



*Community  
pharmacy,  
a public health hub*



**Annual report  
2016**

**1 Foreword**  
Dr. Jan Smits (NL),  
PGEU President  
2016



“  
*We have a lot to learn from  
one another, a lot to share and  
we have an obligation to make  
our voices heard and argue  
that together we are stronger,  
safer and better off.*”

P.4

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**Annual report  
2016**

## 1

## Foreword



**Dr. Jan Smits (NL),**  
PGEU President 2016

**2016 has been the year of the unpredictable. Europe faced a range of terrorist threats, attacks and unprecedented uncertainties regarding the future trajectory of the European Union itself.**

In the community pharmacy sector, we reflect how to further contribute to European health systems and offer our citizens more. Like many others in the health sector we have been subject to cost containment measures for number of years, but we know that this is not the answer. Healthcare systems in Europe need to be strengthened and modernised to be more resilient, effective and efficient. This may require increasing short term costs in order to deliver increased efficiencies in the healthcare system over the longer term.

Community pharmacy is ready to provide higher value via enlarging its services offer. In particular, the network of 160.000 community pharmacies in Europe provides a unique opportunity to improve access to disease prevention programmes, health screening and early interventions for all citizens, including those with the least means. No other healthcare profession has invested more than community pharmacy in terms of its own funds into eHealth infrastructure in order to deliver benefits to the public, whether it is dispensing electronic prescriptions (available in 17 European countries), checking

for medication interactions when accessing electronic medication records, providing support for adherence via a mobile app or telephone call, or acting as the patient's entry point into the health system.

The exponential increase of available data in health systems as well as pharmacy has brought additional levels of complexity into our daily practice and policy making. Big data was the topic at our PGEU Annual Symposium in The Hague, where we heard about how data can be used in policy decisions and daily practice.

“

***Today Europe is under attack on many fronts. After my year as PGEU President I feel more passionate than ever about the European cooperation. We have a lot to learn from one another, a lot to share and we have an obligation to make our voices heard and argue that together we are stronger, safer and better off.***”

A woman in a white lab coat is smiling and holding a small white bottle with a black cap. She is looking at a man with glasses who is also smiling and looking at the bottle. They are in a pharmacy or laboratory setting with shelves of products in the background.

2

## 2016 at a glance

**It has been a busy year at the Pharmaceutical Group of the European Union. We have submitted a number of responses to the consultations of the EU Institutions, continued our collaboration with EU Scientific Agencies, organized number of exciting events, developed and published policy statements etc.**

**In the spirit of the end of year-round ups, here are just a few of our main achievements from 2016.**

January

## EMA and PGEU

PGEU is a member of the European Medicines Agency's (EMA) Healthcare Professionals' Working Party (HCP/WP), which is a platform for exchange of information and discussion on topics of common interest between the EMA and HCPs. Within the HCP/WP, PGEU is co-chair of the Topic Group (TG) on additional Risk Minimisation Measures (aRMMs). RMMs include changes to product literature and additional communication materials to improve patient safety. Over 2016, the RMM TG has been researching the effectiveness of several recently introduced aRMMs across Europe. Their use, implementation and adherence by HCPs in practice was investigated in order to maximise the effectiveness of these measures to protect the public's health from adverse drug reactions and events. Throughout the year PGEU also addressed four EMA events on various topics including pharmacovigilance, risk minimisation, digital media communication methods and medication errors.

“  
*Over 2016, the Risk Minimisation Measures Topic Group has been researching the effectiveness of several recently introduced additional risk minimisation measures across Europe.*”

February

## EMVO

A long awaited delegated regulation on 'safety features' was published on the 9<sup>th</sup> February in the EU Official Journal. It supplemented the Falsified Medicines Directive (2011/62/EU) and introduced obligatory 'safety features' for medicines in the form of a unique identifier and an anti-tampering device. It also established the European Medicines Verification System (EMVS) which is governed by supply chain stakeholders. The safety features will guarantee a medicine's authenticity for the benefit of patients and public health and will strengthen the security and cooperation of the medicine supply chain - from manufacturers to distributors to pharmacies and hospitals. PGEU is a founding member of European Medicines Verification Organisation (EMVO) and will be assisting its members in the implementation of the EMVS and integration of community pharmacies. Verification of medicines in pharmacies will be mandatory from the 9th February 2019.



“  
*The safety features will guarantee a medicine's authenticity for the benefit of patients and public health and will strengthen the security and cooperation of the medicine supply chain - from manufacturers to distributors to pharmacies and hospitals.*”

March

## PRAC

**Raymond Anderson** (PGEU member) replaces Filip Babylon (PGEU member and former President) at the EMA's Pharmacovigilance Risk Assessment Committee (PRAC). Mr Anderson, a practicing pharmacist and a prescriber managing his own pharmacy in Northern Ireland, is the healthcare professional representative on behalf of the European Commission for the next three years. PRAC is the EMA committee responsible for assessing and monitoring the safety of human medicines. PRAC was formally established in line with the pharmacovigilance legislation which came into effect in 2012.



