Advancing Pharmacy Through Governance: 
The Lebanese Order of Pharmacists’ Perspective

Pascale SALAMEH, PharmD, MPH, PhD, HDR
Professor of Epidemiology. Lebanese University
Chair, Scientific Committee. Lebanese Order of Pharmacists

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.
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

![Logos of educational institutions]

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24/06/2018
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
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
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

<table>
<thead>
<tr>
<th></th>
<th>Population Density (people per 10,000)</th>
<th>Population Density (1:XXX)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon</td>
<td>17.30</td>
<td>1:578</td>
</tr>
<tr>
<td>World – Sample Mean</td>
<td>6.02</td>
<td>1:1,661</td>
</tr>
<tr>
<td>France</td>
<td>12.00</td>
<td>1:883</td>
</tr>
</tbody>
</table>
Registered Active Pharmacists (2006-2017)

- 2006: 3924
- 2007: 4150
- 2008: 4493
- 2009: 4947
- 2010: 5397
- 2011: 5826
- 2012: 6190
- 2013: 6549
- 2014: 7070
- 2015: 7527
- 2016: 7882
- 2017: 8343

24/06/2018
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Numerus clausus
The 7-Star Pharmacist Concept

- Introduced by the WHO/FIP in 1997
- Evolving healthcare structure
- Evolving role of the pharmacist
# Pharmacy Trainings and Competencies

## March 15, 2018

**PHARMACY CORE COMPETENCIES**

<table>
<thead>
<tr>
<th>Framework</th>
<th>Competencies</th>
<th>Behaviors and Outcomes (Key Performance Indicators)</th>
</tr>
</thead>
<tbody>
<tr>
<td>L. Professional Practice</td>
<td>1.3.1.2 Demonstrates awareness of codes of ethics and acts accordingly</td>
<td>1.3.1.3 Understands and applies the requirements of the HP pharmacy practice regulations</td>
</tr>
<tr>
<td>L. Professional Practice</td>
<td>1.3.5.1 Demonstrates awareness of the importance of the law in the pharmacy practice</td>
<td>1.3.5.2 Demonstrates understanding of the law's role and responsibilities of the pharmacist in the dispensing and compounding pharmacies</td>
</tr>
<tr>
<td>L. Professional Practice</td>
<td>1.3.5.3 Demonstrates awareness of the importance of the law in the pharmacy practice</td>
<td>1.3.5.4 Demonstrates knowledge of the requirements of regulatory frameworks to achieve a medicinal product, including the quality, safety and efficacy assessment of the product</td>
</tr>
<tr>
<td>L. Professional Practice</td>
<td>1.3.5.4 Demonstrates a patient-focused approach to practice</td>
<td>1.3.5.5 Ensures quality and patient safety are at the center of the pharmacist's practice</td>
</tr>
<tr>
<td>L. Professional Practice</td>
<td>1.3.5.5 Ensures quality and patient safety are at the center of the pharmacist's practice</td>
<td>1.3.5.6 Educates and empowers the patient to manage their own health and medicine</td>
</tr>
<tr>
<td>L. Professional Practice</td>
<td>1.3.5.6 Educates and empowers the patient to manage their own health and medicine</td>
<td>1.3.5.7 Acts as a patient advocate to ensure that patient care is not interrupted</td>
</tr>
<tr>
<td>L. Professional Practice</td>
<td>1.3.5.7 Acts as a patient advocate to ensure that patient care is not interrupted</td>
<td>1.3.5.8 Monitors the medicines and other healthcare needs of the patient on a regular basis and makes recommendations</td>
</tr>
</tbody>
</table>

* Contact: du F, Coordination Gestion de la Forme et de la Tuteur du Pharmacien, EFP: 19-2208, Beyrouth - Liban |
  * Téléphone: +961 1 615 324 - Télécopieur: +961 1 615 323 - Conseil desPharmaciers.org.lb |
Competencies Framework

1. Basic Competencies
   Undergraduate Education
     - Didactic Courses
     - Applied Work
   Diploma (Grades)

2. Training Competencies
   Undergraduate Training (university level)
     1. Training Certificate
     2. Personal Portfolio

