

PROJECT FINAL REPORT

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4.1 Final publishable summary report

Executive summary

The inappropriate provision and consumption of non-prescribed medicines consists a public health problem of outmost importance for developed as well as for developing countries. The problem has been shown to be widespread in Mediterranean countries with enormous health risks. The OTC SOCIOMED project aimed at assessing the extent of inappropriate provision and consumption of non-prescribed medicines in certain Southern European countries and identifying factors that influence the provision and consumption of non-prescribed medicines in four primary care groups [general practitioners (GPs) – pharmacists (PHs) – patients –clients]. It further aimed to implement theory-guided interventions, addressing physicians' training needs and behavioural components playing an influential role in the inappropriate provision of non-prescribed medicines. The project was based on the multivariate model of Transcultural Health Care Utilisation (Slikkerveer, 1990), which identifies a series of actors affecting utilisation as well as the Theory of Planned Behaviour (TPB, Ajzen, 1991), which explains the psychosocial factors determining prescribing patterns and guidance compliance. The project was designed to last 24 months, in an integrated sequence of seven (7) work packages and involved 12 participating entities from 8 countries (Greece, Sweden, Netherlands, France, Cyprus, Czech Republic, Malta, Turkey). *Work package 1* involved tasks related to project monitoring and coordination. *Work package 2* described the consumption of non-prescribed medicines by patients and pharmacy clients and the provision of non-prescribed medicines by GPs and PHs. It further made regional and geographical comparisons in the consumption and provision of non-prescribed medicines (Northern-Central-Southern Europe, rural-urban settings). *Work package 3* assessed GPs' and PHs' beliefs, attitudes and perceived behaviour control based on Theory of Planned Behaviour (TPB) and explored the role of TPB in explaining GPs' and PHs' intention to provide medicines in patients without well documented evidence. *Work package 4* assessed patients' and clients' beliefs, attitudes and perceived behaviour control based on TPB and explore the role of TPB in explaining patients' and clients' intention to consume medicines. *Work package 5* involved the design, implementation and evaluation of a multifaceted intervention addressing GPs' beliefs and attitudes towards medicines and aiming to test the feasibility of a pilot intervention as well as change GPs' intention to provide medicines to patients without well documented evidence. *Work package 6* reviewed and evaluated the project results and interventions using a nominal group process. Finally, *work package 7* involved the dissemination of the project's results through a variety of dissemination channels as well as developed a set of recommendations/practical guidelines, summarizing the knowledge gained from the project. These recommendations were distributed to a number of stakeholders identified through a mapping process, including public and private organizations/bodies involved in medical research and education, health care planning, drug industry distribution and monitoring.

Conclusively, the project identified modifiable determinants of the provision and consumption of non-prescribed medicines and delivered well-designed interventions promoting better use of non-prescribed medicines in Europe and especially in Southern European countries, where the problem of inappropriate provision of non-prescribed medicines seems to be predominant. The study further provided an operationalized structure to define and evaluate interventions targeting similar behaviours in various health care professions and disciplines. It introduced common evaluation standards and tools, translated in multiple European languages and tested in multiple

European primary care environments, which could serve as an example for other districts and regions within Europe that share similar geographic and socio-cultural characteristics. In that respect, it could further enable comparisons among training interventions within Europe.

Summary description of project context and objectives

The increasing availability of non-prescribed medicines involves many health risks, widely acknowledged in international literature. Most importantly, it may encourage patients to believe that there is a medicine solution for treating every ailment, it may lead to self-treatment when medical aid should have been sought (Bradley and Bond, 1996, Hughes et al., 2002) as well as it may delay or even “mask” the diagnosis of serious illness, with increased risks of drug-to-drug interactions and adverse reactions (Hughes, 2003).

In Mediterranean countries, irrational consumption of non-prescribed medicines (OTC) is widespread (SCORE 2004, based on ESAC estimations). Besides irrational consumption of non-prescribed medicines, the patterns of provision are also inappropriate (Bottomley, 1976) and the need to identify these patterns is essential to improve standards of medicine provision (Figueiras et al., 2001, Antonakis et al., 2006). High risk prescribing has been noted to be more common in primary care patients where prescribed medicines are intended for long term use (Guthrie et al, 2011).

Although abuse of non-prescribed medicines is steadily rising (Lessenger et al, 2008) and concerns about inappropriate treatment and adverse drug reactions have been raised (Hughes et al, 1999), this subject does not appear to have received the attention it deserves in general practice/family practice research, particularly in Europe. Only few attempts have been made in Europe in order to depict the OTC subject in primary care population (Barat et al, 2000) although legislation constantly changes and concerns about safety have been extensively underlined (Ferner & Beard, 2008; Cohen et al, 2005) and national policies are in constant reform.

In Europe, particularly in the Southern European region, have neither a full national programme to promote better use of medicines nor a multidisciplinary national body under mandate to monitor medicine consumption or even to develop and coordinate the implementation of such a programme. This fact may have an impact on the cost of the health services and particularly that of medicine expenditure in a critical for Europe financial period. Thus, the need for developing measures and specific methodologies which will reduce the incidence of drug-related mishaps, and assist in maintaining good health of the individual and society, is widely acknowledged.

The current collaborative project utilized a theory-specific approach with the aim to identify and understand the behaviour of four different primary care groups (GPs, PHs, PATs, CLs) towards the provision and consumption of prescribed and non-prescribed medicines in selected European countries (Greece, France, Turkey, Cyprus, Czech Republic, Malta, Sweden). It was based on the multivariate model of Transcultural Health Care Utilisation (Slikkerveer, 1990). This model identified a series of actors affecting utilisation, which were divided into five “blocks”, including system variables and variables at the individual level, such as predisposing, enabling and perceived-morbidity factors (**Figure 1**).

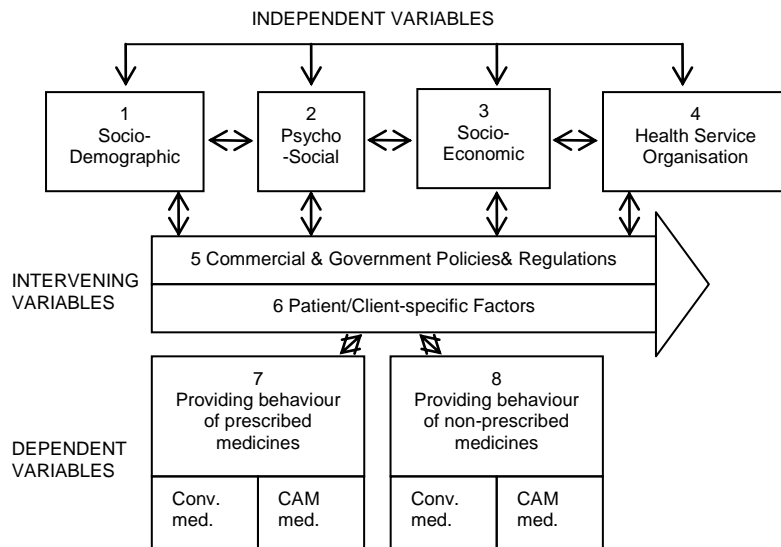


Figure 1. Health Care Utilization Model (Slikkerveer, 1990) (Published after permission),

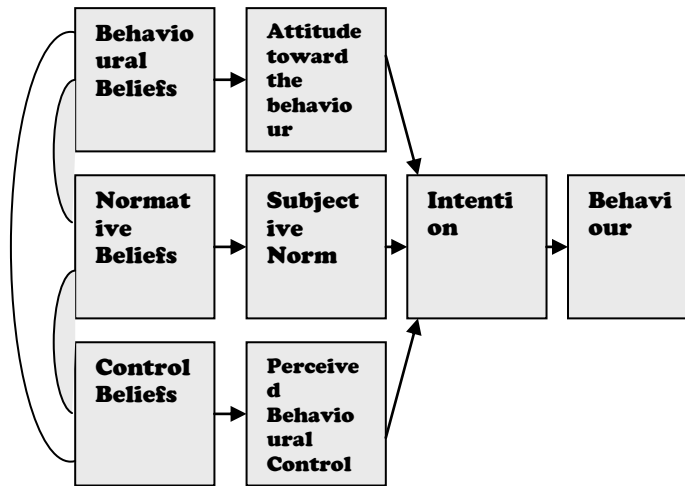


Figure 2. Theory of Planned Behaviour (Aizen, 1991) (Available on internet)

It further used the popular conceptual framework of the Theory of Planned Behaviour (TPB, Ajzen, 1991) to identify and explain the psychosocial factors, which determine prescribing patterns and guidance compliance (**Figure 2**). The project was implemented in a series of 7 work packages (WPs). All the work packages were creatively designed in a distinct order to try and reach the goals of the OTC Project (**Figure 3**).

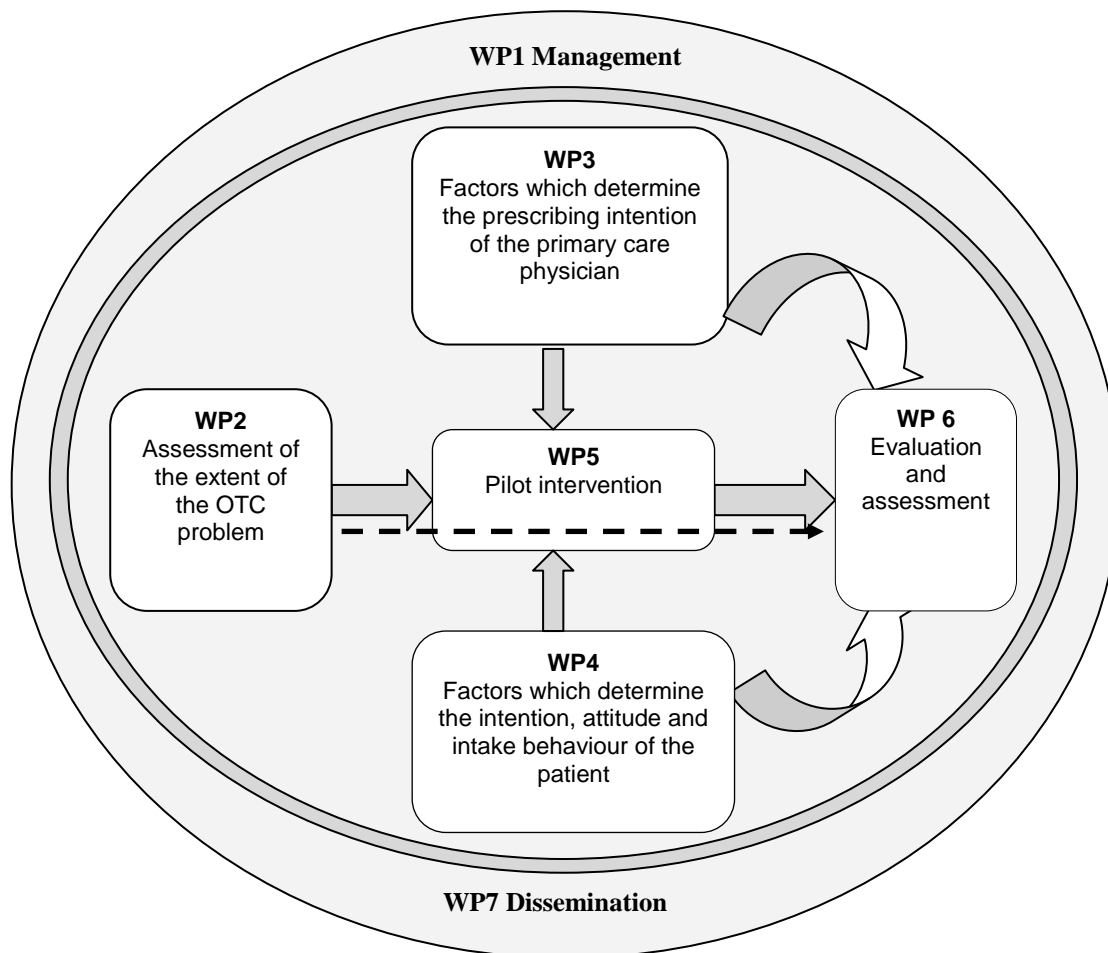


Figure 3. *Interaction among the project work packages*

In this schematic presentation it is made clear that WP5 that aimed to implement a pilot intervention was designed on the basis of both conceptual frameworks utilized in three work packages (WP2, WP3, WP4) while WP6 on the evaluation and assessment retrieved evidence and information from all WP3, WP4 and WP5. The objectives of the project work packages (WPs) are described in detail below in line with the Technical Annex of the project.

Work Package 1

1. To establish a clear and effective management and communication system for the duration of the project. That includes ensuring the smooth and efficient running of the project towards its goals, managing the coordination and decision making with other projects and relevant parties, and ensuring the high quality and best exploitation of the project results. This WP also aimed at ensuring continuous monitoring of the project activities and achieving communication between the different project actors and the EU.
2. Project coordination, quality management and progress monitoring of the consortium.
3. To organise and host the Electronic Data Platform (EDP) including the project documentation.
4. To monitor progress against milestones and deliverables and keep an overview of finances

Work Package 2

1. To describe the consumption of non-prescribed medicines by patients and clients.
2. To describe the provision of non-prescribed medicines by GPs and PHs.
3. To explore the type of non-prescribed medicines provided by GPs and PHs and consumed by patients and clients.
4. To examine how patient/client characteristics influence the consumption of specific types of non-prescribed medicines.
5. To make regional and geographical comparisons of the provision and consumption of non-prescribed medicines (Northern-Central-Southern Europe, rural-urban settings).

