The Pharmacist Activist

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Editorial

More than 10 Colleges of Pharmacy Will Close in the Next 20 Years! UNLESS . . . . .

Shortages and surpluses of pharmacists tend to occur on a cyclical basis and have seldom, if ever, required any special intervention. The supply and demand dynamics that are applicable to employment opportunities for pharmacists are influenced by many factors, one of the most important of which is the number of new graduates from colleges of pharmacy.

Most would agree that there is currently a sufficient supply or oversupply of pharmacists in many parts of the country in which there was a shortage of pharmacists as recently as 5 years ago. However, there is a difference of opinion with respect to the importance of this trend. Some contend that many more pharmacists will be assuming expanded professional responsibilities and that these opportunities will provide employment for current pharmacists and new graduates to the point that there will be a shortage of pharmacists. Others are of the opinion that any increase in opportunities is occurring at such a slow pace that unemployment of pharmacists is already a serious problem that will become much worse (please see my editorials, "Pharmacy's Vision for 2015 OR a Large Surplus of Pharmacists?" in the June 2011 issue of *The Pharmacist Activist* and "We have TOO MANY Colleges of Pharmacy!" in the July 2010 issue).

There is a very important factor that distinguishes the present situation from the previous cyclical shortage/surplus experiences, and that is the much larger number of new pharmacy graduates entering the workforce. More than 50 new colleges of pharmacy have opened in the last 20 years, and many previously existing colleges of pharmacy have significantly increased their enrollment and some now have multiple campuses. The number of pharmacy graduates in 2014 is approximately double that of a decade ago.

How is our profession responding to the increasing concern regarding unemployment of pharmacists? Have you heard any presentation or discussion of this topic at a meeting of a pharmacy association? Very few individuals (notably Dan Brown of Palm Beach Atlantic University)

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have addressed this subject in pharmacy publications. What are the related issues and which organizations/individuals should have the primary responsibility for addressing them?

The basic issue

A large majority of pharmacists who provide medications and related services to patients do not have or take the opportunity to use their knowledge and skills in a manner that comes even close to the potential of what they are capable of providing and that patients need. The most common reason for this is that pharmacists and their employers are not provided with sufficient compensation to devote the time needed to optimally use their knowledge and skills for their patients' benefit. This is the basic issue that underlies the matter of whether there is a shortage or surplus of pharmacists. If pharmacists could provide comprehensive services to patients that would result in optimal use of their medications and substantially reduce drug-related problems, I would quickly agree that there would be a shortage of pharmacists for the foreseeable future and that both current and new pharmacists could look forward to fulfilling employment. However, the reality is that most pharmacists do not have the opportunity to practice in this manner and, in many practice settings, the priority is to dispense more prescriptions faster and with minimum staffing.

The profession of pharmacy has not been successful in convincing many within our own profession of the importance of providing comprehensive services, or convincing those outside of the profession of the value of these services to the extent that they are willing to pay for them.

The Doctor of Pharmacy experience

Fifteen years ago, most colleges of pharmacy were making the transition from the baccalaureate pharmacy program to the Doctor of Pharmacy program as the entry-level degree program for licensure and pharmacy practice. It was widely recognized that most baccalaureate-level pharmacists were able to use relatively little of their drug therapy expertise and skills in their practice responsibilities. However, it was assumed that graduates of a more comprehensive (and more costly in both dollars and years) Doctor of Pharmacy program would not tolerate such employment situations and would insist on opportunities that would enable them to productively use their knowledge and abilities. Although many graduates of Doctor of Pharmacy programs have identified excellent and fulfilling practice responsibilities, many others have not and are employed in stressful, understaffed workplace environments doing the same things, and experiencing the same frustrations, as many of the graduates of the baccalaureate programs. And this situation has occurred even though there was a shortage of pharmacists in most parts of the country in the period prior to 2010, and pharmacists presumably could be more selective in choosing an employment opportunity.

