

Advancing Pharmacy Through Governance:

The Lebanese Order of Pharmacists' Perspective

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OPL 23rd Pharmacist Day - June 24, 2018



Introduction

Mission:

- ▶ The Lebanese Order of Pharmacists seeks to raise the level of the profession, strives to enforce the laws and defend the rights of pharmacists and improve the level of practice and development of scientific competence. The Order also aims at providing the conditions for enhancing the patient's access to the appropriate medications and its safe use.
- ▶ This would enable the pharmacist to provide the best medical services to the patient and work to protect and maintain his health and quality of life.
- ▶ To achieve these goals, the OPL is working jointly with all the stakeholders such as the Ministry of Public Health (MOPH), the Ministry of Education and Higher Education (MEHE), the universities and the professional associations.



Disclosure

Under the Patronage of His Excellency

Mr. Ghassan Hasbani

Deputy Prime Minister &
Minister of Public Health

The Order of Pharmacists of Lebanon
is organizing its 23rd Pharmacist Day

**Advancing Pharmacy
Through Governance**

تطوير الصيدلة عبر الحكومة

Sunday June 24, 2018 at 10 AM

Hilton Beirut Habtoor Grand - Lebanon

نقابة صيادلة لبنان
ORDER OF PHARMACISTS OF LEBANON



This presentation will only tackle the scientific projects conducted by the OPL and their impact on the pharmacy profession



Good Governance: Definition, Principles and Applications



Governance

- ▶ **Governance** is defined by the way in which an organization is managed at the highest level, and the systems for doing this.
- ▶ **Good governance** is defined by Kaufmann, Kraay, and Mastruzzi (2004; 2007) as the “traditions and institutions by which authority in a country is exercised for the common good”.
- ▶ **Principles** of good governance as described by the UNDP:
 - ▶ Legitimacy and voice: **participation** and **consensus orientation**
 - ▶ Direction: **strategic vision** for improvement
 - ▶ Performance: **responsiveness** and **effectiveness and efficiency**
 - ▶ Accountability: **accountability** and **transparency**
 - ▶ Fairness: **equity** and **rule of law**



Educational Governance

MEHE, OPL and universities:

- ▶ Learning needs analysis
 - ▶ *Numerus clausus* application and post-graduate training
 - ▶ Pharmacy Competencies Framework
 - ▶ Colloquium improvement suggestions
- ▶ Reporting to a program board:
 - ▶ Educational Programs Accreditation



Universities:

- ▶ Risk management
- ▶ Peer review
- ▶ Educational evaluation



جامعة بيروت العربية
BEIRUT ARAB UNIVERSITY



LIBANESE INTERNATIONAL UNIVERSITY



Clinical Governance in Collaboration with the MOPH

Pharmacist-related

- ▶ Laws, Accountability & Transparency
 - ▶ Pharmacy Specialties and Titles
 - ▶ Hospital and Clinical Pharmacy Laws
 - ▶ Good Pharmacy Practice standards for Community Pharmacy
 - ▶ Code of Deontology
- ▶ Continuing professional development
 - ▶ Mandatory Continuing Education (CE)
 - ▶ Royal Pharmaceutical Society agreement
- ▶ Evidence-based practice
 - ▶ Research for institutional assessment-based decisions



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH



Clinical Governance in Collaboration with the MOPH

Patient-related

- ▶ Evidence-based practice:
 - ▶ The Lebanese Advanced Patient Profile (LAPP) & Medication Therapy Management (MTM) platforms
- ▶ Laws, Accountability & Transparency:
 - ▶ Prescription Guidelines and Standard Operating Procedures
- ▶ Risk management
 - ▶ Pharmacovigilance & Medication Safety platform
 - ▶ Drug Shortage platform
- ▶ Continuing professional development
 - ▶ Awareness on antibiotic misuse and resistance
 - ▶ Health Promotion sessions and leaflets
- ▶ Research and development:
 - ▶ Research for medication quality and patient outcomes assessment



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH



Working Structure



Mission:

To enable research and development of excellence in pharmacy practice through building **knowledge expertise** and **skills** of the workforce to achieve optimal health outcomes.



Educational Governance

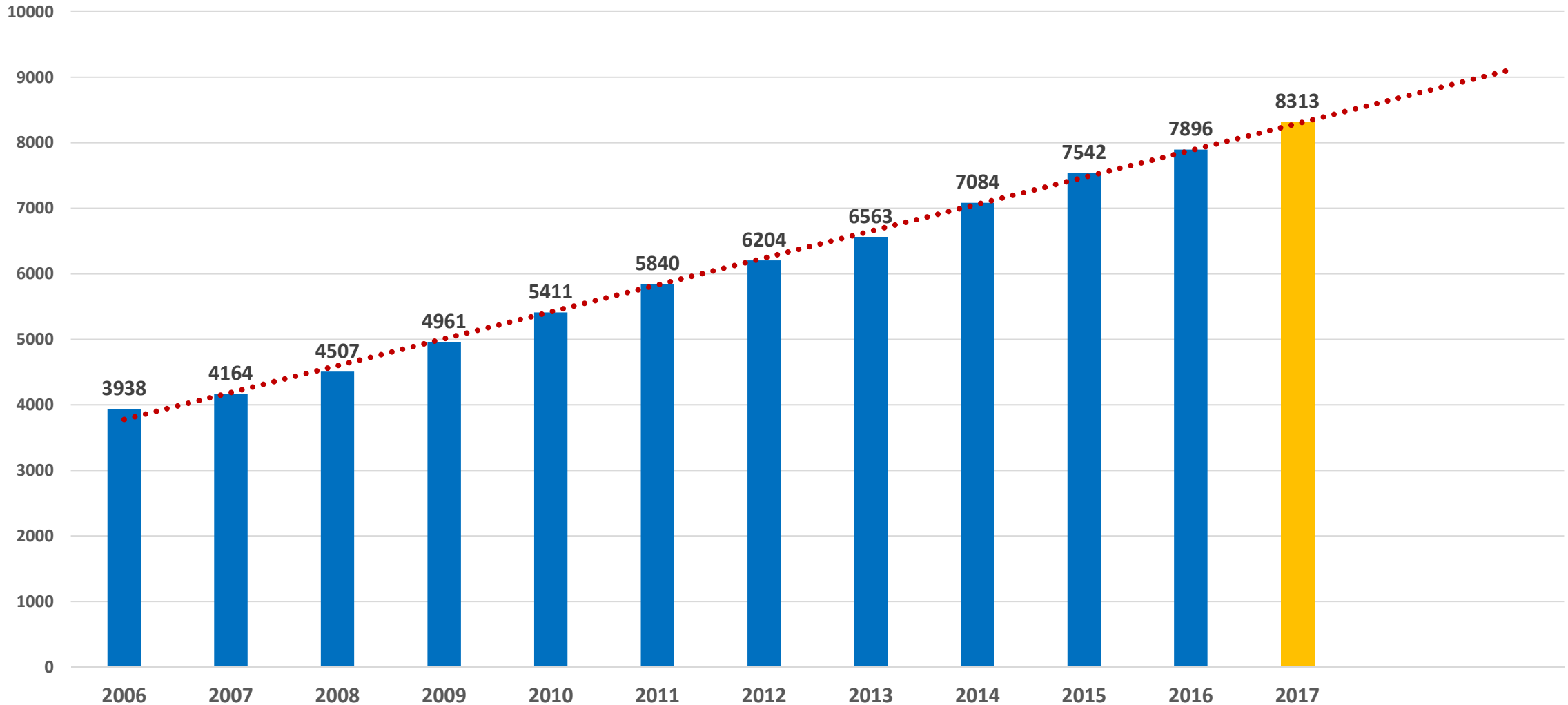


Density in Lebanon vs. the World

Lebanon	17.30/10 000 Population	1:578
World – Sample Mean	6.02/10 000 Population	1:1,661
France	12.00/10 000 Population	1:883