Work Package 3

1. To assess GPs' and PHs' beliefs, attitudes and perceived behaviour control based on the TPB.
2. To explore to what extent TPB could explain the intention to provide medicines in patients without well documented evidence.
3. To discuss whether restructuring normative beliefs can result in GPs' behaviour change.
4. To explore potential pathways of effective collaboration between GPs and PHs.
5. To organise a workshop of experts to exchange experiences, gather ideas, compare practices and identify external factors that affect the feasibility and acceptability of an intervention which will support evidence-based provision of medicines.
6. To discuss and explore effective interventions to change identified beliefs as antecedents to prescribing behaviour.

Work Package 4

1. To assess the patients'/clients' beliefs, attitudes and perceived behaviour control based on the TPB.
2. To explore to what extent TPB could explain the consumption of medicines by patients/clients.
3. To discuss whether restructuring normative beliefs can result in patients'/clients' behaviour change. and to explore external factors affecting the patients'/clients' demand of non-prescribed medicines.
4. To discuss and explore effective interventions to change the beliefs that influence irrational consumption of non-prescribed medicines by patients/clients.
5. To investigate into the role of the PHs in the provision of non-prescribed medicines.

Work Package 5

1. To implement the interventions that were developed in WP3 and WP4, that aimed to change the beliefs and attitudes, of GPs' intention to provide medicines, and patients'/clients' intention to consume medicines irrationally.
2. To evaluate these interventions by assessing their impact on behavioural intention.
3. An additional objective that it was not included in the Technical Annex included the design and implementation of a systematic review of interventions that was carried out in the framework of this FP7 project.

Work Package 6

1. To evaluate the projects accountability, progress-to-date and means of possible improvement.
2. To review and analyse experience gained from the project's implementation.
3. To assess and rank the appropriateness and effectiveness of different interventions.
4. To discuss effective ways on how to best disseminate the results of the project, as widely as possible throughout Europe and particularly in Southern European countries, so as to attract new users and communities

and increase awareness among general practitioners/family physicians, health care managers, policy makers, governmental bodies and local authorities.

5. To propose an exploitation plan to take full benefits of the project's results.

6. To discuss materials needed for the next WP and prepare a plan for the dissemination of results and their respective analysis.

Work Package 7

1. To design materials and a net-based communication platform and increase skills and knowledge of new users and communities.

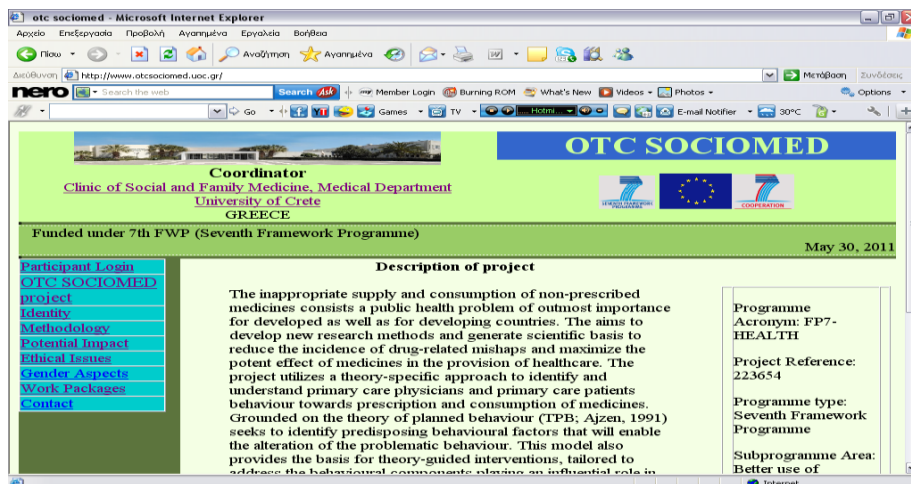
2. To disseminate the results of the project widely in Europe and increase awareness among audiences such as health care professionals, public health officials, health care managers, policy makers, governmental bodies, local authorities, pharmacists, the pharmaceutical industry and the general community.

Main S&T results/foregrounds

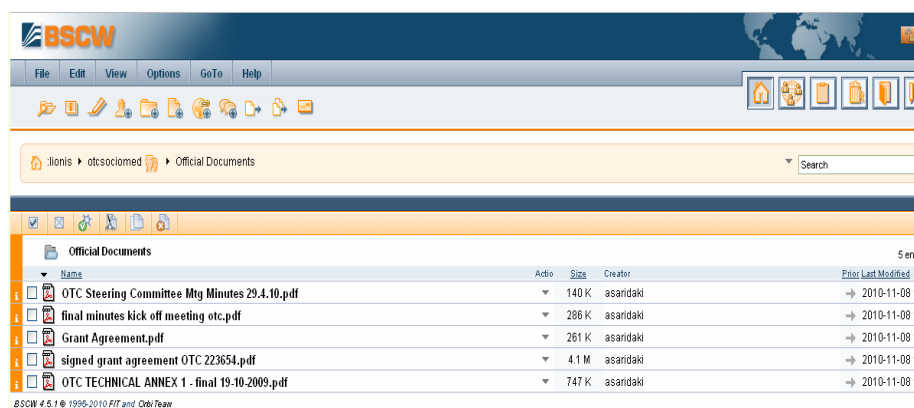
Work package 1

A kick-off meeting was conducted on the first month of the project in Crete, Greece, where the work plan was discussed and the intellectual property rights and obligations of each partner were agreed. Communication tools were set-up at the first three months of the project for internal planning and progress monitoring, among which an electronic mailing lists, file server and an Electronic Data Platform (EDP, <http://www.otcsociomed.uoc.gr>). The EDP also functioned as shared data storage for the consortium. The EDP involves a web page available to the public including general information about the OTC SOCIOMED Project (e.g. aims and objectives, work package description, methodology, impact, contact details) as well as (**Picture 1**) a private area, password-protected, accessible only to the members of the project through login, where confidential information regarding the project was shared (e.g. minutes from meetings, progress reporting documents etc) (**Picture 2**).

Overall, this WP ensured regular reporting to the EU and submission of the deliverables and of all contractual reports (periodic progress reports, annual review reports, workshop reports, final report, etc). It further ensured that all participants shared a common understanding of the key missions and objectives of the project, clearly understood their roles in achieving the objectives and the specific steps needed to achieve them. In addition, quality criteria for the designated milestones and deliverables as well as decision-making systems and procedures were also established.



Picture 1. Snapshot of the EDP OTC SOCIOMED home page



Picture 2. Snapshot of the EDP private area

Work package 2

A detailed description of the methodology and the results of WP2 can be found in the Deliverable 2.1. A total of 1270 providers (585 GPs and 685 PHs) and 1788 consumers (932 PATs and 855 CLs) from Greece, Cyprus, Malta, Turkey and Czech Republic were enrolled in the study. Data from France were not included in the analysis due to technical problems. Turkey enrolled 785 respondents (98.0% of the targeted 800 respondents), Czech Republic enrolled 739 respondents (92.0% of the target), Greece enrolled 673 respondents (84.1% of the target), Malta enrolled 481 respondents (60.0% of the target) and finally Cyprus enrolled 380 respondents (48.0% of the target).

Overall, the study found that 2,459 medicines were consumed by the 932 PATs in all countries, subdivided in 819 (33.3%) non-prescribed medicines and 1,640 (66.7%) prescribed medicines, 2,455 medicines were consumed by the 853 CLs in all countries, subdivided in 1,278 (52.1%) non-prescribed medicines and 1,177 (47.9%) prescribed medicines, 2,864 medicines were provided by the 565 GPs in all countries, subdivided in 956 non-prescribed medicines and 1,908 prescribed medicines and 3,524 medicines were provided by the 701 PHs in all countries, subdivided in 1,468 non-prescribed medicines and 2,056 prescribed medicines.

This WP achieved to identify the various categories of factors included in the conceptual model of health and illness related behaviour (Slikkerveer, 1995) that play a potential role in PATs and CLs' medicine consuming behaviour as well as GPs' and PHs' medicine providing behaviour, as illustrated clearly in the Deliverable 2.1 prepared by the WP2 leader Prof. Slikkerveer in collaboration with members of the LEAD programme and the UNPAD team.

A remarkable overall conclusion was that in both the GPs and the PHs, the intervening determinants show a strong dominance over all other independent categories of determinants – including the psycho-social determinants – which open up a new focal point for behaviour change in the arena of the classical doctor-patient relations and interactions. Another remarkable conclusion is that in both the PATs and CLs by contrast the independent socio-demographic and psycho-social determinants show a strong dominance over all other intervening categories of determinants – including the intervening GP- and PH-specific determinants – opens up a new focal point for behaviour change at the individual and community level. Determinants by category of providers and consumers are described below.

Determinants of GPs' medicine provision (all countries)

The major results of the mutual relationships analysis among various categories of behavioural determinants of medicine provision and the GPs' reported patterns of provision of non-prescribed and prescribed medicines are presented in **Table 1**. Some key results are presented below:

- 1) Comparison of the outcome patterns of provision of non-prescribed and prescribed medicines by GPs show a marked dominance of two-third of prescribed medicines (66.6%) over one-third of non-prescribed medicines (33.4%), indicating a strong GPs' preference in the provision of prescribed medicines.
- 2) The impact of the intervening determinants of the interaction between the GPs and their PATs is remarkably high with the largest number of determinants (10) and the highest values of significance (7 most strongly significant).
- 3) Similarly, the impact of the intervening determinants of the regulations and promotions of medicines is remarkably high where both determinants have the highest values of most strongly significance.

4) As expected, the role of the 6 psycho-social determinants is substantial as independent determinants of the GPs, albeit that only 2 determinants have the highest value of most strongly significance.

5) The impact of the determinants of the health service organization is interesting, where both determinants have values of weakly significant and very strong significant;

6) The impact of the independent socio-economic determinants is less profound as only 1 determinant of the annual income of the GPs has a value of weakly significant.

Table 1. *Determinants of GPs' medicine provision (all countries)*

Variable name (GP)	Pearson χ^2	Level of significance
INDEPENDENT VARIABLES (GP-specific)		
Block 1 Socio-Demographic Variables (GP-specific)		
Country of GP	.000	most strongly significant
Practical experience of GP	.000	most strongly significant
Block 2: Psycho-Social Variables (GP-specific)		
Opinion on non-prescribed medicines of GP	.059	weakly significant
Main aspects of non-prescribed medicines of GP	.000	most strongly significant
Main aspect of prescribed medicines of GP	.014	strongly significant
Opinion on conventional medicines of GP	.002	very strongly significant
Opinion on CAM medicines of GP	.014	strongly significant
Preference for sort of medicines of GP	.088	weakly significant
Block 3: Socio-Economic Status Variables (GP-specific)		
Annual income in Euro of GP	.060	weakly significant
Block 4: Health Service Organisation Variables (GP-specific)		
Organizational type of health system of GP	.062	weakly significant
Organisational type of practice of GP	.002	very strongly significant
INTERVENING VARIABLES (GP-specific and PAT-specific)		
Block 5: Regulations & Promotions of Medicines Variables (GP-specific and PAT-specific)		
Regulations & prom's on non-prescribed meds of PAT of GP	.000	most strongly significant
Regulations & prom's on prescribed meds PAT of GP	.000	most strongly significant
Block 6: Patient/Client Variables (GP-specific and PAT-specific)		
Marital status of PAT of GP	.006	very strongly significant
Age of PAT of GP	.000	most strongly significant
Country of PAT of GP	.000	most strongly significant
Education of PAT of GP	.000	most strongly significant
Profession of PAT of GP	.000	most strongly significant
Socio-economic Status of PAT of GP	.077	weakly significant
General Health status of PAT of GP	.004	very strongly significant
Reason for consultation of PAT of GP	.000	most strongly significant
Perceived morbidity of PAT of GP	.000	most strongly significant
Diagnosis of PAT of GP	.000	most strongly significant

Source: Deliverable 2.1, Developer: Prof. J.L. Slikkerveer (WP2 leader)

Determinants of PHs' medicine provision (all countries)

The major results of the mutual relationships analysis among various categories of behavioural determinants of medicine provision and the PHs' reported patterns of provision of non-prescribed and prescribed medicines are presented in **Table 2**. Some key results are presented below:

- 1) Comparison of the outcome patterns of provision of non-prescribed and prescribed medicines by PHs shows a less marked dominance of prescribed medicines (59.3%) over non-prescribed medicines (41.7%), indicating a trend towards a more balanced distribution of both types of medicines, *i.e.* more than two-fifth of non-prescribed medicines and nearly three-fifth of prescribed medicines.
- 2) The impact of the intervening determinants of the interaction between the PHs and their CLs is remarkably high with the largest number of determinants (11) and the highest values of significance (8 most strongly significant).
- 3) Similarly, the impact of the intervening determinants of the regulations and promotions of medicines is remarkably high where both determinants have high values of strong and very strongly significance.
- 4) The impact of the 3 psycho-social determinants as independent determinants of the PHs is less than expected as 2 determinants have values of weakly significance and 1 determinant of strong significance.
- 5) The impact of the determinants of the health service organization is interesting, where 1 determinant has a value of weakly significant influence.
- 6) The impact of the independent socio-economic determinants is less profound as only 1 determinant has a value of weakly significant influence.

