LETTER TO THE EDITOR

Response to Letter on A Call to Action to Transform Pharmacy Education and Practice in the Arab World

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We appreciate the thoughts provided in the letter by Chahine and colleagues in relation to our previously published commentary entitled “A Call to Action to Transform Pharmacy Education and Practice in the Arab World” published in this journal.¹ We do not disagree with many of the assertions made in the letter and welcome the discourse related to this very important topic. We also concur that the picture depicted of the current status of clinical pharmacy practice and education in the Arab world in our article can appear negative in spirit, which was certainly not our intent, and we acknowledge that significant advancements and strides have been made in recent years.

It should be noted that the intent of our commentary was not to provide a summative review of all current pharmacy education and practice advancements (many of which were well-explored in the letter), but to highlight in a succinct manner the major challenges facing the Arab world and help to chart a pathway forward.

In discussing both the current status of education and practice and helping to plan for the future, it could be helpful to examine the history of clinical pharmacy training and practice in the US. In many ways, the environment for clinical practice and education in the countries of the Arab world is similar to that of the US during the transition period between the Bachelor of Pharmacy (BPharm) and Doctor of Pharmacy (PharmD) entry-to-practice degrees several decades ago.²,³ Prior to the advent of professional PharmD faculty members in the US, students were taught in the classroom primarily by researchers and those with Doctor of Philosophy (PhD) or other non-clinical research-based terminal degrees.⁴ As the “add-on” PharmD degree began to grow in popularity and the profession gradually switched to an all PharmD for an entry-to-practice degree, pharmacy programs began to hire clinical pharmacists as faculty members and grow the number of clinical faculty members within the Academy.³,⁴ Over time, PharmD and residency-trained pharmacy practitioners began starting and expanding clinical services in the health-system and community settings, with individual state pharmacy scopes of practice and authority often lagging behind the abilities and training of those practicing.⁵,⁶ Slowly, advancements have been made in expanding the legal and regulatory framework of pharmacist practitioners in the US, but significant variation still exists from state to state and payment or reimbursement for services remains a substantial barrier to further expansion.⁷,⁸

In many countries of the Arab world, newly licensed pharmacists with advanced training often face a similar challenge to those complications faced in the US during the transition to the PharmD as an entry-to-practice degree, which we have outlined above.⁹,¹⁰ Due to the exact advancements in education and training outlined in the letter, many new graduates and practitioners finishing residencies in the Arab world are faced with a clinical practice environment that can potentially be unconducive to their ability to practice using the skills learned in their training.

We agree that significant developments have been made to-date in the education and training of pharmacists in the countries of the Arab world, but it is critical to the continued growth of the profession around the world that legal and regulatory frameworks in the various jurisdictions grow and evolve to support and respect the expanded role of pharmacists in patient care. Additionally, payment models must evolve to view pharmacists as providers to ensure that reimbursement matches both the skills of pharmacists and the level of services provided. These changes will take significant cultural, legal, and regulatory shifts. Again, we appreciate the discourse about this topic and look forward to working together to advance pharmacy practice in the Arab world and elsewhere.

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