



PHARMINE

report to the EAAP

General Assembly

Utrecht, May 2012

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PHARMINE WPs

Workpackage number	Workpackage type	Workpackage title
WP1	MNGT	Management and steering committee
WP2	DISS	Dissemination of results
WP3	EXP	Exploitation of results - recommendations on competency curriculum for professional pharmacists
WP4	EXP	Exploitation of results - recommendations on competency curriculum for pharmacy specialisation (hospital)
WP5	EXP	Exploitation of results - recommendations on competency curriculum for pharmacy specialisation (industrial)
WP6	QPLN	Quality assurance
WP7	DEV	Development - Databank of EU HEIs delivering pharmacy education and training and task force for the survey of competency curricula.

Pharmine



Recommendations
for pharmacy
education and
training (PET) for
community (WP3),
hospital (WP4)
and industrial
(WP5) practice
available on the
PHARMINE CD.

Pharmine

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www.pharmine.org

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Vrije Universiteit Brussel

PCN
Pharmacolor Consultants Nancy

PHARMINE
Pharmacy Education in Europe

Education and Culture DG
Lifelong Learning Programme



PHARMINE WP5 publications in EIPG journal “Industrial Pharmacy” at: <http://www.industrialpharmacy.eipg.eu/>

THE PHARMINE PARADIGM – MATCHING THE SUPPLY OF PHARMACY EDUCATION AND TRAINING TO DEMANDS

by Jeffrey Atkinson and Bart Rombaut

The roles and responsibilities of the modern-day pharmacist are evolving very quickly, and pharmacy education and training will have to adapt in order to provide the competences needed for the new roles and responsibilities (see Figure).

PHARMINE (Pharmacy Education in Europe)

The Pharmine project will examine the opportunities for the introduction of the Bologna declaration into pharmacy education and training with the aim of tuning the latter to the future needs in the three areas of pharmaceutical expertise: community, hospital and industry pharmacy.

- ◆ “The balance between theoretical and practical training shall, in respect of each subject, give sufficient importance to theory to maintain the university character of the training.”

The above factors impact mainly on duration and organisation of education



PHARMINE WP6 publication in “Pharmacy Practice” at <http://www.pharmacypractice.org/>

Guimarães Morais JA, Cavaco AM, Rombaut B, Rouse M, Atkinson J. Quality assurance in European pharmacy education and training. *Pharmacy Practice (Internet)* 2011 Oct-Dec;9(4):195-199.

PHARMINE Report

Quality assurance in European pharmacy education and training*

*Based on the results of the survey carried out under work program 6 of the PHARMINE project (Pharmacy Education in Europe, www.pharmine.org) funded by the European Union.

Jose A. GUIMARÃES MORAIS, Afonso M. CAVACO, Bart ROMBAUT, Michael J. ROUSE, Jeffrey ATKINSON.

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PHARMINE WP7 publications in “Pharmacy Practice” at <http://www.pharmacypractice.org/>

Atkinson J, Rombaut B. The 2011 PHARMINE report on pharmacy and pharmacy education in the European Union. *Pharmacy Practice (Internet)* 2011 Oct-Dec;9(4):169-187.

PHARMINE Report

The 2011 PHARMINE report on pharmacy and pharmacy education in the European Union

Jeffrey ATKINSON, Bart ROMBAUT.

Received (first version): 20-Sep-2011

Accepted: 7-Nov-2011



WP7: build up of PHARMINE delegation (n=31)

<u>Austria</u>	C. Noe, Vienna	<u>Malta</u>	L. Azzopardi, Msida
<u>Belgium</u>	B. Rombaut, Brussels	<u>Moldova</u>	V. Boldescu, Chisinau
<u>Bulgaria</u>	V. Petkova, Sofia	<u>Norway</u>	K. M. Ulshagen, Oslo
<u>Czech Republic</u>	M. Polasek, Prague	<u>Poland</u>	S. Polak, Krakow
<u>Denmark</u>	U. Madsen, Copenhagen; M. Brandl, Odense	<u>Portugal</u>	J. A. G. Morais, Lisbon
<u>Estonia</u>	P. Veski, D. Volmer, Tartu	<u>Romania</u>	C. Mircioiu, Bucarest
<u>Finland</u>	J. Hirvonen, Helsinki	<u>Serbia</u>	V. Kuntic, Belgrade
<u>France</u>	A. Marcincal, Lille	<u>Slovakia</u>	J. Kyselovic, Bratislava
<u>Germany</u>	R. Süß, Freiburg	<u>Slovenia</u>	B. Rozic, Ljubljana
<u>Greece</u>	M. Rekkas, Athens; K. Poulas, Patras	<u>Spain</u>	B. Del Castillo-Garcia, Madrid; L. Recalde-Manrique, Granada
<u>Hungary</u>	G. Soos, Szeged	<u>Sweden</u>	R. Hansson, Uppsala
<u>Iceland</u>	T. Kristmundsdottir, Reykjavik	<u>The Netherlands</u>	T. Schalekamp, Utrecht, H. Haisma, Groningen
<u>Ireland</u>	J. Strawbridge, Dublin	<u>Turkey</u>	F. Hincal, Ankara
<u>Italy</u>	C. Rossi, Perugia	<u>UK</u>	K. A. Wilson, Aston; G.B. Lockwood, Manchester
<u>Latvia</u>	R. Muceniece, B. Maurina, Riga	Incomplete data from: Albania, Armenia, Azerbaijan, Bosnia-Herzegovina, Croatia, Georgia, Kazakhstan, Kosovo, Montenegro, Russia, Switzerland, Ukraine. No pharmacy faculties: Andorra, Cyprus, Holy See, Luxembourg	
<u>Lithuania</u>	V. Briedis, Kaunas		
<u>Macedonia</u>	A. Dimovski, Skopje		