The overall conclusion that in the mutual relation analysis of providing behaviour of PHs the intervening determinants show a strong dominance over all other independent categories of determinants – including the psycho-social determinants – opens up a new focal point for behaviour change in the arena of the classical doctor-patient relations and interactions.

Table 2. *Determinants of PHs' medicine provision (all countries)*

Variable name (PH)	Pearson χ^2	Level of significance
INDEPENDENT VARIABLES (<i>PH-specific</i>)		
Block 1 Socio-Demographic Variables (<i>PH-specific</i>)		
Gender of PH	.001	very strongly significant
Age of PH	.039	strongly significant
Country of PH	.000	most strongly significant
Block 2: Psycho-Social Variables (<i>PH-specific</i>)		
Main aspects of non-prescribed medicines of PH	.019	strongly significant
Preference for type of medicines of PH	.080	weakly significant
Preference for sort of medicines of PH	.063	weakly significant
Block 3: Socio-Economic Status Variables (<i>PH-specific</i>)		
Assessment of Socio-Economic Status of PH	.085	weakly significant

Block 4: Health Service Organisation Variables (<i>PH-specific</i>)		
Organisational type of practice of PH	.062	weakly significant
INTERVENING VARIABLES (<i>PH-specific and CL-specific</i>)		
Block 5: Regulations & Promotions of Medicines Variables (<i>CL-specific and PH-specific</i>)		
Regulations & prom's on non-prescribed meds of CL of PH	.001	very strongly significant
Regulations & prom's on prescribed meds CL of PH	.002	strongly significant
Block 6: Client Variables (<i>CL-specific and PH-specific</i>)		
Marital status of CL of PH	.057	weakly significant
Age of CL of PH	.000	most strongly significant
Country of CL of PH	.000	most strongly significant
Education of CL of PH	.000	most strongly significant
Profession of CL of PH	.000	most strongly significant
Socio-economic Status of CL of PH	.015	strongly significant
Health insurance of CL of PH	.023	strongly significant
General Health status of CL of PH	.000	most strongly significant
Reason for consultation of CL of PH	.000	most strongly significant
Perceived morbidity of CL of PH	.000	most strongly significant
Diagnosis of CL of PH	.000	most strongly significant

Source: Deliverable 2.1, Developer: Prof. JL Slikkerveer (WP2 leader)

Determinants of PATs' medicine consumption (all countries)

The major results of the mutual relationships analysis among various categories of behavioural determinants of medicine consumption and the PATs' reported patterns of consumption of non-prescribed and prescribed medicines are presented in **Table 3**. Some key results are presented below:

- 1) Comparison of the outcome patterns of consuming of non-prescribed and prescribed medicines by PATs shows a marked dominance of prescribed medicines (66.7%) over non-prescribed medicines (33.3%), indicating a preference for prescribed medicines, i.e. more than two-fifth of non-prescribed medicines and nearly three-fifth of prescribed medicines.
- 2) The impact of the intervening determinants of the interaction between the PATs and their GPs is less profound with a reduced number of determinants (5), albeit with 4 determinants with the highest values of most strongly significant, and 1 with the value of strongly significant.
- 3) The impact of the intervening determinants of the regulations and promotions of medicines is remarkably high where both determinants have a value of very strongly significant.
- 4) The impact of the 4 psycho-social determinants as independent determinants of the PATs is substantial as 3 determinants have values of most strongly significant and 1 determinant of very strongly significant
- 5) The impact of the determinant of the health service organization is interesting, where 1 determinant has a value of most strongly significant.

6) The impact of the determinants of the perceived morbidity of the PAT is remarkably high, where 2 determinants have values of most strongly significant, and 1 determinant has a value of strongly significant; 7 The impact of the independent socio-economic determinants is high as 1 determinant has a value of most strongly significant.

Table 3. Determinants of PATs' medicine consumption (all countries)

Variable name (PAT)	Pearson χ^2	Level of significance
INDEPENDENT VARIABLES (PAT-specific)		
Block 1 Socio-Demographic Variables (PAT-specific)		
Age of PAT	.000	most strongly significant
Marital status of PAT	.000	most strongly significant
Country of PAT	.000	most strongly significant
Education of PAT	.000	most strongly significant
Profession of PAT	.000	most strongly significant
Block 2: Psycho-Social Variables (PAT-specific)		
Opinion on prescribed medicines of PAT	.001	most strongly significant
Opinion conventional medicines of PAT	.008	weakly significant
Preference for type of medicines of PAT	.000	most strongly significant
Preference for sort of medicines of PAT	.000	most strongly significant
Block 3: Socio-Economic Status Variables (PAT-specific)		
Assessment of Socio-Economic Status of PAT	.000	most strongly significant
Block 4: Health Service Organisation Variables (PAT-specific)		
Organisational type of health system of PAT	.000	most strongly significant
Block 5 Perceived Morbidity Variables (PAT-specific)		
General health status of PAT	.000	most strongly significant
Perceived morbidity of PAT	.020	strongly significant
Reason for consultation PAT	.000	most strongly significant
INTERVENING VARIABLES (PAT-specific and GP-specific)		
Block 6: Regulations & Promotions of Medicines Variables (GP-specific and PAT-specific)		
Regulations & prom's on non-prescribed meds of GP of PAT	.000	most strongly significant
Regulations & prom's on prescribed meds GP of PAT	.000	most strongly significant
Block 7: GP Variables (GP-specific and PAT-specific)		
Age of GP of PAT	.001	most strongly significant
Country of GP of PAT	.000	most strongly significant
Education of GP of PAT	.000	most strongly significant
Socio-economic Status of GP of PAT	.029	strongly significant
Diagnosis of GP of PAT	.000	most strongly significant

Determinants of CLs' medicine consumption (all countries)

The major results of the mutual relationships analysis among various categories of behavioural determinants of medicine consumption and the CLs' reported patterns of consumption of non-prescribed and prescribed medicines are presented in **Table 4**. Some key results are presented below:

- 1) Comparison of the outcome patterns of consuming of non-prescribed and prescribed medicines by CLs shows a less marked dominance of prescribed medicines (47.9%) over non-prescribed medicines (52.1%), indicating a trend towards a more balanced distribution of both types of medicines, *i.e.* even more than half of non-prescribed medicines and nearly half of prescribed medicines.
- 2) The impact of the intervening determinants of the interaction between the CLs and their PHs is less profound with a reduced number of determinants (2), where both determinants have values of respectively strongly significant, and weakly significant.
- 3) The impact of the independent psycho-social determinants of the CLs is substantial as 1 determinant has a value of most strongly significant, 1 determinant has a value of strongly significant, and 2 determinant have a value of weakly significant.
- 4) The impact of the determinants of the perceived morbidity of the CL is remarkably high, where 2 determinants have values of most strongly significant.
- 5) No impact of the independent determinants of socio-economic status of the CL, of the health service organization and of the intervening determinant of regulations and promotions of medicines have been found in relation to the reported patterns of consuming behaviour of non-prescribed and prescribed medicines by CLs.

Table 4. Determinants of CLs' medicine consumption (all countries)

Variable name (CL)	Pearson χ^2	Level of significance
INDEPENDENT VARIABLES (CL-specific)		
Block 1 Socio-Demographic Variables (CL-specific)		
Age of CL	.001	most strongly significant
Marital status of CL	.000	most strongly significant
Country of CL	.042	strongly significant
Education of CL	.017	strongly significant
Profession of CL	.051	weakly significant
Block 2: Psycho-Social Variables (CL-specific)		
Opinion on prescribed medicines of CL	.017	strongly significant
Opinion conventional medicines of CL	.095	weakly significant
Preference for type of medicines of CL	.000	most strongly significant
Preference for sort of medicines of CL	.068	weakly significant
Block 3: Socio-Economic Status Variables (CL-specific)		
No determinant variables		

Block 4: Health Service Organisation Variables (<i>CL-specific</i>)		
<i>No determinant variables</i>		
Block 5 Perceived Morbidity Variables (<i>CL-specific</i>)		
General health status of CL	.000	most strongly significant
Perceived morbidity of CL	.020	strongly significant
INTERVENING VARIABLES (<i>CL-specific and PH-specific</i>)		
Block 6: Regulations & Promotions of Medicines Variables (<i>CL-specific and PH-specific</i>)		
<i>No determinant variables</i>		
Block 7: PH Variables (<i>CL-specific and PH-specific</i>)		
Country of PH of CL	.089	weakly significant
Diagnosis of PH of CL	.029	strongly significant

Source: Deliverable 2.1, Developer: Prof. J.L. Slikkerveer (WP2 leader)

Work package 3

A total of 698 GPs and 667 PHs from Greece, France, Cyprus, Malta, Turkey, Czech Republic and Sweden were enrolled in the study. There was a great variation across the countries in terms of number of GPs recruited (N=41 to 122) as well as number of PHs (N=16 to 190). About three quarter of the GPs' questionnaires were eligible for analysis (542/698; 78%) whereas it was two thirds for PHs (449/667; 67%). In summary, positive attitude towards medicines was found to affect both the GPs' and the PHs' intention to provide medicines. In addition, social pressure (Subjective Norm) was found to have an impact on GPs' and PHs' intention to provide medicines in the participating Mediterranean countries only. Gender on the other hand affected only the GPs' intention to provide medicines, while it had no significant impact on PH's intention to provide medicines. The WP3 results are presented in detail in the Deliverable 3.1 and part of the PHs' results are included in the Deliverable 4.2, while interpretation of key TPB terms is provided in **Table 5**, to facilitate a better understanding of the factors that affect medicine provision as below.

Factors that affect the provision of medicines in general practitioners (GPs)

GPs' attitude towards medicines was significantly associated with their intention to provide medicines in Czech Republic, Malta and Turkey. In Czech Republic, GPs' positive attitude towards medicines had a much stronger impact on their intention to provide medicines than in Malta (Odds Ratio was 5.3 in Czech Republic whilst in Malta the Odds Ratio was 3). Interestingly enough, GPs' positive attitude towards medicines in Turkey was found to have a negative association with their generalized intention towards provision of medicines, indicating that there could be some other factor/process that influences their intention and generates this inverse correlation (Odds Ratio was approximately 0.3). We also should underline that in Greece and Sweden no strong correlation was found between the GPs' attitude towards medicines and their intention to provide medicines.

Subjective Norms were found to play a vital role in the GPs' intention to provide medicines as well. In particular, GPs' intention to provide medicines was found to be affected by the social pressure in Greece, Malta and Turkey, whilst GPs' intention was not affected by social pressure in the remaining countries. It is worth mentioning that in

Malta there was a stronger association between the GPs' intention to provide medicines and social pressure than in Turkey and Greece (the odds ratio was approximately 6.0 in Malta whilst it was approximately 2.5 in Greece and Turkey). It is worth mentioning that social pressure was found to affect GPs' intention to provide medicines only in the Mediterranean Countries.

GPs' Perceived Behavior Control was found to affect their intention to provide medicines in Czech Republic and Malta, whilst GPs in the remaining countries were not affected.

The gender of the GPs was also found to affect their intention to provide medicines. Significant correlations were found in Czech Republic, Greece and Malta. By looking at the odds ratio we can conclude that female GPs in these countries expected to prescribe/recommend more medicines in patients without well documented evidence than their male colleagues, whereas in the remaining countries the gender did not seem to affect GPs' intention to provide medicines.

Finally, the age of the GPs was found to affect their intention to provide medicines in Malta, Sweden and Turkey. Younger GPs in Malta and Sweden expected to prescribe medicines without well documented evidence more than their older colleagues, whilst in Turkey younger GPs presented higher odds of having generalized intentions in favor of prescribing medicines in comparison with their older colleagues.

Factors that affect the provision of medicines in pharmacists (PHs)

PHs' positive attitude towards medicines was found to have a strong impact on their intention to provide medicines in Czech Republic, Greece and Malta. Among these countries, PHs' attitude towards medicines was found to have a stronger impact on their intention to provide medicines in Czech Republic in comparison with Greece and Malta (The odds ratio in Czech Republic was approximately 5.5 whereas in Greece was 3.8 and in Malta 3.2). In Turkey, PH's with a positive attitude towards medicines were 72% less likely to expect to recommend medicines in comparison with PHs without a positive attitude towards medicines (OR 0.28, 95% CI from 0.13 to 0.60).

Subjective Norms were found to play a vital role in PHs' intention to provide medicines in Greece. To be more specific, PHs under social pressure in Greece expected to recommend more medicines without well documented evidence comparing to PHs not being under social pressure.

PHs' Perceived Behavior Control was found to have a greater impact on their intention to provide medicines in Czech Republic. In addition, gender did not seem to affect PHs' intention to provide medicines in any country.

Finally, the age of the PHs was found to affect their intention to provide medicines only in Greece, where younger PHs expected to disperse/recommend more medicines and without well documented evidence comparing to their older colleagues. Detailed information on the factors affecting the intention of PH's to provide prescribed and non prescribed medicines can be found in the Deliverables 3.1 and 4.2.

