

DR KAMAL K MIDHA, KEYNOTE ADDRESS PHARMACY AUSTRALIA CONGRESS 2007

As our chairman has stated, I am here this evening as President of the International Pharmaceutical Federation, or FIP, a role which I assumed at FIP's last World Congress of Pharmacy and Pharmaceutical Sciences in Salvador Bahia, Brazil, last August.

My roots within the Federation run much deeper than merely the previous months, and so, it is very gratifying for me to be here with you to celebrate 150 years of your professional pharmaceutical society, the third oldest established society in the English-speaking world only after the Royal Pharmaceutical Society in Great Britain and the American Pharmacists Association. I am delighted to be here in person to congratulate you and wish your Society and all the pharmaceutical organizations in Australia, a most successful future on behalf of FIP.

Many Australians have made great contributions to the development of FIP as an international body, representing pharmacists and pharmaceutical scientists worldwide. People such as Alan Russell who served for many years as a Vice-President, now followed by John Bell as a Vice-President, Margaret Bickle as a Past President of the Community Practice Section, John Ware as President of FIP's Western Pacific Pharmaceutical Forum are examples, and many other Pharmacists and Pharmaceutical Scientists are very active in FIP including Jennifer Lillian Marriott (Academic Pharmacy Section) Patricia A. Payne (Community Pharmacy Section) Rebekah Moles (Hospital Pharmacy Section) and Mr Graeme Vernon (Pharmacy Information Section) who are serving presently in FIP sections . Please forgive me if I have missed any one else.

Two Australians have made great contributions to the FIP community pharmacy education program, both of whom were closely associated with the Pharmaceutical Society of Australia, Dr Ross Holland, now residing in the United States and Professor Charlie Benrimoj from the University of Sydney.

Over the years, I have developed great respect for Professor Lloyd Sansom and Professor Bill Charman with whom I have had a long association in the pharmaceutical sciences.

It is indeed an honour for me to be here today, not only because of this special celebration, but also because of your long history, rich in successful growth in promoting and establishing the education of pharmacists in Australia and unselfishly promoting and supporting development of the various arms of practice nurtured with good pharmaceutical sciences over the years.

I understand that the Society was successively established in the other States, or as they were then, separate colonies, and that you all share the same rich heritage.

I have spent most of my working life in pharmacy as a pharmaceutical scientist and I was delighted to read in the *'History of Pharmacy in Victoria'* that at the inaugural meeting held in March 1857, George Williams, then the Secretary, said –

'Desirable as it is to be properly organized, that we may be in a position to repel unjust attacks, it is of great consequence that we should have an organization that will enable us to perfect ourselves in the art and science of pharmacy, afford opportunity and appliances for carrying out our experiments, and be a means of increasing our knowledge.... None need be ashamed that there is yet much to learn, and a wide field still open for profitable investigation ...'

These words are as relevant today as they were then 150 years ago.

The theme of the congress '*Good Pharmacy, Better Health*' is of great interest to me and presents many challenges. As a pharmaceutical scientist my goal has been to create better medicines. Once medicines are developed, however, scientists must then rely on you to play your critical part in optimizing drug therapy – an absolute imperative for more effective patient outcomes.

For many of us, medicinal therapy represents a relatively standard, taken-for-granted healthcare intervention that involves diagnosis and treatment. Supporting this individual and public orientation toward healthcare and wellness is the enormous research and development activity involved in bringing new healthcare treatment strategies to successful practice. In the experience of most persons who are consumers, medicinal therapy is a very focused and limited experience in their lives, available, as needed, for chronic diseases and quality of life concerns.

As a pharmaceutical scientist, medicinal therapy represents a huge investment of time and resources, personal and financial, not only in the development of therapeutic strategies, but also in translating these strategies into effective practices which are affordable, deliverable, safe and available to consumers based on need and demand.

I believe, unlike the 20th century which might have been the Century of Physical Sciences, the 21st century will become the Century of the Life Sciences where people will live longer and healthier lives. In less than one hundred years, we have seen a doubling of the average life expectancy – with a great emphasis on and expectation of 'quality of life' issues.

