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

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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.
Disclosure

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
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>Density</th>
<th>Population per 10,000</th>
<th>Density Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon</td>
<td>17.30</td>
<td>10,000</td>
<td>1:578</td>
</tr>
<tr>
<td>World – Sample Mean</td>
<td>6.02</td>
<td>10,000</td>
<td>1:1,661</td>
</tr>
<tr>
<td>France</td>
<td>12.00</td>
<td>10,000</td>
<td>1:883</td>
</tr>
</tbody>
</table>
The 7-Star Pharmacist Concept

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

Pharmacy Core Competencies

March 15, 2018

Framework | Competencies | Behaviors and Outcomes (key performance indicators)
---|---|---
1. Professional Practice | Regulations professional requirements to practice setting | 1.1.1. Centers out duties as a pharmacist in a professional manner 1.1.2. Demonstrates alacrity, integrity, trustworthiness and flexibility 1.1.3. Demonstrates request, sensitivity, diplomacy 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. Meets patient concerns

1. Professional Practice | 2.1. Ethical Practice | 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, laws and regulations 1.2.2. Analyzes and justifies decision 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 resolves in a ethical manner 1.2.4. Demonstrates understanding of the profession and its contributions to the nation and international standards

1. Professional Practice | 3.1. Legal Practice | Demonstrates an understanding of the existence of pharmacy law and acts accordingly 1.3.1. Understands and applies the requirements of the familiar pharmacy practice regulations 1.3.2. Demonstrates an understanding of the roles and responsibilities of the supervising and supported pharmacists 1.3.3. Demonstrates an awareness of and adherence to professional indemnity requirements 1.3.4. Takes responsibility for own actions 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 | 4.1. Patient-Focused Practice | 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. Adheres to the medications and other healthcare needs of the patient as a regular basis and makes recommendations

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24/06/2018
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**

**Objective Structured Clinical Examination (OSCE)**

This examination is conducted in a controlled setting by applying written patient scenarios and clinical examinations in the context of patient care. The OSCE exam has been in use since 1973. It is divided into three categories. It involves an examination of the patient's condition and the physician's ability to provide treatment. The OSCE exam is designed to assess the physician's ability to provide treatment and is a comprehensive and objective evaluation of the physician's skills.

B. Technical Competence

This category measures the physician's ability to perform various technical procedures. It involves the physician's ability to perform physical examinations, perform procedures such as stethoscope use, and perform procedures such as suturing and electrocardiogram (ECG) interpretation.

C. Communication Skills

This category measures the physician's ability to communicate effectively with patients, families, and other healthcare professionals. It involves the physician's ability to establish a rapport with patients, to listen and understand the patient's concerns, and to communicate effectively with other healthcare professionals.

D. Clinical Judgment

This category measures the physician's ability to make appropriate clinical decisions. It involves the physician's ability to interpret diagnostic tests, to develop a treatment plan, and to evaluate the effectiveness of the treatment plan.

The OSCE exam is a comprehensive and objective evaluation of the physician's skills. It is designed to assess the physician's ability to provide treatment and to ensure that the physician is able to provide safe and effective care.

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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**
  - ACPE (USA)
  - CIDPHARMEF
  - CCAPP (Canada)
  - QSG (Lebanon)

- **ITEMS + STRUCTURE**
  - WHO/FIP

- **OUTCOME**
  - Lebanese Pharmacy Standards

- **ACCREDITATION**

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Pascale SALAMEH, PharmD, MPH, PhD, HDR  
24/06/2018
# Pharmacy Specialties and Titles

<table>
<thead>
<tr>
<th>Specialty/Area</th>
<th>Degree</th>
<th>Minimum Number of Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy/Pharmacology</td>
<td>BS Pharmacy*</td>
<td>5 years currently</td>
</tr>
<tr>
<td>Doctor of Pharmacy/Pharmaceutical Sciences</td>
<td>BS Pharmacy*</td>
<td>5 years currently</td>
</tr>
<tr>
<td>Advanced Pharmacy/Pharmaceutical Sciences</td>
<td>Master (Research or Professional) or University Diploma (55 ECTS)</td>
<td>Minimum of 1 year post-PharmD</td>
</tr>
<tr>
<td>Clinical Pharmacy/Pharmaceutical Sciences</td>
<td>Hospital or Clinical Pharmacy or PGY1/2</td>
<td>Minimum of 1 year post-PharmD</td>
</tr>
<tr>
<td>Specialized Clinical Pharmacy/Pharmaceutical Sciences</td>
<td>Specialized Clinical Pharmacy or PGY2</td>
<td>Minimum of 2 years post-PharmD</td>
</tr>
<tr>
<td>Hospital Pharmacy/Pharmaceutical Sciences</td>
<td>Hospital Pharmacy or PGY1/2</td>
<td>Minimum of 1 year post-PharmD</td>
</tr>
<tr>
<td>Industrial Pharmacy/Pharmaceutical Industries</td>
<td>Industrial Pharmacy or PGY1/2</td>
<td>Minimum of 1 year post-PharmD</td>
</tr>
<tr>
<td>Clinical Pharmacy/Biopharmaceutical Sciences</td>
<td>Medical Laboratory or PGY1/2</td>
<td>Minimum of 1 year post-PharmD</td>
</tr>
<tr>
<td>Research Pharmacy/Pharmaceutical Chemistry</td>
<td>Research Master or HDR or Academic Professor Rank</td>
<td>Minimum of 3 years post-PharmD or post-DBA</td>
</tr>
</tbody>
</table>