March

## Joint Statement on Pharmacy Training

**In March**, PGEU adopted a joint statement, together with the European Association of Faculties of Pharmacy (**EAFP**), the European Association of Industrial Pharmacists (**EIPG**) and the European Pharmaceutical Students' Association (**EPSA**), on future modifications of the Directive on Recognition of Professional Qualifications. The statement suggests modifications to the list of courses of training for pharmacists and other provisions describing the knowledge and skills that need to be acquired during a pharmacist's training. Proposed modifications would bring the list in line with recent scientific developments and changes to the EU legal framework regulating the pharmacy profession and its activities.

April

## Med-e-Tel Congress

PGEU chaired the second dedicated Pharmacy/Pharmacist session at the **Med-e-Tel Congress** in Luxembourg (international congress on eHealth and telemedicine) with a total of 14 speakers for the session. The audience included representatives of Member State ministries, healthcare professionals, industry leaders, academics and software developers.

May

## Health Workforce

PGEU participated in the closing conference of the Joint Action on EU Health Workforce entitled "Towards a sustainable health workforce for Europe" in the Plenary Assembly and Stakeholder Forum in Mons, Belgium on **3<sup>rd</sup> and 4<sup>th</sup> May**. For the past three years, PGEU was an active partner in the Joint Action led by the Belgian Ministry of Health.

June

## PGEU Annual Symposium

On **8<sup>th</sup> June 2016**, the **PGEU Annual Symposium entitled 'How Big Data can help Healthcare Delivery and Advance Pharmacy Practice'** was held in The Hague, the Netherlands. The Symposium explored various aspects of the topic including data on antimicrobial resistance, the clinical and economic value of pharmacy data and other health datasets. The meeting was opened by Mrs Edith Schippers, Minister of Health, Welfare and Sport of the Netherlands, and Mr Martin Seychell, Deputy Director-General of DG SANTE, European Commission. The Symposium was followed by a PGEU Presidential roundtable with the aim of sharing existing practices and experiences on data collection, mining, management and use in community pharmacy.

“

*For the past three years PGEU was an active partner in the Joint Action on EU Health Workforce led by the Belgian Ministry of Health.*

”



June

## Biosimilars

On the **20<sup>th</sup> June 2016**, PGEU attended and presented at the European Commission's Multi-stakeholder **Workshop on Biosimilars in Brussels**. During this workshop, speakers shared experiences of biological and biosimilar medicine use in practice including safety, efficacy, reporting of adverse drug reactions, building trust with patients and other healthcare professionals, and the education, information and communication needs of patients and healthcare professionals. PGEU provided an overview of how community pharmacists can facilitate the safe, rational, cost-effective and timely access to biological and biosimilar medicines. The multi-stakeholder working group continues its work in this topic and has produced an information paper for patients on biologics and biosimilars.

July

## PGEU in Bulgaria



**PGEU July meetings** were hosted by the Bulgarian Pharmaceutical Union (**BPhU**) in Sofia, Bulgaria. They provided an opportunity for PGEU members to become better acquainted with the Bulgarian community pharmacy system, BPhU projects and of general pharmaceutical market trends in the country.

“  
*[...] community pharmacists can facilitate the safe, rational, cost-effective and timely access to biological and biosimilar medicines.*”

August

## Proportionality

**In August 2016**, PGEU replied to the European Commission consultation on the proportionality assessment for regulation of professions. In its response, PGEU highlighted the special nature of healthcare professions and necessity for comprehensive healthcare professional regulation in the interest of maximal protection of the public's health.

“  
*Comprehensive healthcare professional regulation [is] in the interest of maximal protection of the public's health.*”

September

## PGEU in Greece

**PGEU September monthly meetings** were hosted by the PanHellenic Pharmaceutical Association in Athens, Greece. Prior to the meetings, the Panhellenic Pharmacists association organised a Symposium which brought together pharmacy leaders and PGEU members from all over Europe to share best practices, ideas and visions for the future of the profession. The meeting provided proof of the constant evolution of the role of the pharmacist and mission of pharmacies.

“  
*The role of the pharmacist and mission of pharmacies are in constant evolution.*”



November →

## EP Event “Community Pharmacy Contribution”

On the **15<sup>th</sup> November 2016**, the PGEU organised an event entitled ‘State of Health in EU: Community Pharmacy Contribution’ hosted by Françoise Grossetête, MEP (EPP) in the European Parliament in Brussels. This event brought together several renowned international experts and senior EU Officials, as well as representatives of patients, the healthcare industry and healthcare professionals to discuss the challenges and common problems that European health systems currently face. Following an interactive panel discussion and questions from the audience, Ms Grossetête concluded that:

“  
*We cannot address all the challenges we face across European health systems if we continue doing what we always did. We have heard today a very strong commitment from the community pharmacy profession and I believe we all must support their efforts.*”



More information



November →

## Statement on eHealth

On the **17<sup>th</sup> November 2016**, the PGEU approved its Statement on eHealth recommending the following actions:

- to engage with pharmacists as experienced users to develop eHealth policies and services at local, regional or national levels;
- to integrate eHealth into health systems so it complements and supports existing practice;
- to link electronic health records with ePrescribing systems;
- to improve communication and collaboration between patients, healthcare professionals and information communication technology (ICT) developers to obtain the full potential of eHealth technologies;

- the community pharmacy profession should be recognised, supported and adequately reimbursed for their continuous investment in eHealth, ICT infrastructure, eSkills of the workforce and contribution to improved health outcomes and reduced healthcare costs.

