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IFAPPWORLD

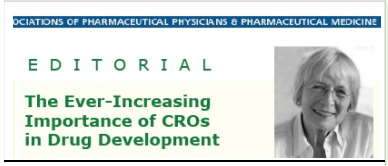
INTERNATIONAL FEDERATION OF ASSOCIATIONS OF PHARMACEUTICAL PHYSICIANS & PHARMACEUTICAL MEDICINE

CONTENT THE INTERVIEW

Letter to the Editor

A Response to "The Ever-Increasing Importance of CROs in Drug Development" – EDITORIAL of Dr Johanna Schenk in IFAPP WORLD *

In her Editorial Johanna Schenk nicely describes how the involvement of Contract Research Organizations (CROs) in clinical trials evolved from occasional or "as needed" situations to a routine way to do clinical trial business. This is in particular true when you include technology providers – e.g., Interactive X Response Systems (IXRS), Electronic Data Capture (EDC), electronic Trial Master File (eTMF) – into this consideration.


OCIATIONS OF PHARMACEUTICAL PHYSICIANS & PHARMACEUTICAL MEDICINE

EDITORIAL

The Ever-Increasing Importance of CROs in Drug Development

** The Editorial is available at www.ifapp.org in the menu "Publications > IFAPP World > 2014 > IFAPP-WORLD-2014-3-November".*

While there is no doubt about the increased importance of CROs and the sponsor/CRO relationship I feel there are many things left to do. In some of our consultancy projects for biopharmaceutical companies I observe a lot of frustration and disappointment at all ends. Sponsors are unhappy about what they receive from their vendors, CROs complain about the constant pressure, unrealistic expectations and change requests they receive from their clients, and regulatory agencies are concerned about the deficiencies in CRO oversight or the lack thereof.

There are quite a few reasons why many sponsor/CRO relationships aren't really healthy and I can mention here only the most obvious ones. >>

"Good Pharmaceutical Medical Practice"

A Reference for All Experts in Pharmaceutical Medicine

'Good Pharmaceutical Medical Practice' (GPMP) [1] sets out standards for doctors practicing pharmaceutical medicine; it particularly focuses on their relationship to clinical trial participants. The document was published in November 2014 by the Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians of the United Kingdom (FPM). It extends 'Good Medical Practice' (2013) written by the General Medical Council (GMC) in the United Kingdom for doctors practicing pharmaceutical medicine or individuals within the lay public who wish to know more about the subject. ***Dr Keith Bragman**, FPM President*, highlights the relevance of GPMP in an interview with the Editor Eckhard Böttcher-Bühler.

IFAPP WORLD • Dr Bragman, why do physicians practicing pharmaceutical medicine need Good Pharmaceutical Medical Practice (GPMP) as additional guidance?

Dr Keith Bragman • Doctors practicing pharmaceutical medicine are bound by the same ethical standards that apply to all doctors, irrespective of their specialty. We have followed Good Medical Practice, which is the GMC's publication. We have extended that guidance to express the idea that practicing pharmaceutical medicine is something different to clinical medicine, in the sense that many of our members are dealing with medicines, that are not yet approved for use. For example, they have a very limited dataset regarding safety and efficacy compared to established medicines that may be prescribed in practice.

We wrote GPMP to be used by doctors and all interested people as a guide to what we consider to be reasonable and necessary behavior when conducting clinical trials. We also wrote GPMP to set out the accepted international standards for doctors practicing pharmaceutical medicine. Also – there are doctors who need to refer to a text that describes what is considered to be appropriate. If you do not necessarily agree with your colleagues or perhaps you are practicing independently, you may need something to refer to, that helps explain your position.

IFAPP WORLD • What has caused you to write this document? Where do you see the particular demand for this guidance?