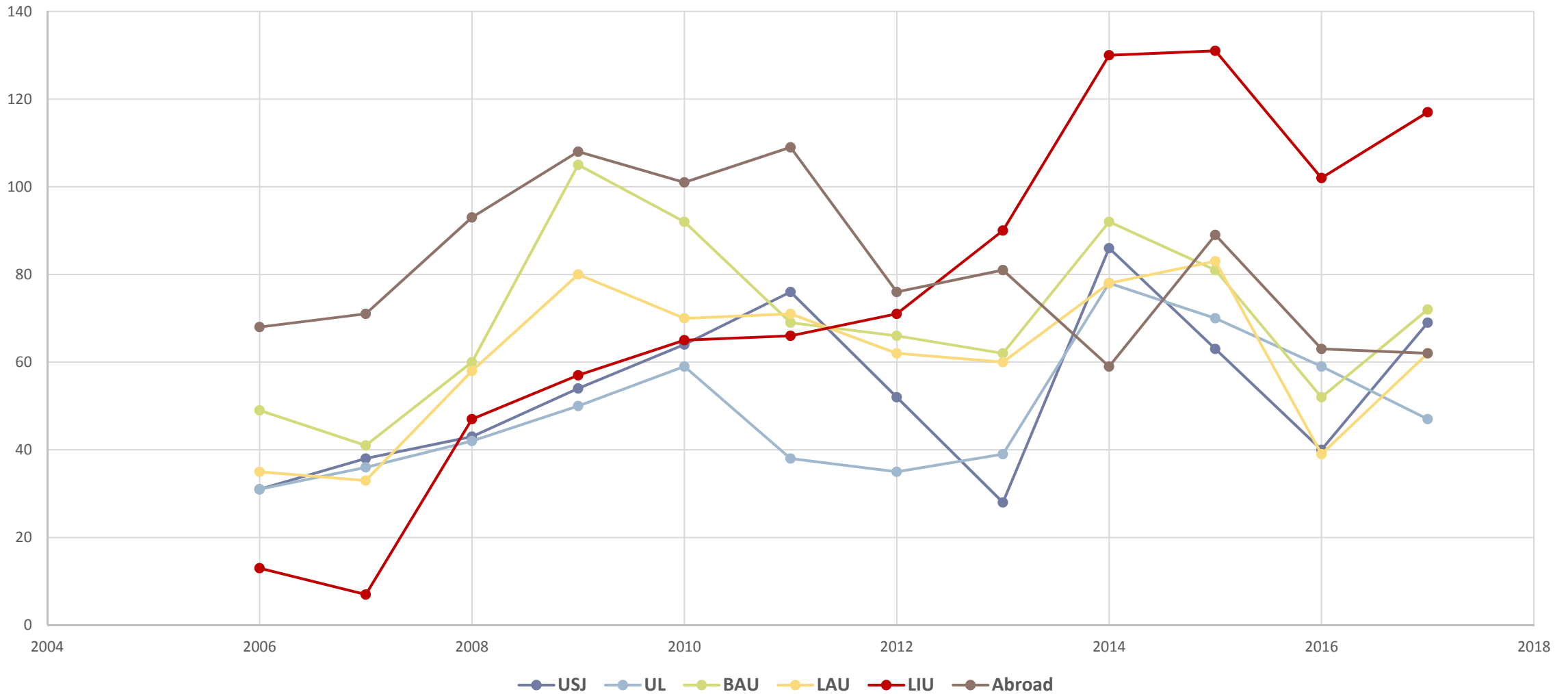


Registered Active Pharmacists (2006-2017)





Registered Pharmacists/University/Year



Numerus clausus

القرار
مرسوم تنظيم دراسة الصيدلة في لبنان

بناءً على المادة السادسة من القانون رقم ٢٨٥ الصادر بتاريخ ٢٠١٤/٤/٣٠ ، والذي يحدد في الفقرة الرابعة ان تسمية ومدة وشروط الدراسة التي تؤدي الى منح مؤهولة تحدد بمرسوم، يقر المرسوم الواسي لتنظيم دراسة الصيدلة في لبنان:

المادة الاولى: يشترط في طالب الصيدلة الذي يريد ممارسة المهنة في لبنان ان يجتاز بنجاح في آخر السنة الاولى الجامعة المبارزة الوطنية Concours National التي تنظمها وزارة التربية بالتعاون مع الجامعات اللبنانية المرخص لها ونقابة الصيدلة.

ب- تحدد نقابة الصيدلة والتعليم العالي ونقابة صيدلة لبنان المبارزة الوطنية المذكورة في المادة الاولى خطياً او كتابياً في دورة واحدة في شكل الامتحان التالي:

الجزء الثاني: الامتحان التحريري

رئيساً
رئيساً نائباً للتربية

* تعييب صيدلة لبنان من قبل وزارة التربية والتعليم العالي في لبنان ومسجل في نقابة صيدلة لبنان، تعيينه في التربية والتعليم العالي بعد موافقة نقابة صيدلة لبنان

- يصدر وزير التربية والتعليم العالي نظام الامتحانات ومسابقتها لكل من يدرسه في لبنان

وحيث تدعو الحاجة بقرار بحسب توصية اللجنة الفاحصة فور القرار القانون.

- يحدد نظام عمل اللجنة الفاحصة وتمويلاتها ورسومها بمرسوم يصدره مجلس الوزراء بناءً على القرار سولي لوزير التربية والتعليم العالي.

ب - تحدد نقابة صيدلة لبنان قبل موعد المبارزة بثلاثة اشهر دراسة تحدد عدد الصيادلة المطلوب سنوياً، وفق وفيات الصيدلة، والمتقاعد من منهم، والنمو السكاني، ومجالات العمل الجديدة . تعتمد اعداد السنة السابقة في حال عدم اصدار نقابة الصيدلة العدد المطلوب لسنة محددة.

ج- يقسم الفائزون في المبارزة الى ثلاثة اقسام، وفق الآلية التالية:

* الثلث الأول: الناجحون بأعلى مجموع علامات دون الأخذ بعين الاعتبار الجامعة التي ينتمون اليها من داخل أو خارج لبنان.

** الثلث الثاني: هم من الناجحين الحاصلين على أعلى مجموع علامات في المبارزة من خارج الثلث الأول، كل في كتيبه من داخل لبنان، على أن تقسم اعداد هذا الثلث بالتساوي بين كل كليات الصيدلة المرخص لها في لبنان.





The 7-Star Pharmacist Concept



- ▶ Introduced by the WHO/FIP in 1997
- ▶ Evolving healthcare structure
- ▶ Evolving role of the pharmacist



Pharmacy Trainings and Competencies



نقابة صيادلة لبنان
ORDRE DES PHARMACIENS DU LIBAN



بيروت في ٢٠١٨/٠١/٠٢

تعديل شروط التمرين لطلاب الصيدلة

ان مجلس النقابة، وبعد التداول مع ممثلي الجامعات في لبنان، قرر ادخال تعديلات على شروط التمرين الصيدلاني في المؤسسات ذات الصلة بالنواء والصيدلة (صيدلية خاصة، صيدلية مستشفى، تدريب حزيوي، مختبر تحاليل طبية، مختبر ابحاث صيدلانية، مصنع ادوية، مكتب علمي...)، فتصبح كما يلي:

بالتنسبة للصيدلي الذي يستقبل طالب صيدلة للتمرين (او التدريب):

- ان تكون الصيدلية عاملة منذ ثلاث سنوات على الاقل في حال كانت المؤسسة صيدلية خاصة
- ان يكون صيدلياً قد مارس مهنة الصيدلة في هذه المؤسسة لثلاث سنوات على الاقل
- ان يكون الصيدلي متابعاً لجدول التعليم المستمر الذي حدته النقابة، من بينها ثلاث اعتمادات كمحاضرات حية على الاقل.
- ان يكون الصيدلي غير محكوماً من قبل المجلس التأديبي او احدى المحاكم المدنية او العسكرية
- ان يتعهد الصيدلي باعطاء المثل للطلاب المتردب في احترام القانون واخلاقيات المهنة
- ان يتعهد الصيدلي بتخصيص الوقت الكافي للطلاب ليحسن اكتساب الخبرة والمهارات المهنية
- ان لا يأخذ الصيدلي على عاتقه أكثر من ثلاثة الى اربعة طلاب في نفس الفترة، وذلك بحسب مساحه الصيدلية وبعد موافقة مجلس النقابة.

كورنيش النهر - مبنى صندوق النقابة الصيدلي، تلفون: ٠١/٤٦٦٦٠٠٨١
فاكس: ٠١/٤٢٠٢٤٧ • ص.ب.: ١٦٠٢٨٠٧ رياض الصلح - بيروت، بريد الكتروني: opl@opl.org.lb