The publication of this statement follows in response to the exponential advancement and use of ICT in healthcare over the past two decades and PGEU’s previous eHealth Statement in 2010. Notably, this Statement now also recognises the potential of the new paradigm of “mHealth” to complement and support pharmacy practice. An annex accompanying the statement provides detailed descriptions of the various eHealth initiatives pharmacists are providing across Europe.

More information



November



November

December

## European Antibiotic Awareness Day

Each year PGEU supports the European Centre for Disease Prevention and Control's (ECDC) European Antibiotics Awareness Day (EAAD) and the associated WHO World Antibiotic Awareness Week (WAAW) campaign. As such, in the week of the **18<sup>th</sup> of November** PGEU members participated in a variety of supporting actions and campaigns to complement EAAD and WAAW at national levels. This year PGEU saw an increase in Twitter impressions of 145% as part of our social media campaign on AMR.



## State of Health in the EU

On the **23<sup>rd</sup> November**, the Organisation for Economic Co-operation and Development (OECD) and the European Commission published "Health at a Glance: Europe 2016", which made several recommendations, notably calling for the strengthening of EU primary care systems and expanding the role of community pharmacists.

“  
This year PGEU saw an increase in Twitter impressions of 145% as part of our social media campaign on AMR.”

## EMVO Workshop

On the **13<sup>th</sup> December**, Ms Sonia Ruiz (PGEU member and EMVO President) chaired the 1st European Medicines Verification Organisation meeting with the European Commission and Member State experts. Representatives from 18 Member States attended the workshop. EMVO provided a progress report on the implementation status of the European Medicines Verification System and exchanged views with Member State experts on issues such as supervision and access to the system.





## Community Pharmacy: the hub for Public Health

The community pharmacy network provides many opportunities for public health activities. With **extended opening hours** and **no appointment** needed for advice or services, community pharmacy is more accessible than any other healthcare setting. An estimated **46 million people** visit the **community pharmacy** network in Europe every day. Community pharmacies are accessible to a **range of individuals in both good and poor health**, and to those that may not have formal contact with any other health professional.

Due to their accessibility, pharmacists are often the first point of contact in the health system. A consultation with a pharmacist may involve providing advice on minor ailments and symptomatic relief, dispensing of medicines and advising on their use and a variety of clinical pharmacy services.

All community pharmacies provide **healthy living advice** which also forms part of pharmacy services such as medicines use reviews and long term condition management programmes<sup>1</sup>.

Many community pharmacies provide **specific public health services** such as support to stop smoking, early screening and prevention services and emergency hormonal contraception. In addition, pharmacies promote numerous **public health and awareness campaigns**.

Activities of community pharmacists in public health are best described under the three domains of public health:

- 1 Health protection;
- 2 Health improvement; and
- 3 Health service delivery and quality.

# Health Protection

Community pharmacy protects public health by offering a defense against communicable diseases and side effects of medications in the heart of Europe's communities:

**1 Immunisation.** Pharmacists have an increasing role in advising on, and administering vaccines for 'flu and other vaccine-preventable illnesses. The number of countries in Europe where it is possible to receive your seasonal influenza vaccination at a pharmacy increased to nine in 2016. In addition to 'flu vaccines, in some countries shingles, pneumococcal and travel vaccines are already available from a pharmacy.



Example from Croatia: Vaccination awareness



Example from Ireland: Vaccination awareness poster and service



Example from Portugal: Vaccination service

**2** Pharmacists in the majority of European countries participate in **harm minimisation and detoxification services for drug misusers** through needle exchange and supervised methadone administration programmes.



Example from Portugal: Needle exchange programme

**3** Community pharmacy plays a vital role in providing information and education to patients and the public on the **appropriate use of antibiotics contributing to tackling antimicrobial resistance (AMR)**. Pharmacists actively participate in national and European AMR awareness campaigns.



Example from Spain: Antibiotic awareness campaign



Example from Czech Republic: antibiotics awareness campaign



Example from Sweden: 'Take care of yourself' campaign promoting rational self-care of cold and flu



Example from Ireland: 'Under the weather'

**4 Preventing and reporting adverse drug reactions and drug related problems:** Pharmacists help to reduce the incidence of adverse drug reactions and drug related problems by making interventions at key stages of the dispensing process (validating the prescription, ensuring appropriate dose and formulation, checking for medicine-medicine, medicine-disease and medicine-patient interactions) and through specialised services such as medication review or services for patients starting a new medication.

# Health Improvement

Through counselling, health screening and health education pharmacists play a key role in improving their community's health and help to reduce the number of avoidable visits to general practitioners, emergency departments and hospitalisations across EU countries.

