Doctor of Pharmacy Degree: No Longer the End, but Now Just the Beginning
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As the University of British Columbia (UBC) Faculty of Pharmaceutical Sciences transitions from a Bachelor of Science of Pharmacy (BSc Pharm) to a new Entry to Practice (E2P) Doctor of Pharmacy (PharmD) program, the pharmacy profession throughout the province will feel its impact. Traditionally, the entry to practice or most basic degree for pharmacists was a BSc(Pharm). A PharmD degree was historically viewed as the highest academic education achievable in the profession and was usually associated with institutional clinicians, academics and researchers. However, with the change to an E2P PharmD pharmacy education, the PharmD degree will become the base entry to practice pharmacy degree for all pharmacists in the province, and eventually all of Canada. This change in pharmacy education will affect how the PharmD degree is perceived by current and future pharmacists and by the other health professionals who interact with pharmacists.

The difference between the E2P program with the current BSc(Pharm) program is a larger emphasis on patient care, medication management and longer direct patient care rotations. The amount of direct patient care rotations in the E2P program is twice the amount in the current BSc(Pharm) program (46 weeks versus 20 weeks respectively) and direct patient care rotations are introduced earlier within the E2P program. Also, direct patient care rotations in a specialized field (such as pediatrics, oncology or transplant) are also options within the E2P program. Students in the E2P program also receive more training in patient physical assessment and interpretation of laboratory and medical results. Overall, the E2P program will graduate competent clinical pharmacists, whom will be adept at medication management, direct patient care and would function as part of a multidisciplinary group.

In the United States (US), the entry level PharmD degree has been implemented for over a decade and all graduating pharmacists, regardless of their practice environment and setting, possess the PharmD degree. There has been much debate surrounding the effects of a more advanced degree on pharmacist work satisfaction and patient benefits (1). Given the PharmD degree is now ubiquitous in the US, more advanced training opportunities are available for pharmacists wishing to pursue advanced practice. Pharmacy practice residencies (postgraduate year 1 – PGY1) are one year, post PharmD training programs that provide advanced training are usually required for institutional practice after obtaining the PharmD degree (2,3). This would be the equivalent of the current Canadian pharmacy practice residencies. Many post graduate year 2 (PGY2) programs, which are two year specialized residencies, exist within the US educational structure, and focus on an area of clinical specializations (such as critical care, cardiology, administration, oncology, infectious diseases) (3). The PGY2 residencies are designed to prepare the practitioner for dealing with complex patient issues within a defined scope of patients. Fellowship training, usually lasting 2-3 years, are focused more on research and are also available for PharmD graduates in the US. Thus there are abundant post PharmD advance residency and fellowship training opportunities in the US. Currently, these have not been established in Canada.

Outside of the structured residency and fellowship programs, there are several pharmacist certifications and specialty designations currently available. The Board of Pharmaceutical Specialties (BPS), the most established and recognized of pharmacist credentialing organizations, administers board certified exams and designations for several pharmacy specialties (oncology, pharmacotherapy, ambulatory care, psychiatry, nuclear medicine, nutrition support) (4). The number of specialties recognized and supported by the BPS is increasing, with critical care and pediatrics specialties recently added. The number of board certified pharmacists have steadily increased over recent years and sets the international standard for pharmacist specialty certification (5). The American College of Clinical Pharmacy white paper has suggested that clinical pharmacists providing direct patient care should be required to be board certified by BPS (6). Thus, board certification is becoming very popular in the US and
provides a mechanism for assessing, quantifying, and recognizing advanced knowledge and skills of individual pharmacists. Similarly, the Commission for Certification in Geriatric Pharmacy offers a Certified Geriatric Pharmacist (CGP) designation for pharmacists specializing in providing care for geriatric patients (7). As well, other organizations offer specialty certification for pharmacists and other health professionals in certain disease states. For example, the Certified Diabetes Educator (CDE) is a common designation for clinicians working with diabetic patients and is recognized by healthcare professionals within Canada (8). The National Certification Board for Anticoagulant Providers provides certification for anticoagulation management, and qualifying pharmacists would receive the designation of Certified Anticoagulation Care Provider (CACP) (9). The Canadian Network for Respiratory Care operates a certification program for clinicians working with asthma patients and provides the Certified Asthma Educator (CAE) designation (10). Such specialty certification programs are currently available to all pharmacists, regardless of type of entry level pharmacy degree. However, students whom undergo the E2P PharmD program will be better trained and positioned to achieve these specialty qualifications given the greater depth of the clinical focus of the E2P PharmD program. Having more pharmacists with additional specialty skills recognition would further establish pharmacists as an expert drug provider in specific disease states.

The development and evolution of such post graduate opportunities and certification programs for pharmacists in Canada are expected to be similar to the ones currently in the US. The Canadian pharmacy educational model has evolved in many similar ways to the US. The structure of the E2P pharmacy educational program has many similarities to the US entry level PharmD model. Much of the debate over the introduction of entry level PharmD in Canada over the last decade has included discussion of the entry level PharmD programs in the US. Thus, as Canadian pharmacy education has evolved in a similar fashion as the US pharmacy education system, it stands to reason that development of post graduate opportunities in Canada would share similarities to the US opportunities. Many pharmacists in Canada already hold board certification from BPS, so it is likely that many Canadian pharmacists would continue to pursue established pharmacy credentials from US organizations. The ability for Canada to develop its own recognized pharmacy specialty organization may be limited by the smaller pool of specialized pharmacists in Canada compared to the larger pool of specialty pharmacists in the US. As the pharmacy educational systems between Canada and the US become more congruent, US based specialty certification will become more relevant and applicable to Canadian pharmacists. The development of a plethora of post graduate programs in Canada may be limited by pharmacists’ demand and available university and institutional resources. With the E2P program being more clinically focused and graduating a more experienced clinician, this will place greater demand on university and institutional sites to provide more experiential learning opportunities for a larger number of students. This may result in less resources for pharmacist wishing to pursue further training and specialization. As well, given the publicly funded nature of health care in Canada, the demand for specialized training programs may be hindered by the absence of significant financial incentive to achieve such formal training. Thus, job market forces and financial incentives will be factors in developing post graduate PharmD programs in Canada.

For the recent graduate with the E2P PharmD degree, the need and variety of subsequent educational opportunities may at first appear overwhelming. However, as the profession expands the breadth of methods to improve patients’ health, the need for the expanded variety of educational avenues continues to grow. The individual pharmacist and the profession should look upon the variety of educational programs as an opportunity, rather than a burden, and embark on a career path that will allow the individual pharmacist and the profession to continue to grow. The Doctor of Pharmacy degree is no longer the pinnacle of clinical education, but rather it will be the foundation upon which to build the pharmacists’ skills and knowledge as their practice evolves.

Acknowledgments

The authors would like to thank Dr. Glen R Brown for reviewing this manuscript.

References

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