to the need of two people at affordable price.

- The role of education level in quality of practice
- Global uniform pharmacy education- 1st step
- How to implement the e-learning process safely to students?
- Improving the clinical skills
- Development of post graduate clinical pharmacy residences. It has helped tremendously in the US.

Pharmacy Information / Health promotion

- More quality sessions on monitoring
- Patients role in adverse drug reaction reporting
- Much more practical implementation of PV/ADR monitoring
- Pharmacovigilance of biologicals
- Looking beyond spontaneous monitoring - new innovative tools for effective pharmacovigilance
- Medicine hazards and case studies
- How to make medications more informative to patients
- Health literacy
- Drug information to the non-literate community
- The importance of a coding system
- Use of animations or video to improve medicine literacy outcome
- Medicine information strategies in different countries: experiences, impact..
- Unethical medicine promotion & unbiased medicine information
- Educate Indians regarding overall health.
- How to address the majority being health illiteracy.
- How mobiles and mobile applications can be useful in imparting information in maternal health
- Now mobiles can be used to disseminate education and help pharmacist in GPP
- Interaction with media (Hand gills- posters- advertisement-newspaper-radio-tv-e-media-journals)
- How to reach patients in multimedia in virtual networks as a trustworthy person
- Impact of mass media (campaign...)
- Workshop on communicating skills
- Following treatment problem and PV
- Pharmaceutical care integrated with PV
- Tailored drugs and information: how can pharmacist reach to the needs of it
- Roadblocks in PV programmes in developing countries
- The role of pharmacy students in PV
- PV tool kit - application and rationale
- PV- the need for increased global collaboration, PV - are the pharma companies willing?
- An approach to improve medication safety- looking at people, process, system
- Session D15 (mass media) should be repeated (x4)

Care to patients / Diseases

- Total parenteral nutrition
- Diabetes (x5), enhancing the quality of life of diabetics and co morbid patients in third world
- Psychiatric disease

- Hypertension, Concrete therapy guidelines for hypertension
- "C" virus as endemic disease in some African countries
- Enzyme inhibition, an approach to treat diabetes
- Role of pharmacist in the management of cancer patients
- Good clinical practices for pediatrics
- The role of hospital pharmacists in TB care
- Involvement of pharmacist in management of oncology in developing countries
- Pharmaceutical care - adherence counseling role of pharmacists.
- Ward round for pharmacists in hospitals
- Developing immunization services in new areas. Training course?
- Bird flu, swine flu immunization
- Pharmaceutical care practice in developing countries
- Actually practicing community pharmacists involved in implementing DOTS should be called.
- Pediatric care

Regulation and Policy

- Interrelationships between the regulators, the educational councils & professional bodies to enhance patient safety
- Harmonization of regulations in WHO member countries
- Political impact on pharmacy regulation way forward
- Global regulation of drug channels of distribution
- What should be the ideal relationships b/w national professional organization and pharmacy registration boards. Role of national professional organisations on regulation of drugs
- Do pharmacists really need sole dispensing rights? Discuss from perspectives of countries where doctors are also allowed to dispense drugs
- Recent trends in pharmacy field
- Regulatory aspects of internet pharmacy/dispensing and telepharmacy
- The role of professional regulatory authorities in shaping the future of practice and expanded roles
- Professional regulation is a hot topic in a number of countries and needs to be kept in programme.
- Comparative analysis of medicine usage, affordability and law in different countries
- Comparative study of community pharmacy country wise
- Drug price control in brief, reduce the cost
- Cost difference in different countries for the same medicine
- Draft legislation on good quality medicines at economical cost world wide;
- Pharmacoeconomics (×2)
- Reduction of deficits in pharmacy practice
- Regulatory aspects of clinical research
- Removing barriers of pharmacy practice and other health professionals
- Regulatory bodies (×2)
- How did developed world get a separation or dispensing role between doctors and pharmacists

Natural products

- Integrating alternative medicine into conventional / western orthodox medication in health management (x3)
- Role of pharmacist in handling alternative medicines
- Encourage young pharmacist to research into natural procedures and herbal medicines which is enriched to worlds health care delivery system
- Natural products in anti cancer therapy
- Area of herbal medicines production
- Herbal/dietary supplements: their access to a normal person is safe without regulation?
- Phytoceutics
- Herbal drugs/traditional drugs
- Integration of traditional medicines
- Herbal analysis
- Dos and don'ts in standardization of herbal products
- Dietary supplements
- Issues with safety of herbal medicines, why don't we insist they go through clinical trial phases before they are pushed into the market for public use