For example:

- 2** **General health screening:** In a community pharmacy one can measure:
- blood pressure** in 22 countries;
  - body mass index** in 23 countries;
  - blood glucose** levels in 20 countries;
  - cholesterol** in 20 countries.



Example from Ireland on Health screening services in pharmacy

- 3** **Bowel cancer screening programmes** are provided through pharmacies in Italy, Spain and Switzerland. This screening model is offered by multiple providers (including community pharmacies) and has been proven to improve the screening uptake of the population at risk.



Example from Italy: Bowel cancer testing in pharmacies

- 1** **Chronic disease management programs** aim to provide holistic and personalised care to individuals with certain (often chronic) conditions:
- Diabetes management programmes are available in pharmacies in 15 European countries;
  - Asthma management programmes are available in pharmacies in 14 European countries;
  - Hypertension management programmes are available in pharmacies in 14 European countries.

- 4** **Smoking cessation:** In 20 European countries pharmacists educate smokers about the benefits of giving up and provide support for them to stop smoking.



Example from France: Smoking awareness campaign



Example from Ireland: Service supporting patients to quit smoking

# Health Service Delivery and Quality

Through continuous innovation and service improvement, community pharmacy contributes to the overall effectiveness and quality of health services across Europe.

1

In a number of European countries pharmacists manage a **shared patient medication record** which contains a list of their recent medications. These records are used to screen for potential interactions, contraindications, safety-related alerts and permit secure, authorised sharing of patient data to pharmacists and other healthcare professionals to improve patient safety. Anonymised data may also be used for specific epidemiological studies with the aim of improving public health outcomes.

2

**Healthy lifestyle centers.** Initiatives such as the “Healthy Living Pharmacy” initiative in the UK and “Smart Pharmacies” in Turkey facilitate the promotion of health and wellbeing, self-care and services to patients by ensuring engagement with the local community, other healthcare professionals and local authorities via a quality assured certification process.



Example from Turkey: Smart pharmacy project



Example from Italy: Healthy living advice in a pharmacy



Example from Portugal: Healthy Recipes book developed by Portuguese pharmacists for a ‘Healthy Generation’ campaign targeting school children

5

**Services for patients starting a new medicine** are available in a pharmacy in 11 European countries. These services provide support for people with long-term conditions with a newly prescribed medicine. It aims to improve medication adherence and patient outcomes, as patients are most likely to discontinue treatment in the first month or two.



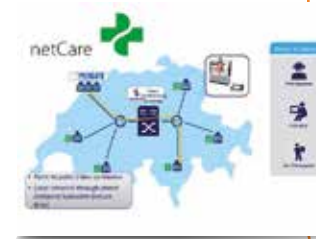
Example from Norway: Service for patients on correct inhalation technique

3

**Health system Hub:** In Italy, patients can go to their nearest pharmacy to book a visit to a specialist doctor or to electronically book a range of tests in an accredited laboratory. In Switzerland (as part of the “netCare” service), initial triage of a patient takes place in the pharmacy by the pharmacist. The patient either receives treatment from the pharmacist, a video consultation in the pharmacy with a physician or direct referral to a physician/acute care setting.



Example from Bulgaria on first aid service.



Example from Switzerland: net Care Service in pharmacies

4

**Medication review** is available in a pharmacy in 13 European countries. These services aim to improve patients’ understanding of their medicines, improve adherence, reduce wastage, identify drug-related problems and propose solutions where appropriate.

Pharmacy windows and display spaces are the best places to promote health:



Example from Spain: Safe sun exposure



Example from Ireland: Sexual health campaign



Example from Finland: Awareness campaign on pain management



Example from Portugal: Diabetes awareness campaign



Example from Czech Republic: Osteoporosis awareness campaign



Example from France: Awareness campaign on medicines



Example from the Netherlands: Health literacy campaign



Example from Croatia: Melanoma awareness



Example From Finland: Campaign on self-care



Example from Spain: Hydration awareness campaign



Example from Portugal: Responsible use of medicines campaign

## 3 Key Figures

Community pharmacy,  
a public health hub



## Prevention

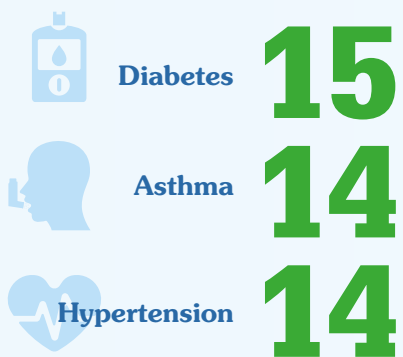


More than **1.2 million** deaths per year could be avoided through better public health and prevention policies or more effective and timely health care<sup>1</sup>.