Dr Keith Bragman • In fact, the FPM conducted a survey of our members on transparency in clinical trials in 2014 [2] [3]. We found that 95 percent of our members believe that all clinical trials should be registered and 89 percent believe that an increased publication of clinical trial results, including negative results, will ultimately lead to better medicines and better healthcare for patients. A large majority of our membership supports the early publication of the summary results and methodology of clinical trials soon after completing the trial – this >>>

>> The guiding principle for a healthy sponsor/CRO relationship is that the sponsor (big or small, experienced or naïve) should govern the relationship with service providers. Different from Johanna Schenk's suggestion to strive for the "we are one team spirit", in fact managing sponsor/provider communication and control from a position of accepted authority is key to establish appropriate vendor oversight. This may sound contradictory to readers who live and work under "Partnership" agreements with their vendor counterparts, but our experience is that to assert control over vendor counterparts is essential in developing a successful vendor oversight strategy. There is a sponsor at one end of the equation who takes the risk and the costs for the clinical trial endeavor. At the other end there is the service provider who does certain things for the sponsor and gets paid for it. This sponsor/service provider relationship should be named what it is. Any attempts to blur these lines are misleading and have not helped to improve clinical trial execution. The sponsor needs to lead this collaboration from the basis of authority no matter what label the sponsor/service provider collaboration has.

Some outsourcing collaborations suffer from inefficient processes and complicated communication paths. However, there are many cases where the root cause for this does not lie in the interaction itself or on the CRO side. Instead it might be that the sponsor's internal study team collaboration is suboptimal or the definition and execution of sponsor internal roles in an outsourcing environment can be the issue.

On the "soft side" of factors it is obvious that some sponsor companies did not do a good job to prepare their internal staff to manage vendors correctly. Staff may be qualified and experienced in certain roles and jobs for many years, and they may have performed great in those jobs. But now they are expected to supervise someone else's work – the work, which they used to do. Now their primary job becomes project and people management – skills quite different from their previous job.

What makes change management projects in vendor oversight so challenging for sponsors is the fact that substantial efforts are needed after the initial definition and implementation. Essentially, implementation almost never stops, as the new way of vendor management needs to be applied repeatedly for each project and every study.

So in summary, I believe there is much more than "fairness, trust and respect" (J. Schenk), which are left to be improved. It is not an impossible mission, but a challenging and unavoidable one.

Detlef Nehrdich
Senior Associate, Germany
nehrdich@waife.com

>>>> is what the current guidelines for EudraCT, which is the European Clinical Trials Database, also requires. However, not all sponsors and investigators follow this requirement. Knowing that the vast majority of our members were in favor of trial registration and the publication of the summary results, it was a small step to publish GPMP with these recommendations and requirements.

We are talking about the needs and interests of research subjects, patients and society. We are also very supportive of the pharmaceutical and biotechnology industries. Many of the recent advances in therapeutic medicine would not have occurred without a major contribution from the industry. We have to be sensitive to real commercial interest and we have to balance that need against the interests of patients and society. We want to strengthen the position of the patient but also recognize that for the moment most requests for access to clinical trial results and data are coming from the commercial sector.

We need to be understanding of real commercial interest in the secrecy of data versus the safety of patients. We don't want people initiating clinical research, that is unsafe. That is a good reason why all trials should be registered and the summary results should be made available soon after the completion of the clinical trial.

IFAPP WORLD • Many physicians practicing pharmaceutical medicine do not have direct contact with patients – what does the document mean to them?

Dr Keith Bragman • All doctors, indeed all persons involved in pharmaceutical medicine, should be concerned about the safety of patients or individuals contributing to clinical research. They should be acting as the patients' advocates and representing their interests. They should also represent the interests of society. Inevitably there may be tensions regarding the interests of sponsors and trial participants. The pharmaceutical physician has to weigh up these competing interests and ensure that patient safety is preserved and acted upon.

IFAPP WORLD • And what does the document mean to all of the many non-physician experts in pharmaceutical medicine?

Medicines development is a multidisciplinary process. We would not want to prevent other experts from contributing to the practice of pharmaceutical medicine irrespective of their specialty. We want all people, including specialists and interested parties, to take notice of our advice and guidance. There is no reason why somebody in the extended team should not share similar concerns with doctors specialized in pharmaceutical medicine.