*Note: In case of non-completion of degree requirements, additional educational training and/or residencies will be necessary to meet the requirements as decided by the Specialty Committee. Title will remain Doctor of Pharmacy.*

![Diagram 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.

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24/06/2018
The proposal was submitted to the Lebanese Parliament in 2012.

Revisions were made in 2014, then 2016.

Clinical and Hospital Pharmacy Law

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24/06/2018
# GPP Guidelines for Community Pharmacies

**ITEMS**
- USA
- France
- Canada
- Jordan
- South Africa
- Thailand

**ITEMS + STRUCTURE**
- WHO/FIP
- fip

**OUTCOME**
- Baseline “Self-Assessment”
  - Lebanese GPP Standards

**ACCREDITATION**
- Training of Auditors
Deontology and Ethics

نظام آداب
مهنة الصيدلة

الميثاق المعايير الأخلاقية
لترويج الأدوية في لبنان

Pascale SALAMEH, PharmD, MPH, PhD, HDR

24/06/2018
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>
</tr>
<tr>
<td>2016</td>
<td>OPL Medication Safety Initiatives</td>
<td>1</td>
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<tr>
<td>2016</td>
<td>OPL CE Program 2016 - Literature Evaluation Principles</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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<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>
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<tr>
<td>2016</td>
<td>OPL 24th Congress 2016</td>
<td>18</td>
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</tr>
<tr>
<td>2017</td>
<td>OPL 2017 - 1/6 - Effective Interpersonal Communication</td>
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<tr>
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<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>
</tr>
<tr>
<td>2017</td>
<td>OPL 2017 - 6/6 - Leadership for Leaders: Change</td>
<td>1</td>
<td>OPL</td>
</tr>
<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>
</tr>
<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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<tr>
<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>
<tr>
<td>2017</td>
<td>OPL 2017 - Retirement Law and Help Fund</td>
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<td>OPL Auditorium</td>
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<td>2017</td>
<td>OPL Hospital Pharmacists CE Program 2017 - 3/3</td>
<td>3.5</td>
<td>OPL Auditorium</td>
</tr>
<tr>
<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

- 70% Did not start CE
- 30% Has started CE

Pascale SALAMEH, PharmD, MPH, PhD, HDR
Institutional Assessment-Based Decisions:

Published Articles


Institutional Assessment-Based Decisions:

Submitted Articles

- Sacre H, Tawil S, Sili G, Salameh P. **Continuing Education for Pharmacists in Lebanon: Current Issues and Challenges.**
- 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.**
Clinical Governance:
Patient-Related Projects
Medicines Use Review Template
(Audit for Professional Activities)
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
STEP 5: Give information, instructions and warnings
STEP 6: Monitor the treatment (and stop, if necessary, in collaboration with the physician)

PHARMACIST:

STEP 1: Verify the physician’s prescription
STEP 2: Package and dispense
STEP 3: Monitor and/or stop the treatment

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 a 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
• Pharmacy 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 any extra prescription)
• 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
• Instructions are best avoided but, if any is used, it should be clear, unambiguous and endorsed by the prescriber’s signature.
• Schedule should preferably be written without abbreviations. However, some Latin abbreviations are acceptable (Table 1).

<table>
<thead>
<tr>
<th>Latin Abbreviation</th>
<th>Meaning</th>
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</thead>
<tbody>
<tr>
<td>prn</td>
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<tr>
<td>qid</td>
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<tr>
<td>tid</td>
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<tr>
<td>qid</td>
<td>qid</td>
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<td>tid</td>
<td>tid</td>
</tr>
<tr>
<td>prn</td>
<td>prn</td>
</tr>
</tbody>
</table>

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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

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 an 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

ELEMENTS OF GOOD PRACTICE

• Write generic (which, unless there are irreversibility issues, this practice will enable the pharmacist to dispense any equally equivalent preparation, and avoid expenses and potential delays as per the decision-forefront on substitution on page 5).
• Strictly avoid abbreviations or scrilling 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.
• Abbreviations are best avoided but, if any is used, 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. Qubits of less than 1 gram should be written in milligrams (such as 500mg instead of 0.5g).