<sup>1</sup> Health at a Glance: Europe 2016 State of Health in the EU Cycle. Joint publication of the OECD and the European Commission <http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm>



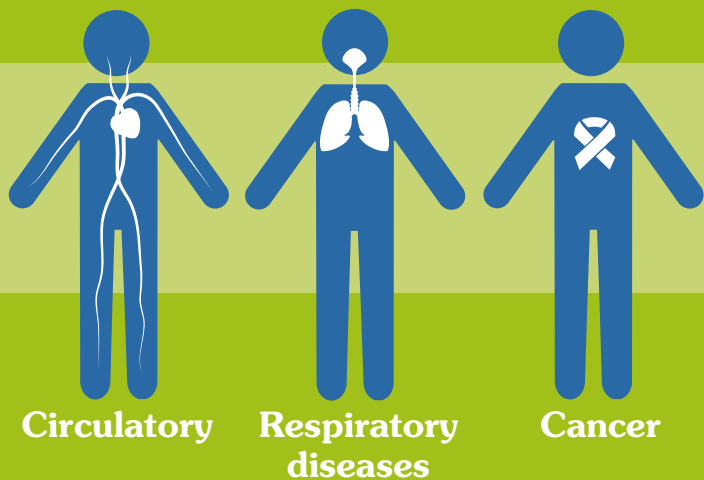
**Chronic disease management programmes available in pharmacies in European countries:**



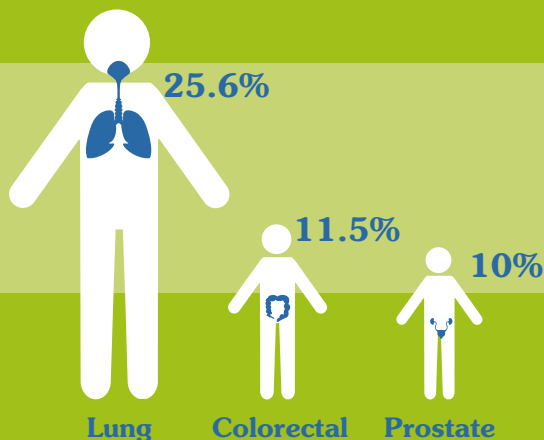
**Avoidable admissions per 100 000 inhabitants in 2013 across EU countries<sup>4</sup>**  
 for diabetes, congestive heart failure, chronic obstructive pulmonary disease and asthma.



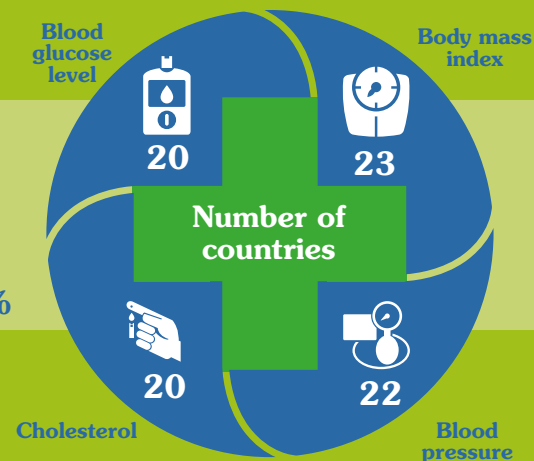
**Main causes of death in the EU<sup>2</sup>:**



**The most common cause of cancer death among men<sup>3</sup>:**



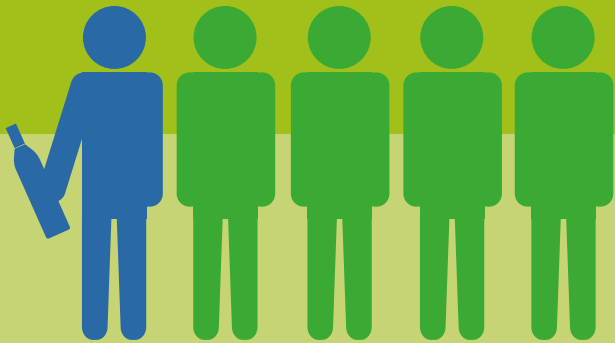
**In a community pharmacy, one can measure:**



2, 3, 4 Health at a Glance: Europe 2016 State of Health in the EU Cycle. Joint publication of the OECD and the European Commission <http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm>



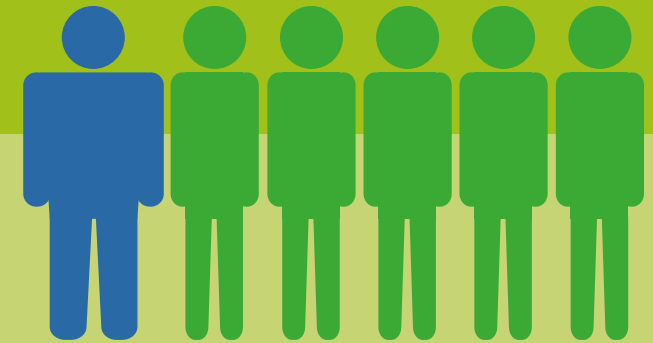
## Promotion



**1/5** drink to harmful levels at least 1/month<sup>5</sup>



**1/5** smoke every day<sup>5</sup>



**1/6** are obese<sup>5</sup>

<sup>5</sup> Health at a Glance: Europe 2016 State of Health in the EU Cycle. Joint publication of the OECD and the European Commission <http://www.oecd.org/health/health-at-a-glance-europe-23056088.htm>



## Protection

Vaccination against influenza among people aged 65+ has fallen in many countries in Europe during the period 2004-14, increasing the risk of complications, hospitalisations and death<sup>6</sup>.