نقابة صيادلة لبنان
ORDRE DES PHARMACIENS DU LIBAN



March 15, 2018

PHARMACY CORE COMPETENCIES

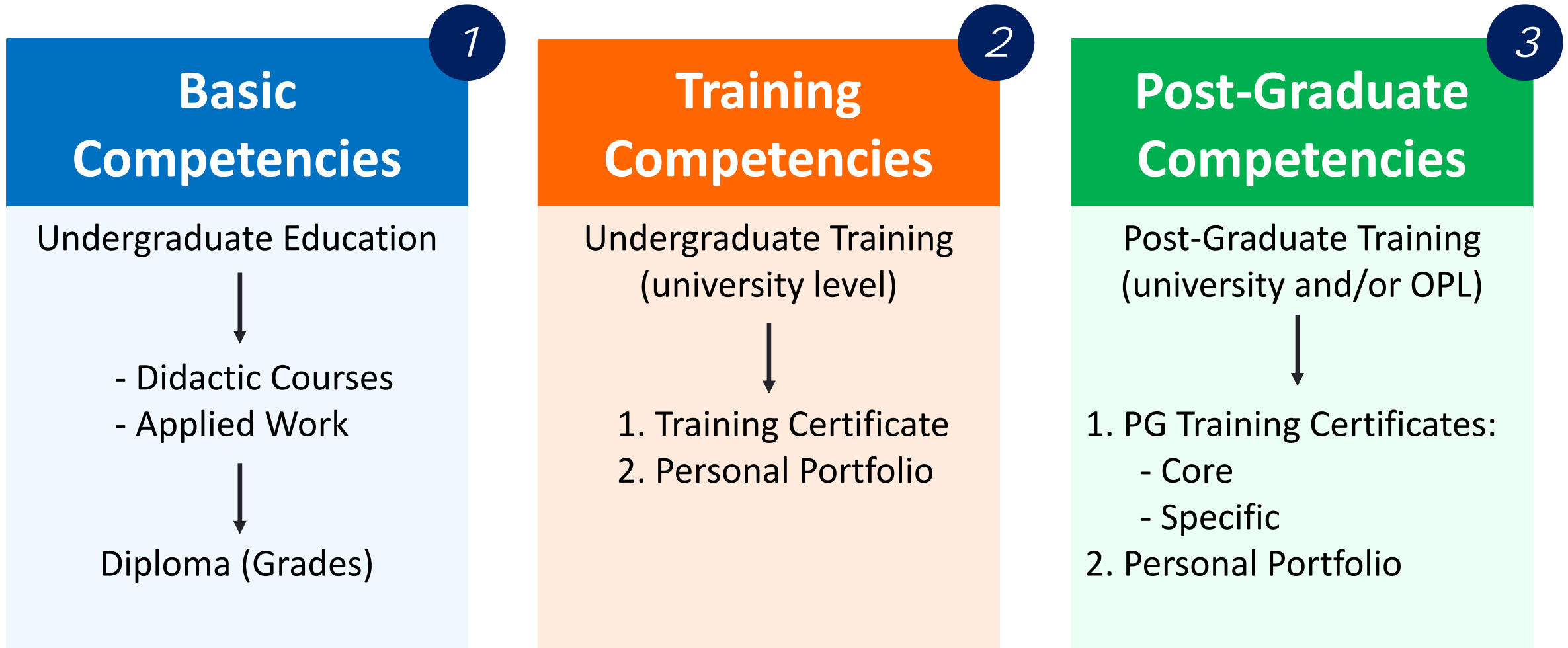
Framework	Competencies	Behaviors and Outcomes (Key Performance Indicators)
1. Professional Practice 1.1 Professional Practices	Implements professional requirements to practice settings	1.1.1 Carries out duties as a pharmacist in a professional manner 1.1.2 Demonstrates altruism, integrity trustworthiness and flexibility 1.1.3 Demonstrates respect, sensitivity, dignity and empathy when communicating 1.1.4 Takes full responsibility for their own actions and decisions related to patient care 1.1.5 Maintains patient confidentiality 1.1.6 Obtains patient consent
1. Professional Practice 1.2 Ethical Practices	Demonstrates awareness of codes of ethics and acts accordingly	1.2.1 Demonstrates an understanding of ethical concepts related to pharmacy practice e.g. patient confidentiality, privacy, consent 1.2.2 Makes and justifies decisions in a manner that reflects the statutory code of conduct for pharmacists and pharmacy law 1.2.3 Recognizes ethical dilemmas in practice scenarios and reasons in a structured manner 1.2.4 Recognizes own professional limitations
1. Professional Practice 1.3 Legal Practices	Demonstrates an understanding of the Lebanese pharmacy law and acts accordingly	1.3.1 Understands and applies the requirements of FIP pharmacy practice foundations 1.3.2 Demonstrates an understanding of the roles and responsibilities of the supervising and superintendent pharmacists 1.3.3 Demonstrates an awareness of and adheres to professional indemnity requirements 1.3.4 Takes responsibility for own action and for patient care 1.3.5 Demonstrates awareness of relevant legislation including data protection law, health and safety law, employment law, consumer law, equality law and intellectual property rights 1.3.6 Demonstrates understanding of the requirements of regulatory frameworks to authorize a medicinal product including the quality, safety and efficacy assessment of the product
1. Professional Practice 1.4 Patient-Focused Practices	Demonstrates a patient-focused approach to practice	1.4.1 Ensures quality and patient safety are at the center of pharmacy practice 1.4.2 Educates and empowers the patient to manage their own health and medicines 1.4.3 Acts as a patient advocate to ensure that patient care is not jeopardized 1.4.4 Monitors the medicines and other healthcare needs of the patient on a regular basis and makes recommendations

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Competencies Framework



Colloquium Suggested Changes

الموضوع: ادخال تعديلات على اجراءات امتحان الكولوكيوم لمهنة الصيدلة

بإدارة نائب رئيس مجلس الوزراء وزير الصحة العامة الأستاذ عسان حاصيني المحترم،
وعالي وزير التربية والتعليم العالي الأستاذ مروان حمادة المحترم.

تحية وبعد،

إن نقابة الصيدلة في لبنان، حرصاً منها على مستوى الصيدلة الجدد الذين يكتسبون حق الالتحاق بالنقابة بعد استيفاء شروط عدة من بينها النجاح في الكولوكيوم، وبعد التشاور مع الجامعات المرخصة في لبنان التي تعلم مهنة الصيدلة في إطار المجلس الأكاديمي للنقابة، تتقدم منكم باقتراحات ملحة لتطوير اجراءات امتحان الكولوكيوم للمهنة على النحو التالي:

- يشترط لكل من يتقدم لامتحان الكولوكيوم ان يكون قد اكمل ست سنوات دراسة على الاقل منها دراسة الصيدلة لمدة لا تقل عن خمس سنوات
 - بالنسبة لامتحان الخطي: بعد المشاورات ارتأى المجلس الأكاديمي ابقاءه على حاله
 - بالنسبة لامتحان الشفهي (الذي يجري حالياً بطريقة معلوماتية): تقدم المجلس بالنقاط التالية:
 - توسيع قاعدة البيانات الخاصة بالأسئلة الى نحو 3000 سؤال بأسرع ما يمكن، وذلك عبر وضع الأسئلة بطريقة مكثفة من قبل الاساتذة العاملين في الجامعات اللبنانية او بشراء قاعدة بيانات تتم ملاءمتها بحسب البرامج اللبنانية
 - زيادة عدد الأسئلة التي يجيب عليها الطالب خلال الامتحان الى 50 سؤالاً
 - اضافة أسئلة سريرية تشكل ما لا يقل عن 25% من الأسئلة
 - اضافة فقرة جديدة تقتصر على امتحان سريري موضوعي مركب (OSCE) Objective Structured Clinical Examination
- تسمح هذه الطريقة المعتمدة في البلاد المتقدمة بامتحان المعلومات الصيدلانية واللغة والمهارات الذاتية كالتواصل مع المريض والقدرة على اعطاء النصح والتصرف في الظروف الصاعقة في الوقت نفسه.
- وضع آلية لتأمين سرية الأسئلة ومنع تسريبها.

بناءً عليه، نتمنى عليكم العمل على ادخال التعديلات المقترحة أعلاه فيصبح امتحان الكولوكيوم لمهنة الصيدلة مثالا يحتذى به لباقي المهن الطبية، وتفضلوا بقبول فائق الاحترام والتقدير.

نقيب صيدلة لبنان

د. جورج صيلي



Educational Programs Accreditation



مرسوم
 أصول وإجراءات تقييم برامج الصيدلة في مؤسسات التعليم العالي في لبنان
 إلى رئيس الجمهورية
 ساء علي الدستور
 بناء على القانون رقم ٢٨٥ تاريخ ٢٠١٤/٤/٣٠ (الاجتهاد العامة للتعليم العالي وتنظيم التعليم العالي الخاص)،
 وبعد استشارة مجلس شيوخ الدولة (البرقي رقم.....تاريخ.....)،
 بناء على اقتراح وزير التربية والتعليم العالي،
 وبعد موافقة مجلس الوزراء في جلسته بتاريخ...../...../.....