IFAPP WORLD • GPMP has been produced and published by the FPM. What is its relevance beyond the FPM and the United Kingdom?

Dr Keith Bragman • GPMP is a code of practice in clinical research for the membership of the FPM. It is not a legal statute in the United Kingdom. However, it sets out the practice and ethics of pharmaceutical medicine irrespective of where it is practiced in the world. By extension we expect that people practicing outside of the United Kingdom will find it useful and incorporate the same standards of practice and ethics into their own day-to-day professional life.

Whatever country or region of the world, there may be differences in how medicine is practiced. However, there are certain universal truths in terms of how medicine should be practiced for the benefit of the patients. The same is true regarding the safety of patients participating in clinical research.

We would be extremely pleased if organizations around the world chose to use GPMP. Ideally they should reference it in publications. They are most welcome to contact the FPM directly for advice.

IFAPP WORLD • The GPMP document might be reviewed from time to time. Could experts in pharmaceutical medicine who are not fellows of the FPM get involved?

Dr Keith Bragman • Yes, we would certainly encourage input from those not formally affiliated to the FPM. When writing GPMP we went through the process of an international consultation way beyond our membership. Approximately one third of our membership is actually based outside of the United Kingdom. We deliberately reached out to other organizations throughout the world. We gave people the opportunity to comment and to suggest other ideas. Similarly, we will continue to review the document and expand upon different themes. There is no reason >>>>

>>>> why this document should not evolve over time in the same way that other guidelines and codes of practice have similarly evolved.

IFAPP WORLD • What about GPMP in education, training, and professional development in pharmaceutical medicine?

Dr Keith Bragman • GPMP is written at a high level and uses simple language. It sets out the principles of practice in clinical research that the reader can relate to. It does not explain how, for example, you might insert a central venous line or do a certain sort of statistical analysis. The reader should consult the appropriate textbook. It is not a technical guide. However it could still be appropriate to include GPMP in the curriculum of pharmaceutical medical training.

IFAPP WORLD • What is your opinion about the education and training courses of PharmaTrain?

Dr Keith Bragman • I think that PharmaTrain is doing an excellent job in terms of international education in pharmaceutical medicine and the introduction of a uniform standard of practice. I think PharmaTrain could and should be using GPMP to help define the way in which they expect pharmaceutical physicians to behave and practice.

And IFAPP – it represents a very diverse population of experts in pharmaceutical medicine around the world. IFAPP is in a position to reach out to its members in different countries. Countries might differ in their practice and their legislation. However, there remain certain universal truths in terms of what one should be doing to advocate and protect the interests of the patient and society. This is what GPMP is all about.

IFAPP WORLD • Dr Bragman, thank you very much for your detailed answers.

References and Literature

[1] Faculty of Pharmaceutical Medicine (FPM) of the Royal Colleges of Physicians of the United Kingdom: Good Pharmaceutical Medical Practice; 12 November 2014. Available at www.fpm.org.uk in the menu "Policy & Publications – Good Pharmaceutical Medical Practice" (last call: 21.05.2015)

[2] Faculty of Pharmaceutical Medicine (FPM) of the Royal Colleges of Physicians of the United Kingdom: FPM survey of members on transparency in clinical trials – Analysis report; 28 August 2014. Available at www.fpm.org.uk in the menu "Policy & Publications – Clinical trials transparency and access to data" (last call: 21.05.2015)

[3] Physicians Favor Transparency in Clinical Trials – Survey of the U.K. Faculty of Pharmaceutical Medicine. IFAPP WORLD 2014, 3:4. Available at www.ifapp.org in the menu "Publications – IFAPP World > 2014 – IFAPP-WORLD-2014-3-November" (last call: 21.05.2015)

The International Perspective

Competencies for Pharmaceutical Physicians and other Professionals Involved in Medicines Development