Table 5. Interpretation of key TPB terms in relation to medicine provider

TPB Measure	Interpretation
Attitude	<ul style="list-style-type: none"> - It expresses beliefs about consequences of the behaviour and the corresponding positive or negative judgements about each these features of the behaviour. - It is an overall evaluation whether providing/recommending a medicine is: <ul style="list-style-type: none"> a) harmful or beneficial b) unpleasant or pleasant c) bad or good practice d) worthless or useful - A positive attitude towards medicines indicates that the GP/PH is in favour of providing /recommending a medicine.
Subjective Norm	<ul style="list-style-type: none"> - GP's/PH's own estimate of the social pressure to provide/recommend a medicine <ul style="list-style-type: none"> a) The pressure exerted by the people that a GP/PH considers to be important. b) Pressure exerted from colleagues. c) The social pressure in general.
Perceived behaviour Control	<ul style="list-style-type: none"> - Is the extent to which a person feels able to enact the behaviour. a) Expresses GP's/PH's self confidence about rational provision/recommending decision. b) The decision concerning providing/recommending medicines is entirely up to him/her.
Gen. Intention	<ul style="list-style-type: none"> - Is a proximal measure of GP's/PH's behaviour. - Is the expression of GP's/PH's will and intention to provide medicines
Intention Performance statement 1	- The expectation to issue a provide/recommend medicines to a patient/client.
Intention Performance statement 2	- The expectation for provision/recommending medicines without well documented evidence concerning the patient's/client's condition

Work package 4

In total, 1,838 consumers (patients and clients) from Greece, France, Cyprus, Malta, Turkey, Czech Republic and Sweden were enrolled in the study. Overall, the proportion of complete data was 80%, and ranged from 44% to 100%. In summary, high consumption of non-prescribed medicines was found in Cyprus, Czech Republic, Greece and Malta. Gender differences were found in the consumption of non-prescribed medicines in Cyprus, Czech Republic and Malta. Positive attitude towards medicines was found in consumers of Czech Republic, Greece, Malta and Turkey. The WP4 results are presented in detail in the Deliverable 4.1 while interpretation of key TPB terms is provided in **Table 6**, to facilitate a better understanding of the factors that affect medicine consumption as below.

Factors that affect medicine consumption

The highest percentage of consumers of prescribed medicines was observed in Cyprus, Malta and France where above 90% of the respondents (patients and clients) reported having consumed at least one prescribed medicine during the last 6 months. The highest percentage of consumers of non-prescribed medicines were found in Cyprus, Czech Republic, Malta and Greece where above 80% of the respondents reported having consumed at least one non-prescribed medicine during the last 6 months. One can also observe that in France, Sweden and

Turkey the percentage of prescribed medicines consumers was higher than the respective non-prescribed. On the contrary, in Malta, Cyprus, Greece the percentages were almost equal and in Czech Republic, the percentage of consumers of non-prescribed medicines was higher than the consumers of prescribed medicines. Besides these, gender variations in the number of both prescribed and non-prescribed medicines consumed were found with women tending to consume on average more medicines than men. Overall, consumers' attitude towards medicines was found to be positive in all participating countries. In other words, this highlights that fact the consumers' attitude towards medicines leans towards a more favourable intention towards medicine consumption. The most favourable attitudes towards medicines were observed in the consumers of Czech Republic, Greece, Malta and Turkey. Consumers' Subjective Norms were also found to be somewhat positive in all the participating countries except from Cyprus. Consumers' Subjective Norms were found to have an impact on their intention to consume medicines in France, Malta and Turkey. Consumers' Perceived Behaviour Control was found to be positive in all the participating countries except from Malta. Consumers in Cyprus, France and Turkey presented higher scores of Perceived Behaviour Control expressing their self-confidence about medicines consumption. Besides these, consumers' intention to consume medicines was found to differ amongst the participating countries. Consumers' Generalized Intention 1, which expressed consumers' will to consume medicines in the near future was found to be positive in all the participating countries except from Turkey. Consumers' Generalized Intention 2, which expressed consumers' expectation to consume medicines if they need to do so, was found to be positive in all the participating countries. Finally, consumers' intention to consume non-prescribed medicines was found to be positive in Cyprus, Czech Republic and Sweden, whilst it was found to be negative France, Greece, Malta and Turkey.

Table 6. Interpretation of key TPB terms in relation to medicine consumer

TPB Measure	Interpretation
Attitude	<ul style="list-style-type: none"> - It expresses beliefs about consequences of the behaviour and the corresponding positive or negative judgements about each these features of the behaviour. - It is an overall evaluation whether consuming medicines is: <ul style="list-style-type: none"> e) harmful or beneficial f) bad or good practice g) worthless or useful - A positive attitude towards indicates that the patient/client is in favour of consuming medicines
Subjective Norm	<ul style="list-style-type: none"> - Patients'/client's own estimate of the <u>social pressure</u> to consume medicines: <ul style="list-style-type: none"> d) Pressure exerted from <u>close relatives</u>. e) Pressure exerted from <u>friends or other patients</u>.
Perceived behaviour Control	<ul style="list-style-type: none"> - Is the extent to which a person feels able to enact the behaviour: <ul style="list-style-type: none"> a) Expresses patient's/client's self confidence about rational use of medicines. b) The decision concerning medication consumption is entirely up to him/her. c) The approval of his/her behaviour from people close to him/her.
Intention	<ul style="list-style-type: none"> - Is a <u>proximal measure</u> of patients'/client's <u>behaviour</u>:
Generalized Intention 1:	<ul style="list-style-type: none"> - Is the expression of patients'/client's <u>will and intention</u> to consume medicines in the near future.
Generalized Intention 2:	<ul style="list-style-type: none"> - The <u>expectation</u> to consume medicines if they need to do so.
Generalized Intention OTC:	<ul style="list-style-type: none"> - The <u>intention to consume</u> OTC medicines.

Summary of the WP3-WP4 results

The results of WP3 and Wp4, which utilized the TPB are summarized in **Table 7** by country as well as by category of provider and consumer.

Table 7. *Summary of the WP3 and WP4 results*

	Summarizing Findings		
Country	GPs (WP3/D3.1)	PHs (WP3/D3.1-D4.2)	Clients/Patients (WP4/D4.1)
	Attitude (towards medicines)		
Cyprus	Positive. Correlated with Gen. Intention.	Positive. Inversely correlated with the expectation to provide medicines without well-documented evidence.	Neutral. Correlated with Subjective Norm and expectation to consume medicines if necessary.
Czech Rep.	Positive. Correlated with Gen. Intention.	Very positive. Correlated with PBC and Gen. Intention.	Positive. Correlated with expectation to consume medicines if necessary.
France	Positive	Very positive. Correlated with PBC and Gen. Intention.	Somewhat positive. Correlated with expectation to consume medicines if necessary.
Greece	Somewhat positive. Correlated with PBC and Expectation for providing medicines without well documented evidence.	Somewhat positive. Correlated with PBC and Gen. Intention.	Positive. Correlated with Subjective Norm, the Intention to consume medicines and the expectation to consume medicines if necessary.
Malta	Positive. Correlated with PBC and the Expectation to provide medicines.	Positive. Correlated with Gen. Intention and the expectation to provide medicines.	Positive. Correlated with Subjective Norm, the Intention to consume medicines and the expectation to consume medicines if necessary.
Sweden	Somewhat positive. Correlated with PBC and Gen. Intention.	Very positive. Correlated with PBC.	N.A.
Turkey	Positive. Correlated with Subjective Norm.	Somewhat positive. Correlated with PBC and the expectation to provide medicines.	Positive. Correlated with Subjective Norm and the expectation to consume medicines if necessary.
	Subjective Norms		
Cyprus	Positive. Correlated with Gen. Intention.	Positive. Not correlated with other direct TPB measures.	Negative. Inversely correlated with PBC and the Intention to consume OTC-medicines.
Czech Rep.	Somewhat positive. Correlated with the expectation to provide medicines.	Somewhat positive. Correlated with PBC and Gen. Intention.	Somewhat positive. Inversely correlated with PBC and the Intention to consume OTC-medicines.
France	Somewhat positive. Not correlated with any Direct TPB measure.	Somewhat positive. Not correlated with other direct TPB measures.	Somewhat positive. Correlated with the Intention to consume OTC-medicines.

Greece	Somewhat positive. Correlated with Gen. Intention	Somewhat positive. Correlated with Gen. Intention.	Somewhat positive. Correlated with the Intention to consume medicines if necessary and the Intention to consume medicines in the near future.
Malta	Almost Neutral. Correlated with Gen. Intention and the expectation to provide medicines without well documented evidence.	Somewhat positive. Correlated with the expectation to provide medicines and the expectation to provide medicines without well documented evidence.	Somewhat positive. Correlated with the Intention to consume medicines if necessary and the Intention to consume medicines in the near future.
Sweden	N.A.	N.A.	Somewhat positive. Correlated with the Intention to consume medicines if necessary and the Intention to consume medicines in the near future.
Turkey	Positive. Correlated with the expectation to provide medicines without well documented evidence.	Somewhat positive. Correlated with PBC and the expectation to provide medicines without well documented evidence.	Somewhat positive. Correlated with PBC and the Intention to consume medicines in the near future.
	Perceived Behaviour Control		
Cyprus	Very positive. Not correlated with other direct TPB measures.	Very positive. Correlated with the expectation to provide medicines.	Very positive. Correlated with the Intention to consume non-prescribed medicines.
Czech Rep.	Very positive. Correlated with Gen. Intention.	Very positive. Correlated with Gen. Intention.	Somewhat positive. Correlated with the Intention to consume non-prescribed medicines.
France	Very positive. Not correlated with other direct TPB measures.	Very positive. Strongly correlated with Gen. Intention.	Positive. Not correlated with other direct TPB measures.
Greece	Very positive. Not correlated with other direct TPB measures.	Very positive. Correlated with Gen. Intention.	Somewhat positive. Not correlated with other direct TPB measures.
Malta	Somewhat positive. Correlated with Gen. Intention and the expectation to provide medicines.	Somewhat positive. Correlated with Gen. Intention.	Negative. Not correlated with other direct TPB measures.
Sweden	Positive. Not correlated with other direct TPB measures.	Very positive. Not correlated with other direct TPB measures.	Somewhat positive. Correlated with the Intention to consume non-prescribed medicines.
Turkey	Very positive. Not correlated with other direct TPB measures.	Very positive. Correlated with the expectation to provide medicines.	Positive. Correlated with the Intention to consume medicines if necessary.
	Intentions (towards medicine provision)*		Intentions (towards medicine consumption)*
Cyprus	N.A.	N.A.	N.A.
Czech Rep.	Gen. Intention affected by positive Attitude and PBC.	Gen. Intention affected by positive Attitude and PBC	Intention to consume non-prescribed medicines affected by positive

	Expectation for medicine provision without well documented evidence affected by gender.		Attitude and age.
France	N.A.	N.A.	Intention to consume non-prescribed medicines affected by negative Attitude, Subjective Norm and age.
Greece	Gen. Intention affected by Subjective Norm. Expectation for medicine provision without well documented evidence affected by gender.	Gen. Intention affected by positive Attitude. Expectation for medicine provision without well documented evidence affected by Subjective Norm and age.	The expectation to consume medicines if necessary was affected by positive Attitude, age and gender.
Malta	Gen. Intention Affected by Subjective Norm. Expectation for medicine provision without well documented evidence affected by Subjective Norm and gender.	Expectation for medicine provision affected by positive Attitude and age. The expectation to consume medicines if necessary was affected by Subjective Norm and gender.	The intention to consume medicines in the near future was affected by Subjective Norm, PBC and age.
Sweden	Expectation for medicine provision without well documented evidence affected by age	N.A.	N.A.
Turkey	Gen. Intention affected by negative Attitude and age. Expectation for medicine provision without well documented evidence affected by negative Attitude and Subjective Norm	Expectation for medicine provision affected by positive Attitude	The intention to consume medicines in the near future was affected by Subjective Norm. The expectation to consume medicines if necessary was affected by positive Attitude and PBC.

Work package 5

The intervention/feasibility study was implemented in five countries (Greece, France, Malta, Turkey, Cyprus). The study drew on the TPB model, which has been identified as a successful model for behaviour change in general practice (Conner, 1995). Key findings of previous work packages (WP2, WP3, WP4) of the OTC SOCIOMED project guided the design, content and methods of this feasibility/intervention study. The main components of the multifaceted intervention were the following: (a) Delivery of a one-day educational course, (b) Poster with key messages on rational prescribing demonstrated at the participants workplace over a 4-week period, (c) reminders of rational prescribing as text or email alert messages sent to the participants over the four-week period. A pre and post-intervention design was used with a control group. Four different instruments were used at pre-intervention and post-intervention level to detect changes in the participants' intention to provide medicines, their prescribing practices and their overall satisfaction, in both the intervention and the control group. In total, 104 GPs participated and 84 (80.7%) of them provided complete data (**Figure 4**).

One-day training outcomes

A total of 42 GPs provided data before the implementation of the educational course in all the participating countries. Data from France were not included in the analysis due to missing post-intervention comparative data. According to the results, GPs from all the countries involved in the intervention, reported high expectations from the educational course, in terms of its usefulness, applicability in clinical practice and its potential influence on behavioural change. Among the study participants, Maltese GPs displayed the lowest expectations from the educational course while Cyprians and Turkish GPs displayed the highest ones. The level of information provided to the participants prior to the educational course was the element that received the worst evaluation in all the participating countries. As regards to their evaluation of the educational course, the highest overall satisfaction was reported by the Turkish GPs and the lowest one by the Maltese GPs. The level of behavioural change achieved as a result of the educational course and the extent of the seminar's applicability were some of the elements that received more moderate evaluation comparing to others. The quality of the seminar received the worst evaluation in Cyprus.