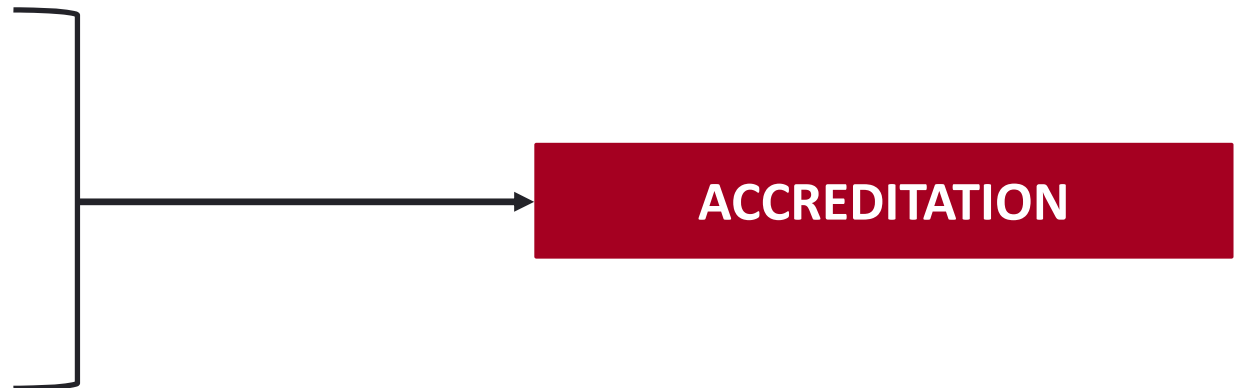
- ترسم ما يأتي:
المادة الأولى: تعريفات
 تكون للكلمات والمصطلحات الواردة لاحقاً، وحسبما وردت في هذا المرسوم، المعاني التالية:
- 1- الوزارة: وزارة التربية والتعليم العالي.
 - 2- الوزير: وزير التربية والتعليم العالي.
 - 3- التعليم العالي: التعليم الذي يتم في جامعات ومعاهد جامعية أو تكنولوجية جامعية لتعليم العالي، والذي يلقى خبارة شهادة الثانوية العامة اللبنانية، أو شهادة البكالوريا الفنية، أو ما يعادلها من حيثها.
 - 4- مؤسسة التعليم العالي: مؤسسة توفر التعليم العالي.
 - 5- البرامج: جرد المسار الدراسي لشخصي تعليمي معين، وبالأخص أهدافه ومكوناته وشروطه العملي فيه، ومدته ومناهجه ونظام التقييم والامتحانات، ودرجاته التعليمية، ويؤدي إلى شهادة في اختصاص محدد.
 - 6- ضمان الجودة: مجموعة السياسات والإجراءات والممارسات المتخذة إلى تحسين النوعية، وتطويرها وتطويرها.
 - 7- الاعتماد: الاعتراف بمستوى جودة معين للتعليم الذي يمدى، ويجوز ان يكون الاعتماد لمؤسسة أو لإحدى مكوناتها أو لإحدى برامجها.
 - 8- التقييم: الآلية المتعددة للتحقق من جودة مؤسسة تعليم عال، أو أحد مكوناتها، أو أحد برامجها.
 - 9- التقييم الذاتي: الآلية المعتمدة داخل مؤسسة تعليم عال، عبر وحدة داخلية لضمان الجودة، أو أي وسيلة أخرى، بهدف تطوير الجودة داخل المؤسسة، وقياس مدى تحفيها والالتزام بمسئولياتها.
 - 10- التقييم الخارجي للمؤسسة أو المراجعة الخارجية للمؤسسة: الآلية التي تنبها هيئة متخصصة مستقلة عن المؤسسة، للتحقق من جودتها أو جودة أحد مكوناتها، أو أحد برامجها.
 - 11- المراجعون الخارجيون: خبراء من خارج مؤسسة التعليم العالي تكلفهم الهيئة بالمراجعة الخارجية للمؤسسة، أو أحد مكوناتها أو أحد برامجها.
 - 12- معايير التقييم: مجموعة من القواعد والبيادى، والشواصمات التي تتخذ كعناظ مرجعية تستخدم عند تقييم الأداء لضمان جودة مؤسسة أو جودة أحد برامجها أو جودة أحد مكوناتها.
 - 13- مؤشرات التقييم: عوامل كمية أو نوعية توفر وسيلة موثقة وبسطة لقياس مستوى الإختار والتقدم وفق معايير ضمان الجودة، وتتيح الإحاطة بمسار التطور والنتائج المحففة بالمقارنة مع ما هو محفظ له في إطار ضمان الجودة.



Educational Standards



- ▶ **Committee:** MEHE, OPL and universities
- ▶ **Documents developed:**
 - ▶ MEHE Quantitative Forms
 - ▶ Guide to self-assessment
 - ▶ Criteria for expert selection → Training





Clinical Governance: Pharmacist-Related Projects



Pharmacy Specialties and Titles



December 12, 2017

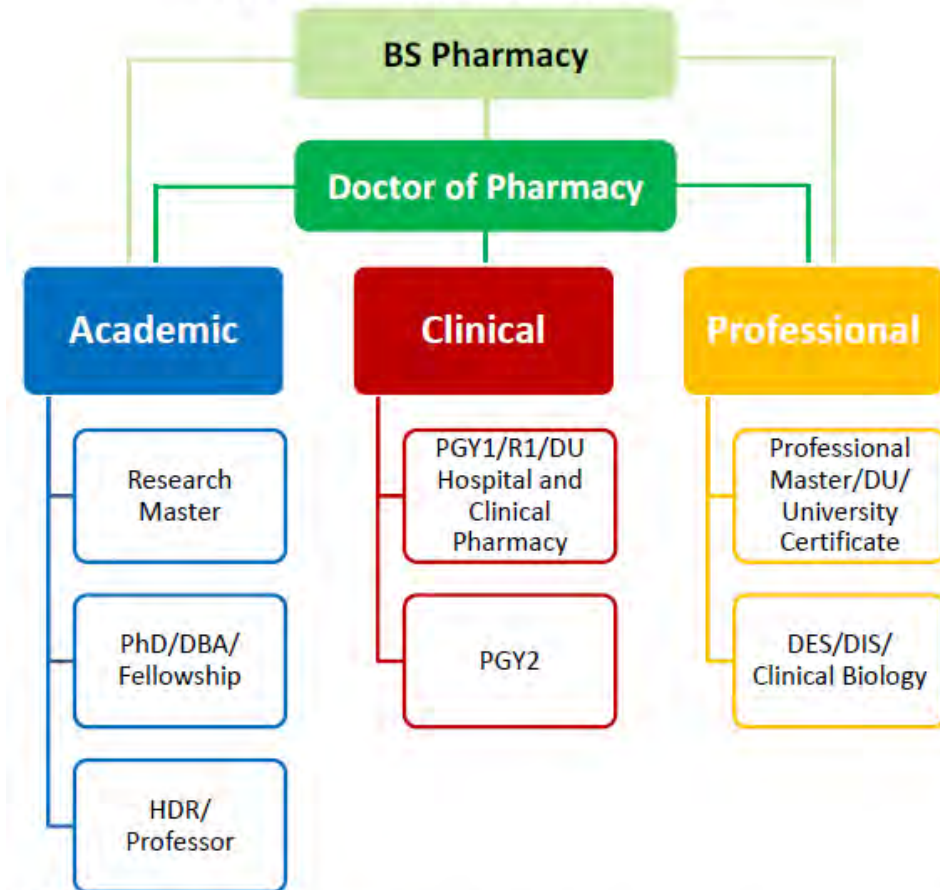
PHARMACY TITLES AND SPECIALTIES - OPL SUGGESTIONS

Title	Specialty/Level	Degree	Minimal Number of Years
Pharmacist/ Pharmacien/ صيداني	None - Entry Level	BS Pharmacy*	5 years currently (equivalent to a minimum of 160 US credits or 300 ECTS) 6 years starting 2025
Doctor of Pharmacy/ Docteur en Pharmacie/ دكتور في الصيدلة	None - Entry Level	PharmD/Doctorat d'Exercice**	5 years currently 6 years starting 2025 (equivalent to a minimum of 200 US credits or 360 ECTS)
Advanced Pharmacist/ Pharmacien Avancé/ صيداني متقدم في...	Public Health Sciences Business Industrial Pharmacy Other	Master (Research or Professional) or University Diploma (DU)/Certificate	Minimum of 1 year post- PharmD (equivalent to a minimum of 36 US credits or 60 ECTS)
Clinical Pharmacist/ Pharmacien Clinicien/ صيداني اكلينيكي	Hospital or Clinical Residency	PGY1/R1/ DU de pharmacie clinique et hospitalière	Minimum of 1 year post- PharmD
Specialized Clinical Pharmacist/Pharmacien Clinicien Spécialisé/ صيداني اكلينيكي متخصص	Specialized Clinical Residency	PGY2	Minimum of 2 years post- PharmD
Specialized Pharmacist/ Pharmacien Spécialiste/ صيداني اختصاصي في...	Public Health Sciences Business Industrial Pharmacy Clinical Pharmacy...	PhD/DBA/ Fellowship	Minimum of 4 years post- pharmacy (1+3)
Hospital Pharmacist/ Pharmacien Hospitalier/ صيداني اختصاصي في صيدلة المستشفى	Hospital Pharmacy	DES/DIS	Minimum of 3 years post- pharmacy
Industrial Pharmacist/ Pharmacien Industriel/ صيداني اختصاصي في الصناعة الدوائية	Industrial Pharmacy	DES/DIS	Minimum of 3 years post- pharmacy
Clinical Biologist/ Biologiste Médical/ صيداني اختصاصي في العلوم المخبرية السريرية	Medical Laboratory	DES/DIS	Minimum of 4 years post- pharmacy
Research Pharmacist/ Pharmacien Chercheur/ صيداني اختصاصي في الأبحاث	Public Health Sciences Business Industrial Pharmacy Other	HDR or Academic Professor Rank	Minimum of 3 years post-PhD or post-DBA

*In case of non-completed number of academic years/credits, additional educational training and/or studies will be necessary to reach the requirements as decided by the Specialty Committee. Title will remain Pharmacist.
**In case of non-completed number of credits, additional educational training and/or studies will be necessary to reach the requirements as decided by the Specialty Committee. Title will remain Doctor of Pharmacy.