Increasingly in most areas of health care, including the discovery and development of novel medicines, society and employers expect professionals to have attained a minimum level of competence so that decisions and actions appropriate to their jobs are taken. Interestingly competency and competence are terms used interchangeably in the professional jargon. However, competencies should be viewed as ingredients of competence. Competency can be defined as "an observable ability of a health professional, including knowledge, skills, values and attitudes to perform in a job or role". Competencies can be assembled like building blocks to facilitate progressive development. Competencies can be measured and assessed to ensure their acquisition. Competence can be defined as the "sum of required abilities in all domains in a certain context at a defined stage of medical education or practice". There is also a progression of competence (from novice to mastery) and at any given point in time and in a given context, an individual professional might reflect greater or lesser ability in each domain of competency.

The respective professional groups have been left with the responsibility to define the competencies needed to perform effectively in their function. Competencies can be clustered in domains and can be learned through proper postgraduate education or continuing professional development. Competency-based education is a resurgent paradigm in professional education and has already been adopted by policy makers as a panacea for multiple pressing issues in higher education.

IFAPP assumed the task of producing the defined core competencies, which orient the discipline and academic programs that develop the future competent professionals, which advance the profession. Since PharmaTrain aims to enable postgraduate courses that are designed to meet the needs of professionals working in medicines development, a working group was formed between IFAPP and PharmaTrain that in- >>

Statement of Competence

The Pharmaceutical Physician / Drug Development Scientist …

- is able to identify unmet therapeutic needs, evaluate the evidence for a new candidate for clinical development and design a Clinical Development Plan for a Target Product Profile.
- is able to design, execute and evaluate exploratory and confirmatory clinical trials and prepare manuscripts or reports for publication and regulatory submissions.
- is able to interpret effectively the regulatory requirements for the clinical development of a new drug through the product life-cycle to ensure its appropriate therapeutic use and proper risk management.
- is able to evaluate the choice, application and analysis of post-authorization surveillance methods to meet the requirements of national/international agencies for proper information and risk minimization to patients and clinical trial subjects.
- is able to combine the principles of clinical research and business ethics for the conduct of clinical trials and commercial operations within the organization.
- is able to appraise the pharmaceutical business activities in the healthcare environment to ensure that they remain appropriate, ethical and legal to keep the welfare of patients and subjects at the forefront of decision making in the promotion of medicines and design of clinical trials.
- is able to interpret the principles and practices of people management and leadership, using effective communication techniques and interpersonal skills to influence key stakeholders and achieve the scientific and business objectives.

>> cluded representatives from academic institutions and IFAPP national member associations, with special interest in quality improvement through education. The objectives were to define a set of core competencies for pharmaceutical physicians and drug development scientists, which would be summarized in a Statement of Competence (see the "STATEMENT OF COMPETENCE" on the preceding page).

As a result three areas, seven domains and fifty-seven core competencies were identified. The core competencies were aligned with the learning outcomes of the basic course (Diploma) offered by PharmaTrain. Therefore, the PharmaTrain base course curriculum might provide the cognitive framework to achieve the desired Statement of Competence for pharmaceutical physicians and drug development scientists worldwide. In addition to inform academic curricula for education, training and human resource development, the competencies and related domains can be used to describe job portfolios, standardized job descriptions, professional assessments, accreditation of educational programs and professional certification. Competencies can be used as the "currency" to align and harmonize the desired outcomes of education and training programs to ensure the medicines development enterprise is in the hands of competent people who are evaluated against a set of performance standards. A broader use of the concept and related implementation programs is expected in the near future.

frontiers in PHARMACOLOGY

HYPOTHESIS AND THEORY ARTICLE

Core competencies for pharmaceutical physicians and drug development scientists

*Honorio Silva *, Peter Stonier, Fritz Buhler, Jean-Paul Deslypere, Domenico Criscuolo, Gerfried Nell, Joao Massud, Stewart Geary, Johanna Schenk, Sandor Kerpel-Fronius, Greg Koski, Norbert Clemens, Ingrid Klingmann, Gustavo Kesselring, Rudolf van Olden and Dominique Dubois*