# 49.5%

people aged 65+

EU vaccination coverage against influenza in 2014<sup>6</sup>



# 9

 European countries

where it is possible to receive your seasonal influenza vaccination at a pharmacy



# Over 1/4

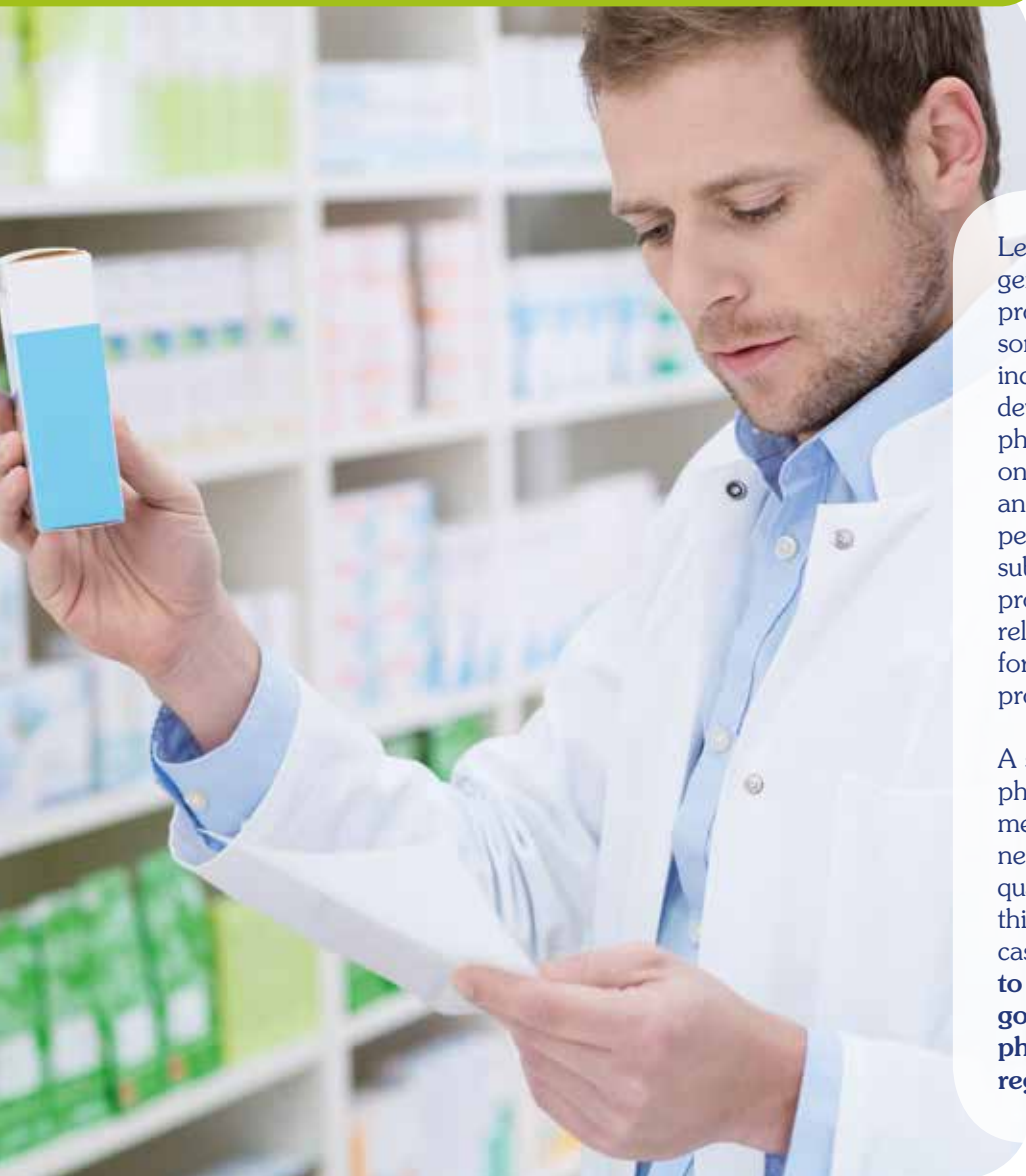
of European citizens aged 15-64 or 88 million have used illicit drugs at some point of their lives<sup>7</sup>.



Pharmacists in the majority of European countries participate in **harm minimisation and detoxification for drug misusers** through needle exchange and supervised methadone administration programmes.

## 4

## Pharmacy regulation



Legislation concerning pharmacy practice generally includes provisions relating to procurement, storing, dispensing and sometimes pricing of pharmaceuticals including veterinary products, medical devices, foods, etc. Additionally, national pharmacy legislation includes provisions on pharmacy establishment, governance and licensing, inspection and control of personnel and facilities. Pharmacists are subject to the regulation of the health professions along with all the rules related to their activities, requirements for continuing professional development, professional ethics, etc.