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MAP OF PHARMACY TRACKS AND DEGREES



Notes:

1. Clinical and Professional tracks' pharmacists may join the academic track when this meets the academic institution's rules and regulations.
2. All degrees should be from recognized universities/institutions

Clinical and Hospital Pharmacy Law

إقتراح مشروع قانون للصيدلة السريرية
٢٢ حزيران ٢٠١٢
الصيدلة السريرية
المادة الأولى: التعريف:

يكون للتعبير والمصطلحات المذكورة فيما يلي المعنى المحدد الى جانب كل منها:

The proposal was submitted to the Lebanese Parliament in 2012

هي فرع من العلوم الصيدلانية التي يوفر من خلالها الصيدلة السريريون الرعاية الضرورية للمريض التي تؤمن أفضل علاج دوائي له وتساهم في تحسين صحته ووقايته من الأمراض.

٤- المشاكل السريرية:

هي المشاكل التي قد تنجم عن استعمال الدواء، على سبيل المثال: موانع الاستعمال، الآثار الجانبية، تضارب المفاعيل بين الأدوية...

٥- التعليم الصيدلي المستمر للصيدلة السريرية:

هو التعليم الصيدلي الإلزامي المستمر للصيدلة السريرية الذي يخضع له جميع الصيدلة السريريين المسجلين في نقابة صيدلة لبنان.

٦- لجنة صيدلة السريرية:

هي لجنة منبثقة من نقابة صيدلة لبنان لمتابعة أمور الصيدلة السريريين المحددة صلاحياتها في القانون الحاضر.

٧- نقاط الاعتماد:

هي عدد النقاط اللازم لتقييم عمل الصيدلي السريري في إطار التعليم المستمر والمعروف بعبارة (credits points).



إقتراح قانون تنظيم مهنة الصيدلة في المؤسسات الصحية

المادة الأولى: التعريف

يكون للتعبير والمصطلحات فيما يلي المعنى المحدد الى جانب كل منها:

Revisions were made in 2014, then 2016

هو كل صيدلي مسجل في نقابة صيدلة لبنان ويعمل على الأراضي اللبنانية كصيدلي مجاز وهو المسؤول عن إدارة قسم الصيدلة في المستشفى بكافة مكوناتها وفق أنظمتها الداخلية.

٤- الصيدلي المشرف:

هو كل صيدلي مسجل في نقابة صيدلة لبنان ويعمل على الأراضي اللبنانية كصيدلي مجاز تكون مهمته من مهام رئيس قسم الصيدلة وذلك من الناحية اللوجستية والإدارية والتنظيمية والسريرية وغيره.

٥- الصيدلي السريري:

هو كل صيدلي مؤهل ومسجل في نقابة صيدلة لبنان ويعمل على الأراضي اللبنانية كصيدلي مجاز تكون مهمته القيام بمتطلبات الصيدلة السريرية في المستشفى من المؤسسات الاستشفائية والدوائية والذي اجتاز بنجاح التقييم للتمرين السريري الذي تنظمه نقابة صيدلة لبنان.

٦- الصيدلة السريرية:

هي فرع من العلوم الصيدلانية التي يوفر من خلالها الصيدلة السريريون الرعاية الضرورية للمريض التي تؤمن أفضل علاج دوائي له وتساهم في تحسين صحته ووقايته من الأمراض.

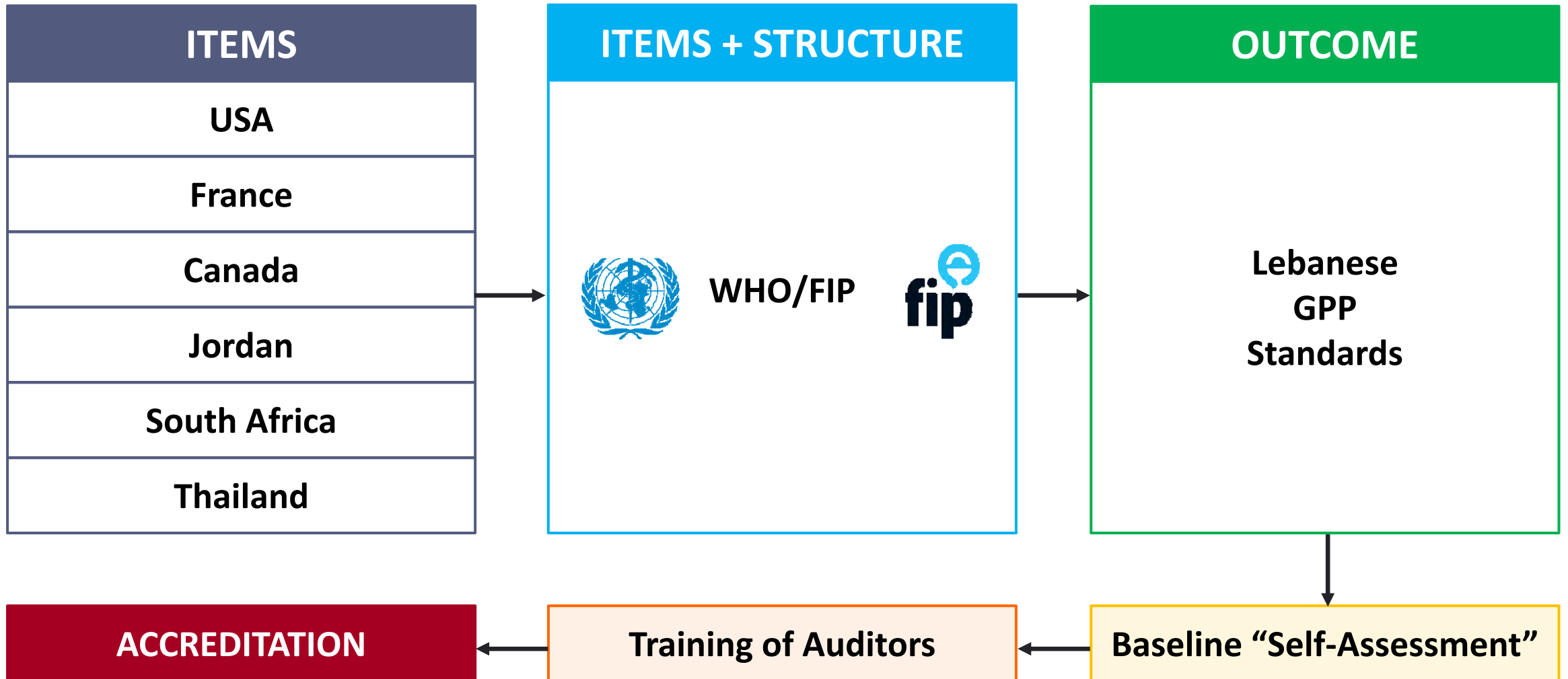
٧- المشاكل السريرية:

هي المشاكل التي قد تنجم عن استعمال الدواء، على سبيل المثال: موانع الاستعمال، الآثار الجانبية، تضارب المفاعيل بين الأدوية...

STILL PENDING



GPP Guidelines for Community Pharmacies





Deontology and Ethics





Continuing Education

- ▶ Establishing the internal regulations in 2014 to implement the mandatory CE Law
- ▶ Internal regulations amended in 2016 to meet the pharmacists' needs
- ▶ Organizing Regular CE sessions about different topics
- ▶ Organizing CE weekends in different regions on chronic diseases management
- ▶ Launching a series of CE sessions on Soft Skills
- ▶ Organizing 3 Hospital Pharmacists CE sessions, with the collaboration of the hospital subcommittee
- ▶ **2 ongoing publications**



OPL - CE Offerings During 2016-2017

Year	Activity	Credits	Venue
2016	OPL 22nd Pharmacist Day	3	Hilton Habtoor
2016	Bekaa SD 2016	4	Al Khayyal Temnine
2016	OPL Medication Safety I	1	OPL
2016	OPL CE Program 2016 -	1	OPL
2016	Nabatieh Scientific Day	3	Nabatieh
2016	OPL CE Program 2016 - Promotion	1	OPL
2016	North Scientific Day	4	Chamber of Commerce Tripoli
2016	OPL CE Program 2016 - Infection and Antibiotic Resistance	1	OPL
2016	OPL 24th Congress 2016	18	Hilton Habtoor
2017	OPL 2017 - 1/6 - Effective Interpersonal Communication	1	OPL
2017	OPL 2017 - 2/6 - Assertive Communication	1	OPL
2017	OPL 2017 - 3/6 - Transactional Analysis in Communication	1	OPL
2017	OPL 2017 - 4/6 - Leadership for Leaders: Basics	1	OPL
2017	OPL 2017 - 5/6 - Leadership for Leaders: Advanced	1	OPL
2017	OPL 2017 - 6/6 - Leadership for Leaders: Change	1	OPL
2017	OPL 2017 - 1/5 Patient Profile Program	1	Auditorium
2017	OPL 2017 - 2/5 Patient Profile Program	1	House-Tyre
2017	OPL 2017 - 3/5 Patient Profile Program	1	Auditorium
2017	OPL 2017 - 4/5 Patient Profile Program	1	Hotel-Tripoli
2017	OPL 2017 - 5/5 Patient Profile Program	1	Hotel-Zahle
2017	OPL Hospital Pharmacists CE Program 2017 - 1/3	1	Auditorium
2017	OPL Hospital Pharmacists CE Program 2017 - 2/3	1	Auditorium
2017	OPL 2017 - Retirement Law and Help Fund	1	Auditorium
2017	OPL Hospital Pharmacists CE Program 2017 - 3/3	3.5	PL Auditorium
2017	OPL 25th Congress 2017	19.5	Hilton Habtoor