Acceptability of the multifaceted intervention

The intervention met moderate to high acceptability in the participating countries. GPs in Cyprus, Greece and France found the structure of the intervention "fairly good", in Malta "somehow good" and in Turkey "very good". The content of the intervention was considered to be "fairly good" in Cyprus, France, Greece and Turkey and "somehow good" in Malta. The intervention material was assessed to be "fairly good" in Cyprus and France, "very good" in Turkey whilst in Greece and Malta the score was neutral.

Based on the results of the one-day training, the seminar as a whole was considered to be "very interesting" in Cyprus and Turkey and "fairly interesting" in Greece and Malta. In addition, the quality of speakers was considered "high" in Cyprus, Greece and Turkey and "good" in Malta. The seminar as a whole was considered to be more applicable in Cyprus, Greece and Turkey than in Malta.

Practicality of the multifaceted intervention

The intervention was found to be practical for general practice in most participating countries. GPs in Cyprus and Turkey stated that the intervention changed their view of non-prescribed medicines at a "high degree", whilst in Greece and Malta the intervention changed GPs' view of non-prescribed medicines "somehow". Furthermore, GPs in France were "undecided" about whether this intervention changed their views of non-prescribed medicines.

Based on the results of the one-day training, GPs in Cyprus, Greece and Turkey found the seminar "very helpful" for their future work, while in Malta GPs found the seminar "somehow helpful" for their future work). Finally, highest acceptance of the seminar was reported by GPs in Cyprus, Greece and Turkey and lowest acceptance was reported by GPs in Malta.

Predicted Efficacy of the multifaceted intervention

Although testing of efficacy was necessarily in this pilot/feasibility study, certain trends have emerged based on the responses to the three study questionnaires. As the country sample sizes were small, outcomes were

assessed by focusing on the magnitude of the differences between intervention and control groups, and to a much lesser extent on the statistical significance.

Overall, changes in GPs' intention to provide medicines tended to be positive in the intervention group whilst no changes were found in the control group. This pattern was seen across all 5 countries. Statistically significant differences were observed in Cyprus (generalized intention p-value=0.01, intention statement 2 p-value = 0.017, ie GPs in the intervention group expected to prescribe medicines to patients without well documented evidence in 10% less patients) and in Malta (GPs in the intervention group expected to prescribe medicines to patients without well documented evidence to 10% fewer patients than in the control group (p-Value = 0.021).

There was no apparent change in the number of prescribed medicines (before - after the intervention) in Cyprus and Greece. In France there was a small increase in the number of prescribed medicines at post intervention level, which may be due to coincidence with the season of vaccination. In Malta and Turkey, a small decrease in the number of prescribed medicines was observed in both the intervention and the control group, without this change being statistically significant.

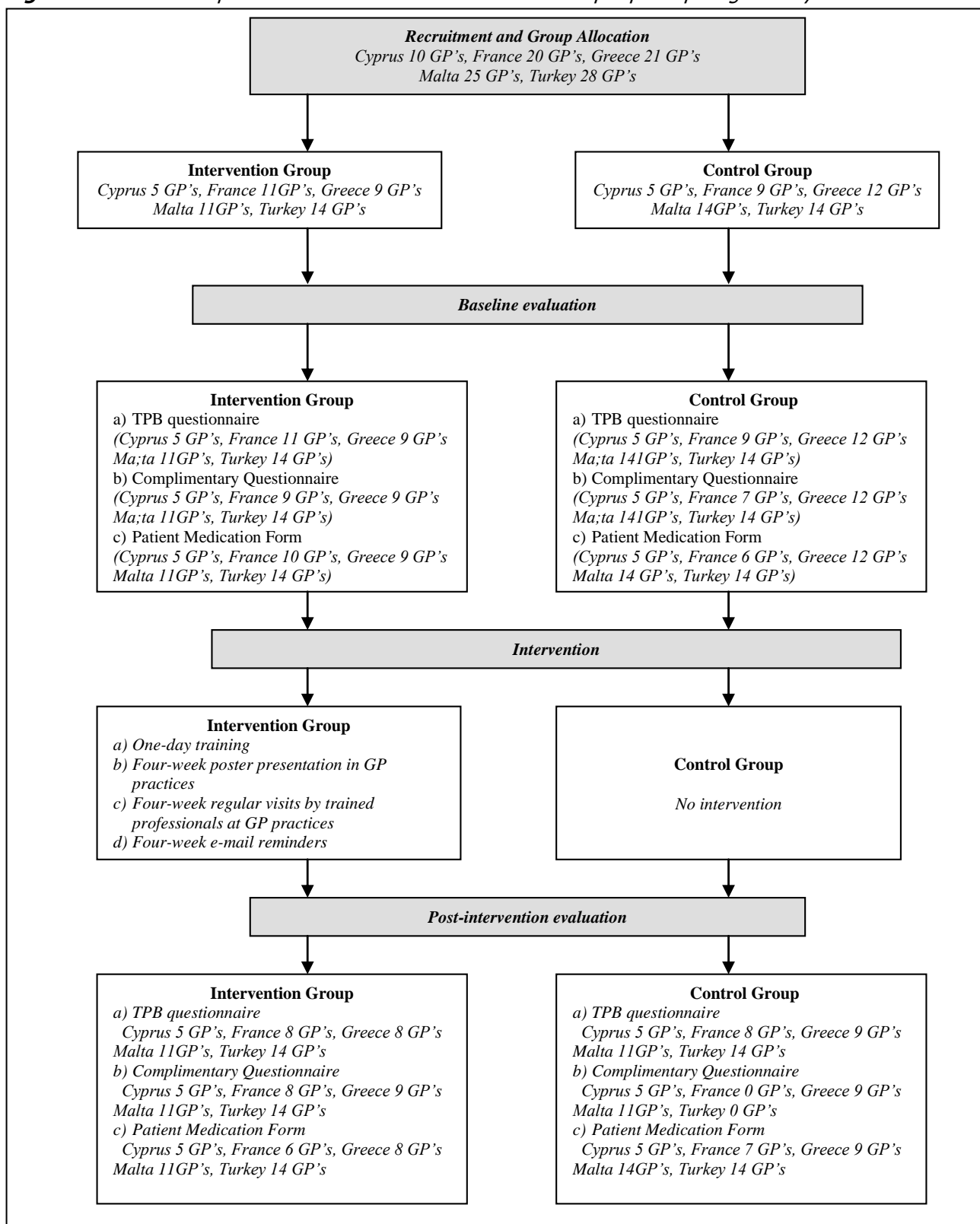
There was a change towards a more rational prescription found in the intervention group comparing to the control group. For instance in Cyprus, after the intervention, 60% of the GPs (in intervention group) stated that that they would not prescribe medicines already purchased from the pharmacy without prescription while that percentage was zero prior to the intervention. In Greece the percentage of the GPs who would not prescribe a medicine already bought from the pharmacy was also 60% after the intervention whilst it was 20% at baseline.

A positive change was also found regarding prescribing of medicines to third persons (relatives, friends etc.). To be more specific, in Cyprus 80% of GPs stated that they would not prescribe a medicine to a third person while that percentage was 40% before the intervention. In Greece, 60% of the GPs stated that they would not prescribe a medicine to a third person after the intervention, while that percentage was 40% before the intervention.

In Cyprus and Greece there was an increase of 20% at the number of GPs stating that they would always discuss the prescribed medicines with patients suffering from chronic disease (baseline percentage was 40% in Cyprus and 60% in Greece).

Finally, in Cyprus 80% of GPs stated that they would not prescribe medicines suggested by another physician after the intervention, while the baseline percentage of GPs was initially zero. In Greece, 100% of GPs said that in such occasion they would contact the physician who suggested this medicine to their patient while the baseline percentage of GPs stating this response was 60%.

Figure 4. Schematic representation of the evaluation framework per participating country



Work package 6

The project's evaluation phase has produced a number of statements conveying key messages to GPs serving the participating Southern European countries, policy makers and other stakeholders. These statements along with

the methodology that was employed to develop them can be found in detail in the Deliverable 6.1. The statements were divided into three sections as follows: (a) *Determinants of provision of non-prescribed medicines*, (b) *Issues of interventions*, and (c) *Proposals for health policy issues*. A Nominal Group Process (Expert Panel Technique) was then used to prioritize and gain group consensus on the statements that were most important in achieving the study goal as well as on the outcomes that emerged in common in the participating countries as a result of the project. The Nominal Group Process involved two stages. The first stage was implemented via e-mail and the second stage involved a consensus meeting held in Athens within the framework of a National Conference on Health Management and Health Economics. Within the two individual stages, all the country representatives were asked to express their level of agreement with each of the evaluation statements. The statements were rephrased based on the first evaluation stage and were re-evaluated in their new form during the second evaluation stage. The statements with higher mean agreement were those that best reflected the project outcomes in the participating countries and those that could be translated into policy recommendations. These statements reflect the latest trends in the provision and consumption of non-prescribed medicines based on the results of the systematic review that was carried out in the framework of WP5, on the multi-country surveys that were carried out in WP2, WP3 and WP4 and on the multi-centre pilot intervention that was implemented in WP5. This evaluation outcome was strengthened by a widely used theoretical model of quality assessment as well as by a sound methodological framework, which was based on collective and evidenced-based decision-making by country representatives and experts instead of individual decision-making.

Work package 7

A set of recommendations / practical guidelines (**Table 8**) based on the TPB results and summarizing the knowledge gained from WP2-WP5 was developed based on the 'realist' approach and it is extensively illustrated in the Deliverable 7.1. The sources of information employed for the purposes of the review involved the following: (a) The project deliverables (Del. 2.1, Del. 3.1, Del. 4.1, Del. 4.2, Del. 5.1, Del. 6.1), (b) The progress reports to the European Commission, (c) A systematic review about the effectiveness of interventions for rational prescribing and the use of "Over the Counter Drugs" (OTCs) in general practice and Primary Health Care that has been designed and was carried out exclusively for the purpose of WP5. In addition, a set of propositions/suggestions for interventions addressing issues of clinical practice, health policy and health research were developed based on the WP2 results and can be found in the Deliverable 7.1. The information used for the development of the propositions/suggestions for interventions involved the following: a) the bivariate analyses for the joint data of 5 countries for each of the categories of respondents (GP, PH, PAT & CL), b) the mutual relation analyses for the joint data of 5 countries for each of the categories of respondents (GP, PH, PAT & CL) and, c) the multivariate analyses for the joint data of 5 countries for each of the categories of respondents (GP, PH, PAT & CL).

Informative material resulting from the OTC SOCIOMED project along with the final set of recommendations/practical guidelines was distributed via e-mail to all the stakeholders engaged in medicine distribution, monitoring and evaluation, identified through a mapping process. The aim of this action was to inform all stakeholders about the knowledge gained through the project and ensure the transfer of knowledge into everyday clinical and pharmaceutical practice as well as the introduction of key and missing issues in the agenda of policy makers. This

further aimed to provide a shared basis of knowledge and experience regarding the medicine provision and consumption as well as guidance towards planning and implementing improvements in professional practice.

Table 8. of recommendations / practical guidelines based on the TPB results

1. For General Practitioners:

In order to ensure that patients receive medicines appropriate* to their clinical needs and in doses that meet their own individual requirements.....

Proposition / practical recommendations	Supporting Evidence
<p>General Practitioners are advised to recommend their patients to seek a medical consultation prior to asking pharmacists to provide non-prescribed medicines and closely examine the patients' record for the appropriateness of medicine.</p> <p>These recommendations are especially relevant to General Practitioners in France, Greece and Turkey.</p>	<p>Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, about one-tenth (10%) of the General Practitioners in France, Greece and Turkey reported that they provided their patients with non-prescribed medicines which had already been provided on beforehand by the Pharmacists (France: n=37, Greece n=93, Turkey n=242). [Result of the Work Package 3 (WP)]</p>
<p>General Practitioners are recommended to avoid making their decision to provide medicines upon the request of a patient or a third person only.</p> <p>This recommendation is especially relevant to General Practitioners in Malta and Turkey.</p>	<p>In Malta and Turkey, based on completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, General Practitioners under social pressure were respectively 3.7 and 2.1 times more likely to provide a medicine without well documented evidence (Malta: n=112; $p < 0.003$ and Turkey: n=242; $p = 0.006$). [Result of the WP3]</p>
<p>General Practitioners are recommended to be aware whether their patients, and especially their patients and especially their female patients consume non-prescribed medicines that have not been reported to them.</p> <p>This recommendation is especially relevant to General Practitioners in Czech Republic, Greece, Malta and France.</p>	<ul style="list-style-type: none"> • In Cyprus, Czech Republic, Greece and Malta above 80% of the primary care patients reported consuming non-prescribed medicines during the last 6 months. [Result of the WP4] • In France that number was above 70%, in Sweden above 50% and in Turkey above 40%. [Result of the WP4] • In primary care patients, gender was a statistically significant predictor of the intentions towards medicine consumption in Greece and in Malta (Greece: n=107; $p = 0.019$ Malta: n=299; 0.011). Besides these, the average percentage of consumers was found to be higher in female participants in all countries. [Result of the WP4]

*Based on the rational prescribing definition of the World Health Organisation:

http://www.who.int/medicines/areas/rational_use/en/index.html

2. For pharmacists:

In order to ensure that patients receive medicines appropriate to their clinical needs and in doses that meet their own individual requirements.....