A sub-standard service provided by a pharmacist in a pharmacy that does not meet regulatory requirements may have negative effects on the efficiency and quality of products it dispenses. Additionally this can put patients at risk and in some cases, lead to harm or fatalities. Therefore, **to protect public health, national governments approve comprehensive pharmaceutical laws and professional regulation and establish effective**

“

*Pharmacists are subject to the regulation of the health professions along with all the rules related to their activities, requirements for continuing professional development, professional ethics, etc.* ”

”

**national regulatory authorities. This ensures that pharmacists, pharmacies and the products they supply are regulated appropriately guaranteeing the public has access to the highest quality of pharmacy services.**

In its reply to the EC consultation on the proportionality test for professional regulation in August 2016, PGEU stressed the special nature of the pharmacy profession and the necessity of comprehensive regulation at national level to ensure the greatest protection of public health. In September, PGEU together with the Standing Committee of European Doctors (**CPME**) and the Council of European Dentists (**CED**) issued a joint letter addressed to the Commission. In the letter three healthcare professional groups reiterated that health, including the healthcare professional regulation was more appropriate to be regulated exclusively by Member States and suggested **to exclude the regulation of healthcare professionals from any potential EU-wide framework for the ‘proportionality test’.**

## 5

## A look forward

According to the OECD and the European Commission report “Health at a Glance: Europe 2016”, earlier diagnosis and better treatments have substantially improved the survival of Europeans suffering from chronic diseases. We live longer, but longer lives do not necessarily mean healthier lives. The most recent figures presented in the report show that the burden of ill-health on social benefit expenditures exceeds that which is spent on unemployment benefits. Even so, EU member states spend on average only 3% of their health budgets on public health and prevention. The global financial crisis has hit the most vulnerable citizens hardest. In several EU countries, the less advantaged members of society have lower life expectancies and difficulties in accessing healthcare, predominantly resulting from lack of financial resources.

**We believe that pharmacies are key to reducing inequalities in access and quality of healthcare, as well as the number of avoidable emergency department visits**

**and hospitalisations across EU countries.** The network of 160.000 community pharmacies in Europe provides a unique opportunity to improve access to disease prevention programmes, health screening and early interventions for all citizens, including those with the least means.

When thinking about our health systems, it is important to keep in mind that European citizens live most of their lives in the community. Effective, accessible and resilient health systems rely on strong primary care. A significant body of evidence shows that enhancing the role of community pharmacists in primary care systems brings significant improvements in disease prevention and quality of services. More than 90% of medicines are dispensed in community pharmacies. The pharmacy profession is ideally placed to improve medication adherence, to address issues relating to polypharmacy and to empower patients to self-manage their long-term conditions. For example, in an increasing number of

“  
It is important to keep in mind that European citizens live most of their lives in the community when thinking about our health systems.”

European countries, community pharmacists already provide patient-focused pharmacy services such as medication reviews, general health checks, chronic disease management programmes and vaccination.

**We are particularly pleased that the OECD/EC Report recognises that expanding the role of community pharmacists is an important policy lever that European countries could pursue to provide both wider preventive healthcare and better management of long-term conditions.** We believe that all healthcare professionals and in particular community pharmacists must be enabled to play their part fully in addressing the challenges European health systems are facing.

**And finally, as a new year begins, we [your pharmacists] recommend you to make healthy lifestyle and wellbeing part of your resolutions for 2017 and visit your nearest community pharmacy for a personalised advice on how to live healthier for longer.**

# 6

## Vision and Mission



**Our vision** is that community pharmacists are recognised within national health systems as key health professionals making a dynamic and evolving contribution to improving the health of communities they serve.

**Our mission** is, as rigorous, pro-active and constructive stakeholder:

- To promote and develop cooperation in Community Pharmacy among the European nations;
- To advocate for the contribution community pharmacists make to health systems and to public health through the provision of health services and the promotion of the rational and appropriate use of medicines;
- To ensure our vision of Community Pharmacy is reflected in EU policy and legislative developments.