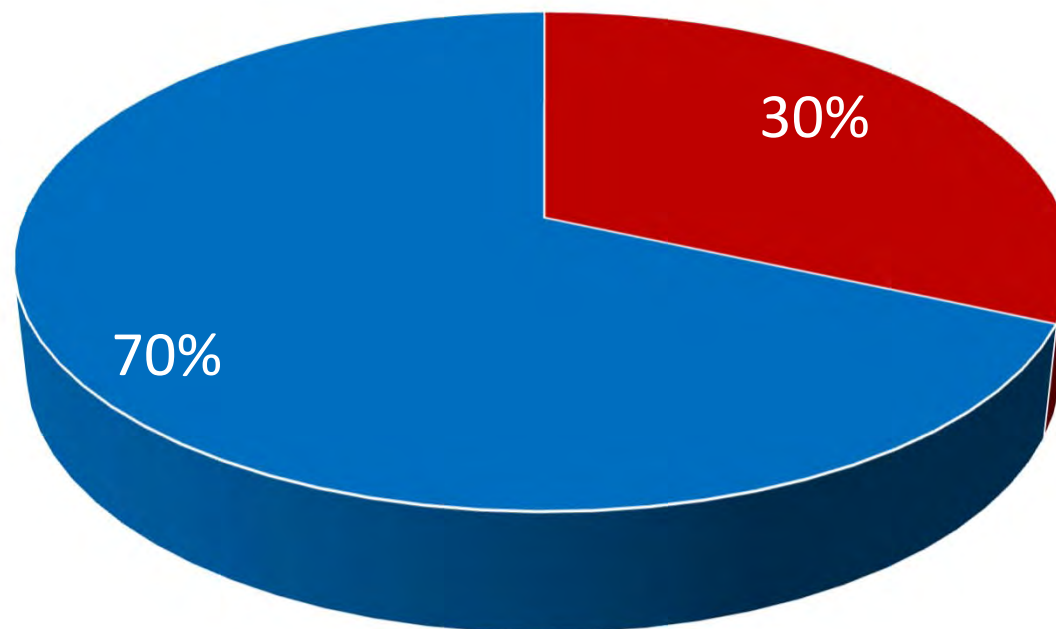
**36 CE
offered
in 2016**

**71 CE
offered
in 2017**

**Focus
on Soft
Skills**



Pharmacists Who Started CE



■ Did not start CE ■ Has started CE



Institutional Assessment-Based Decisions:

Published Articles

- ▶ Hallit S, Zeenny RM, Sili G, Salameh P. **Situation analysis of community pharmacy owners in Lebanon.** Pharm Pract (Granada). 2017;15(1):853. doi:10.18549/PharmPract.2017.01.853. Epub 2017 Mar 15.
- ▶ Iskandar K, Hallit S, Bou Raad E, Droubi F, Layoun N, Salameh P. **Community pharmacy in Lebanon: A societal perspective.** Pharmacy Practice 2017 Apr-Jun;15(2):893.
- ▶ Iskandar K, Bou Raad E, Hallit S, Chamoun N, Usta U, Akiki Y, Karaoui LR, Salameh P, Zeenny RM. **Assessing the perceptions of Pharmacists working in Lebanese Hospitals on the Continuing Education Preferences.** Pharmacy Practice 2018. Accepted, under press.
- ▶ Domiati S, Sacre H, Lahoud N, Sili G, Salameh P. (2018). **Knowledge of and readiness for medication therapy management among community pharmacists in Lebanon.** International Journal of Clinical Pharmacy, 1-10.



Institutional Assessment-Based Decisions:

Submitted Articles

- ▶ Sacre H, Tawil S, Sili G, Salameh P. **Continuing Education for Pharmacists in Lebanon: Current Issues and Challenges.**
- ▶ Hajj A, Hallit S, AzzoC, Abdou F, Naaman N, Akel M, Sacre H, Salameh P, Rabbaa L. **Assessment of Knowledge, Attitude and Practice among Community Pharmacists towards Dental Care: A National Cross-Sectional Lebanese Survey.**
- ▶ Zeidan RK, Hallit S, Zeenny R, Salameh P. **Lebanese Community Pharmacists Interest in and Attitude to Pharmacy Practice Research.**
- ▶ Tawil S, Sacre H, Sili G, Salameh P. **Patients' Perceptions Regarding Pharmacists' Healthcare Services: The Case of Lebanon.**
- ▶ Lahoud N, Abdo R, Akel M, Safwan J, Henaine AM, Shdeed R, Zeenny R, Fahs I, Hajj H, Salameh P. **Knowledge, attitudes and behaviors towards antibiotics use among Lebanese adults: An awareness survey on antibiotic resistance.**



Clinical Governance:

Patient-Related Projects



Lebanese Advanced Patient Profile - LAPP

LEBANESE ADVANCED PATIENTS PROFILE



OPL



OML

NEXTCARE

Your Health. Managed with Care.

NextCare



GlobeMed

Lebanon

Globemed

BANKERS

Bankers



MEDGULF

Medgulf

TCL

TCL



ضمان

CNSS



MOPH





Medicines Use Review Template

(Audit for Professional Activities)

Pharmacy Sili

MANAGEMENT TOOLS SUBMIT RESET

MUR Feedback Form

Physician's Name Date

Patient Name Patient Address DOB

This patient recently received a Medicines Use review (MUR) which identified issues with the following medicines which are detailed below:

Medicine name(s):

The following matter were identified which require your consideration

- Potential drug interaction(s)
- Potential side effects/adverse drug reaction preventing use of the medicine
- Potential reports not using the medicine any more
- Potential reports not using the medicine in line with the directions of the prescriber
- Potential reports difficulty using the medicine-issue with the device
- Potential reports difficulty using the medicine-issue with the formulation
- Potential reports lack of efficacy
- Potential reports problem with dosage regimen
- Potential reports unresolved concern about the medicine
- Other (see comments below)

Further information/Comments/ Possible action:

Action Center
No current issues detected

11:59
06/12/2017



Prescription Guidelines



December 18, 2017

DISPENSING GUIDELINES FOR PHARMACISTS

WORLD HEALTH ORGANIZATION PRESCRIPTION'S TIMELINE

Physician	STEP 1: Define the patient's problem STEP 2: Specify the therapeutic objective STEP 3: Verify the suitability of the prescription drug STEP 4: Write the prescription
Pharmacist	STEP 5: Give information, instructions and warnings STEP 6: Monitor the treatment (and stop, if necessary, in collaboration with the physician)

BASIC LEGAL REQUIREMENTS OF A PRESCRIPTION

Prescription should:

- Be written clearly in ink to decrease risk of errors (for written prescriptions)
- Be indelible (including computer-generated prescriptions)
- Be signed and dated by the prescriber
- Be in e-prescription format to reduce prescribing errors and improve safety of dispensing
- Specify the third party payer when it exists

Details pertaining to the prescribing physician should include:

- Name, address and qualification of the prescriber
- Phone number
- Date of prescribing
- Stamp with physician's registration number

Details pertaining to the patient should include:

- Patient's full name
- Patient's age, weight and gender
- Patient's address and phone number

MEDICAL INFORMATION REQUIRED IN A PRESCRIPTION

- The name of the medication, dose, dosage form, route, frequency and duration of treatment (including overall quantity) and other useful information (empty stomach, with meals, after meals...) should be stated. In the absence of this information, the pharmacist will attempt to contact the physician. If unable to do so, the pharmacist can use their discretion and professional judgement to dispense up to five days' worth of treatment. If they have insufficient information to make a judgement, they will refrain from dispensing the medication in question.
- Refill information
- Alterations are best avoided but if any is used, it should be clear, unambiguous and endorsed by the prescriber's signature.
- Schedules should preferably be written without abbreviation. However, some Latin abbreviations are acceptable (Table 1).

