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Review

Implementation of good pharmacy practice standards; a step forward in Libya's pharmacies

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ABSTRACT

The practice of pharmacy in health care societies continues to undergo evolutionary and even radical changes. It has changed to a personal health service charged with assuring pharmaceutical and therapeutic appropriateness of all its functions in the care of patients. The purpose of this study is to review and analysis the historical stages of development of the good pharmaceutical practice (GPP) requirements and to recommend a guideline for the implementation of GPP standards in Libya as a way to improve the pharmaceutical care and profession. The study designates that the development of the GPP standards should be committed at the public professional organizations levels as pharmaceutical syndicates and associations as the national regulation of pharmacy practices in various countries and the local health authorities. This requires basic skills of documentation, professional and communication with all relative professions and it, therefore, is important to establish standards for community, hospital and consultant pharmacists to promote the pharmaceutical mission.

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1. INTRODUCTION

The quality of health care is a challenge to public health. It is a vital concern to all members of society be they providers or consumers of health care. On the other hand, health care has been consuming an increasing share of the nation's total production of goods and services. During the last decades, pharmacy has made market strides in its own professionalization in hospitals and other places. "The mission of pharmacy practice is to contribute to health

improvement and to help patients with health problems to make the best use of their medicines" [1]. The pharmaceutical practice varies in different countries. The standard of quality of pharmacy services, that is the joint guideline of the World Health Organization (WHO)/International Pharmaceutical Federation (FIP) of the Good pharmacy practice (GPP) updated in 2011, is anticipated to take into account these changes in practice. According to international guidelines (FIP/WHO), GPP is the practice of pharmacy that responds to the needs of the people who use the pharmacists' services to provide

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optimal, evidence-based care [1]. The fact that pharmacists have an academic training and act as health care professionals puts a burden upon them to better serve the community than they currently do [2]. The profession of pharmacist is continuously rising up and new standards are being offered and quantified not only by the profession but also by other related professionals, national, organizations and institutions. The guideline of the GPP is visionary and flexible [3] and has to preserve its relevance with the emergence of new roles. One of the main methods of quality control of medicines and pharmaceutical services for the population is to standardize various aspects of pharmacies [3].

In Libya, to the best of our knowledge, no national standard treatment guidelines exist. Hospitals' drug and therapeutics committees are formulated in some hospitals with no country regulation or central guidelines [4]. As well as, no clear national policy to enforce or promote generics' prescribing or dispensing is formulated [4]. In order to improve the country's pharmaceutical situation, to provide and stand effective pharmaceutical services. There is a dire need of more efforts to educate and learn themselves by professional performance, continuous pharmacy education and training programs which should be supported by the Ministry of Health and other authorities as Libyan Association for pharmacists, Libyan pharmaceutical syndicate and Libyan Pharmacy board [5]. The supplement of the pharmacists' knowledge and attitude should be paralleled with an increase in quality of their practice and establishing good standards of pharmacy practice which we try to pay attention on (see below).

Guide of the GPP is an important step toward the improvement of pharmaceutical care and pharmacy services. There is a strategy for implementing of national standards of GPP as FIP's recommendations; First of all, basic pharmaceutical services are set up, for which the legal framework and appropriate standards should be settled. Therefore, the system of secondary and higher education in pharmacy should be under focus, since pharmacists need more comprehensive knowledge of pharmaco-therapy, pharmaco-economic, pharmaco-vigilance and communication skills. The final step is the provision of more professional pharmaceutical services with the aim of improving health consequences and the health care. Most of pharmacists in our communities believe that the pharmacy profession is more related to the experience and continuous education is important in a parallel way to the experience [5]. The FIP places of interest such GPP elements that reveal that the pharmacy provides qualitative job affording high standards: availability of pharmacist on change, availability of a pharmacy for people with elderly patients and disabilities, availability of a comfortable waiting area and the possibility of a private conversation between a pharmacist and a patient, including those with disabilities; and presence in the pharmacy of a zone with information about healthy lifestyle. The role of the pharmacist in providing effective drug therapy, FIP's recommendation, is as

follows: management of therapy, monitoring the effectiveness of treatment, providing information on the rational use of medicines and the pharmacist should assess the health and needs of the client, taking into account his individual characteristics.

The relationship between pharmacists should be one of colleagues looking for develop pharmacy service, instead of acting as competitors of the same market. However, pharmaceutical care does not exist in isolation from other health care services [2]. Collaboration with patients and all other health care professionals who have responsibility for patient care affords the maximum benefit can be reached. Pharmacists are responsible directly to patients for the cost, quality and results of pharmaceutical care. Also, collaboration between Ministry Of Health and Ministry of Higher Education to reform pharmacy schools and improve their quality and outcome [6] toward the ultimate objective of pharmaceutical care is required. This collaboration starts from providing the pharmacist with all medical and pharmaceutical information such as patient diagnosis, medical history and laboratory findings, the collaboration extends to their participation in monitoring and assessment the obedience to the standards of GPP. This obedience could be certified from the nation or the health authority by providing a certificate by credit with validity date. This opens a wide gate to make a spot on the obstacles faced GPP in the community pharmacy at the nation level and also facilitates the eradication all these obstacles and ultimate improve the GPP. In 1998, FIP provides guidance to pharmacists and national health care organizations as they initiate broad pharmaceutical services in their countries. FIP supports the theory of pharmaceutical care with the needs of different countries and nations [7]. In 2006, FIP and WHO issued a handbook "developing of the pharmacy practice - a focus on the patient". This issue labels the new model of the pharmacy practice and the approach to pharmaceutical assistance.

