The Current and Future State of U.S. Pharmacy Education

Peter H. Vlasses, PharmD, DSc (Hon.), BCPS, FCCP
Executive Director, ACPE

The speaker has no conflict to disclose.

ICHP Annual Meeting
August 26, 2010

Learning Objectives

• Discuss the history and purpose of the Accreditation Council for Pharmacy Education
• Describe the relationship between the Joint Commission of Pharmacy Practitioners (JCPP) Future Vision of Pharmacy Practice 2015 and the ACPE accreditation standards for PharmD programs and CE providers
• Summarize the nature of the expansion of the number of the U.S. pharmacy colleges and schools over the last decade, including the process used by ACPE when evaluating a new school
Learning Objectives (cont.)
• Identify the relationship between the number of current and projected PharmD graduates in the U.S. and the number of current and projected PGY1 residency positions
• List several areas of the ACPE standards that current and new PharmD programs have had trouble achieving
• Express an opinion on the future of pharmacy education in the U.S.

Assessment Question #1
• How many different degrees to enter pharmacy practice existed across the United States prior to ACPE’s founding in 1932?
  a) 3
  b) 1
  c) 5
  d) 11
  e) None of the above

ACPE
• National agency for accreditation of pharmacy education
• ACPE accredits:
  – Professional degree programs (i.e., Doctor of Pharmacy degree, Pharm D)
  Recognized by:
    • U.S. Department of Education
    • Council on Higher Education Accreditation (CHEA)
  – Providers of continuing pharmacy education
ACPE

- Founded in 1932 for accreditation of professional programs, by:
  - National Association of Boards of Pharmacy (NABP) (regulators)
  - American Association of Colleges of Pharmacy (AACP) (educators), and
  - American Pharmacists Association (APhA) (practitioners)
- ACPE is an autonomous, independent, not-for-profit agency with headquarters in Chicago, IL

ACPE: Basic Premises

- How do you know a good Pharm D program or CPE provider when you see one?
  (Quality assurance)

- The perfect Pharm D program or CPE provider doesn’t exist.
  (Quality advancement)
Assessment Question #2

• I have heard of the Joint Commission of Pharmacy Practitioners (JCPP) Vision for Pharmacy Practice 2015?
  a) Yes, it applies to the accreditation standards for pharmacy degree program graduates
  b) Yes, it applies to the accreditation standards for continuing pharmacy education participants
  c) Yes, it applies to the accreditation standards for both new graduates and pharmacist CE
  d) No

Assessment Question #3

• Which one of the following answers is CORRECT regarding pharmacist competencies are part of the Joint Commission of Pharmacy Practitioners (JCPP) Vision for Pharmacy Practice 2015?
  a) Promote disease prevention
  b) Provide patient-centered care
  c) Manage health system resources
  d) Provide population-based patient care
  e) All of the above

JCPP Future Vision of Pharmacy Practice 2015

“Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.”
Joint Commission of Pharmacy Practitioners (JCPP) Vision
Pharmacy education and continuing education will prepare pharmacists to:
1. provide patient-centered and population-based care that optimizes medication therapy
2. manage health care system resources to improve therapeutic outcomes
3. promote health improvement, wellness, and disease prevention

JCPP Vision forms basis of ACPE standards for degree programs and CPE providers

Assessment Question #4
• I believe that the expansion of the number of pharmacy colleges/schools and graduates (pick the ONE answer that you most believe in):
  a) Has been beneficial to address the pharmacist workforce shortage
  b) Has or will overshoot the workforce demand for pharmacists
  c) Should have been better managed by ACPE, including calling for a moratorium
  d) Has diminished the quality of graduates

Professional Degree Program Accreditation: Possible Stages
• Pre-Accreditation
  ▪ Pre-candidate (before students enrolled)
  ▪ Candidate (students enrolled, but no graduates yet)
• Accreditation (only possible after program has graduates)
Accredited PharmD Programs*
Programs with accreditation status (n = 120):

- Full Accreditation Status: 99
  (programs that have graduated students)

- Candidate Accreditation Status: 16
  (programs with students enrolled but have not yet produced graduates
  or have graduates and have not addressed all the accreditation
  standards)

- Pre-Candidate Accreditation Status: 5
  (programs that have not yet enrolled students)