PHARMINE WP7 country surveys as per May 2012

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Country Profiles

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V2 of the PHARMINE WP7 survey



PHARMINE
Pharmacy Education
in Europe

***The PHARMINE survey of European higher education institutions
delivering pharmacy education & training***

V1

***If you encounter any problems when filling out this form please contact the leader of PHARMINE work program WP7:
jeffrey.atkinson@orange.fr***

PHARMINE

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With the support of the Lifelong Learning Programme of the European Union (142078-LLP-1-2008-BE-ERASMUS-ECDSP).

Website: www.pharmine.org



Visitors to www.pharmine.org

Visitors Overview

Apr 20, 2012 - May 20, 2012

Advanced Segments | Email **BETA** | Export | Add to Dashboard

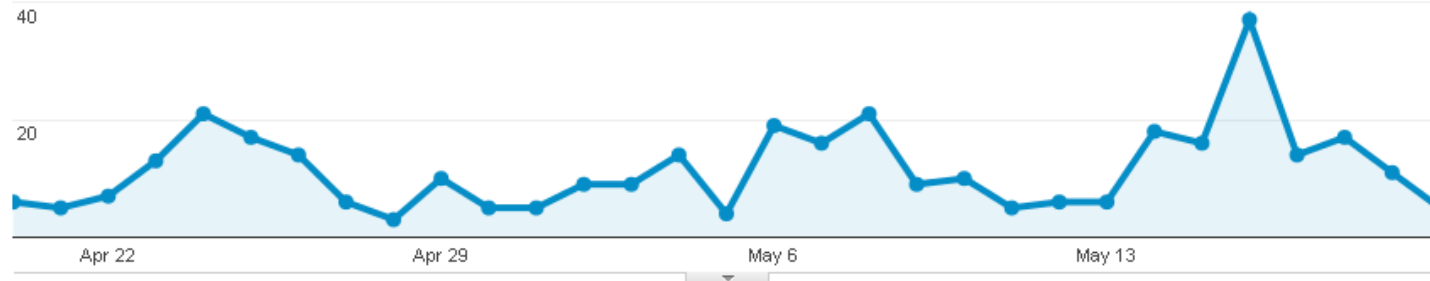
100.00% of total visits

Overview

Visits vs. Select a metric

Hourly Day Week Month

Visits



290 people visited this site



Visits: **358**



Unique Visitors: **290**



Pageviews: **1,278**



Pages/Visit: **3.57**



Avg. Visit Duration: **00:03:10**



71.51% New Visitor

256 Visits

28.49% Returning Visitor

102 Visits



PHARMINE-2 bids submitted to TEMPUS and ERASMUS

Decisions: Summer 2012



TEMPUS: PHARMACY EDUCATION AND TRAINING IN EASTERN EUROPE (PHAR-EE)

- 1. PHAR-EE will use the PHARMINE paradigm to evaluate the demands made on pharmacy education and training in partner countries of Eastern Europe.**
- 2. In a second stage PHAR-EE will look at how pharmacy education and training in these countries can react to the demands.**
- 3. PHAR-EE will profit from the experience of new EU members.**
- 4. The PHAR-EE consortium will produce courses that are adapted to the region, plus quality assurance (QA), to fit the above demands.**



ERASMUS: PHAR-QA consortium on European QA in pharmacy education and training (PET).

- 1. Establishment of European network in QA for PET.**
- 2. Survey existing QA systems used and produce report**
- 3. Develop a model for QA for PET based on (2) and modified Delphi/TUNING interaction with partners.**
- 4. Propose a finalised model for application of QA in Europe and elsewhere *via* QA network.**



PHARMINE proposals under development:

First draft:

PHAR-IN: PET for industry

Under discussion:

PHAR-HO: PET for hospital

PHAR-PE: PET for patient empowerment



PHAR-IN: Potential members.