2. ROLE OF PHARMACIST IN IMPLEMENTATION OF GPP

There are many roles that pharmacists can be conducted and summarized as: counsel, instructing and education of the patient regarding medicine use [8]. Monitor any problems may associated with the medicine use and prevention or resolving of any drug-related problems [9-11]. Help the prescribers to elect the optimal medicine treatment or even to prescribe the medicine treatment independently, and be involved in medicine management process [12, 13]. Contribute in increasing of medication adherence to pharmaceutical care, and detect non-adherence cases to find out the useful practical interventions [14-17]. Improve the inter-professional communication to assist in achieve effective pharmaceutical care and reinforces a team-based approach towards collaborative care [18, 19]. Finally, supply of appropriate medical devices either in health promotion or

disease prevention [20].

3. INDIVIDUAL BARRIERS FOR GPP SERVICE IMPLEMENTATION

The workplace of community pharmacist has many contradictory factors from social, monetary or health care work relevance render the duty. This is usually characterized by overload of long responsibility hours uneasy to be under the ideal requirements of the regulatory bodies or be fully comply with the good pharmacy practices in each country [21, 22]. There is no doubt for introduction of a clinical specialty in pharmacy and introduce or renovation the already exist sciences in undergraduate curriculum. This is unquestionable positive impact in achieve and evolve implementation of GPP. Such sciences may identified in some pharmacy school in developed countries and incompletely lack the coverage and the resources or need to update with time in developing or low-income countries. These includes pharmacotherapy, pharmaceutical care and pharmaceutical legislation, applied pharmacy practice, pharmacy skills and dispensing, hospital and clinical pharmacy, community pharmacy, social and public health pharmacy, behavioural science, pharmaco-economics and management, pharmaco-epidemiology and medication counselling practice [23]. In addition, continuous training about how we can improve the pharmaceutical care and the communication skills "where the patient has a key role in disease management plan" result in break such barriers [24]. Infrequent documentation the activities related to patient care is still boundary in implementation of GPP [25]. As known 'What is not documented is not done!' of course the documentation is legal requirement which need a care and follow up. Regardless the barriers attributed to pharmacist role or individual barriers to implement the services of GPP [21], the aim should be go toward provide an adequate and competent pharmacy workforce is the cornerstone to GPP [26]. In addition, improve the collaboration between pharmacists and physicians to become partnership and provision of sufficient time access to patient information [27]. However, the efforts should be focused to define the pharmacy practice service framework.

3.1. IMPLEMENTATION IN EUROPE

WHO experts recommended to implement European standards for pharmacies on the level of existing national standards to regulate several aspects of pharmaceutical activity, for example, the quality of the prescription data received by the pharmacist; development of medical forms; building contacts with physicians according to individual recipes; evaluation of data on the use of medical products in medical and pharmaceutical practice; creation and implementation of educational programs for health-care workers; and the question of a building of a privacy policy

for information about individual patients [28].

3.2. IMPLEMENTATION IN SOUTH ASIA

In 2007, the "Bangkok declaration of the GPP in public pharmacies", in Southeast Asia, the declaration has been approved and the member associations were obligated for improving the quality of pharmacy services and professional practice were presented [29]. However, FIP was began to examine the problem of updating the guiding principles of the GPP taking into account the modern the current standards and particularities of professional behaviour [30].

3.3. IMPLEMENTATION IN LATIN AMERICA

By the end of 2008, the Pan-American Health Organization together with a group of specialists from different pharmaceutical organizations was sat "the guide for pharmaceutical services in primary health care" with the purpose of underlining the role of pharmaceutical experts in the health system of Latin America. A general guideline has been published in the 45th report of the WHO Expert Committee as new standards of the quality of pharmacy services [31], with regards to the changes in the pharmaceutical market and 120 national members of the FIP conferences, guidelines of the GPP through the adoption of a joint guideline FIP/WHO "the GPP: Standards of the quality of pharmacy services" have been updated and approved. This guideline is commended in the form of a set of professional goals that must meet the benefits of patients and stakeholders particularly in the pharmaceutical sector.

4. CONCLUSIONS

In conclusion, despite the changes in pharmaceutical sciences and practices are developing nowadays, it is still necessary to keep standards of GPP expanded to get better pharmaceutical services for the public. Although the development and implementation of good standards for the practice of the pharmaceutical profession is quite clear, the needs of high efforts from all medical parties to approach the optimum standards are important. Comprehensive studies are required to put attention on the lacks of the pharmaceutical services and hence develop standards to elevate the services.

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