Pharmacy education has changed much for the better over the past few decades and we can expect many more changes as societal expectations of pharmacists increase and the healthcare system evolves to patient-focused, team-based care. We now produce excellent generalist graduates who are effective as community and health-system pharmacists almost from the first day on the job. We can proudly say that the pharmacy academy educates graduates well in the core functions of pharmacy, including more progressive services such as medication therapy management.

Even though we pack 4 solid years of learning into a doctor of pharmacy (PharmD) degree program there is much that our graduates do not know. We have put a priority, as it should be, on understanding diseases, medicines, and helping people take their medicines correctly, while leaving a large range of the business and science of health to be learned on the job, somewhere else, or not at all. For a variety of obvious and some subtle reasons, we are not as effective as we should be in the core curriculum in teaching students about rapidly changing topics in biomedical sciences; how to run a business; how to work in a busy, complex, data-rich environment; and how to supervise and motivate people. The PharmD degree is necessary but often not sufficient alone to prepare pharmacists for some of the more challenging careers in pharmacy. In many domains of health care, such as health systems, corporate community pharmacies, pharmaceutical industry, and government agencies, the career ladder has many people who have earned a graduate degree in addition to a PharmD degree. These are programs of distinction that can raise the bar for learning throughout colleges and schools of pharmacy.

While dual-degree programs are not proposed for all pharmacy students or even the majority of students, they can create opportunities for graduates who have aspirations and motivation to pursue careers in areas of pharmacy at the margins of other disciplines. It is these experiences and learning, as well as the formal credentials and the ambition to be more competitive in the job market, that can help students reach their career goals. And it is not necessarily a choice of one or the other, residency or additional degree. For those with the drive (and the financial resources), both can be accomplished. The additional degree can be completed before, during, or after a residency program.

It is reasonable to ask whether colleges and schools could build components of the experiences found in dual degree and residency programs into the PharmD curriculum. This can be done to some extent, but choices must be made and everything cannot be covered in sufficient depth. Even if it could, much of the learning and the value in a dual-degree program comes from experiences outside the profession of pharmacy. It is the opportunities and learning that take place at the borders of our profession that provide ideas for innovations that advance our profession.

Colleges and schools of pharmacy should establish and promote dual-degree programs to meet student needs and interests and to expand career opportunities. As Shannon and co-authors suggest “more support is needed to expand the availability and use of these cross-profession, advanced training opportunities to enhance the future of the pharmacy profession.”

References