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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

Adverse Reactions Reporting Form

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

A. Patient Information

Name* ____________________________ Medical Record Number (E-health number) ______________________

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

Municipality* ____________________________ Gender*: ☐ Male ☐ Female Weight* _____ Kg Height* _____ cm

Area ____________________________ Street ____________________________ Building ____________________________

Mobile* ____________________________ Telephone ____________________________ Email address ____________________________

Patient consents for follow-up* ☐ Yes ☐ No

• List medications and supplements that the patient is currently taking*
Medication Safety Published Articles


Medication Safety Submitted Articles


- 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:

Drug Information Center Level:

Shortage Reason Analysis:

Substitution(s) to be considered from (Rx)

Yes, with the same active ingredient:

Comments:

Essential Drug:

Highly Important:

Potential Consequences for Patient Health Status:

Note: if the request is submitted to MOPH, they should get back an email to inform them there has been an oversight of another being reported.

The person who fills the drug is highly responsible to patient health and any action is required.

If the DEC report substitution, a list of the substitution drugs should be posted on the Shortage Dashboard (short noted).

Ministry of Public Health:

Shortage Status:

Current:

Recommended Response:

Immediate:

Due:

Not available:

Shortage Resolved:

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

Shortage Dashboard:

Drug:

Submitted Date:

Due Action Taken:

Date Action Taken:

Shorage Classification:

Comments:

DEC Action:

Report to MO:

Drug Substitution (not on Dashboard) – Do not report to MOPH – Close Request

Drug is already being handled elsewhere – Close Request

Notes:

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24/06/2018

39
Awareness on ATB Misuse and Resistance

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

1. Nathalie Laboud
2. Rachel Abda
3. Maarwan Naif
4. Anis Safwan
5. Anna Maria Retamar
6. Ramin Moshiri
7. Hanadi Zaza
8. Ehab Fakh
9. Hadi Naji
10. Pascale Salameh

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Corresponding author: Nathalie Laboud

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 levels of knowledge, attitude and practice of antibiotics among 18-25 years old living in Lebanon towards antibiotics use and resistance. A questionnaire was adopted from a similar survey conducted by the World Health Organization (WHO) in 2015. Overall, 986 respondents answered the survey, including 18-25 years old (60.4%). The majority of respondents surveyed reported having taken antibiotics within the past six months (89.8%), and more than one third had taken them within the past month (31.7%). The series of letters commonly used in relation to the antibiotic resistance issue, the phrase with the highest level of awareness was “antibiotic resistance” (50%), followed by “resistant” (48.1%) and “antibiotics” (47.3%). The proportion of respondents who had never heard of any of the series was 29.2%. Among respondents correctly identified the term “antibiotic resistance,” the proportion of respondents correctly identifying the term “antibiotics” as a true statement, an even greater proportion (97%) thought 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, 43% 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

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)

- 27% Use of ATB that feeling were better
- 24% Use of ATB that feeling were given to a friend or relative
- 33% Use of ATB that feeling were given to a friend or relative
- 42% Use of ATB for viral infection

Viral infections thought to be treatable by ATB

- 50% Use of ATB for fever
- 33% Use of ATB for viral infection
- 24% Use of ATB for viral infection
- 27% Use of ATB for viral infection

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

Pascale SALAMEH, PharmD, MPH, PhD, HDR

NOVEMBER 2017

OPL Research Committee

OPL Research Committee

November 2017
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

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<th>Smoking cessation</th>
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<td>Diseases and screening</td>
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In collaboration with other institutions
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

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<th>PRINCIPLES</th>
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<th>EXECUTIVE PROJECTS</th>
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<td><strong>Laws and Order</strong></td>
<td>Leadership of MOPH&lt;br&gt;Legal framework improvement&lt;br&gt;Clearer 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><strong>Strategic Thinking</strong></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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<td><strong>Quality Practice</strong></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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<td><strong>Ethical Behaviors</strong></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><strong>Collaborative Spirit</strong></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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<tr>
<td><strong>Resources Stewardship</strong></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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<td><strong>Technical Improvement</strong></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><strong>Educational Perspective</strong></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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<td><strong>Governance</strong></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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</table>
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


National Health Services. Clinical governance requirements for community pharmacy, 2012

THANK YOU