IFAPP Working Group on Competencies in Pharmaceutical Medicine, Netherlands†

Professional groups, such as IFAPP (International Federation of Pharmaceutical Physicians and Pharmaceutical Medicine), are expected to produce the defined core competencies to orient the discipline and the academic programs for the development of future competent professionals and to advance the profession. On the other hand, PharmaTrain, an Innovative Medicines Initiative project, has become the largest public-private partnership in biomedicine in the European Continent and aims to provide postgraduate courses that are designed to meet the needs of professionals working in medicines development. A working group was formed within IFAPP including representatives from PharmaTrain, academic institutions and national member associations, with special interest and experience on Quality Improvement through education. The objectives were: to define a set of core competencies for pharmaceutical physicians and drug development scientists, to be summarized in a Statement of Competence and to benchmark and align these identified core competencies with the Learning Outcomes (LO) of the PharmaTrain Base Course. The objectives were successfully achieved. Seven domains and 60 core competencies were identified and aligned accordingly. The effective implementation of training programs using the competencies or the PharmaTrain LO anywhere in the world may transform the drug development process to an efficient and integrated process for better and safer medicines. The PharmaTrain Base Course might provide the cognitive framework to achieve the desired Statement of Competence for Pharmaceutical Physicians and Drug Development Scientists worldwide.

Pictures of the publication – worth reading the original ! (see right under „Reference")

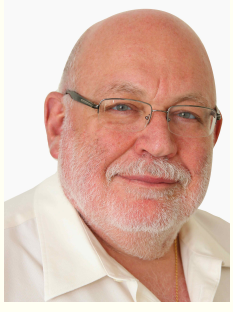
Dr Honorio Silva, IFAPP President Elect, USA

Reference

Silva H et al. for the IFAPP WG: Core competencies for pharmaceutical physicians and drug development scientists. Front Pharmacol 2013; 4(105): 1-7.

IFAPP's Regional Update: BRAZIL

A Resounding Success: the Brazilian Society of Pharmaceutical Medicine



Readers of IFAPP WORLD (April 2013, page 17) have learnt, that the Brazilian Society of Pharmaceutical Medicine (Sociedade Brasileira de Medicina Farmacêutica – SBMF) was founded in 1971 and since 2009 it accepts physicians and non-physicians as members, that are invol-ved in the research, development, regulation, surveillance, delivery and marketing of pharmaceuticals, medical devices or related products. ***Dr João Massud Filho**, current SBMF President*, provides insight into the current status of pharmaceutical medicine (PM) in Brazil and Latin America.

IFAPP WORLD • Dr Filho, what is the current status of PM in Brazil?

Dr João Massud Filho • The real concept of Pharmaceutical Medicine was introduced in Brazil in 2000 when our society has changed its name from "Brazilian Association of Physician Advisors for the Pharmaceutical Industry" to "Brazilian Society of Pharmaceutical Medicine" (SBMF).

Today SBMF counts around 250 members, many of them are non-physician experts in pharmaceutical medicine.

SBMF has a strong partnership with the pharmaceutical industries' association of Brazil, the Brazilian Medical Association and with the Drug Information Association (DIA).

IFAPP WORLD • Is SBMF also providing any education and training courses in pharmaceutical medicine?

Dr João Massud Filho • Yes, in the year 1999 – shortly before its renaming – SBMF has launched a post-graduate course in pharmaceutical medicine at the Federal University of São Paulo. In 2008 the course was officially accredited by IFAPP.

So far it is the only course on this matter in Brazil, now based at the Research and Education Institute of Hospital Sirio Libanes – São Paulo. The provided certificate is the "Specialist in Pharmaceutical Medicine". The current course has 30 participants. All together more than 300 participants have successfully completed the course and have been graduated in PM.