Proposition / practical recommendations	Supporting Evidence
Pharmacists are recommended to appraise the risks and benefits of the provision of any medicine as well as contact their clients' physician when they seek a medicine without a written document. This recommendation is especially relevant to Pharmacists in Cyprus, France, Greece and Malta.	Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, In Cyprus, France, Greece and in Malta Pharmacists admit providing prescribed medicines without a written document issued by the General Practitioners to the clients more than 10% of their clients (Cyprus: n=25, France n=11, Greece n=64, Malta n=108). [Result of the WP3]
Pharmacists are recommended to be cautious when they deliver medicines to patients in a non-well documented context. This recommendation is especially relevant to PHs in Greece.	In Greece, Pharmacists under social pressure were 3.9 times more likely to provide their clients with prescribed medicines without well documented evidence (Greece: n=63; p=0.039). [Result of the WP3]

3. For Patients/Clients:

In order to ensure that patients receive medicines appropriate to their clinical needs and in doses that meet their own individual requirements.....

Proposition / practical recommendations	Supporting Evidence
Patients are recommended to consult their General Practitioner before purchasing/consuming non-prescribed medicines. This recommendation is especially relevant to patients in Cyprus, Czech Republic, Greece, Malta and Sweden	Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, patients in Cyprus, Czech Republic and Sweden presented positive intention toward the consumption of non-prescribed medicines (Cyprus: Median Score 5/7; n=76, Czech Rep.: Median Score=6/7; n=376, Sweden: Median Score=5/7; n=229). [Result of the WP4]
	Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, in all participating countries the percentage of consumers of non-prescribed medicines during the last 6 months was rather higher. The highest values were observed in Cyprus, Czech Republic, Greece and Malta where the percentage of patients or clients who request non-prescribed medicines was above 80%. [Result of the WP4]
Patients should be aware that purchasing of prescribed medicines should be accompanied by a prescription provided by their General Practitioner.	Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, in Cyprus, France, Greece and Malta, Pharmacists admit providing prescribed medicines without

<p>This recommendation is especially relevant to patients in Cyprus, France, Greece and Malta.</p>	<p>prescription to more than 10% of their clients</p> <p>(Cyprus: n=25, France n=11, Greece n=64, Malta n=108). [Result of the WP4]</p>
<p>Patients should be encouraged to consult with their General Practitioners for their health problems rather than with friends and family members only.</p> <p>This recommendation is especially relevant to patients in France, Malta and Turkey.</p>	<p>Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, in France, patients under social pressure were 2.3 times more likely to have positive intention towards non-prescribed medicines. In Malta and in Turkey patients under social pressure were respectively 4.6 and 3.2 times more likely to consume medicines in the near future</p> <p>(France: n=221; p=0.043, Malta: n=299; p<0.0001, Turkey: n=342; p=0.001). [Result of the WP4]</p>
<p>Patients should be encouraged to seek information from their General Practitioners and Pharmacists about the potential health risks when consuming non-prescribed medicines.</p> <p>This recommendation is especially relevant to patients in Czech Republic, France and Turkey.</p>	<p>Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, attitude towards medicines was a statistically significant predictor of intentions to consume non-prescribed medicines in Czech Republic (n=368 ; p<0.0001), France (n= 221;p=0.046) and Turkey (n=342; p=0.002). [Result of the WP4]</p>

4. For Policy makers / Health policy planners:

In order to ensure that patients receive medicines appropriate to their clinical needs and in doses that meet their own individual requirements.....

Proposition / practical recommendations	Supporting Evidence
<p>Policy makers and health policy planners should focus their attention and actions among others on General Practitioners especially the young (in Malta, Sweden and Turkey) and the female General Practitioners (in Czech Republic, Greece and Malta).</p>	<p>Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, in Czech Republic, Greece and Malta the gender of GPs was a statistically significant predictor of their intention to prescribe medicines (Czech Republic n=92; p=0.027, Greece: n=93; p=0.045, Malta: n=112; p=0.040). [Result of the WP3]</p>
	<p>Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, in Malta and Sweden, younger General Practitioners (less experienced) expect to provide medicines without well documented evidence greater than their older colleagues (Malta: n=112 ; p=0.008, Sweden: n=69 ; p=0.006, Turkey: n=242 ; p=0.021). [Result of the WP3]</p>
	<p>Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, in Turkey, younger General Practitioners were more likely to have generalized intentions in favor of prescribing medicine in comparison with their older colleagues (Malta: n=112 ; p=0.008, Sweden: n=69 ; p=0.006, Turkey: n=242 ; p=0.021). [Result of the WP3]</p>

	n=242 ; p=0.021). [Result of the WP3]
Policy makers in Czech Republic and Malta are strongly invited to promote tested interventions based on theoretical frameworks, guidelines and training courses addressing General Practitioners favorable attitudes towards non-prescribed medicines.	Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, General Practitioners' positive attitude towards medicines was a statistically significant predictor of their intentions to prescribe medicines in Czech Republic (n=92 ; p=0.001) and Malta (n=112 ; p=0.022). [Result of the WP3]
Large scale interventions aiming to improve Pharmacists' recommendation practices in Czech Republic, Greece and Malta, need to target among others, Pharmacists with favorable attitudes towards medicines.	Based on the results gained from completed questionnaires that were constructed in the framework of the Theory of Planned Behaviour, positive attitude towards medicines was found to have a strong impact on the Pharmacists' intention to provide medicine in Czech Republic, Greece and Malta. Among these countries, attitude had a stronger impact in Czech Republic in comparison with Greece and Malta. In Czech Republic. Pharmacists were approximately 5.5 times more likely to provide medicine comparing to the rest of the countries, whereas in Greece it was 3.8 times and in Malta 3.2 times (Czech Republic: n=117; p<0.0001, Greece: n=63; p=0.035, Malta: n=108; p=0.011). [Result of the WP3]
Policy makers and health planners in Cyprus, Greece, Malta and Turkey, should consider the design and implementation of multifaceted interventions that include educational outreach and reminder messages to address General Practitioners' favorable attitudes towards non-prescribed medicines.	Based on the results of the feasibility study participating General Practitioners in Cyprus, Greece, Malta and Turkey found that questions related to the intervention acceptability were highly rated (above 5/7) based on a 7 point Likert scale by 70% (25/36) of the General Practitioners participating in the pilot intervention in all countries. [Result of the WP5]
	Based on the results of the feasibility study participating General Practitioners in Cyprus, Greece, Malta and Turkey, 92% (35/38) of the participating General Practitioners in the pilot intervention responded that the intervention was relevant to primary care settings in terms that affected their daily practice in all countries. [Result of the WP5]
	Based on the results of the feasibility study conducted in Cyprus, Greece, Malta and Turkey, 92% (35/38) of the participating General Practitioners assessed that a one day intensive training was very helpful for their future work in all participating countries. [Result of the WP5]
	Based on the results of the feasibility study conducted in Cyprus, Greece, Malta and Turkey the intervention was considered as practical and well accepted by 70% (25/36) of the participating General Practitioners in all countries. [Result of the WP5]
	Based on the results of the feasibility study conducted in Cyprus, Greece, Malta and Turkey, the content of the training was assessed to be at least fairly good (5/7) based on a 7 point Likert scale in all countries. [Result of the WP5]

5. For Researchers/Academicians (Health related Sciences):	
Proposition / practical recommendations	Supporting Evidence
A one day intensive training course within a framework of a longitudinal study is recommended as a tool to address General Practitioners favorable attitudes towards non-prescribed medicines.	Based on the results of the feasibility study conducted in Cyprus, Greece, Malta and Turkey, 92% (35/38) of the participating General Practitioners assessed that a one day intensive training was very helpful for their future work in all participating countries. [Result of the WP5]

The potential socio-economic impact and the wider societal implications of the project

The impact of the study could be explored on various levels. Firstly, the theoretical exploitation of the behavior of all health actors that are involved in the provision and consumption of non-prescribed and prescribed medicines. It has been creatively achieved by the implementation of two conceptual frameworks that offered a very analytical description of the determinants of consuming and providing behaviour of medicines of the GPs, PHs, PATs and CLs. Analytical reports with various categories of factors have been delivered to the participating countries for a potential and future implementation of this theory-based evidence into their local settings. Secondly, certain pilot interventions have been tested in local settings and a proposed intervention frame has been evaluated as feasible, relevant and practical in the busy health care environment. The study further provides an operationalized structure to define and evaluate interventions targeting similar behaviours in health professions and other disciplines. It introduces common evaluation standards and tools translated in multiple European languages, appropriate in measuring the effectiveness of current interventions and their applicability in other settings. Researchers now, have at their hands an educational intervention tool with relevant methodologies and instruments for a future large scale implementation, to alter the existing situation at the regional and national level and reducing the cost of pharmaceutical expenditures due to non radical decisions of all groups of health actors. Thirdly, the prepared and disseminated set of recommendations and proposed practical guidelines prepared from this project could have an important impact on policy makers, health actors, stakeholders, researchers and academicians. Most importantly, the current study provides evidence to policy makers on future policy actions targeting physicians' skills and prescribing behaviour in primary health care. It can additionally provide guidance on how to manage physicians' behavioural change and how to prevent irrational prescribing of medicines at primary care settings, through borrowing theoretical constructs from behavioural sciences. These constructs could be fertilized in undergraduate, postgraduate and continuous medical education to improve medical practice. This study is further expected to enable in the long run multi-country, multi-stakeholder consultations in medicine provision and consumption. Lastly, this collaborative effort combined capacity building from academic departments, colleges of GPs and primary care networks by using a theory guided approach for observational studies and designed and implemented an intervention and concluded with a list of an interesting compilation of recommendations and proposed practical guidelines.

Shortly summarizing the above, this FP7 project has a clear impact on:

- (1) The theory exploitation and implementation,
- (2) The development of tools and instruments suitable to clinical practice and research,

- (3) The design and evaluation of a pilot intervention that can guide future research,
- (4) The health policy within settings where financial and economical crisis is calling for urgent intervention in reducing unnecessary cost denoted to pharmaceutical expenditures.
- (5) Research capacity building apart from tools and methods left a strong multidisciplinary network to provide additional research within the European setting.

Main dissemination activities and exploitation of results

The OTC SOCIOMED website (<http://www.otcsociomed.uoc.gr>), through which general information on the project was made available to the public, played a major role in the dissemination of the project activities and results. It was launched in February 2010 and continuously populated and updated with content during the lifetime of the project. Practically every public result of the project was available at the website including the project posters, publications, workshop programs, conference presentations and other events. In addition to the public website, the OTC SOCIOMED website served also as a collaborative tool for data sharing during the course of the project and featured a password protected area with restricted access to OTC SOCIOMED members. The website remain operational under the website of the coordinating centre.

Peer-reviewed scientific publications were also part of the OTC SOCIOMED dissemination activities. One paper was submitted for publication to a peer-review scientific journal (*Evaluation and The Health Professions*) and two scientific papers are currently in manuscript planned to be submitted in the next month (one is planned to be submitted to *Family Practice* in the first week of August 2012 and the second one reporting on the results of the feasibility study will be submitted to the journal of *BMC Family Practice*). The OTC SOCIOMED study results were presented in five national and European conferences addressing various audiences in the areas of medicine, pharmacy, health policy, health economics, and others.

OTC SOCIOMED workshops were held in various European countries (e.g. Greece, Turkey, Austria) as part of major scientific events (e.g. Annual Greek Congress on Health Economics, Annual Conference of the Turkish Association of Family Physicians, WONCA European Annual Conference, etc). A total of six workshops were organized to discuss the project results from different perspectives according to the audience of the conference. The agenda and the slides of the workshop presentations are available at the OTC SOCIOMED website.

Exhibitions at large scientific events were also used to disseminate the project's results. OTC SOCIOMED stands were prepared for WONCA Europe Annual Conferences in Warsaw 2011 and in Vienna 2012, a major event of the European network of family physicians with great numbers of attendees of biomedical disciplines from all over the world, where dissemination activities have been hosted in the WONCA Europe booth. These stands included posters of the project and relevant information on its implementation. Executive summaries of the project were also communicated to the Executive Board of WONCA Europe at different time periods including the

last council meeting in Vienna in order to discuss the findings as part of their forthcoming activities and introduce the OTC SOCIOMED topic in their future agenda.

A set of recommendations for policy implementation were developed on the evidence generated by the OTC SOCIOMED project and was distributed via e-mail to all the stakeholders identified through the mapping process. This action, which is ongoing, aimed to inform all stakeholders about the knowledge gained through the project and ensure the transfer of knowledge into everyday clinical and pharmaceutical practice as well as the introduction of key and missing issues in the agenda of policy makers. The recommendations provided important information to different stakeholders such as professional groups (e.g. Cyprus Medical Association for Primary Care) and networks of health professionals (e.g. World Organization of Family Doctors – WONCA; European GP Research Network - EGPRN), academic and research organizations (e.g. Department of General Practice, Charles University Prague, Czech Republic), Quality Assessment Organizations (e.g. European Network for Health Technology Assessment -EUnetHTA), International Agencies for Medicines (e.g. World Health Organization), Authorization and Regulatory Agencies for Medicines (e.g. Greek National Organization for Medicine) and drug industry (e.g. Association of the European Self-Medication Industry - AESGP) in order to develop and implement health policies and legislation to support comprehensive care. The recommendations conveyed key messages and guidance for the design and implementation of national medicines programmes to improve medicines use as well as national level interventions. Relevant material with the practical guidelines/recommendations, published papers and abstracts are planned to be uploaded on the websites of both WONCA World and WONCA Europe.



In summary, this project achieved to discuss its main findings in different symposia and conferences and most importantly it managed to raise this challenging subject in many stakeholders in the health and other relevant sectors. The OTC SOCIOMED results are expected to receive a prompt attention by certain European, regional and national policies.