Sciences

- Development of topical drug delivery system
- Stability studies & IV IVC (bottle neck problems)
- Transitional medicines
- TB vaccine development
- Research oriented topic were very less in this FIP. Please include it in future FIP congress
- Nanomedicine-the future medicine
- Nanotechnology in healthcare application
- Novel dosage forms (x2)
- Sublingual delivery
- Impact of biowaivers in BE studies and approval of generics since its inception
- Choice of comparator products for BE studies
- Specifications for carrying out dissolution (in-vitro) for resealed erythrocytes and hydrogel devices
- Approach to BA/BE studies
- HVAC validation and clearing validation
- Stability parameters and solutions for the same for novel drug delivery system
- Pegylation technology-small molecules

Research in healthcare settings

- Pharmacist in their research work towards patient care for the betterment of healthcare
- Practice based outcomes research led by academia and conducted in community pharmacy
- Clinical trials (x2)
- Hurdles in pharmacy research

Industry

- Industrial pharma biotechnology
- Quality systems approach to GMP vs. existing GMP.
- Intellectual property rights in pharmaceutical industry (×3)
- Developing onset for career in industrial pharmacy-training/competencies.
- Medical marketing & business development
- Oncology drugs manufacturing - industrial occupational exposure
- Role of QA in pharmaceutical industry (×2)
- Future generic market
- Tablet tooling-role in quality & productivity
- Roller compaction technology advances
- Water treatment in pharma production before leaving it in water supply
- Environment and pharmaceutical strategy
- GMP comparison- grading companies according to it
- QbD implications on biopharmaceuticals
- Major cost drivers of prequalification programme
- How can higher economical pressure be put on the manufacturers polluting the environment?

Supply Chain

- Counterfeit medicines in the Middle East
- Community pharmacist can detect counterfeit medicine.
- Counterfeit medicines (×3), with statistics
- Need for effective collaboration across the globe to fight fake drugs nation wise
- Spurious drugs methods to track and trace (×2)
- Tracking of drug dsn chain
- Global regulation of drug channels of distribution
- Role of pharmacist in supply chain management, and training + CPD to building skills
- Drug distribution in 3rd world countries
- Availability of drugs to patients, a growing concern

Ethics and reflection / vision

- Care, concern, commitment in pharmacy practice
- Patient as partners
- Role of pharmacists in rural areas health posts
- Pharmacist role in society and hospital
- Pharmacist function in ICU & NICU
- How doctors feel about pharmacists
- Can a pharmacist prescribe medication officially? When and how?
- Ethical committee of clinical research
- Independence ethical committees-emerging trends and role
- Challenges of developing country's advanced practices in pharmacy
- How to improve specialty on community pharmacist in developing countries

- Take up some sessions for Basel statement for follow up.
- Applying quality for good governance
- Encouragement of the younger hospital pharmacists
- SOPs- profession vs. business. Ongoing battle between both
- Establish advanced pharmacy practice
- The commercial relationship between pharmacy and the industry

Leadership

- The influence of religious beliefs/limitations on women leadership with practical real life experiences from women who have conquered this challenge
- Reform in the mindset of leadership in education and practice
- Gender role in mentorship and strategy management
- More on women leadership/role models (x2)
- More on leadership
- Explore leadership issues faced by men in science, academic and professional organization\

Other

- Pharmacist environment in oncology and medicine residues
- Humanitarian projects carried out by pharmacists.
- Would like to see more "sociological" aspects covered by SAPS.
- Substance misuse (alcohol), policy development.
- Environmental factors influencing clinical trials
- Environmental and health impacts of cytostatic drugs
- Environment protection organisations & regulations, research -chemical waste
- Examples of south-south countries working synergistically already or to initiate these collaborations
- Rational use of medicines
- Job perspective for pharmacist across the world
- Marketing of pharmaceutical care services at community pharmacies, photographs of pharmacist providing the services, photos in informative banners
- Practice models of pharmacies with quality and safety service offerings
- Globalization of pharmacy practice all alike
- GPP
- How the accreditation (cofrac)'s society stole the clinical biologist
- Role of NDDs and new rational fixed dose combination development when new chemical entity are not coming easily
- Apathy on patients to source relevant information- causes and way forward
- Primary literature evaluation
- How to implement manpower planning and manpower development for pharmacy work force
- Adherence to medications/solutions to non-adherence
- Automation of pharmaceutical services

Individual session reports


For specific evaluation summary of a session, please refer to the Appendix 3 (separate document)

Feedback requested by the speakers

As last year, speakers were offered to receive a summary of the evaluations on their presentations. Sections were also informed of this service to their speakers.

As of 31 October 2011, 43 requests for such a feedback have been received. You will find below an example of the evaluation summary sent to the speakers.

