

STATEMENT ON THE IMPACT OF IMPLEMENTING AN ENTRY-LEVEL DOCTOR OF PHARMACY DEGREE IN CANADA: 2005 UPDATE



In 2002, a CSHP task force published an information paper and a position statement on the potential impact of adopting the Doctor of Pharmacy degree as the entry-to-practice degree in Canada. Recently, 2 Canadian faculties of pharmacy have announced plans to move in this direction. In view of this new development, the CSHP Executive asked the Task Force to Develop a Position Paper on the Entry-Level Doctor of Pharmacy Degree to review the most recent literature and to conduct an environmental scan on this subject. On the basis of the information gathered, CSHP judged that there was no need to alter the position it took in 2002, whereby the Society does not support adoption of the Doctor of Pharmacy degree as an entry-level degree in Canada.¹ CSHP has decided instead to simply complement the earlier position statement with this update. The Canadian College of Clinical Pharmacy, the Canadian Pharmacists Association,² and the Canadian Association of Pharmacy Students and Interns³ have formally endorsed CSHP's update of its position statement.

The profession of pharmacy in Canada has evolved in a manner more similar to the profession's development in the United States than that in other countries. Major shifts in pharmacy practice and education (in particular, the transition from a focus on drug products to a focus on clinical roles at the bedside and the delivery of pharmaceutical care, as well as the addition of traditional full-time and nontraditional part-time or distance-learning post-baccalaureate doctoral degree programs in some Canadian faculties) have occurred many years after or simultaneously with those in the American profession. However, it is difficult to compare these practice and educational initiatives, in part because of inherent differences in the countries' health care and educational systems; for example, the Canadian university system is largely publicly funded, and there are fewer pharmacists in this country. While debate continues about the benefits or necessity of an entry-level Doctor of Pharmacy degree in Canada, adoption of this degree may be viewed as inevitable in the progression of the profession (similar to the evolution of the accepted educational qualification in pharmacy from certified dispenser to baccalaureate university degree). It follows that CSHP and our profession as a whole should prepare for this change through education about the impact of adopting the Doctor of Pharmacy degree as the qualification for entering practice. In addition, faculties and colleges of pharmacy and provincial membership bodies should be encouraged to enter into dialogue with students and practitioners to identify issues and concerns. CSHP has carried out forums of this nature in the past and would consider sponsoring similar opportunities in the future for its members to discuss this matter.

A variety of issues must be considered by the various constituents of the pharmacy profession in preparing for a change in entry-level qualifications. Some of the most important are listed here.

Regional health authorities, health care institutions, and pharmacy departments:

- (a) How can hospital pharmacy departments prepare for the increased demand for clinical experiential training that will

accompany introduction of the entry-level Doctor of Pharmacy?

- (b) How can pharmacy managers and clinical coordinators balance the need to provide adequate clinical challenges for practitioners with the required administrative or distributive duties of staff pharmacists?
- (c) Will changes be necessary in the roles of pharmacy technicians or other support staff to facilitate more training and clinical opportunities for pharmacists and students?
- (d) Will hospital and departmental recruitment and retention strategies be modified to ensure consideration of competencies, performance, and lifelong learning, rather than simply whether potential staff members have a baccalaureate or doctoral degree?

Pharmacy students and residents:

- (a) How will hospital pharmacy residency programs adapt to the change?
- (b) What will be the role of the residency in the new environment?
- (c) Will there be adequate funding to handle any increases in demand for student placements in hospital-based, supervised clinical rotations or increases in enrolment in longer-term residency programs?
- (d) What will be the impact on pharmacy students in terms of debt load, duration of schooling, and the subsequent demand for residencies?
- (e) Will additional sources of funding (scholarships, bursaries, grants) be available to make a pharmacy degree accessible to all Canadians?

Academic institutions and faculties of pharmacy:

- (a) Why are Canadian faculties moving immediately to an entry-level program and not to a post-baccalaureate degree, as was done in the United States?
- (b) Will faculties propose fellowships or advanced residencies for doctoral graduates wishing to concentrate on specialized disciplines, e.g., cardiology, intensive care, drug information, or infectious diseases?
- (c) Will faculties work together to ensure consistency in programs (including part-time and distance programs) across the country?
- (d) Once some faculties have established entry-level Doctor of Pharmacy programs, will faculties offering only baccalaureate degrees in pharmacy be able to attract students?
- (e) Will adoption of an entry-level Doctor of Pharmacy degree by some faculties eventually prevent pharmacists who do not have this new entry-to-practice degree from working in some provinces or regions of Canada?

The profession:

- (a) What impact will this degree change have within the profession in Canada, particularly in terms of opportunities for practising pharmacists to upgrade their degree, knowledge, or skills?
- (b) How will pharmacists with baccalaureate degrees be involved in the training of Doctor of Pharmacy candidates?



- (c) Will the increase in the proportion of Canadian pharmacists holding doctoral degrees result in enhancement of the delivery of pharmaceutical care?
- (d) How will these changes be received by other health care disciplines, such as medicine and nursing? What types of background information do other health care professionals need to reduce their potential confusion about role expectations, professional responsibilities, and the development of collaborative working relationships?

Although our peers in the United States recently completed the move to “all-PharmD” curricula, little information has been published about the process. CSHP will solicit feedback from the American Society of Health-System Pharmacists and specific states and universities regarding the lessons they have learned in the course of replacing the baccalaureate qualification with the doctoral degree.

Throughout this journey, we must consider the impact of this educational evolution on pharmacy practice and its ultimate beneficiaries, our patients. If the transition to an entry-level PharmD or “all-PharmD” curriculum is merely an exercise in self-promotion, then it jeopardizes our profession and all whom we serve.

In summary, CSHP supports further dialogue between its members and key academic, professional, regulatory, and governmental stakeholders to identify and resolve the many outstanding hospital-pharmacy–related issues in the implementation of entry-level Doctor of Pharmacy programs in Canada.

REFERENCES

1. Canadian Society of Hospital Pharmacists. Statement on the potential impact of implementing an entry-level doctor of pharmacy degree in Canada. Ottawa (ON): Canadian Society of Hospital Pharmacists; 2002.
2. Canadian Pharmacists Association. Position statement on entry-level PharmD in Canada. Ottawa (ON): Canadian Pharmacists Association; 2005.
3. Smith DS; Canadian Association of Pharmacy Students and Interns. CAPSI position does not support early-entry PharmD. *Can Pharm J* 2004;137(3):31-2.

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