- Administrator: VUB, Brussels, BR (Bart Rombaut)
- Executive director: PCN, Villers, FR (Jeff Atkinson)
- Expert – consensus panel for Delphi:
 - HEIs (also act as course providers)
 - Manchester, UK (George Lockwood)
 - Brussels, BE (Bart Rombaut)
 - London, UK (L. Martini)
 - Catania, IT (G. Ronsisvalle)
 - EIPG members...
 - Big pharma
 - SMEs
- TUNING representative
- Monitors/advisors
 - MEDINE2 (A. Cumming, Edinburgh, UK)
 - IMI/EMTRAIN



Future collaboration with MEDINE2:

1. Joint MEDINE2/PHARMINE projects on development of common research element in pre-graduate health science degrees
2. Research into evidence-based pharmaceutical practice (e.g. patient empowerment, patient safety)
3. Development of part-time, distance learning CPD courses for pharmaceutical/biotechnological industries (PHAR-IN possibly in collaboration with EMTRAIN / IMI?)



on-course[®] from EMTRAIN At: <http://www.on-course.eu/>

The screenshot shows the homepage of the on-course website. At the top left is the logo with the text "on-course" and "inspiring science" below it. To the right is the tagline "Supporting tomorrow's biomedical professionals". A navigation menu includes links for Home, Short courses (CPD), Masters, PhD, About on-course, Forum, Search courses, and Course providers. Below the menu, it says "You are in >> Homepage". The main content area features a large banner with four panels: "Short courses (CPD)" showing pills, "Masters" showing a microscope, "PhD" showing a chemical structure with a CH₃ group, and "About on-course" showing a hand holding a pipette. At the bottom, there is a search bar with a magnifying glass icon, the text "Search courses now", and a subtext: "Find a course by searching within different scientific areas, by location, by type of training, and many more search criteria, or simply by keyword search." To the right of the search bar is a digital display showing "02297" and a button labeled "Biomedical courses". Below the search bar is a grey bar with the text "Six reasons to use on-course" and a "Login" button with a key icon.



PHARMINE study on reactions to changes to directive 2005/36/EC

- **Modernising system of automatic recognition**, notably for nurses, midwives, pharmacists and architects (see sections 4.5, 4.6 and 4.7);
- As to pharmacists, the proposal provides for an **extension of their list of activities** but also for a **deletion of the derogation for Member States, foreseen in Article 21(4), which allows them to prevent pharmacists with foreign qualifications from opening new pharmacies.**
- The training cycle referred to in this paragraph shall include at least the programme described in point 5.6.1 of Annex V. The Commission shall be empowered to adopt **delegated acts** in accordance with Article 58a concerning the amendment of the list in point 5.6.1 of Annex V with a view **to adapting it to scientific and technical progress.**
- **Treaty of Lisbon:** “legislative acts” and “non-legislative acts”. For non-legislative acts, a distinction is being made between the delegation of powers to the Commission to adopt “**delegated acts**”...



PHARMINE study on new roles for pharmacists

NHS failings lead to deaths of 24,000 diabetics each year, says report

Government spending watchdog says just half of the 3.1 million people with the condition receive the regular checks they need

Denis Campbell, health correspondent
The Guardian, Wednesday 23 May 2012



PHARMINE study on new roles for pharmacists

Am J Manag Care. 2010 Apr;16(4):250-5.

Pharmacist collaborative management of poorly controlled diabetes mellitus: a randomized controlled trial.

Jameson JP, Baty PJ.

Ferris State University, Grand Rapids, MI 40503, USA. john@profjameson.com

Abstract

OBJECTIVE: To investigate the effect of pharmacist management of poorly controlled diabetes mellitus in a community-based primary care group.

STUDY DESIGN: Randomized controlled trial of pharmacist management of diabetes compared with usual medical care.

METHODS: Patients 18 years or older with glycosylated hemoglobin (A1C) levels of 9.0% or higher were enrolled. Patients were randomly assigned to an intervention group (n = 52) or a control group (n = 51). Management in the control group included the use of registries and targeted patient outreach. The intervention group participated in the same outreach program plus medication management, patient education, and disease control by a pharmacist.

RESULTS: Nonparametric data showed median A1C decreases of 1.50% for the intervention group and 0.40% for the control group (P = .06). Significantly more patients in the intervention group improved their A1C level by at least 1.0% relative to the control group (67.3% vs 41.2%, P = .02). Most of this benefit was seen for patients of nonwhite race/ethnicity compared with control subjects (56.3% vs 22.7%, P = .03). Male patients showed significantly greater benefit as well, with a median A1C decrease of 1.90% vs 0.15% for controls (P = .03).

CONCLUSIONS: Patients with poorly controlled diabetes improved A1C levels significantly when pharmacist management was added to an aggressive organizational diabetes management program. Our results suggest that clinically trained pharmacists can help primary care providers improve diabetes management, especially among male patients and among patients of nonwhite race/ethnicity.



PHARMINE material available on the stand

PHARMINE meeting

Saturday 26/5/2012, 09H-10H

Room: de Belle van Zuylenzaal