However, PM has not yet been recognized as a medical specialty in Brazil and we believe that it will be very difficult to obtain this recognition due to the legal procedures.

IFAPP WORLD • There are other Latin American countries with highly developed pharmaceutical industries and clinical research facilities. What's about collaboration and exchange at this level? >>

>> **Dr João Massud Filho** • There is collaboration and exchange in particular with PM organizations in Argentina, Mexico and Peru, which also are IFAPP members. However, it is limited due to differences in the medical and scientific culture and in the language – Brazil is the only country in Latin America with Portuguese as official language while Spanish is dominant in all other Latin American countries.

Moreover, Brazil is the largest market for pharmaceuticals in Latin America – the 6th largest market in the world. Most of the expert knowledge created here in Brazil remains in the country.

IFAPP WORLD • What is Brazil's position in the global field of clinical research?

Dr João Massud Filho • Even though the bureaucratic barriers for clinical trials approval in Brazil are high, we still hold the first position in Latin America with regard to clinical research and development. Our potential is so much higher compared to the level we have reached so far and we are optimistic to change and to step up this scenario in future.

However, the Brazilian pharmaceutical companies are doing clinical research for really innovative new drugs. We have excellent investigators and clinical research facilities as well as a very good reputation in this field of clinical R&D.

IFAPP WORLD • Brazil and SBMF will host the 18th International Conference on Pharmaceutical Medicine – ICPM 2016 in São Paulo. How will you and SBMF attract a global audience to participate?

Dr João Massud Filho • At 18-19 April 2016 we will host ICPM 2016 in São Paulo, Brazil, jointly organized by IFAPP and SBMF together with the 38th Brazilian Congress of Pharmaceutical Medicine. For several years already SBMF is performing international congresses, each with an audience of around 300 participants. We will do the same for the ICPM 2016 involving SBMF members, regional organizations, federal government bodies, and international professionals from industry, academia and authorities.

With an excellent scientific program and the opportunity for discussions and networking we hope to attract an audience from all over the world.

The website for ICPM 2016, the 18th International Conference on Pharmaceutical Medicine is already available at www.icpm2016.com – the information will be constantly updated.

IFAPP WORLD • Dr Massud Filho, thank you for your answers.

The interview was conducted by IFAPP WORLD Editor Eckhard Böttcher-Bühler, Germany.

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The Flag

IFAPP WORLD is a publication of the International Federation of Associations of Pharmaceutical Physicians and Pharmaceutical Medicine.

IFAPP, a non-profit organization founded in 1975, acts as an international forum for all pharmaceutical medicine professionals' organizations worldwide by dealing with matters brought to its attention through national member associations.

Conference presentation and aims

Quality in the pharmaceutical industry is a must: we have the mission to discover, develop and manufacture drugs for sick people, so all our activities must implement the best levels of quality systems.
Indeed the quality process in the pharmaceutical industry started at the times of the "industrial boom of the '60s": GMP, GLP and finally GCP defined in clear terms the quality standards of our complex activities.
Now, it is time to consider the quality level of the education of professionals involved in drug development: this issue was already well considered by some pioneers, who established the first master or diploma courses in Pharmaceutical Medicine back in the '70s. However only in the last 20 years these courses have been established almost in every country with a significant tradition in drug development.
The IMI founded project named PharmaTrain, which lasted from 2009 to 2014, had the vision to harmonize these courses in the European Union: it was very successfull in establishing the quality standards of education, and to identify several Centres of Excellence all over the European Union. In addition, it raised a global interest, so that in 2014 the PharmaTrain Federation was established, with the mission not only to continue in the harmonization process, but also to establish the title of Specialist in Medicines Development (SMD), a voluntary 4 years path to guarantee the correct implementation on the job of the principles acquired with the diploma title.
Our international conference aims at celebrating the first 40 years of IFAPP, a global Federation strongly devoted to education in Pharmaceutical Medicine, and to disseminate the culture of the SMD program, which will be implemented soon in Italy, Japan and other countries.

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