* Inclusive of June 2010 Board Actions

Colleges and Schools of Pharmacy with
ACPE-Accredited Degree Programs*

<table>
<thead>
<tr>
<th>Year</th>
<th>Schools Conferring Degrees</th>
<th>Schools With No Degrees Conferrred</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>20</td>
<td>120</td>
</tr>
<tr>
<td>1975</td>
<td>25</td>
<td>100</td>
</tr>
<tr>
<td>1980</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>1985</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>1990</td>
<td>50</td>
<td>70</td>
</tr>
<tr>
<td>1995</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>2000</td>
<td>70</td>
<td>50</td>
</tr>
<tr>
<td>2005</td>
<td>80</td>
<td>40</td>
</tr>
<tr>
<td>2010</td>
<td>90</td>
<td>30</td>
</tr>
</tbody>
</table>

* Inclusive of January 2010 Board Actions

Expansion in Public & Private Sectors
The following figures are for the 119 US-based programs:

- 62 public schools (52%); 57 private schools (48%)
  - One of the private schools is "for profit"

- 44 schools have opened after 1995 (37% of all schools)
  - 10 are public (23%)
  - 34 are private (77%); one is "for profit" (as above)

- 26 schools (22%) have distance campuses*
  - 19 are public (73%) and 7 are private (27%)

- 19 of 62 public schools have distance campuses (31%)
  - A total of 35 distance campuses

- 7 of 57 private schools have distance campuses (12%)
  - A total of 8 distance campuses (only Nova Southeastern has >1)

- At least four public institutions have firm plans to establish
distance campuses; for some, plans have had to be postponed

(* Distance campus = delivery of didactic curriculum to/from site)
Assessment Question #5

• The relationship between the number of pharmacy graduates seeking residencies and the number of PGY1 residency positions available (ONE answer):
  a) More PGY1 residencies are available than students applying due to high starting salaries for pharmacists
  b) The number of students seeking PGY1 residencies is relatively stable
  c) The number of students applying for PGY1 residencies will greatly exceed supply in the next few years
  d) Community pharmacy PGY1 residencies are close to matching the number of health-system based residencies

Source: ASHP. Used with Permission

Pharmacy School and Residency Graduation Trends

Source: AACP & ASHP Data
Need to update this slide and project out to 2013

Peter Viasses, 3/4/2010
Assessment Question #6

- Which ONE of the following groupings of ACPE-accreditation standards 2007 have pharmacy colleges/schools had the most difficulty achieving:
  a) Qualifications of the dean, transfer of academic credit, financial resources, physical facilities
  b) Quantitative strength of the faculty, student professionalism, physical facilities, transfer of credits
  c) Quantitative strength of the faculty, financial resources, evaluation of mission and goals, curriculum evaluation
  d) All of the above

Comprehensive Site Visits for PharmD Programs with Graduates
Spring 2007 to Fall 2009 (n = 35)

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Partial</th>
<th>Non</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Admissions</td>
<td>3 (9%)</td>
<td>1 (3%)</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Transfer</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Progression</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Complaints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Goal of Curr.</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Core Design</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Methods</td>
<td>5 (14%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Outcomes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Core-KSAV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Core-Eval.</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Core-Serv.</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Pract. Sites</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Library</td>
<td>1 (3%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Finance</td>
<td>4 (11%)</td>
<td>1 (3%)</td>
<td></td>
</tr>
</tbody>
</table>
### Comprehensive Site Visits for PharmD Programs with Graduates Spring 2007 to Fall 2009
Comparison as a function of when site visits were conducted

<table>
<thead>
<tr>
<th></th>
<th>TOTAL (n=35)</th>
<th>S2007-S2008 (n=14)</th>
<th>F2008-F2009 (n=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PARTIAL</td>
<td>NON</td>
<td>PARTIAL</td>
</tr>
<tr>
<td>Total % Partial or Non based on 30 standards for each visit</td>
<td>6.0%</td>
<td>1.0%</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

### Standards Showing Improvement in Compliance Over Time

<table>
<thead>
<tr>
<th>Standards</th>
<th>S2007-S2008 (n=14)</th>
<th>F2008-F2009 (n=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Evaluation of Mission &amp; Goals</td>
<td>7 (50%)</td>
<td>3 (14%)</td>
</tr>
<tr>
<td>5: C/S and University Relations</td>
<td>2 (14%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>7: C/S Organization &amp; Govern</td>
<td>3 (21%)</td>
<td>2 (10%)</td>
</tr>
<tr>
<td>10: Curric Devel, Deliv &amp; Improve</td>
<td>4 (29%)</td>
<td></td>
</tr>
<tr>
<td>11: Teaching &amp; Learning Methods</td>
<td>2 (14%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>14: Curriculum – Pharm Pract Exp</td>
<td>3 (21%)</td>
<td>4 (19%)</td>
</tr>
<tr>
<td>15: Curriculum Evaluation</td>
<td>5 (36%)</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>19: Progression of Students</td>
<td>3 (21%)</td>
<td></td>
</tr>
</tbody>
</table>