As I said at the outset, the Congress theme *Good Pharmacy, Better Health* is a very real challenge. Are we developing the right medicines to support both the practitioners and the expectations of our patients? In recent history, we have witnessed a significant decline in the number of New Chemical Entities, (NCEs) introduced into therapeutic strategies, whereas, research and development budgets of most pharma companies have claimed to have gone up. Is it that we are not doing discovery research, or the right type of research, or is it the debate of Intellectual Property and its implementation beyond national borders which is holding us down? Perhaps it could be that we are not doing "appropriate research" and that could be why we are not being successful in discovery and development of new Novel NCEs research?

It is my view, that most pharma companies have invested and continue to invest heavily in "D" – development – rather than in "R"- research. For example, first Benzodiazepine was a novelty, first Pril (ACE-inhibitor) was a novelty, first Sartan was a novelty, i.e. a new discovery in each case. Each of them is worthy of being qualified for Intellectual Property. However, the subsequent Benzodiazepines and Prils and Sartans are in my opinion "me toos" and their being granted exclusivity through Intellectual Property is worthy of discussion. I am in favour of granting IP to a successor if there is a "substantial improvement" in efficacy and/or safety. The question arises what should be defined as "substantial improvement and who should define it?"

What we have seen in the market place is a greater proliferation of "me too" Benzodiazepines, Prils and Sartans. Thus, "true" pharmacological breakthroughs are becoming fewer and farther between, whereas "me too" appears to be increasing. These are simply variations on a theme, not a new melody. As a community we have to consistently advocate that governments invest in truly innovative research. Another approach would be to stimulate public-private partnerships to fund high risk, high reward research which targets conditions with significant potential for achieving substantial human health benefits.

Better medicines will need the interventions of practicing pharmacists to maximize their effectiveness and improve health outcomes for the individual and the public. Professional Education translates to more highly qualified and capable pharmacists. Unless the skills and knowledge of the clinical pharmacists are fully developed, up-to-date and applied - advancements in Pharma industry and research leading to new medicines will essentially be suboptimised.

Over the past 25 years, Pharmacy Practice has moved from its original “product focus” to the “patient focus” at least in the developed countries of the world, Australia, Canada, US, Singapore, Japan, The United Kingdom and many countries within Europe. Now the pharmacist is increasingly playing a key role in assuring a safe and effective supply of medicine and pertinent information directly to the patient. Moreover the pharmacist participates in patient education, and works collaboratively with prescribers to assure that practice is based on the best available evidence for optimal therapeutic benefits. However, in many public policy circles, the role of the profession of pharmacy and its contributions are too often unrecognized and misunderstood.” This is because many in the public policy domain work on the old, mistaken perception that pharmacists have a limited role that involves dispensing and selling of medicinal products. Perhaps this misinformed perception is driven by the environment or historical legacy, but what is being neglected and overlooked is what is happening “behind the scenes” at the point of patient care both in ambulatory and in-patient settings.

The pharmacist is now a direct provider of services, such as primary prevention of disease and therapeutic monitoring. The pharmacist is also a supplier of accurate and relevant information. Ultimately the modern pharmacist is a provider of patient care. The pharmacist’s role – to ensure that the patient’s drug therapy is appropriately indicated, the most effective available, the safest possible and most convenient – should now be recognized. Pharmacists are currently key players in promoting wellness, preventing disease and contributing to disease management, in close collaboration with other health care professionals, so that the patients enjoy the best possible results from their medicines.

As I understand it, Australian pharmacists are among the world leaders in what has been titled ‘pharmaceutical care’. Your home medicines reviews and residential care medicine review services, recognized and paid for by your government, are, I believe, unique, particularly as these involve consultative team processes between the pharmacist and the general practitioner. In many countries health insurance organizations are starting to pay for some similar services. I understand your government is about to pay pharmacists for more cognitive services such as diabetes care, medicine profiling, asthma care and dose administration aids. In my adopted home country, Canada, there is a strong movement in the direction of medication reviews and also of pharmacist-prescribing or co-prescribing. The future of cognitive pharmacy services is very exciting.

FIP in 1998 re-defined the definition of ‘pharmaceutical care’ and described it as follows –

Pharmaceutical care is the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve or maintain a patient’s quality of life.

The World Health Organization has asked for greater involvement of pharmacists in general healthcare systems and a wider use of our broad academic background. WHO sees pharmacists not only as members of the healthcare team, but playing a key role in the promotion of public health and in prevention of illness.

