

Pharmacy Curriculum in Libya: The Time of a Needed Change

Worldwide, the pharmacy profession is considered to be one of the most developing professions in the medical field. Consequently, the pharmacy curriculum in different parts of the world is continuously evolving and changing from the traditional pharmacy practice (or *product-oriented practice*), which concentrate on compounding and dispensing, to the most recent pharmaceutical care practice (or *patient-focused practice*), in which the pharmacist is one of the health-care professionals responsible for providing the patients with the proper health care and management.^[1]

The first pharmacy program that offered a bachelor degree in pharmaceutical sciences in Libya was started at the University of Tripoli in 1975. The pharmacy curriculum adopted at that time was the traditional pharmacy (product oriented) program. Since then, this program has never been reviewed, upgraded, or developed systemically. However, the curriculum has been subjected to many incoherent and nonintegrated changes that made it unpredictable and unmeasurable. Many other pharmacy programs have been established in different cities of Libya. They have all adopted the old pharmacy program of the University of Tripoli except for Libyan International Medical University, which offers Pharm. D. program (patient-focus practice)^[2] Besides, these programs are not implementing the modern quality assurance system that allows for the proper evaluation of the short- and long-term outcomes. The absence of any systematic evaluation of the pharmacy outcomes has made it difficult to form a reliable and scientific judgment on the competencies and skills of pharmacy graduates in providing the community with reliable pharmaceutical services.

In the current issue of the Journal, Milad and Benkhora report their effort to evaluate pharmacy practice in Libya measured against international standards.^[3] They used a self-assessing survey questionnaire based on the “Global Competence

Framework for Pharmacists” and the Joint International Pharmaceutical Federation (FIP)/World Health Organization (WHO) guidelines on good pharmacy practice. They demonstrated that pharmacy practice in Libya is more population and system focused than being professional and patient focused and suggested that a significant amendment in pharmacy education curricula is required to include modern teaching methods, knowledge, skills, and competencies.

The amendment of pharmacy education and practice in Libya faces multiple challenges that require the effort and teamwork of the government bodies, the academics, and the practicing pharmacist. The challenges require several amendments in education, health-care policies, health-care regulations, and practices. All these amendments are not easy to tackle, especially with the current situation of Libyan affairs.

One of the government priorities should be developing national academic reference standards (NARS) for pharmacy education and implementing efficient modern academic programs to ensure high-quality pharmacy graduates fulfill community needs. The second step would be the change of the pharmacy curriculum with clear goals, outcomes, and methods of evaluation according to NARS values. Another challenge for education would be developing and implementing continuous education programs for pharmacy graduates to keep up with the fast change and rapid progress in the profession.

In conclusion, more studies are needed to evaluate the current situation of the pharmacy profession in Libya to improve pharmacy education. The technical assistance from international bodies such as the WHO and the FIP, who have been working on relevant models and have developed many strategies, can help in resolving many of the barriers facing pharmacy education and the profession in Libya.

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