3. Post-Graduate Competencies
   Post-Graduate Training (university and/or OPL)
     1. PG Training Certificates:
        - Core
        - Specific
     2. Personal Portfolio
Colloquium Suggested Changes

Pascale SALAMEH, PharmD, MPH, PhD, HDR
24/06/2018
Educational Standards

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

ITEMS

<table>
<thead>
<tr>
<th>ITEMS</th>
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</thead>
<tbody>
<tr>
<td>ACPE (USA)</td>
</tr>
<tr>
<td>CIDPHARMEF</td>
</tr>
<tr>
<td>CCAPP (Canada)</td>
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<tr>
<td>QSG (Lebanon)</td>
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</tbody>
</table>

ITEMS + STRUCTURE

OUTCOME

- Lebanese Pharmacy Standards

ACCRREDITATION
Clinical Governance:
Pharmacist-Related Projects
Pharmacy Specialties and Titles

**PHARMACY TITLES AND SPECIALTIES - OPL SUGGESTIONS**

<table>
<thead>
<tr>
<th>Title</th>
<th>Specialty/Area</th>
<th>Degree</th>
<th>Minimum Number of Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy/Pharmacist</td>
<td>None - Entry Level</td>
<td>BS Pharmacy*</td>
<td>5 years currently (subject to 140-150 credits or 180 ECTS) approximating 182</td>
</tr>
<tr>
<td>Doctor of Pharmacy/Pharmaceutics</td>
<td>None - Entry Level</td>
<td>PharmD/Bachelor of Science/Engineering</td>
<td>5 years currently; 4 years starting 2020 (subject to minimum of 140-150 credits or 180 ECTS)</td>
</tr>
<tr>
<td>Advanced Pharmacy/Pharmaceutics</td>
<td>Public Health Sciences Business Industrial Pharmacy (O8)</td>
<td>Master (Research or Professional) or University Diploma (IEG-Comrades) Minimum of 1 year post-PharmD (subject to minimum of 140-150 credits or 180 ECTS)</td>
<td></td>
</tr>
<tr>
<td>Clinical Pharmacist/Pharmaceutical Clinical</td>
<td>Hospital or Clinical Residency</td>
<td>PGY1, PGY2, 3 of pharmacist-clinician at hospital</td>
<td>Minimum of 1 year post-PharmD</td>
</tr>
<tr>
<td>Specialized Clinical Pharmacist/Pharmaceutical Clinical</td>
<td>Specialized Clinical Residency</td>
<td>PGY2</td>
<td>Minimum of 2 years post-PharmD</td>
</tr>
<tr>
<td>Specialized Pharmacy/Pharmaceutical Specialist</td>
<td>Public Health Sciences Business Industrial Pharmacy Clinical Pharmacist</td>
<td>PhD/DBA/ Fellowships</td>
<td>Minimum of 4 years post-pharmacy (1-3)</td>
</tr>
<tr>
<td>Hospital Pharmacist/Pharmaceutical Hospitalist</td>
<td>Hospital Pharmacy</td>
<td>DDS/BDS</td>
<td>Minimum of 2 years post-pharmacy</td>
</tr>
<tr>
<td>Industrial Pharmacist/Pharmaceutical Industrial</td>
<td>Industrial Pharmacy</td>
<td>DDS/BDS</td>
<td>Minimum of 3 years post-pharmacy</td>
</tr>
<tr>
<td>Clinical Pharmacologist</td>
<td>Medical Laboratory</td>
<td>DDS/BDS</td>
<td>Minimum of 4 years post-pharmacy</td>
</tr>
<tr>
<td>Research Pharmacist/Pharmaceutical Chemist</td>
<td>Public Health Sciences Business Industrial Pharmacy</td>
<td>HDR or Academic Professor Rank</td>
<td>Minimum of 3 years post-PharmD or post-DBA</td>
</tr>
</tbody>
</table>

*In case of not completed number of academic years/credits, additional educational training and/or studies will be necessary to complete the requirements as defined by the Specialty Committee. Title will remain Pharmacist.