- Furthermore, project logo, diagrams or photographs illustrating and promoting the work of the project (including videos, etc...), as well as the list of all beneficiaries with the corresponding contact names can be submitted without any restriction.













Poster

www.otcsociomed.uoc.gr

Assessing the Over-The-Counter medications in Primary Care and translating the Theory of Planned Behaviour into interventions (ID 223654)

Objectives

The project aims to identify predisposing factors for inappropriate prescription, dispense and consumption of OTC medication in three primary care groups (physicians – pharmacists – patients). It further aims to implement theory-guided interventions, tailored to address the behavioural components playing an influential role in the irrational prescription, dispense and consumption of OTC medicines.

Patients

Physicians

Pharmacists

→

→

→

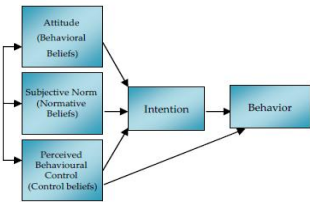
Consumption

Prescription

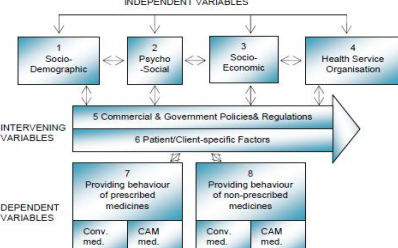
Dispense

Theories

Theory of Planned Behaviour (Ajzen, 1991)



Health Care Utilization Model (Slikkerveer, 2010)



Expected impact

The identification of modifiable determinants of the irrational prescription, dispense and consumption of OTC medicines and the delivery of well-designed interventions will provide a benchmark at European level and will promote better use of OTC medicines at national and international level. It is expected to bring an important benefit for GP's practices in Southern European countries, where the problem of inappropriate prescription seems to be predominant, while it will provide policy makers with effective interventions to reduce the problem.

Coordinator: Prof. Dr. C. Lionis
 Clinic of Social and Family Medicine
 Faculty of Medicine, University of Crete, Greece
lionis@sfm.med.uoc.gr
www.fammed.uoc.gr

4.2 Use and dissemination of foreground

A plan for use and dissemination of foreground (including socio-economic impact and target groups for the results of the research) shall be established at the end of the project. It should, where appropriate, be an update of the initial plan in Annex I for use and dissemination of foreground and be consistent with the report on societal implications on the use and dissemination of foreground (section 4.3 – H).

The plan should consist of:

- Section A

This section should describe the dissemination measures, including any scientific publications relating to foreground. **Its content will be made available in the public domain** thus demonstrating the added-value and positive impact of the project on the European Union.

- Section B

This section should specify the exploitable foreground and provide the plans for exploitation. All these data can be public or confidential; the report must clearly mark non-publishable (confidential) parts that will be treated as such by the Commission. Information under Section B that is not marked as confidential **will be made available in the public domain** thus demonstrating the added-value and positive impact of the project on the European Union.

Section A (public)

This section includes two templates

- Template A1: List of all scientific (peer reviewed) publications relating to the foreground of the project.
- Template A2: List of all dissemination activities (publications, conferences, workshops, web sites/applications, press releases, flyers, articles published in the popular press, videos, media briefings, presentations, exhibitions, thesis, interviews, films, TV clips, posters).

These tables are cumulative, which means that they should always show all publications and activities from the beginning until after the end of the project. Updates are possible at any time.

TEMPLATE A1: LIST OF SCIENTIFIC (PEER REVIEWED) PUBLICATIONS, STARTING WITH THE MOST IMPORTANT ONES										
NO.	Title	Main author	Title of the periodical or the series	Number, date or frequency	Publisher	Place of publication	Year of publication	Relevant pages	Permanent identifiers ² (if available)	Is/Will open access ³ provided to this publication?
1	<i>Abuse of Prescriptions and Over-the-Counter Medicines in General Practice: a Protocol for Testing the Feasibility of an Educational Intervention among Physicians in five European Countries</i>	<i>Christos Lionis</i>	<i>BMC Family Practice</i>	<i>To be submitted by mid August 2012</i>						
2	<i>Eliciting general practitioners' salient beliefs towards prescribing: a qualitative study</i>	<i>Vasiliki Tsiantou</i>	<i>Evaluation & the Health Professions</i>	<i>Submitted</i>						

² A permanent identifier should be a persistent link to the published version full text if open access or abstract if article is pay per view) or to the final manuscript accepted for publication (link to article in repository).

³ Open Access is defined as free of charge access for anyone via Internet. Please answer "yes" if the open access to the publication is already established and also if the embargo period for open access is not yet over but you intend to establish open access afterwards.

	<i>based on the Theory of Planned Behavior</i>									
3	<i>Systematic Review on the effectiveness of interventions for Rational Prescribing and the use of "Over the Counter Drugs" (OTCs) in General Practice and Primary Health Care.</i>	<i>Christos Lionis</i>	<i>Family Practice</i>							
				<i>To be submitted by mid August 2012</i>						

TEMPLATE A2: LIST OF DISSEMINATION ACTIVITIES								
NO.	Type of activities ⁴	Main leader	Title	Date	Place	Type of audience ⁵	Size of audience	Countries addressed
1	Workshop	UoC	3-Day training Workshop for Work Packages 2-4	Sept 29- October 1 2010	Heraklion, Crete	Researchers, Beneficiaries of OTC SOCIOMED	25 persons	All beneficiaries of OTC SOCIOMED
2	Conference	TAHUD	10 th Turkish National Conference of Family Medicine	May 18-22 2011	Antalya, Turkey	Scientific community, policy makers	100 persons	Turkey
3	Workshop	UoC	Working	July 2-3 2011	Thessaloniki,	Researchers,	15 persons	All beneficiaries

⁴ A drop down list allows choosing the dissemination activity: publications, conferences, workshops, web, press releases, flyers, articles published in the popular press, videos, media briefings, presentations, exhibitions, thesis, interviews, films, TV clips, posters, Other.

⁵ A drop down list allows choosing the type of public: Scientific Community (higher education, Research), Industry, Civil Society, Policy makers, Medias ('multiple choices' is possible).

			<i>Meeting with OTC SOCIOMED Beneficiaries</i>		<i>Greece</i>	<i>Beneficiaries of OTC SOCIOMED</i>		<i>of OTC SOCIOMED</i>
4	<i>Conference</i>	<i>UoC</i>	<i>National Congress on Health Economics</i>	<i>15-18 December, 2010</i>	<i>Athens, Greece</i>	<i>Scientific community, policy makers</i>	<i>60 persons</i>	<i>Greece</i>
5	<i>Conference</i>	<i>UoC</i>	<i>2nd National of Public Health and Social Medicine</i>	<i>25-27 November, 2011</i>	<i>Larissa</i>	<i>Scientific community, policy makers</i>	<i>50 persons</i>	<i>Greece</i>
6	<i>Workshop- Work Package 6: Evaluation and Assessment</i>	<i>UoC</i>	<i>7th Panhellenic Congress of Management, Economics and Policy</i>	<i>15-17 December, 2011</i>	<i>Athens, Greece</i>	<i>Researchers, Beneficiaries of OTC SOCIOMED, Scientific community, policy makers</i>	<i>30 persons</i>	<i>All beneficiaries of OTC SOCIOMED</i>
7	<i>Conference</i>	<i>FAF CU</i>	<i>40th European Symposium on Clinical Pharmacy</i>	<i>October 2011</i>	<i>Dublin, Ireland</i>	<i>Scientific community, Pharmacists, policy makers</i>	<i>100 persons</i>	<i>Various European Countries</i>
8	<i>Workshop</i>	<i>TAHUD</i>	<i>National Conference of Family Medicine</i>	<i>May 16-20, 2012</i>	<i>Antalya</i>	<i>Scientific community, policy makers</i>	<i>30 persons</i>	<i>Various European Countries</i>
	<i>Workshop</i>	<i>Leiden</i>	<i>Work Package 2</i>	<i>May 25, 2012</i>	<i>Rethymnon, Crete</i>	<i>OTC Beneficiaries</i>	<i>30 persons</i>	<i>Netherlands, Greece</i>
9	<i>Workshop</i>	<i>UoC, WONCA</i>	<i>WONCA Europe</i>	<i>4-7 July, 2012</i>	<i>Vienna</i>	<i>Scientific community, policy makers</i>	<i>100 persons</i>	<i>Various European Countries</i>

Section B (Confidential⁶ or public: confidential information to be marked clearly)
Part B1

The applications for patents, trademarks, registered designs, etc. shall be listed according to the template B1 provided hereafter.

The list should, specify at least one unique identifier e.g. European Patent application reference. For patent applications, only if applicable, contributions to standards should be specified. This table is cumulative, which means that it should always show all applications from the beginning until after the end of the project.

TEMPLATE B1: LIST OF APPLICATIONS FOR PATENTS, TRADEMARKS, REGISTERED DESIGNS, ETC.					
Type of IP Rights ⁷ :	Confidential Click on YES/NO	Foreseen embargo date dd/mm/yyyy	Application reference(s) (e.g. EP123456)	Subject or title of application	Applicant (s) (as on the application)

⁶ Note to be confused with the "EU CONFIDENTIAL" classification for some security research projects.

⁷ A drop down list allows choosing the type of IP rights: Patents, Trademarks, Registered designs, Utility models, Others.

Part B2

Please complete the table hereafter:

Type of Exploitable Foreground ⁸	Description of exploitable foreground	Confidential Click on YES/NO	Foreseen embargo date dd/mm/yyyy	Exploitable product(s) or measure(s)	Sector(s) of application ⁹	Timetable, commercial or any other use	Patents or other IPR exploitation (licences)	Owner & Other Beneficiary(s) involved
	<i>Ex: New superconductive Nb-Ti alloy</i>			<i>MRI equipment</i>	<i>1. Medical 2. Industrial inspection</i>	<i>2008 2010</i>	<i>A materials patent is planned for 2006</i>	<i>Beneficiary X (owner) Beneficiary Y, Beneficiary Z, Poss. licensing to equipment manuf. ABC</i>

In addition to the table, please provide a text to explain the exploitable foreground, in particular:

- Its purpose
- How the foreground might be exploited, when and by whom
- IPR exploitable measures taken or intended
- Further research necessary, if any
- Potential/expected impact (quantify where possible)

¹⁹ A drop down list allows choosing the type of foreground: General advancement of knowledge, Commercial exploitation of R&D results, Exploitation of R&D results via standards, exploitation of results through EU policies, exploitation of results through (social) innovation.

⁹ A drop down list allows choosing the type sector (NACE nomenclature) : http://ec.europa.eu/competition/mergers/cases/index/nace_all.html

4.3 Report on societal implications

Replies to the following questions will assist the Commission to obtain statistics and indicators on societal and socio-economic issues addressed by projects. The questions are arranged in a number of key themes. As well as producing certain statistics, the replies will also help identify those projects that have shown a real engagement with wider societal issues, and thereby identify interesting approaches to these issues and best practices. The replies for individual projects will not be made public.

A General Information <i>(completed automatically when Grant Agreement number is entered.</i>	
Grant Agreement Number:	
Title of Project:	
Name and Title of Coordinator:	
B Ethics	
1. Did your project undergo an Ethics Review (and/or Screening)? <ul style="list-style-type: none"> If Yes: have you described the progress of compliance with the relevant Ethics Review/Screening Requirements in the frame of the periodic/final project reports? <p>Special Reminder: the progress of compliance with the Ethics Review/Screening Requirements should be described in the Period/Final Project Reports under the Section 3.2.2 'Work Progress and Achievements'</p>	Yes
2. Please indicate whether your project involved any of the following issues (tick box) :	YES
RESEARCH ON HUMANS	
• Did the project involve children?	No
• Did the project involve patients?	YES
• Did the project involve persons not able to give consent?	No
• Did the project involve adult healthy volunteers?	No
• Did the project involve Human genetic material?	No
• Did the project involve Human biological samples?	No
• Did the project involve Human data collection?	YES
RESEARCH ON HUMAN EMBRYO/FOETUS	
• Did the project involve Human Embryos?	No
• Did the project involve Human Foetal Tissue / Cells?	No
• Did the project involve Human Embryonic Stem Cells (hESCs)?	No
• Did the project on human Embryonic Stem Cells involve cells in culture?	No
• Did the project on human Embryonic Stem Cells involve the derivation of cells from Embryos?	No
PRIVACY	
• Did the project involve processing of genetic information or personal data (eg. health, sexual lifestyle, ethnicity, political opinion, religious or philosophical conviction)?	YES
• Did the project involve tracking the location or observation of people?	No
RESEARCH ON ANIMALS	
• Did the project involve research on animals?	No
• Were those animals transgenic small laboratory animals?	No
• Were those animals transgenic farm animals?	No

• Were those animals cloned farm animals?	No
• Were those animals non-human primates?	No
RESEARCH INVOLVING DEVELOPING COUNTRIES	
• Did the project involve the use of local resources (genetic, animal, plant etc)?	No
• Was the project of benefit to local community (capacity building, access to healthcare, education etc)?	YES
DUAL USE	
• Research having direct military use	No
• Research having the potential for terrorist abuse	No

C Workforce Statistics

3. Workforce statistics for the project: Please indicate in the table below the number of people who worked on the project (on a headcount basis).

