#### AN URGENT NEED FOR PHARMACEUTICAL EDUCATION REFORM IN LIBYA

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# According to the available evidence from quality research

#### Pharmacists have shown to:

- Positively influence morbidity and mortality,
- Reduce medication errors,
- Enhance quality use of medicines, and
- Increase access of the general public to medicines

#### In addition:

- Medicines are:
  - Costly,
  - Internationally abundant (hard to select from)
  - Dangerous commodities that can inflict harm.

#### Therefore:

 Pharmacists need to acquire the <u>appropriate</u> basic knowledge and skills from tertiary education institutions on all aspects of development, selection and use of medicines.





#### **Medicines Management Cycle**



### The Libyan Pharmaceutical Sector

 According to the WHO the Libyan pharmaceutical sector is highly flawed and requires urgent reform.

#### **Medicines Management Cycle**



 The WHO has identified inadequate tertiary education systems as one of the main challenges that face the development of the Libyan healthcare system (particularly outdated curricula).

• Pharmaceutical education curricula are:

- Outdated,

- Oversized with unnecessary extra information.

• No national Libyan standards for

pharmaceutical education (including curricular

standards) exist despite the availability of a

**general** national accreditation body for higher education.

 However, the national accreditation body
Lacks independence and is governed by the same ministry that governs higher education.

• In addition, no quality regional curricular standards for pharmaceutical education exist.

# Our benchmark

 WHO recommendations for curricular standards of the tertiary pharmaceutical education.

• Available international curricular standards for tertiary pharmaceutical education.

# The WHO has identified the recommended quality of a pharmacy graduate:

- The 7 star pharmacist
  - 1. \* Caregiver
  - 2. \* Communicator
  - 3. \* Manager
  - 4. \* Life-long-learner
  - 5. \* Teacher
  - 6. \* Leader
  - 7. \* Researcher



International standards for pharmaceutical education

- Are in line with the WHO recommendations.
- Cover all aspects of knowledge and skills required for a pharmacist:
  - General (professional) knowledge and skills.
  - Practice oriented knowledge and skills





#### **Medicines Management Cycle**



#### International Streams of Pharmaceutical Education



#### **Pharmaceutical Sciences Faculty**

(Laboratory and Pharmaceutical industry based education)



### Faculty of Pharmaceutical sciences

 Graduates are <u>pharmaceutical scientists</u> (not pharmacists) with knowledge and skills directed at laboratory-based pharmaceutical research and development.

#### International Streams of Pharmaceutical Education



### **Pharmacy practice Faculty**



#### Social sciences

#### Professional sciences:

- Evidence-based practice
- Epidemiology
- Critical appraisal of medical literature

#### **Clinical sciences:**

- Pharmacotherapy
- Practice-based Placements

# **Pharmacy practice Faculty**

 graduates are <u>Pharmacists</u> with knowledge and skills directed at rational selection and use of medicines (an essential need for any contemporary healthcare provision).

# **Pharmacy practice Faculty**

 Graduates of this type of faculty are qualified to practice pharmacy in all settings where medicines are selected, prescribed or used (in community, hospital or government settings).

• Type of faculty available is:

#### Pharmaceutical science.

 Graduates practice pharmacy as <u>pharmacists</u> despite they are <u>missing</u> an essential curricular aspect of faculty education.

#### **Pharmaceutical Sciences Faculty**

(Laboratory and Pharmaceutical industry based education)



### **Pharmacy practice Faculty**



#### Social sciences

#### Professional sciences:

- Evidence-based practice
- Epidemiology
- Critical appraisal of medical literature

#### **Clinical sciences:**

- Pharmacotherapy
- Practice-based Placements

#### Pharmaceutical Sciences Faculty (Laboratory and pharmaceutical industry based education)

Interestingly, no Pharmaceutical Industry exists in Libya for the Pharmaceutical Sciences faculty graduates to practice the knowledge they acquired

#### Pharmaceutical Sciences Faculty (Laboratory and pharmaceutical industry based education)

Moreover, graduates of the Pharmaceutical Sciences faculty practice pharmacy in the Libyan healthcare system without any previous educational exposure to an appropriate pharmacy curriculum

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### **Pharmacy Faculty**





#### **Ramifications of the Libyan Problem**

- Undertraining of pharmacists resulted in poor quality of pharmaceutical services despite the high expenditure on the pharmaceutical sector and on public tertiary pharmaceutical
  - education.

## The solution

 Transformation of pharmaceutical education curricula in line with WHO recommendations and quality international standards.



#### However

#### **Observed problems**

- Resistance of curricular change by old faculty members.
- Extreme shortage of Libyan national (and regional) faculty members who are specialized in pharmacy.

# Conclusion

 In the Libyan case, curricular flaws are well identified, therefore, an urgent pharmaceutical education curricular reform is needed.

# Conclusion

 We recommend formulation of a collaborative taskforce (national + international members) in order to establish sound and quality foundation for curricular change.

## Conclusion

• Quality curricular standards are cornerstones in teaching and learning process.

# What about teaching and learning methodologies?

 Well constructed curricula will facilitate a meaningful application of contemporary teaching and learning methodologies.