## 7

## PGEU Secretariat



**Carolina  
Martinez-  
Berganza,**  
Legal Advisor

**Audrey  
Van Coillie,**  
Senior Office  
Manager and  
SG Personal  
Assistant

**Patricia  
Muñoz,**  
Former  
Director of  
Legal Affairs

**Jurate  
Švarcaite,**  
Secretary General

**Maja Sercic,**  
EPSA Vice  
President of  
European  
Affairs

**Antonio  
Grasso,**  
Economic and  
Information  
Analyst

**Jamie  
Wilkinson,**  
Director of  
Professional Affairs

## 8

## PGEU Executive Committee 2016

**Bulgaria**

Prof. Ilko Getov,  
PGEU Vice-President 2016

**Estonia**

Estonian Pharmacies  
Association

**The Netherlands**

Dr. Jan Smits,  
PGEU President 2016

**Spain**

General Council of Spanish  
Pharmacists

**Denmark**

The Association of  
Danish Pharmacies

**Ireland**

Darragh O'Loughlin,  
PGEU Treasurer 2016

**Romania**

Romanian College  
of Pharmacists

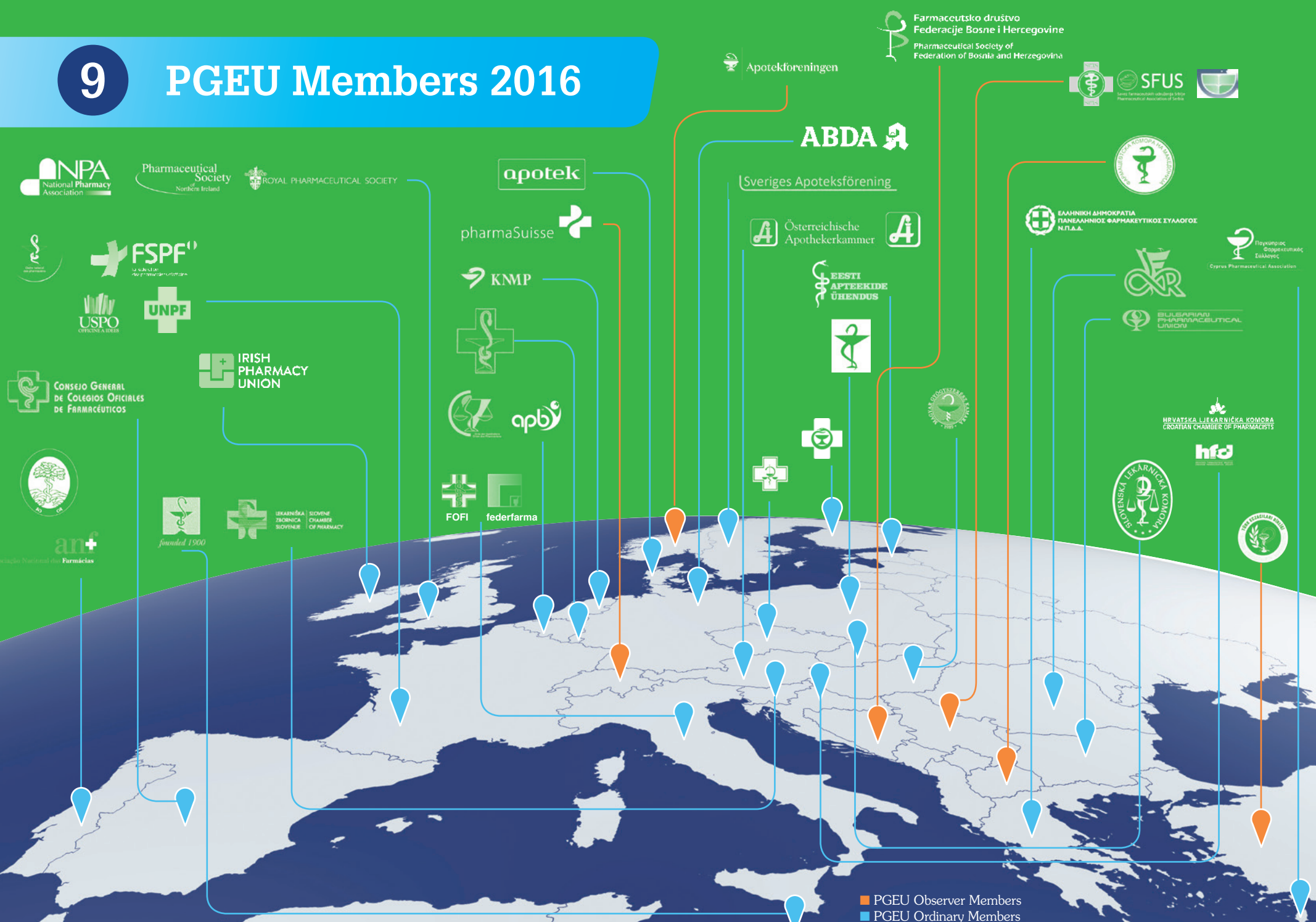
**UK**

National Pharmacy Association  
Pharmaceutical Society of  
Northern Ireland  
Royal Pharmaceutical Society  
of Great Britain



# 9

# PGEU Members 2016



■ PGEU Observer Members  
■ PGEU Ordinary Members

**NPA** National Pharmacy Association  
 Pharmaceutical Society Northern Ireland  
 ROYAL PHARMACEUTICAL SOCIETY

**FSPF**  
 USPO OFFICINE A.D.B.S.  
**UNPF**

CONSEJO GENERAL DE COLEGIOS OFICIALES DE FARMACÉUTICOS  
**IRISH PHARMACY UNION**

**an+**  
 Associação Nacional dos Farmácias

LEKARNIČKA ZDRUŽENJA SLOVENIJE  
 SLOVENE CHAMBER OF PHARMACY

**apotek**  
 pharmaSuisse  
**KMP**  
**apb**  
**FOFI** federfarma

Apotekföreningen

**ABDA**  
 Sveriges Apoteksförening

Österreichische Apothekerkammer  
**EESTI APTEEKIDE ÜHENDUS**

Farmaceutsko društvo Federacije Bosne i Hercegovine  
 Pharmaceutical Society of Federation of Bosnia and Herzegovina

**SFUS**  
 Serbian Farmaceutički Udruženje Srbije  
 Pharmaceutical Association of Serbia

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