• Corniche du Fleuve, immeuble Caisse de Retraite des Pharmaciens • B.P. 11-2807 Beyrouth - Liban •
 • Téléphone: +961 1 611344 • Télécopie: +961 1 611342 • Courriel: dic@opi.org.lb •



December 18, 2017

PRESCRIPTION AND E-PRESCRIPTION GUIDELINES FOR PHYSICIANS

WORLD HEALTH ORGANIZATION PRESCRIPTION'S TIMELINE

- STEP 1: Define the problem of the patient
- STEP 2: Specify the therapeutic objective
- STEP 3: Verify the suitability of a prescription drug
- STEP 4: Write a prescription
- STEP 5: Give information, instructions and warnings
- STEP 6: Monitor and/or stop the treatment

BASIC LEGAL REQUIREMENTS OF A PRESCRIPTION

Prescription should:

- Be written clearly in ink to decrease risk of errors (for written prescriptions)
- Be indelible (including computer-generated prescriptions)
- Be signed and dated by the prescriber
- Be in e-prescription format to reduce prescribing errors and improve safety of dispensing
- Specify the third party payer when it exists

Details pertaining to the prescribing physician should include:

- Name, address and qualification of the prescriber
- Phone number
- Date of prescribing
- Stamp with physician's registration number

Details pertaining to the patient should include:

- Patient's full name
- Patient's age, weight and gender
- Patient's address and phone number

ELEMENTS OF GOOD PRACTICE

- Write generics (when available) unless there are bioavailability issues. This practice will enable the pharmacist to dispense any equally equivalent preparation, and avoid expenses and potential delays as per the decision flowchart on substitution on page 3.
- Strictly avoid abbreviations or scribbling the name of the medications.
- State name of drug, dose, dosage form, route, frequency and duration of treatment or any other useful information (empty stomach, with meals, after meals...)
- Specify the strength and quantity. In the absence of this information, the pharmacist will attempt to contact you. If unable to do so, the pharmacist can use their discretion and professional judgement to dispense up to five days' worth of treatment. If they have insufficient information to make a judgement, they will not dispense.
- Alterations are best avoided but if any is to be made, it should be clear, unambiguous and endorsed by the prescriber's signature.
- Avoid the unnecessary use of decimal points (trailing zero). For example, 3 grams should be written as 3g and not 3.0g, quantities of less than 1 gram should be written in milligrams (such as 500mg instead of 0.5g)

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Medication Safety Initiative

Our Goal

A safer and more effective use of medications for everyone!

Our Initiative

- Creating the Medication Safety subcommittee
- Designing the Medication Safety reporting tool
- Analyzing reported submissions
- Organizing CE sessions on Medication Safety
- Providing incentives for reporting

Our Commitment


Implement a Medication Safety culture despite several barriers to Medication Safety



Medication Safety Platform

Menu | Out | Set | Act | Leb | OPL | Ac X | Orc | Pag | Spe | Goc | Cla | A P | go | Libe | Ach | ma | Fre | lebr | Fla | Let | +

www.opl.org.lb/medicationsafety/form.php

 **تقابة صيدالفة لبنان**
ORDER OF PHARMACISTS OF LEBANON

If you equally suspect more than one drug, please fill out one form for every suspected drug

Adverse Reactions Reporting Form

Fields marked with an * are required

Health care institution*: _____

Institution type

Community Pharmacy Public Hospital Private Hospital
 University Medical Center/University-Affiliated Hospital Other: _____

A. Patient Information

Name* _____ Medical Record Number (E-health number) _____

Date of birth* (DD/MM/YYYY) ____ / ____ / ____ Gender*: Male Female Weight* ____ Kg Height* ____ cm

Mohafazat* _____ Coza* _____ Nationality _____

Area _____ Street _____ Building _____

Mobile* _____ Telephone _____ Email address _____

Patient consents for follow-up* Yes No

- List medications and supplements that the patient is currently taking*

Databases Graphics 10:31 05/12/2017



Medication Safety Published Articles

- ▶ Hajj, A., Hallit, S., Ramia, E., Salameh, P., & Order of Pharmacists Scientific Committee – Medication Safety Subcommittee. (2017). **Medication safety knowledge, attitudes and practices among community pharmacists in Lebanon.** Current Medical Research and Opinion, 1-8.
- ▶ Ramia, E., Zeenny, R. M., Hallit, S., & Salameh, P., & Order of Pharmacists Scientific Committee – Medication Safety Subcommittee. (2017). **Assessment of patients' knowledge and practices regarding their medication use and risks in Lebanon.** International Journal of Clinical Pharmacy, 1-11.



Medication Safety Submitted Articles

- ▶ Ramia E, Zeenny R, Hajj A, Hallit S, Lahoud N, Zeitoun A, Saab M, Hajj H, Shuhaiber P, Sacre H, Akel M, Salameh P. **Medication Safety Spontaneous Reporting System: The Lebanese Order of Pharmacists Initiative.**
- ▶ Hallit S, Hajj A, Shuhaiber P, Iskandar K, Ramia E, Sacre H, Salameh P. **Medication Safety Knowledge, Attitude, And Perception Among Hospital Pharmacists in Lebanon.**
- ▶ Ramia E, Zeenny R, Hallit S, Salameh P. **Assessing self-reported Adverse Drug Reactions among Lebanese outpatients: A national Cross sectional study.**





Drug Shortage Plan

DRUG SHORTAGE REQUEST

Pharmacist Level

Select Drug in Shortage*:

If not registered:

Comments

Related Shortage
Cite all Related Shortage

SUBMIT

Drug Information Center Level

Shortage Request Analysis

Substitutable: (to be selected from DB)

Yes, with the same active ingredient:

Alternative Medication:

Comments:

No

Essential Drug: Yes No

Highly Important: Yes No

Potential Consequences for Patient Health Status* (please select all that applies)

- Life-threatening
- Requiring supportive treatment
- Hospitalization (Emergency Room or less than 24 hours)
- Hospitalization (for more than 24 hours)
- Prolonged hospitalization in case of in-patients
- Interventions to prevent permanent impairment or damage
- Transfer to an intensive care unit
- Disability
- Other:

DIC Action

- Report to MOPH
- Post Substitution List on Dashboard – Do not report to MOPH – Close Request
- Issue is already being handled elsewhere – Close Request

Comments:

Note: If the request is submitted to MOPH, they should get also an email to inform them there a shortage of _____ is being reported
The drug is (Essential Drug, highly important to patient health and urgent) action is required.
If the DIC report Substitutable, a list of the substitution drugs should be posted on the Shortage Dashboard (down below)

SUBMIT

Ministry of Public Health

Shortage Status

- Current: Update an Item:
 - Expected Timeline of Ending Shortage
 - Undetermined
 - Calendar Option to select date
- No Longer Available
- Shortage Resolved – Product Available

Note: MOPH (the ministry should have the right to go back to a request and modify status)

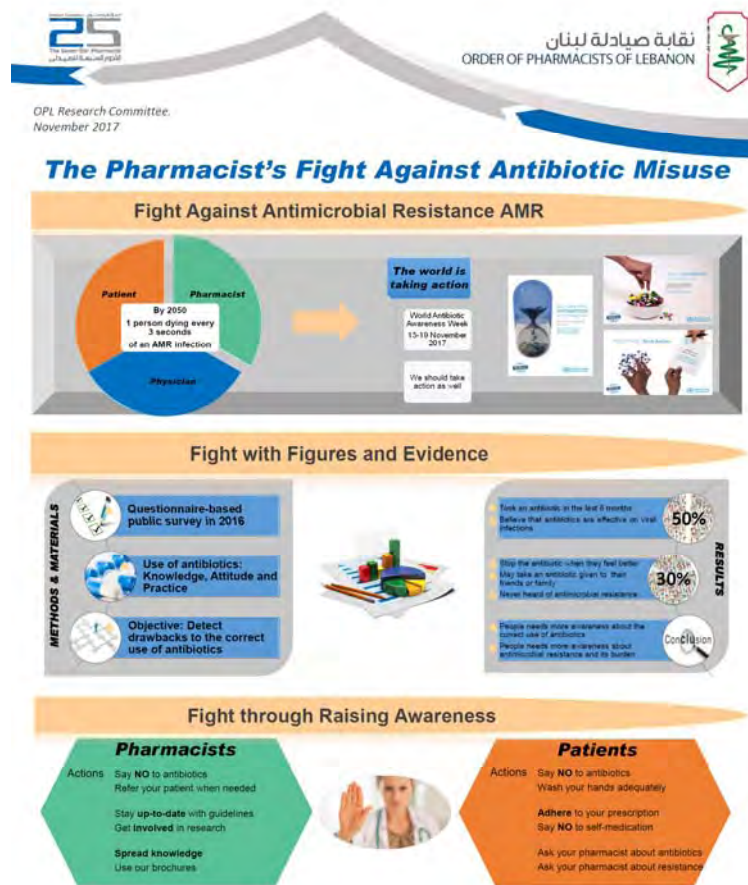
SUBMIT

Shortage Dashboard

Drug	Submitted Date	OPL Status/ Action	Date Action Taken	Shortage Classification	Comments/ Substitution	MOPH Shortage Status	Date Action Taken	Add a Request
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>

SUBMIT A NEW REQUEST

Awareness on ATB Misuse and Resistance



Knowledge, attitudes and behaviors towards antibiotics use among Lebanese adults: An awareness survey on antibiotic resistance

1. Nathalie Lahoud,
2. Rachel Abdo,
3. Marwan Akel,
4. Jihan Safwan,
5. Anna Maria Henaine,
6. Ruba Shdeed,
7. Rony Zeenny,
8. Iqbal Fahs,
9. Hind Hajji,
10. Pascale Salameh

Faculty of Pharmacy, Lebanese University, Hadat, Lebanon.
School of Pharmacy, Lebanese International University, Beirut, Lebanon.
Order of Pharmacists of Lebanon, Beirut, Lebanon.

Authors' affiliations, postal addresses, telephone numbers and email addresses.

