

LETTERS

PharmD and Needs-Based Education: An Alternate View

To the Editor. A 2009 Viewpoint entitled “PharmD or Needs Based Education: Which Comes First?” highlighted and criticized the need for and design of doctor of pharmacy (PharmD) programs in developing countries.¹ I would like to discuss the matter further from a different perspective.

Like earlier letters,^{2,3} the new degree title “PharmD” and issues related to clinical pharmacy staffing remained the center of criticism in the Viewpoint.¹ In my opinion, the real issue of “optimum duration for an entry-level pharmacy degree” is overshadowed by the criticism on degree title. Whether bachelor of pharmacy (BPharm), master of pharmacy (MPharm), or PharmD, the title is of little significance as long as graduates have the necessary knowledge and skills to become a competent pharmacist. However, the global shortage of clinical pharmacy academicians with suitable qualifications is a matter of serious concern and requires an efficient action plan. The initiatives taken by the Pharmacy Education Taskforce of the World Health Organization (WHO) United Nations Educational Scientific and Cultural Organization (UNESCO) International Pharmaceutical Federation (IFP) in highlighting the issue of human recourse shortage and developing global pharmacy competency framework are commendable.^{4,5}

The concept of needs-based education in the context of pharmacy education relates to the development of pharmacy programs after assessing the current needs and future demands of community and profession. Considering the Viewpoint to be an advocate for needs-based education, an attempt to prove similarity between MPharm (United Kingdom/Europe), BPharm (Australia and New Zealand), and PharmD (United States) based only on the duration of these degrees is out of context and inappropriate. The health care system in the United States is different than that of the United Kingdom or Australia, therefore the role of pharmacists, and hence the competencies required, are different and more clinical oriented in the United States. Similarly, in the essence of needs-based education, the change of title from BPharm to PharmD in Hungary¹ to attract and retain students should be considered a “smart move” to keep the profession alive.

I found it difficult to agree with the statement “PharmD courses are characterized by a considerable number of precepted clerkships with measurable outcomes.”¹ This statement holds true only for the “US PharmD model,” and for others it is not necessary as courses within the PharmD program should be developed keeping in view the needs

and future direction of the profession and available human and financial capital. In Pakistan, where around 50% of the pharmacy workforce is working in the pharmaceutical industry,⁶ it would be highly inappropriate to run a full-blown clinical-oriented PharmD program. The shift from an industrial-based pharmacy degree to a full clinical-oriented degree must occur in steps over a period of time with full political commitment. This is to ensure that necessary human and financial resources, together with suitable career pathways for graduates, are available at the time of implementation of the clinical-oriented PharmD degree program.

Since most of the research evidence in pharmacy education and pharmacy practice come from the United States, it is not surprising that the US PharmD model is getting wide acceptance and recognition. To me, there is nothing wrong with following that model as long as it is adapted and tailored to fit each country’s local needs. As pharmacists, our common goal is to improve patient health irrespective of our degree titles and job nature. However, further research is required to evaluate the optimum duration for an entry-level pharmacy program.

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Overdraft Protection for Experiential Education

To the Editor. You may have heard someone say in jest, “How can my bank account be overdrawn? I still have checks.” A similar situation may apply to a couple who shares a bank account for which each individual has a checkbook. Systematic monitoring is needed to protect against an overdraft and the consequences when people spend more money than they have earned.

This analogy can be applied to experiential education. As of January 2010, there are 120 schools and colleges

of pharmacy at some stage of accreditation.¹ Part of the accreditation process includes introductory pharmacy practice experience (IPPE) and advanced pharmacy practice experience (APPE) capacity charts.² Each school submits these forecasts to confirm a sufficient supply of sites and preceptors for their students.

Much like the couple who shares a bank account, colleges and schools of pharmacy are creating their charts independently. Established colleges/schools base the numbers of IPPEs and APPEs on enrollment and rotation histories, with capacity margins based on experience. For example, the requirement for acute care/general medicine has created demand (and therefore competition) for APPE sites in this area. A new school makes contacts with sites and preceptors and projects numbers for each year of the curriculum.

So how can our “account” be overdrawn when we still have preceptors?

- (1) As new colleges/schools create IPPEs and APPEs, preceptors can give the same availability to multiple programs. This may set up adversarial relationships among colleges/schools and a first-come, first-served approach³ may have to be used, which forces experiential personnel to seek site availability even 2 years before students will be assigned. Workload is increased to take care of IPPE/APPE changes when preceptors change sites, schedule vacations, and encounter health issues over such an extended time interval.
- (2) The only assured capacity is that which is negotiated and contracted with faculty members to serve as preceptors or when college/schools pay other individuals to precept students. The remainder is based on the goodwill of preceptors who enjoy teaching, want to give back to the profession, desire to share expertise, and seek fulfillment through mentoring students, as reported on preceptor applications for Academy of Preceptors continuing education sessions.⁴
- (3) Honoraria are a factor for preceptors.³ There is disparity in payments to preceptors among colleges/schools. Some pay a flat rate to all preceptors, and others pay a higher rate to preceptors at those sites in higher demand (and shorter supply). The honorarium for a given APPE within a region can range from zero to \$1100, based on an informal poll of the Mid-Atlantic Experiential Consortium.

The following are some recommendations to promote experiential solvency:

- (1) Colleges/schools should fully utilize regional consortia as reported for Southeastern Pharmacy

Experiential Education Consortium.⁵ There are many throughout the country, and the collaborative approach works if each college/school is contributing to preceptor recruitment, development, and retention.

- (2) Regions should reach agreement on dates to solicit availability and to finalize experiential matches. External entities that require an application process for preselection of students for their experiences will need to be consulted about appropriate timelines.
- (3) Experiential directors are beginning to use new approaches for forecasting capacity.⁶ These methods should be explored for planning and accreditation reports.
- (4) Practice site development involves intensive resources from a school and practice partner. Much like the banking analogy, schools should be able to earn dividends from their investments. Schools should be able to designate prime partners, or even exclusive partners, for those school-sponsored initiatives that are similar to intellectual property.

Experiential education is the intersection of curriculum, students, faculty members, preceptors, stakeholders, sites, and pharmacy practice. Experiential personnel have an extensive network for advice, networking, and problem-solving for increasingly complex responsibilities. By working together to address potential overdraft situations for experiential capacity, colleges/schools will meet the needs of their students and their invaluable preceptors.

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