Type of Position	Number of Women	Number of Men
Scientific Coordinator		
Work package leaders		
Experienced researchers (i.e. PhD holders)		
PhD Students		
Other		

4. How many additional researchers (in companies and universities) were recruited specifically for this project?

Of which, indicate the number of men:

D Gender Aspects																				
5. Did you carry out specific Gender Equality Actions under the project?	<input type="radio"/> <input type="radio"/>	Yes No																		
6. Which of the following actions did you carry out and how effective were they? <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Not at all effective</th> <th style="text-align: center;">Very effective</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Design and implement an equal opportunity policy</td> <td style="text-align: center;">○ ○ ○ ○ ○</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Set targets to achieve a gender balance in the workforce</td> <td style="text-align: center;">○ ○ ○ ○ ○</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Organise conferences and workshops on gender</td> <td style="text-align: center;">○ ○ ○ ○ ○</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Actions to improve work-life balance</td> <td style="text-align: center;">○ ○ ○ ○ ○</td> <td></td> </tr> <tr> <td><input type="radio"/> Other: </td> <td colspan="2"></td> </tr> </tbody> </table>				Not at all effective	Very effective	<input type="checkbox"/> Design and implement an equal opportunity policy	○ ○ ○ ○ ○		<input type="checkbox"/> Set targets to achieve a gender balance in the workforce	○ ○ ○ ○ ○		<input type="checkbox"/> Organise conferences and workshops on gender	○ ○ ○ ○ ○		<input type="checkbox"/> Actions to improve work-life balance	○ ○ ○ ○ ○		<input type="radio"/> Other: 		
	Not at all effective	Very effective																		
<input type="checkbox"/> Design and implement an equal opportunity policy	○ ○ ○ ○ ○																			
<input type="checkbox"/> Set targets to achieve a gender balance in the workforce	○ ○ ○ ○ ○																			
<input type="checkbox"/> Organise conferences and workshops on gender	○ ○ ○ ○ ○																			
<input type="checkbox"/> Actions to improve work-life balance	○ ○ ○ ○ ○																			
<input type="radio"/> Other: 																				
7. Was there a gender dimension associated with the research content – i.e. wherever people were the focus of the research as, for example, consumers, users, patients or in trials, was the issue of gender considered and addressed? <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="margin-right: 20px;"> <input type="radio"/> Yes- please specify </div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div> <div style="margin-top: 10px;"> <input type="radio"/> No </div>																				
E Synergies with Science Education																				
8. Did your project involve working with students and/or school pupils (e.g. open days, participation in science festivals and events, prizes/competitions or joint projects)? <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="margin-right: 20px;"> <input type="radio"/> Yes- please specify </div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div> <div style="margin-top: 10px;"> <input type="radio"/> No </div>																				
9. Did the project generate any science education material (e.g. kits, websites, explanatory booklets, DVDs)? <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="margin-right: 20px;"> <input type="radio"/> Yes- please specify </div> <div style="border: 1px solid black; width: 200px; height: 20px;"></div> </div> <div style="margin-top: 10px;"> <input type="radio"/> No </div>																				
F Interdisciplinarity																				
10. Which disciplines (see list below) are involved in your project? <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="margin-right: 20px;"> <input type="radio"/> Main discipline¹⁰: </div> <div style="margin-right: 20px;"> <input type="radio"/> Associated discipline¹⁰: </div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="margin-left: 20px;"> <input type="radio"/> Associated discipline¹⁰: </div> </div>																				
G Engaging with Civil society and policy makers																				
11a Did your project engage with societal actors beyond the research community? (if 'No', go to Question 14)	<input type="radio"/> <input type="radio"/>	Yes No																		
11b If yes, did you engage with citizens (citizens' panels / juries) or organised civil society (NGOs, patients' groups etc.)? <div style="margin-top: 10px;"> <input type="radio"/> No </div> <div style="margin-top: 10px;"> <input type="radio"/> Yes- in determining what research should be performed </div> <div style="margin-top: 10px;"> <input type="radio"/> Yes - in implementing the research </div> <div style="margin-top: 10px;"> <input type="radio"/> Yes, in communicating /disseminating / using the results of the project </div>																				

¹⁰ Insert number from list below (Frascati Manual).

11c In doing so, did your project involve actors whose role is mainly to organise the dialogue with citizens and organised civil society (e.g. professional mediator; communication company, science museums)?		<input type="radio"/> <input type="radio"/>	Yes No
12. Did you engage with government / public bodies or policy makers (including international organisations)			
<input type="radio"/> No <input type="radio"/> Yes- in framing the research agenda <input type="radio"/> Yes - in implementing the research agenda <input type="radio"/> Yes, in communicating /disseminating / using the results of the project			
13a Will the project generate outputs (expertise or scientific advice) which could be used by policy makers?			
<input type="radio"/> Yes – as a primary objective (please indicate areas below- multiple answers possible) <input type="radio"/> Yes – as a secondary objective (please indicate areas below - multiple answer possible) <input type="radio"/> No			
13b If Yes, in which fields?			
Agriculture Audiovisual and Media Budget Competition Consumers Culture Customs Development Economic and Monetary Affairs Education, Training, Youth Employment and Social Affairs		Energy Enlargement Enterprise Environment External Relations External Trade Fisheries and Maritime Affairs Food Safety Foreign and Security Policy Fraud Humanitarian aid	Human rights Information Society Institutional affairs Internal Market Justice, freedom and security Public Health Regional Policy Research and Innovation Space Taxation Transport

13c If Yes, at which level? <ul style="list-style-type: none"> <input type="radio"/> Local / regional levels <input type="radio"/> National level <input type="radio"/> European level <input type="radio"/> International level 		
H Use and dissemination		
14. How many Articles were published/accepted for publication in peer-reviewed journals?		
To how many of these is open access¹¹ provided?		
How many of these are published in open access journals?		
How many of these are published in open repositories?		
To how many of these is open access not provided?		
Please check all applicable reasons for not providing open access:		
<input type="checkbox"/> publisher's licensing agreement would not permit publishing in a repository <input type="checkbox"/> no suitable repository available <input type="checkbox"/> no suitable open access journal available <input type="checkbox"/> no funds available to publish in an open access journal <input type="checkbox"/> lack of time and resources <input type="checkbox"/> lack of information on open access <input type="checkbox"/> other ¹² :		
15. How many new patent applications ('priority filings') have been made? <i>("Technologically unique": multiple applications for the same invention in different jurisdictions should be counted as just one application of grant).</i>		
16. Indicate how many of the following Intellectual Property Rights were applied for (give number in each box).	Trademark	
	Registered design	
	Other	
17. How many spin-off companies were created / are planned as a direct result of the project?		
<i>Indicate the approximate number of additional jobs in these companies:</i>		
18. Please indicate whether your project has a potential impact on employment, in comparison with the situation before your project:		
<input type="checkbox"/> Increase in employment, or <input type="checkbox"/> Safeguard employment, or <input type="checkbox"/> Decrease in employment, <input type="checkbox"/> Difficult to estimate / not possible to quantify	<input type="checkbox"/> In small & medium-sized enterprises <input type="checkbox"/> In large companies <input type="checkbox"/> None of the above / not relevant to the project	
19. For your project partnership please estimate the employment effect resulting directly from your participation in Full Time Equivalent (FTE = one person working fulltime for a year) jobs:		<i>Indicate figure:</i>

¹¹ Open Access is defined as free of charge access for anyone via Internet.

¹² For instance: classification for security project.

Difficult to estimate / not possible to quantify	<input type="checkbox"/>												
I Media and Communication to the general public													
20. As part of the project, were any of the beneficiaries professionals in communication or media relations? <input type="radio"/> Yes <input type="radio"/> No													
21. As part of the project, have any beneficiaries received professional media / communication training / advice to improve communication with the general public? <input type="radio"/> Yes <input type="radio"/> No													
22 Which of the following have been used to communicate information about your project to the general public, or have resulted from your project? <table border="1" style="width: 100%;"> <tr> <td><input type="checkbox"/> Press Release</td> <td><input type="checkbox"/> Coverage in specialist press</td> </tr> <tr> <td><input type="checkbox"/> Media briefing</td> <td><input type="checkbox"/> Coverage in general (non-specialist) press</td> </tr> <tr> <td><input type="checkbox"/> TV coverage / report</td> <td><input type="checkbox"/> Coverage in national press</td> </tr> <tr> <td><input type="checkbox"/> Radio coverage / report</td> <td><input type="checkbox"/> Coverage in international press</td> </tr> <tr> <td><input type="checkbox"/> Brochures /posters / flyers</td> <td><input type="checkbox"/> Website for the general public / internet</td> </tr> <tr> <td><input type="checkbox"/> DVD /Film /Multimedia</td> <td><input type="checkbox"/> Event targeting general public (festival, conference, exhibition, science café)</td> </tr> </table>		<input type="checkbox"/> Press Release	<input type="checkbox"/> Coverage in specialist press	<input type="checkbox"/> Media briefing	<input type="checkbox"/> Coverage in general (non-specialist) press	<input type="checkbox"/> TV coverage / report	<input type="checkbox"/> Coverage in national press	<input type="checkbox"/> Radio coverage / report	<input type="checkbox"/> Coverage in international press	<input type="checkbox"/> Brochures /posters / flyers	<input type="checkbox"/> Website for the general public / internet	<input type="checkbox"/> DVD /Film /Multimedia	<input type="checkbox"/> Event targeting general public (festival, conference, exhibition, science café)
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<input type="checkbox"/> DVD /Film /Multimedia	<input type="checkbox"/> Event targeting general public (festival, conference, exhibition, science café)												
23 In which languages are the information products for the general public produced? <table border="1" style="width: 100%;"> <tr> <td><input type="checkbox"/> Language of the coordinator</td> <td><input type="checkbox"/> English</td> </tr> <tr> <td><input type="checkbox"/> Other language(s)</td> <td></td> </tr> </table>		<input type="checkbox"/> Language of the coordinator	<input type="checkbox"/> English	<input type="checkbox"/> Other language(s)									
<input type="checkbox"/> Language of the coordinator	<input type="checkbox"/> English												
<input type="checkbox"/> Other language(s)													

Question F-10: Classification of Scientific Disciplines according to the Frascati Manual 2002 (Proposed Standard Practice for Surveys on Research and Experimental Development, OECD 2002):

FIELDS OF SCIENCE AND TECHNOLOGY

1. NATURAL SCIENCES

- 1.1 Mathematics and computer sciences [mathematics and other allied fields: computer sciences and other allied subjects (software development only; hardware development should be classified in the engineering fields)]
- 1.2 Physical sciences (astronomy and space sciences, physics and other allied subjects)
- 1.3 Chemical sciences (chemistry, other allied subjects)
- 1.4 Earth and related environmental sciences (geology, geophysics, mineralogy, physical geography and other geosciences, meteorology and other atmospheric sciences including climatic research, oceanography, vulcanology, palaeoecology, other allied sciences)
- 1.5 Biological sciences (biology, botany, bacteriology, microbiology, zoology, entomology, genetics, biochemistry, biophysics, other allied sciences, excluding clinical and veterinary sciences)

2. ENGINEERING AND TECHNOLOGY

- 2.1 Civil engineering (architecture engineering, building science and engineering, construction engineering, municipal and structural engineering and other allied subjects)
- 2.2 Electrical engineering, electronics [electrical engineering, electronics, communication engineering and systems, computer engineering (hardware only) and other allied subjects]
- 2.3. Other engineering sciences (such as chemical, aeronautical and space, mechanical, metallurgical and materials engineering, and their specialised subdivisions; forest products; applied sciences such as

geodesy, industrial chemistry, etc.; the science and technology of food production; specialised technologies of interdisciplinary fields, e.g. systems analysis, metallurgy, mining, textile technology and other applied subjects)

3. MEDICAL SCIENCES

- 3.1 Basic medicine (anatomy, cytology, physiology, genetics, pharmacy, pharmacology, toxicology, immunology and immunohaematology, clinical chemistry, clinical microbiology, pathology)
- 3.2 Clinical medicine (anaesthesiology, paediatrics, obstetrics and gynaecology, internal medicine, surgery, dentistry, neurology, psychiatry, radiology, therapeutics, otorhinolaryngology, ophthalmology)
- 3.3 Health sciences (public health services, social medicine, hygiene, nursing, epidemiology)

4. AGRICULTURAL SCIENCES

- 4.1 Agriculture, forestry, fisheries and allied sciences (agronomy, animal husbandry, fisheries, forestry, horticulture, other allied subjects)
- 4.2 Veterinary medicine

5. SOCIAL SCIENCES

- 5.1 Psychology
- 5.2 Economics
- 5.3 Educational sciences (education and training and other allied subjects)
- 5.4 Other social sciences [anthropology (social and cultural) and ethnology, demography, geography (human, economic and social), town and country planning, management, law, linguistics, political sciences, sociology, organisation and methods, miscellaneous social sciences and interdisciplinary, methodological and historical S1T activities relating to subjects in this group. Physical anthropology, physical geography and psychophysiology should normally be classified with the natural sciences].

6. HUMANITIES

- 6.1 History (history, prehistory and history, together with auxiliary historical disciplines such as archaeology, numismatics, palaeography, genealogy, etc.)
- 6.2 Languages and literature (ancient and modern)
- 6.3 Other humanities [philosophy (including the history of science and technology) arts, history of art, art criticism, painting, sculpture, musicology, dramatic art excluding artistic "research" of any kind, religion, theology, other fields and subjects pertaining to the humanities, methodological, historical and other S1T activities relating to the subjects in this group]