Corresponding author: Nathalie Lahoud

Abstract

High levels of antibiotics misuse and resistance are increasingly reported, particularly in developing countries. The aim of the present study was to investigate the current level of knowledge, attitude and practices of adults (over 18 years old) living in Lebanon towards antibiotic use and resistance. A descriptive survey was conducted in community pharmacies randomly chosen all over Lebanon. The questionnaire was adopted from a similar survey conducted by the WHO in 2015. Overall, 906 respondents surveyed were included (mean age: 41±15 years, men: 49%). The majority of respondents surveyed reported having taken antibiotics within the past six months (60%), and more than one third having taken them within the past month (34%). From the series of terms commonly used in relation to the antibiotic resistance issue, the phrase with the highest level of awareness was "antibiotic resistance" with 53% of respondents surveyed stating they have heard the term before. This was followed by "drug resistance" (44%) and "antibiotic-resistant bacteria" (43%). The proportion of all respondents who had never heard of any of these terms was 25%. While 78% of respondents correctly identified 'Many infections are becoming increasingly resistant to treatment by antibiotics' as a true statement, an even greater proportion (79%) thought that the statement 'Antibiotic resistance occurs when your body becomes resistant to antibiotics and they no longer work as well' was also true, when this is in fact a false statement. Additionally, 61% of respondents thought that the statement 'Bacteria which are resistant to antibiotics can be spread from person to person' was true and 52% thought that the statement 'Antibiotic resistance is only a problem for people who take antibiotics regularly' was true, whereas in fact it is false. This study revealed several misconceptions and a lack of awareness on the use of antibiotics and resistance.



Awareness on ATB Misuse and Resistance

25
المرکز الوطني للبحوث والدراسات الصيدلانية
National Center for Pharmaceutical Research and Studies

تقابة صيادلة لبنان
ORDER OF PHARMACISTS OF LEBANON

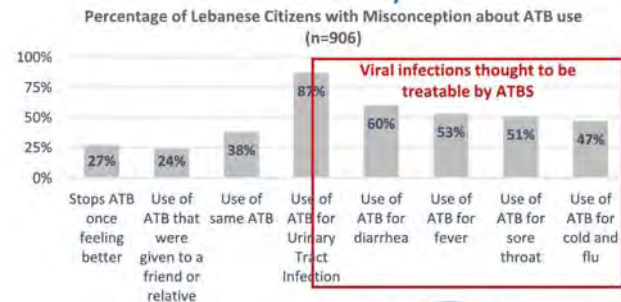


Antibiotic Resistance Awareness

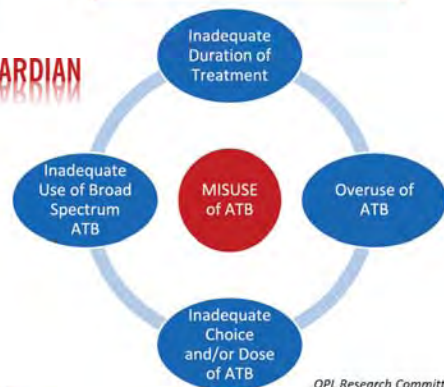
The problem

- Antibiotics treat infection by killing bacteria, but bacteria are fighting back leading to antibiotic resistance.
- Antibiotics are becoming less effective, which means more deaths, side effects, new infections and higher medical costs.

OPL National Survey 2016



BE AN ANTIBIOTIC GUARDIAN



NOVEMBER 2017

OPL Research Committee



Antibiotic Resistance: Take These Simple Actions



- Antibiotics don't kill viruses
- Inflammation is not always a sign of bacterial infection



- Antibiotics are not Over The Counter medicines
- Take antibiotics as prescribed
- Don't stop once you feel better
- Never share them with others



Wash your hands regularly



Prepare food hygienically



Avoid close contact with sick people



Keep vaccinations up to date



Spread the word, tell your friends and family about antibiotic resistance

OPL Research Committee.
November 2017

25
المرکز الوطني للبحوث والدراسات الصيدلانية
National Center for Pharmaceutical Research and Studies

Non-Prescription Medications

- ▶ Article 43 of the Lebanese law 367:
No pharmacist may dispense a medicinal drug without a medical prescription or without the advice of a doctor, with the exception of medicinal drugs which shall be specified by ministerial order issued by the Minister of Public Health, after consultation with the Medical Association and the Association of Pharmacists. Pharmaceutical work shall continue as before until the publication of the ministerial order by the Minister of Public Health.
- ▶ In 2018, the MOPH released a list of 330 brands of non-prescription medications
- ▶ The OPL suggested a list of 1488 brands:
 - ▶ 350 active ingredients
 - ▶ 17% of the active ingredients on the Lebanese market
- ▶ Stepwise approach to regulate prescription of medications, **including antibiotics**





Health Promotion

In collaboration with other institutions



Blood Donation Donor Selection Criteria

Who Can?

Most people can give blood. People in good health, aged 18 to 55 and weigh at least 50kg for women and 60 kg for men, can donate. They can repeat the process every 8 weeks; up to 4 times a year for women and 5 times for men.

Who Can't?

There are many reasons to be rejected while attempting to donate blood. In simple terms, they fall into 2 main categories: the ones linked to the donor's health, and the others linked to the patient's.

Medications General List

Donors should tell if they are taking now or if they EVER took any of these medications:

- Finasteride
- Isotretinoin
- Growth hormone (GH)
- Bovine insulin
- Hepatitis B Immune Globulin
- Clopidogrel or Ticlopidine
- Firoxican

Le Rôle du pharmacien dans la santé orale



Upcoming Themes	
Smoking cessation	Asthma and COPD
Physical activity and chronic diseases	Infectious diseases and antibiotic misuse
Diabetes	Antineoplastics
Osteoporosis	Vaccines
Drug and alcohol abuse	Dosage forms
Obesity and nutrition	Medication reconciliation
Drug use in pregnancy and lactation	Health literacy and hygiene
Supplements and doping	Child referral
Non-Communicable Diseases and screening	Pharmaceutical waste management



More Initiatives and Projects



OPL Suggested Initiatives

- ▶ Participating actively to all MOPH and MEHE relevant committees
- ▶ Creating a **National Committee for Pharmacy Governance** and Strategy in collaboration with the MOPH and the Royal Pharmaceutical Society, and the participation of all stakeholders.
- ▶ Current OPL president: active member of the High Commission for Health at the MOPH → suggested health reforms



OPL Suggested Health Reforms

PRINCIPLES	STRATEGIC GOALS	EXECUTIVE PROJECTS
Laws and Order	Leadership of MOPH Legal framework improvement Clearer boundaries between health professions Laws enforcement	Change/suggest laws and regulations in every sector Establish professional competency framework Improve inspection and apply accountability measures
Strategic Thinking	Use SWOT analysis Evidence-based decisions	Conduct expert focus groups Carry out assessment studies
Quality Practice	Implement Good Practice to promote patient-centered care Manage risks	Apply Accreditation standards Apply ISO standards Professional Practice Evaluation Prepare risk management plans
Ethical Behaviors	Professionalism (human rights, secrecy, respect) Independence in the practice Humanized communication with patients	Conduct workshops for soft skills Circulate documents about ethics and deontology Apply accountability measures
Collaborative Spirit	Inter-professional practice Public/private collaboration	Conduct inter-professional practice workshops Initiate collaboration projects between public and private sectors
Resources Stewardship	Protect human resources Protect financial resources Health promotion	Plan human resources needs Promote prevention versus cure Cost-effectiveness studies Health outcomes studies Diagnosis-Related Group: DRG system trial and application
Technical Improvement	Standardize measurements Promote applied research Adapt treatment to context	Central laboratory activation Useful data generation Guidelines adaptation and adherence
Educational Perspective	Link education to practice Maintain adequate competency	Basic competencies framework Specialties and titles clarification Mandatory post-graduate continuing education
Governance	Health Related Equity Transparency Innovation Sustainability	Work for "Health for All", "SDG: Sustainable Development Goals" Use IT for tracking activities Try new ideas based on professionals' consensus





Ongoing Research: 8

- ▶ Assessment of Knowledge, Perception & Practice in Chronic Bronchitis Among Community Pharmacists
- ▶ Continuing Education in Lebanon: Pharmacists' Perception
- ▶ Assessment of Burnout, and Empathy Among Community Pharmacists
- ▶ Knowledge Towards Antibiotics Use Among Lebanese Adults: A Study on the Interaction Between Education and Income
- ▶ Health System Pharmacists: Baseline Assessment of Pharmacy Practice Initiatives
- ▶ Pharmacists in Lebanon: Figures, Projections and Challenges
- ▶ Smoking in Lebanon: Knowledge, Attitude, and Practice
- ▶ Good Pharmacy Practice Assessment in Lebanese Community Pharmacies



In Summary...

- ▶ Total number of **professional projects** ongoing or submitted to relevant ministries: **17**
 - ▶ White papers/standards/frameworks: 5
 - ▶ Laws/decrees/decisions: 12
- ▶ Total number of **research projects**: **22**
 - ▶ Published: 6
 - ▶ Submitted: 8
 - ▶ Ongoing: 8



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THANK YOU