

LETTERS

The Aftereffects of Implementing the PharmD Degree in Developing Countries

To the Editor. Great progress has been made in the field pharmacy practice, especially in the last decade. The most prominent change undoubtedly is the enhanced role of pharmacists in providing patient pharmaceutical care. In addition, the decision to make the doctor of pharmacy (PharmD) degree the foremost qualification for entering the pharmacy profession also has played a vital role in these changes.

Most of these developments began in the United States and the rest of the world has followed. Countries with developed pharmacy practice faced fewer difficulties in adopting these changes. However, countries with underdeveloped pharmacy practice are still facing hardships. A few of the difficulties are highlighted below:

1. Transition from the bachelor's to the doctorate degree. The transition from the bachelor of pharmacy degree to the PharmD degree not only requires adding clinical courses. Most of the developing countries have managed to convert to the PharmD degree program, but lack of clinical faculty members and low collaboration with hospitals has resulted in low quality of clinical education and low student satisfaction.
2. Professional market demand. In many of these developing countries, most pharmacy graduates are inclined to pursue careers in the pharmaceutical industry. The most preferred departments are sales and marketing and production. The major reason for this preference is that careers in the pharmaceutical industry provide a high salary. Pharmacy fields such as retail pharmacy, hospital pharmacy, and teaching are still underdeveloped

and are not great career options on a long-term basis.

3. The title of "doctor." It is not yet clear in many developed countries whether pharmacists who have earned a PharmD degree should be called doctors. No regulation has been adapted regarding this, but many of the students are using the prefix "Dr." with their name.

These factors have caused confusion among pharmacy students and pharmaceutical associations regarding the new role for pharmacists. Pharmacy students are confused about which field to follow, and the general public is confused about how this new medical professional can help them.

This difficult situation can only be solved through mutual understanding among academic associations and among councils representing developing and developed countries. Moreover, international societies need to play a major role in creating liaisons among all these associations and councils.

I believe courses should be designed to fulfill the needs of the country. In underdeveloped countries, pharmacists play a major role in the pharmaceutical industry rather than in hospitals and community pharmacies; hence, offering only a PharmD degree will discourage the industry from hiring pharmacists. To overcome this problem, a bachelor's degree should be the first pharmacy degree earned, and should comprise 5 years of study of all subjects. Then a more specialized degree, such as the PharmD degree for clinical care or a master's degree in another area, should be offered.

Furthermore, pharmacists should avoid using the title "Dr." in front of their name as it creates confusion. Instead a title such as "Phr." for pharmacist should be used. This would cause less confusion among different kinds of doctors and more recognition of pharmacists in the community.

Muhammad Amir, PhD scholar, MBA, MSc, BPharm
College of Pharmacy, Ziauddin University,
Karachi, Sindh, Pakistan