Summary of the evaluations of the presentation(s) given by:
Stanley Kent
at the 2011 FIP Congress in Hyderabad



Session: F10 - FIP Member organisations presenting national updates (part 2)

Title of your presentation:
Pharmacy Practice Model Initiative: Stanley Kent (American Society of Health-system Pharmacists - ASHP, United States)

Evaluation results:

	Evaluation of your presentation	Average for all the presentations of this session
Oral Skills	3,89	3,37
Quality of the Slides	3,74	3,56
Content	3,74	3,50
Relevance of the subject	3,86	3,65

Please note that rates range from 1 to 4, where 1 stands for Poor, 2 for Fair, 3 for Good and 4 for Excellent

Based on 34 evaluation form(s) rating this presentation.

Comments on this presentation from the audience:
No specific comment on this presentation was received

Ref: rptPresentationsForIndividualEvaluationFeedback

03 October 2011

Appendixes

Appendix 1: Statement on sessions attendance

Fédération Internationale Pharmaceutique
International Pharmaceutical Federation



CONFIRMATION OF SESSIONS ATTENDANCE 2011 FIP CONGRESS IN HYDERABAD

Report of sessions attendance as recorded by FIP for
Mrs Natalija SIMBOVSKI
Clinical Centre Nis, Bul. Zorana Djindjica 48, NIS, Serbia
(Licence Number: 17011)

Congress registration number: 872

at the World Congress of Pharmacy and Pharmaceutical Sciences 2011, organised by FIP in Hyderabad from 3 to 8 September 2011.

Session name (and its duration as described in the Final congress programme)	Date	Entered session room at	Left session room at
C2 - Biosimilars (15:00-18:00)	Monday 05/09/2011	14:57	17:34
D12 - The practitioners' day - Practical solutions to health problems and service provision (part 2/2) (14:00-17:00)	Wednesday 07/09/2011	14:16	15:12
D13 - Innovations to improve teaching and learning (14:00-17:00)	Wednesday 07/09/2011	13:57	14:14
FIP Høst Madsen Award Lecture - Personalised medicines: we are virtually there (14:00-14:45)	Monday 05/09/2011	13:55	14:55

When there is no record of the entrance or departure from the session room, "No data" is mentioned.

Statement Issued on 3 October 2011

A handwritten signature in black ink, appearing to read 'Luc Besançon', is written over a white background.

Luc Besançon
FIP Project Manager

Appendix 2: Evaluation form used at the 2011 FIP congress



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PHARMACY
WORLDWIDE

EVALUATION FORM FOR

SESSION:

Your comments are valuable and will help us to improve future congresses. Your feedback will be shared with the speakers and the chairs. You may enter to win a free registration at the next FIP Congress in Amsterdam at the end of this form.

Learning objectives

Were the learning objectives met? Please tick one box only for each learning objective listed in the congress programme:

- Learning objective 1
 Strongly Disagree Disagree Agree Strongly Agree
- Learning objective 2
 Strongly Disagree Disagree Agree Strongly Agree
- Learning objective 3
 Strongly Disagree Disagree Agree Strongly Agree
- Learning objective 4
 Strongly Disagree Disagree Agree Strongly Agree
- Learning objective 5
 Strongly Disagree Disagree Agree Strongly Agree

Fédération
Internationale
Pharmaceutique

International
Pharmaceutical
Federation

If the learning objectives were not met, please explain why (at the end of this form, under Further Comments).

Evaluation of the session

Did you think the session duration was...?
 Too short Good Too long

How would you rate the overall quality of the session?
 Poor Fair Good Excellent

Was the session relevant to your practice?
 Yes No

Did you perceive any (commercial) bias during this session?
 Yes No

If yes, what bias did you perceive in this activity?

.....
.....

(The evaluation form continues on the other side of this sheet)



Evaluation of the speakers

For each presentation, please rate the oral skills, the quality of the slides, the content and the topic relevance, using the following scale: 1 = poor 2 = Fair 3 = Good and 4 = Excellent

Please don't forget to fill-in the title of the presentation.

1 = Poor 2 = Fair 3 = Good 4 = Excellent	Oral skills	Quality of the slides	Content	Topic relevance
Presentation 1:				
Presentation 2:				
Presentation 3:				
Presentation 4:				
Presentation 5:				
Presentation 6:				
Presentation 7:				
Presentation 8:				
Presentation 9:				

Feel free to provide any additional feedback on the speakers under "Further comments".

Further comments

Should you wish to provide us with further information or comment that has not been addressed in the above form (e.g. how to improve the session...), please feel free to use the space below.

.....

.....

.....

.....

Do you have any topic you would like to be discussed at a future FIP Congress:

.....

THANK YOU FOR COMPLETING THIS FORM AND GIVE IT BACK TO FIP STAFF AT THE END OF THE SESSION

If you want to take part in the competition to win a free registration for the next FIP Congress in Amsterdam, please fill in your congress registration number here:

.....
(Only one form per session and per congress participant!)

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