It was unrealistic and unfair to expect that well-educated but inexperienced graduates of Doctor of Pharmacy programs would be able to significantly change professional and service responsibilities at their places of employment when the profession's organizations and leaders have not been able to do so. Pharmacy students/graduates have incurred substantial expenses to complete the more comprehensive and longer Doctor of Pharmacy program. However, the colleges of pharmacy and the professional organizations have made only a very limited commitment and investment in efforts to increase both the scope and quality of the standards of practice for pharmacists in a manner that would enable many more to achieve their potential in using their knowledge and skills for the benefit of the patients they serve.

Colleges of pharmacy

The primary role of colleges of pharmacy is to provide a high-quality education for their students. However, the educational process does not exist in isolation from the other roles and responsibilities within the profession of pharmacy, and the colleges must accept part of the responsibility for establishing and being an advocate for employment opportunities that enable their graduates to practice in a manner that is consistent with the content and emphasis of their education. Far too often, the "academy" (as faculty like to call ourselves) is so preoccupied with the

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New Therapeutic Agents Marketed in the United States in 2013

Generic name	Trade name	Manufacturer	Therapeutic classification	Route of administration	FDA classification[a]	New Drug Comparison Rating[b]
Ado-trastuzumab emtansine	Kadcyla	Genentech	Antineoplastic agent	Intravenous	P[c]	4
Afatinib dimaleate	Gilotrif	Boehringer Ingelheim	Antineoplastic agent	Oral	1-P	4
Alogliptin benzoate	Nesina	Takeda	Antidiabetic agent	Oral	1-S	3
Apixaban	Eliquis	Bristol-Myers Squibb; Pfizer	Anticoagulant	Oral	1-P	4
Bedaquiline fumarate	Sirturo	Janssen	Antitubercular drug	Oral	1-P	4
Cabozantinib malate	Cometriq	Exelixis	Antineoplastic agent	Oral	1-P	4
Canagliflozin	Invokana	Janssen	Antidiabetic agent	Oral	1-S	4
Crofelemer	Fulyzaq	Salix	Antidiarrheal agent	Oral	1-P	4
Dabrafenib mesylate	Tafinlar	GlaxoSmithKline	Antineoplastic agent	Oral	1-S	4
Dimethyl fumarate	Tecfidera	Biogen Idec	Agent for multiple sclerosis	Oral	1-S	4
Dolutegravir sodium	Tivicay	GlaxoSmithKline	Antiviral agent	Oral	1-P	3
Ibrutinib	Imbruvica	Janssen; Pharmacyclics	Antineoplastic agent	Oral	1-P	4
Lomitapide mesylate	Juxtapid	Aegerion	Lipid-lowering agent	Oral	1-S	4
Lorcaserin	Belviq	Arena; Eisai	Anorexiant	Oral	1-S	4
Lucinactant	Surfaxin	Discovery	Agent for respiratory distress syndrome	Intratracheal	1-S	4
Macitentan	Opsumit	Actelion	Agent for pulmonary arterial hypertension	Oral	1-S	3
Mipomersen sodium	Kynamro	Genzyme	Lipid-lowering agent	Subcutaneous	1-S	3
Obinutuzumab	Gazyva	Genentech	Antineoplastic agent	Intravenous	P[c]	4
Ocriplasmin	Jetrea	ThromboGenics	Agent for vitreomacular adhesion	Intravitreal	P[c]	5
Ospemifene	Osphena	Shionogi	Agent for dyspareunia	Oral	1-S	3
Pasireotide diaspartate	Signifor	Novartis	Agent for Cushing's disease	Subcutaneous	1-S	4
Pomalidomide	Pomalyst	Celgene	Antineoplastic agent	Oral	1-S	3
Radium Ra 223 dichloride	Xofigo	Bayer	Antineoplastic agent	Intravenous	1-P	4
Raxibacumab	---	GlaxoSmithKline	Agent for inhalational anthrax	Intravenous	P[c]	4
Riociguat	Adempas	Bayer	Agent for pulmonary arterial hypertension	Oral	1-P	4
Simeprevir	Olysio	Janssen	Antiviral agent	Oral	1-P	4
Sofosbuvir	Sovaldi	Gilead	Antiviral agent	Oral	1-P	5
Teduglutide	Gattex	NPS	Agent for short bowel syndrome	Subcutaneous	1-S	4
Trametinib dimethyl sulfoxide	Mekinist	GlaxoSmithKline	Antineoplastic agent	Oral	1-S	4
Vilanterol trifenatate/ fluticasone furoate	Breo Ellipta	GlaxoSmithKline	Bronchodilator	Oral inhalation	1, 4-S	3
Vortioxetine hydrobromide	Brintellix	Lundbeck; Takeda	Antidepressant	Oral	1-S	3

