



Potential Impact of Implementing an Entry-Level Doctor of Pharmacy Degree in Canada

STATEMENT

Approved by CSHP Council, March 2002

Over the past decade, pharmacy has widely adopted the philosophy of pharmaceutical care¹ in moving its practice from a technical, product-based environment towards a more patient-focused approach emphasizing cognitive processes and assuming more responsibility for patient outcomes. CSHP has demonstrated leadership for the changing role of pharmacists in the Canadian health-care system in numerous ways: establishment of vision statements and strategic goals; adoption of patient-focused, pharmaceutical care model of practice; and investigation of new, expanded roles for pharmacists, such as prescriptive authority, to name a few.

In the 1990s, American schools of pharmacy embarked on a journey of educational change and, after a prolonged and heated debate, adopted the doctor of pharmacy (PharmD) degree as their single entry-to-practice degree. "Non-traditional" or distance-education PharmD programs are available in many American states and numerous Canadian pharmacists have completed or are currently enrolled in these programs.

In Canada, debate over the merits of switching from a baccalaureate to a doctoral degree in pharmacy has been greeted with similar waves of emotion and controversy over the past decade or so.²⁻⁴ During this period, many Canadian schools of pharmacy have designed and implemented major revisions in their respective baccalaureate degree programs. Pharmacy education must be able to assist pharmacy students in preparation for the demands of a profession, which is inundated with new drugs and technology, the pharmaceutical care model of practice, and the ever-changing health system in this country.

Existing literature has yet to demonstrate a benefit of entry-level PharmD graduates over graduates from baccalaureate programs in clinical practice.² In fact, there are numerous studies performed in Canada and the United States which show unequivocal benefit to a variety of patient populations as a result of pharmacy services and patient-focused care. Most of these studies employed pharmacists with baccalaureate degrees. Although difficult to quantify, it is evident to many that dedication and a desire to help their patients are characteristics shared by many pharmacists who excel clinically, regardless of their professional degree and credentials. As described in detail in the accompanying information paper, CSHP members who responded to the Task Force's internet survey in the summer of 2000 overwhelmingly rejected the idea of Canadian schools of pharmacy adopting the entry-level PharmD at this time, however did support changes in curriculum and educational reform.

CSHP recognizes the need for Canadian schools of pharmacy to adapt and evolve their curricula to maintain the excellent level of professional education of their graduates and to effect practice change. CSHP also recognizes the demands of institutional pharmacy practice and believes that there is a role for schools of pharmacy and professional organizations to work together to support lifelong learning for pharmacy practitioners and to optimize the role of the pharmacist in direct patient care. CSHP recognizes that our members greet the issue with emotion and controversy. At this time, CSHP does not support adoption of the doctor of pharmacy degree as an entry-level program in Canada.

References

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3. Jamali F. Entry-level PharmD on the horizon. Can J Hosp Pharm 1999;52:345-6.
4. Perrier D. The entry-level PharmD – Is it needed? Can J Hosp Pharm 1999;52:214-5.