

## A Canadian-Trained Pharmacist in the United States

I read with great interest the recent CSHP position statement on Canadian entry-level doctor of pharmacy (ELPD) degrees.<sup>1</sup> I wholeheartedly agree that adoption of this degree appears inevitable, given that a very similar system is already in place in the United States.

The position statement asked many questions that can be answered by the experiences of the American ELPD, but before describing the US-based pharmacy education system any further, it would be prudent to explain my background. I am a graduate from a Canadian bachelor of pharmacy program and a Canadian-licensed pharmacist. While practising pharmacy in Canada, I obtained a PharmD from a US institution, primarily by distance learning. This endeavour created a best-of-both-worlds option: the pursuit of a post-baccalaureate education after obtaining pharmacy practice experience while working to finance this phase of my education. This option has been and continues to be pursued by a minority of pharmacists with Canadian undergraduate degrees. However, with the post-baccalaureate doctoral programs being phased out at many US colleges of pharmacy, the availability of this option for Canadian pharmacists is increasingly limited. I completed the experiential requirements of my program within the United

States and stayed to practice pharmacy after applying to US residency programs. Subsequently, I completed a 2-year Pharmacotherapy Specialty Residency and gained added qualification as a board-certified Pharmacotherapeutic Specialist. I now teach ELPD students and residents.

As is well known to Canadian readers, the Canadian pharmacy education system allows graduate pharmacists to immediately enter hospital-based residencies and subsequently pursue a post-baccalaureate PharmD if desired. The US pharmacy education system employs similar residencies but these follow the PharmD degree. This scenario did not change considerably with the advent of the ELPD in the United States, where residencies represent advanced practice experience. With the large number of PharmD graduates in the United States, the number of residencies available has expanded considerably.<sup>2</sup> As such, the physician education model of an MD degree followed by additional, more specialized training is being emulated by the US pharmacy education system.

Within the American system, some of the questions raised by the CSHP position statement remain to be resolved, whereas others have been overcome. ELPD graduates enter the profession, as did their predecessors, in entry-level staff positions. An ELPD graduate should have the knowledge and skills to perform dispensary functions, as do other newly licensed pharmacists. Importantly, ELPD graduates should be better prepared for undertaking more advanced patient-focused clinical functions, a direction in which the profession seeks to move.

The largest impediment to ELPD in Canada remains the availability of the infrastructure required to support students' experiential training, as stipulated by a program that requires

more extensive clinical pharmacy experiences. In the United States, the PharmD was initiated in California during the 1960s and grew across the country for over 3 decades before the ELPD was implemented. Canada is without this temporal luxury, and it may be difficult to rapidly expand the infrastructure. The suggestion by Hindmarsh (in an editorial accompanying the CSHP position statement) to develop a few ELPD programs, rather than converting all pharmacy programs to the ELPD, seems prudent.<sup>3</sup> Offering an opportunity for more Canadian pharmacists to obtain advanced pharmacy training is creating an environment in which more pharmacists will receive a stronger base of clinically focused training. The patient-focused growth of the profession can only benefit.

#### References

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3. Hindmarsh KW. Entry-level Doctor of Pharmacy program: the Canadian debate [editorial]. *Can J Hosp Pharm* 2006;59:9-10.

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