[a]FDA classification of new drugs: 1 = new molecular entity; 4 = combination product; P = priority review; S = standard review

[b]New Drug Comparison Rating (NDCR): 5 = important advance; 4 = significant advantage(s); 3 = no or minor advantage(s)/disadvantage(s); 2 = significant disadvantage(s); 1 = important disadvantage(s)

[c]A biological approved through an FDA procedure that does not assign a numerical classification

education of pharmacy students that we are not involved with, or even aware of, important issues, legislation, and other factors that threaten the ability of our graduates to practice in the way we have encouraged them, or even to find employment. Only a very small percentage of administrators and faculty at our colleges of pharmacy have been active participants and assumed leadership roles in professional associations such as APhA, ASHP, NCPA, and the state pharmacy organizations that have the largest memberships of community and hospital pharmacists. Only a very small percentage of colleges of pharmacy commit even a small amount of funding and other resources to establish and be an advocate for the type of practice opportunities that we encourage our students to pursue.

Although some will debate whether there is currently an oversupply of pharmacists, most will agree that the number of full-time positions for pharmacists is much more limited. In my opinion, the potential exists for pharmacist unemployment to become much more common. Some contend that existing colleges of pharmacy should not be increasing their enrollment and that additional colleges of pharmacy should not be established. However, these decisions are made by the individual colleges and state agencies and not by the profession of pharmacy or the Accreditation Council for Pharmacy Education (ACPE).

In addition to the difficulty some pharmacists are encountering in obtaining employment, other changes are occurring that will require urgent attention by the colleges of pharmacy. These changes include:

- There is an increasing awareness on the part of prospective applicants, guidance counselors, and others that the "job market" in pharmacy has become much tighter and the "multiple employment offers at six-figure salaries" will be the exception rather than the rule.
- Salaries for pharmacists will decline as has already occurred at some chain pharmacies in certain regions.
- There has been a decline in the number of applications for admission to colleges of pharmacy. This will result in declines in enrollment and/or a willingness to accept students with weaker credentials.
- There will be increased competition among colleges of pharmacy to recruit students from a smaller pool of applicants.

Not all colleges of pharmacy will be in a position to effectively respond to this cascade of events, and some will not be able to afford to continue. It is my expectation that more than 10 colleges of pharmacy will close within the next 20 years, unless several things occur. First, the colleges of pharmacy, working closely with the professional associations, must make a strong commitment of resources and efforts to identify/establish the models of pharmacy practice we advocate. Equally important, we must conduct the studies and provide the documentation that will convince the government agencies, insurance companies, and others who provide prescription benefit programs to pay for pharmacists' services that will improve drug therapy outcomes.

Secondly, the colleges of pharmacy must establish programs and services that reflect a strong commitment to their students to prepare them to be well positioned for being selected for professionally fulfilling employment opportunities following their graduation. Every college of pharmacy should do this but not all will. These programs/services, in combination with an academic program with an excellent reputation, will place a college in a strong position in an increasingly competitive environment.

Daniel A. Hussar

Author/Editor - Daniel A. Hussar, Ph.D.
Philadelphia College of Pharmacy, University of the Sciences in Philadelphia
Publisher - G. Patrick Polli II
Assistant Editor - John Buck • **Publications Director -** Jeff Zajac

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The Pharmacist Activist, 661 Moore Rd., Ste. 100, King of Prussia, PA 19406
610-337-1050 • Fax: 610-337-1049
E-mail: pharmacistactivist@news-line.com
NEWS-Line PUBLISHING