**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.

Pascale SALAMEH, PharmD, MPH, PhD, HDR

24/06/2018
The proposal was submitted to the Lebanese Parliament in 2012.
GPP Guidelines for Community Pharmacies

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>ITEMS + STRUCTURE</th>
<th>OUTCOME</th>
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<tbody>
<tr>
<td>USA</td>
<td>WHO/FIP</td>
<td>Lebanese GPP Standards</td>
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<td>Jordan</td>
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<td>South Africa</td>
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<tr>
<td>Thailand</td>
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ACCREDITATION

Training of Auditors

Baseline “Self-Assessment”
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity</th>
<th>Credits</th>
<th>Venue</th>
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<tbody>
<tr>
<td>2016</td>
<td>OPL 22nd Pharmacist Day</td>
<td>3</td>
<td>Hilton Habtoor</td>
</tr>
<tr>
<td>2016</td>
<td>Bekaa SD 2016</td>
<td>4</td>
<td>Al Khayyal Temnine</td>
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<td>2016</td>
<td>OPL Medication Safety Initiative Training</td>
<td>1</td>
<td>OPL</td>
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<tr>
<td>2016</td>
<td>OPL CE Program 2016 - Literature Evaluation Principles</td>
<td>1</td>
<td>OPL</td>
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<tr>
<td>2016</td>
<td>Nabatieh Scientific Day</td>
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<td>2016</td>
<td>OPL CE Program 2016 - Promotion</td>
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<tr>
<td>2016</td>
<td>North Scientific Day</td>
<td>4</td>
<td>Chamber of Commerce Tripoli</td>
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<tr>
<td>2016</td>
<td>OPL CE Program 2016 - Infectious Diseases and Antibiotic Resistance</td>
<td>1</td>
<td>OPL</td>
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<tr>
<td>2016</td>
<td>OPL 24th Congress 2016</td>
<td>18</td>
<td>Hilton Habtoor</td>
</tr>
<tr>
<td>2017</td>
<td>OPL 2017 - 1/6 - Effective Interpersonal Communication</td>
<td>1</td>
<td>OPL</td>
</tr>
<tr>
<td>2017</td>
<td>OPL 2017 - 2/6 - Assertive Communication</td>
<td>1</td>
<td>OPL</td>
</tr>
<tr>
<td>2017</td>
<td>OPL 2017 - 3/6 - Transactional Analysis in Communication</td>
<td>1</td>
<td>OPL</td>
</tr>
<tr>
<td>2017</td>
<td>OPL 2017 - 4/6 - Leadership for Leaders: Basics</td>
<td>1</td>
<td>OPL</td>
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<tr>
<td>2017</td>
<td>OPL 2017 - 5/6 - Leadership for Leaders: Advanced</td>
<td>1</td>
<td>OPL</td>
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<tr>
<td>2017</td>
<td>OPL 2017 - 6/6 - Leadership for Leaders: Change</td>
<td>1</td>
<td>OPL</td>
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<tr>
<td>2017</td>
<td>OPL 2017 - 1/5 Patient Profile Program</td>
<td>7</td>
<td>OPL Auditorium</td>
</tr>
<tr>
<td>2017</td>
<td>OPL 2017 - 2/5 Patient Profile Program</td>
<td>7</td>
<td>Rest House-Tyre</td>
</tr>
<tr>
<td>2017</td>
<td>OPL 2017 - 3/5 Patient Profile Program</td>
<td>7</td>
<td>OPL Auditorium</td>
</tr>
<tr>
<td>2017</td>
<td>OPL 2017 - 4/5 Patient Profile Program</td>
<td>7</td>
<td>Miramar Hotel-Tripoli</td>
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<tr>
<td>2017</td>
<td>OPL 2017 - 5/5 Patient Profile Program</td>
<td>7</td>
<td>Kadri Hotel-Zahle</td>
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<td>2017</td>
<td>OPL Hospital Pharmacists CE Program 2017 - 1/3</td>
<td>3.5</td>
<td>OPL Auditorium</td>
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<tr>
<td>2017</td>
<td>OPL Hospital Pharmacists CE Program 2017 - 2/3</td>
<td>3.5</td>
<td>OPL Auditorium</td>
</tr>
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<td>2017</td>
<td>OPL 2017 - Retirement Law and Help Fund</td>
<td>19.5</td>
<td>Hilton Habtoor</td>
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<td>2017</td>
<td>OPL 25th Congress 2017</td>
<td>19.5</td>
<td>Hilton Habtoor</td>
</tr>
</tbody>
</table>

