Entry-Level Doctor of Pharmacy Program: The Canadian Debate

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The possible development and implementation of entry-level doctor of pharmacy programs (also known as "entry-level PharmD" or ELPD programs) within Canada's academic institutions is being vigorously debated. While some think that this shift is inevitable, others are more cautious. The mandate of our pharmacy educational institutions is to provide a high-quality education that produces graduates who can meet the pharmacy-related health care needs of patients. Our current programs do produce excellent graduates, yet we are being asked to make changes in our curricula that would allow graduates to take on a greater role in direct patient care. At a recent symposium, Canadian pharmacy leaders agreed that some modification of the current university curricula should occur. Interestingly, some participants indicated that perhaps the educational changes necessary would lead to a master's degree. However, others emphasized that the doctor of pharmacy degree has already been established, and introducing another designation for the degree might further cloud the issue.¹

With the introduction of family health care teams, the increasing use of technology, changes in demographics, and the development of patient safety initiatives, pharmacists will be more responsible for patient care as integrated members of the health care team and will be more accountable for drug outcomes, but our current curricula (1 year of arts and sciences courses and 4 years of pharmacy) are confining and may inhibit pharmacists from meeting these increased expectations. A number of important basic science courses that our students are offered need to become prerequisites to allow the flexibility for the anticipated changes in pharmacy practice. This could mean that students would take 2 years of arts and science courses before entering the pharmacy program. However, such a change in the program would not decrease the number of graduates or the time to completion of a degree. Rather, students

would enter pharmacy after receiving more basic science training, similar to what happens in dentistry and medicine. At the same time it would be prudent to develop programs allowing practitioners to upgrade if they so wished and to continue to offer programs for specialty training (such as fellowships and residencies).

Do all pharmacy students need to undertake an ELPD program? Probably not, at least not in the near future. However, the option should be available, given that we are educating students to work in a global environment. If we don't start offering this type of program, whether we agree or disagree with this educational approach, our graduates will have difficulty practising in other parts of the world, as our accreditation standards will not be recognized. Canada may be better served by admitting a small number of students into ELPD programs while still maintaining the bachelor-level programs, an approach that would give us the opportunity to monitor the success of newly trained graduates, their capabilities as "change agents", and their ability to meet future challenges. In the United States, new standards for accreditation for ELPD programs came into effect on July 1, 2000, and schools had until June 30, 2005, to comply with the new standards. Although many wonder if there has been a change in pharmacy practice in the United States since all US schools instituted the ELPD, it is a fact that they moved to ELPD with the approval of the profession, including hospital pharmacists. Canada now has the opportunity to build on the successes and avoid the failures experienced in the United States and start graduating pharmacists who will be able to adapt and who are ready to take on the responsibilities of new legislative changes such as those seen in Quebec and those proposed in other parts of the country. Our educational responsibility is to adequately prepare students for the future.

Dialogue must continue as pharmacists' responsibilities expand well beyond traditional dispensing activities.



Supervision of the drug distribution process must remain with the pharmacist, but the mechanics of drug distribution will decrease substantially over time.¹ Pharmacists are being asked to become an integral part of health care teams. We now have an unprecedented opportunity to increase our value and significance.² Let's unite in moving our profession forward!

CSHP has issued an update of its statement on ELPD, which appears in this issue of the Journal.³ In this update, the Society raises some valid concerns that must be addressed as we collectively determine the educational needs that will adequately prepare our graduates for future career opportunities.

References

- 1. Position paper from the Commission to Implement Change in Pharmaceutical Education. Entry-level education in pharmacy: commitment to change. *Am J Pharm Educ* 1993:57:366-74.
- Hepler CD. Clinical pharmacy, pharmaceutical care and quality of drug therapy. *Pharmacotherapy* 2004;24:1491-8.
- Canadian Society of Hospital Pharmacists. Potential impact of implementing an entry-level doctor of pharmacy degree in Canada: 2005 update. *Can J Hosp Pharm* 2006;59:37-8.

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