The knowledge base of pharmacy graduates is changing. As these graduates move into practice, so pharmacy practice itself will change, to reflect the new knowledge base. However, pharmacists already in practice were mainly educated on the basis of the old paradigm of pharmaceutical

product focus. If these pharmacists are to contribute effectively to the new patient-focused, medicine centred care in pharmaceutical practice, they must have the opportunity to acquire the new knowledge and skills required for their new role.

We must strive for greater integration of all the new elements of our professional practice and refuse to allow any fragmentation of professional practice. The pharmacists of tomorrow, with the support of the World Health Organization, are being recognized and will be required to function with doctors and nurses as collaborative members of the healthcare team. To succeed in this, pharmacists must become lifelong learners and we see worldwide licensing and registering bodies in all countries including your Enrich Program moving in this direction for continuance of the right to practice.

The future pharmacist must be able to play a confident role in multidisciplinary health care teams - in primary care, secondary care, and specialised care. The community pharmacist must be a multi-skilled practitioner, but confident enough to guide primary prescribers and patients to achieve safe and therapeutically optimal outcomes. This pharmacist must have a strong science base, confident clinical skills, and professional understanding of public health issues.

If we are to be recognized as full members of the healthcare team, pharmacists will need to adopt the essential attitudes required by health professionals working in this area: visibility, responsibility, accessibility in a practice aimed at the general population, commitment to confidentiality and patient orientation. Pharmacists will need to be competent and possess both vision and voice to fully integrate themselves into the healthcare team.

Late last year FIP, together with WHO, released a publication 'Developing Pharmacy Practice – A Focus on Patient Care'. I would recommend that your pharmacy faculties and pharmacy organizations obtain a copy, if they do not already have one. FIP and WHO would be happy to receive any comments regarding this handbook.

Due to your long heritage of professional practice and scientific support, Australian pharmacy has become a great leader and will continue to rise to new heights in these new areas of practice through adoption of new approaches, new findings and new experiences. I note that your program has large sections related to collaborative medicine reviews and other areas that relate to pharmacist-prescribing and public health issues. You have, through your Pharmaceutical Benefits, an access scheme second to none. So far you have succeeded in community pharmacies being owned by pharmacists without the problems of corporate interference. You have a fine history of clinical practice of pharmacy in your hospitals. Your schools of pharmacy have made considerable contribution to both research in the pharmaceutical sciences and in pharmacy practice.

Australia is also fortunate to have such a burgeoning pharmaceutical biotechnology industry and I believe that the Victorian College of Pharmacy established by the Pharmaceutical Society 126 years ago, plays a great role in supporting this industry.

The future of our profession does not lie with FIP or the Pharmaceutical Society of Australia, or any of the other bodies so actively engaged worldwide. I know that pharmaceutical scientists can give you the tools, better medicines to combat disease and to improve quality of life. The future lies with you, practicing pharmacists, through your interventions to produce more effective outcomes for the medicines that pharmaceutical scientists are able to produce.

In conclusion, your achievements over the past 150 years are admirable, including your contributions to FIP. Through the support and participation of the Member Organisations in Australia such as the Pharmacy Guild, The Pharmacy Society and The Australasian Pharmaceutical Sciences Association, as well as other national associations, FIP is able to successfully advocate and promote the Pharmacy Profession on a global scale.

I encourage you on behalf of your peers in the international Pharmacy and Pharmaceutical Sciences community, to continue working both here in Australia and beyond. Please recognize that much still remains to be done in achieving true Global Health, especially in the underdeveloped and developing regions of the world – which are being ravaged by unusual burdens of disease, illness and poverty.

I commend you on your past; I challenge you for the future to be global leaders in the provision of safe, influential and invaluable health care. Your efforts have made and will make a difference in Australia and throughout the world. The good health of each of us depends on the “Good Pharmacy Practice” of all of us.

It goes without saying, yet cannot be left unsaid, that the FIP extends its most sincere appreciation and congratulations on your successes. Australian pharmacists, and in turn Australian health care, are better because of the efforts of all of you. FIP looks forward to supporting, in partnership, the next 150 years of your endeavors.

Warm greetings and best wishes from FIP.