- **36 CE offered in 2016**
- **71 CE offered in 2017**

Focus on Soft Skills
Pharmacists Who Started CE

- Did not start CE: 30%
- Has started CE: 70%
Institutional Assessment-Based Decisions:

Published Articles


Institutional Assessment-Based Decisions:
Submitted Articles


Clinical Governance:
Patient-Related Projects
Lebanese Advanced Patient Profile - LAPP

LEBANESE ADVANCED PATIENTS PROFILE

Pascale SALAMEH, PharmD, MPH, PhD, HDR
Medicines Use Review Template
(Audit for Professional Activities)
Prescription Guidelines

December 10, 2017

World Health Organization Prescription Guidelines for Pharmacists

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
Step 5: Give instructions, precautions, 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 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 qualifications 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 arrange 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 instructions
- Instructions should be avoided but, if any is used, it should be clear, unambiguous and endorsed by the prescriber’s signature.
- Schedules should preferably be written without abbreviations. However, some Latin abbreviations are acceptable (Table 1).

December 10, 2017

World Health Organization Prescription Guidelines for Physicians

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 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:
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- 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 legibly (when possible). If legible and clearly available, 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 instructions: if any is used, it should be clear, unambiguous and endorsed by the prescriber’s signature.
- Avoid the unnecessary use of decimal points (trailing zeros). For example, 3 grams should be written as 3g, not as 3.0g. Quantities of less than 1 gram should be written as whole numbers (such as 500mg instead of 0.5g).

Pascale SALAMEH, PharmD, MPH, PhD, HDR

24/06/2018
**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
Medication Safety Published Articles


Medication Safety Submitted Articles


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

1. Nathalie Labaud
2. Rachel Abela
3. Manween Asaad
4. Ajman Sawaan
5. Anna Maria Hantoun
6. Rabih Solh
7. Harry Zeeno
8. Ligyel Tabb
9. Hidaj Hajj
10. Pascale Salameh

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School of Pharmacy, Lebanese International University, Beirut, Lebanon
Order of Pharmacists of Lebanon, Beirut, Lebanon

Authors’ affiliations, email addresses, telephone numbers and email addresses.

Corresponding author: Nathalie Labaud

Abstract

High levels of antibiotics misuse and resistance are increasing by reported, particularly in developing countries. The aim of the present study was to investigate the current levels of knowledge, attitude and practice of antibiotics use of 15-year-old living in Lebanon towards antibiotic use and resistance. A questionnaire was adopted from a similar survey conducted by the WHO in 2015. Overall, 988 respondents were involved in the study included 912 males and 76 females. The % of respondents surveyed reported having taken antibiotics within the past six months (86%), and more that one third had taken them within the past month (34). From the series of terms commonly used to describe the antibiotic resistance issue, the phrase with the highest level of awareness was "antibiotic resistance" with 80% of respondents surveyed taking pharmacy practice to mean it. This was followed by "drug resistance" (74%) and "antibiotic-resistant bacteria" (49%). The proportion of all respondents who had never heard of any of the terms was 29%. While 78% of respondents correctly identified many antibiotics are becoming increasingly effective because of overuse by antibiotics as a true statement, an even greater proportion (99%) thought the latter statement "Antibiotic resistance occurs when your body becomes resistant to antibiotics and then no longer work as well" was also true, when in fact it is false in context. Additionally, 45% of respondents thought that the statement "Bacteria which are resistant to antibiotics can 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

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
Percentage of Lebanese Citizens with Misconception about ATB use (n=906)

- Viral infections thought to be treatable by ATBS
  - 27% Stops ATB once feeling better
  - 24% Use of ATB in diarrhea
  - 33% Use of ATB for fever
  - 32% Use of ATB for sore throat

BE AN ANTIBIOTIC GUARDIAN

Inadequate Dosage of Treatment
Inadequate Use of Broad Spectrum ATB
Inadequate Choice and/or Dose of ATB

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

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

Wash your hands regularly
Prepare food hygienically
Avoid close contact with sick people
Keep vaccinations up to date

Pascale SALAMEH, PharmD, MPH, PhD, HDR
24/06/2018
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

Upcoming Themes

<table>
<thead>
<tr>
<th>Smoking cessation</th>
<th>Asthma and COPD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical activity and chronic diseases</td>
<td>Infectious diseases and antibiotic misuse</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Antineoplastic</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Vaccines</td>
</tr>
<tr>
<td>Drug and alcohol abuse</td>
<td>Dosage forms</td>
</tr>
<tr>
<td>Obesity and nutrition</td>
<td>Medication reconciliation</td>
</tr>
<tr>
<td>Drug use in pregnancy and lactation</td>
<td>Health literacy and hygiene</td>
</tr>
<tr>
<td>Supplements and doping</td>
<td>Child referral</td>
</tr>
<tr>
<td>Non-Communicable Diseases and screening</td>
<td>Pharmaceutical waste management</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>PRINCIPLES</th>
<th>STRATEGIC GOALS</th>
<th>EXECUTIVE PROJECTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laws and Order</td>
<td>Leadership of MOPH&lt;br&gt;Legal framework improvement&lt;br&gt;Cleaner boundaries between health professions&lt;br&gt;Laws enforcement</td>
<td>Change/suggest laws and regulations in every sector&lt;br&gt;Establish professional competency framework&lt;br&gt;Improve inspection and apply accountability measures</td>
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<td>Strategic Thinking</td>
<td>Use SWOT analysis&lt;br&gt;Evidence-based decisions</td>
<td>Conduct expert focus groups&lt;br&gt;Carry out assessment studies</td>
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<tr>
<td>Quality Practice</td>
<td>Implement Good Practice to promote patient-centered care&lt;br&gt;Manage risks</td>
<td>Apply Accreditation standards&lt;br&gt;Apply ISO standards&lt;br&gt;Professional Practice Evaluation&lt;br&gt;Prepare risk management plans</td>
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<tr>
<td>Ethical Behaviors</td>
<td>Professionalism (human rights, secrecy, respect)&lt;br&gt;Independence in the practice&lt;br&gt;Humanized communication with patients</td>
<td>Conduct workshops for soft skills&lt;br&gt;Circulate documents about ethics and deontology&lt;br&gt;Apply accountability measures</td>
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<tr>
<td>Collaborative Spirit</td>
<td>Inter-professional practice&lt;br&gt;Public/private collaboration</td>
<td>Conduct inter-professional practice workshops&lt;br&gt;Initiate collaboration projects between public and private sectors</td>
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<td>Resources Stewardship</td>
<td>Protect human resources&lt;br&gt;Protect financial resources&lt;br&gt;Health promotion</td>
<td>Plan human resources needs&lt;br&gt;Promote prevention versus cure&lt;br&gt;Cost-effectiveness studies&lt;br&gt;Health outcomes studies&lt;br&gt;Diagnosis-Related Group: DRG system trial and application</td>
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<tr>
<td>Technical Improvement</td>
<td>Standardize measurements&lt;br&gt;Promote applied research&lt;br&gt;Adapt treatment to context</td>
<td>Central laboratory activation&lt;br&gt;Useful data generation&lt;br&gt;Guidelines adaptation and adherence</td>
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<tr>
<td>Educational Perspective</td>
<td>Link education to practice&lt;br&gt;Maintain adequate competency</td>
<td>Basic competencies framework&lt;br&gt;Specialties and titles clarification&lt;br&gt;Mandatory post-graduate continuing education</td>
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<tr>
<td>Governance</td>
<td>Health Related Equity&lt;br&gt;Transparency&lt;br&gt;Innovation&lt;br&gt;Sustainability</td>
<td>Work for “Health for All”, “SDG: Sustainable Development Goals”&lt;br&gt;Use IT for tracking activities&lt;br&gt;Try new ideas based on professionals’ consensus</td>
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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

December 2015
November 2018
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- National Health Services. Clinical governance requirements for community pharmacy, 2012

- Pruce D. Delivering clinical governance: the pharmacist's role. The Pharmaceutical Journal, 2000; Vol 265 No 7120 p661. Available at: https://www.pharmaceutical-journal.com/delivering-clinical-governance-the-pharmacists-role/20003446.article
THANK YOU