### Standards Not Showing Improvement in Compliance Over Time

<table>
<thead>
<tr>
<th>Standards</th>
<th>S2007-S2008 (n=14)</th>
<th>F2008-F2009 (n=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td>24: Faculty Quantitative</td>
<td>2 (14%)</td>
<td>2 (10%)</td>
</tr>
<tr>
<td>30: Financial Resources</td>
<td>2 (14%)</td>
<td>2 (10%)</td>
</tr>
</tbody>
</table>
Assessment Question #7

- I believe the education provided today by accredited colleges/schools of pharmacy in the U.S. is:
  a) Preparing graduates appropriately for the JCPP Vision 2015
  b) Over-preparing graduates for the JCPP Vision 2015
  c) Under-preparing graduates for the JCPP Vision 2015

2009 National Pharmacist Workforce Survey (NPWS)

Presented at Joint Commission of Pharmacy Practitioners Meeting
Alexandria, Virginia, February 4, 2010

Presented by: Midwest Pharmacist Workforce Research Consortium

Jon C. Schommer, Ph.D.*
William R. Doucette, Ph.D.
Caroline A. Gaither, Ph.D.
David H. Kreling, Ph.D.
David A. Mott, Ph.D.

* schom010@umn.edu

Used with permission

2009 NPWS: Methods

- National random sample of pharmacists
- Mailed Survey Design
- 1,391 out of 2,667 deliverable surveys were returned before deadline of August 15, 2009
- 52% response rate
Learning Objective: Express an opinion on the future of pharmacy education in the US

“If I were the premier”… of U.S. pharmacy education and planning for the future, I would do the following….

Questions

Please contact us:

- By phone: 312-664-3575
- By Internet e-mail (e.g., pvlasses@acpe-accredit.org)
- Through web site: www.acpe-accredit.org
- By fax: 312-664-7008, 312-664-4652
- By mail: 20 North Clark St, Suite 2500
  Chicago, Illinois 60602-5109
The Future of Pharmacist Education

What’s the Return on Investment?

David G. Miller, R.Ph., CEO
International Academy of Compounding Pharmacists
Missouri City, Texas

Remember the Date!

JUNE 9, 2005

Full Disclosure

• Pharmacist
  – (I have to take CE, too)
• Association Manager
  – (I try to get grants for my organization)
• Industry Background
  – (I gave out the grants I’m now trying to get)

Learning Objectives

• Compare the present environment for CE funding with historical trends
• Describe three external factors influencing the cost and availability of continuing education programs for pharmacists.
• Identify two tools to use in self-assessment of personal education needs.

Let’s Be Honest...

• How often have you, me, us...
  – Scrambled at the last minute to find CE credits for relicensure?
  – Expected our CE programs to be free?
  – Attended a program because of the restaurant?... the food?... the event?
  – Knew a program was biased but didn’t say anything?
  – Thought “they” should sponsor or fund a program?

Where Are We?

• Before...
  – CE was “free”
  – Programs plentiful
  – Programs fully sponsored
  – A “quick call”
  – Food, food, food!
  – Stuff, stuff, stuff!
  – “Casual”
• Today...
  – Gotta pay
  – Fewer “easy access” programs
  – Grant funding harder to obtain
  – Complex program planning
  – Less “edu-tainment”
  – Bans on giveaways
  – Disclosures, learner involvement
Industry Impact

- $1 billion/year spent on CE funding
  - “Lunch and Learn” Grand Rounds
  - Seminars, Symposia, Conferences
  - Journal articles, supplements
  - Institutes and Organizations
    - National Osteoporosis Foundation
    - National Menopause Society
    - National Lipid Association
    - American Heart Association


So... What Happened?

- 1997-2000
  - FDA issues Guidance for Industry, Industry-Supported Scientific and Educational Activities
    - 12 factors used to determine “independence”
    - Why?
  - OIG (Office of the Inspector General) issues a series of recommendations and clarifications
    - Separate grant-making from sales/marketing
    - Objective Criteria
    - Why?

So... What Happened?

- July 2002 (effective January 2003)
  - PhRMA issues its first voluntary document – The Code on Interactions with Healthcare Professionals
    - First effort to incorporate self-policing rather than government mandates
    - Recommendations on gifts, involvement of sales reps in providing grants and research funds, entertainment, venues, “perception”
    - “Support... should be given to a conference’s sponsor who should maintain control of...”

MedScape
$135,000
Web program
on rotavirus

Pri-Med Institute
$303,000
Conference Workshops
(asthma, CV, trigs, diabetes, epilepsy)
Remember that Date?

- **June 9, 2005**
  - US Senate Finance Committee issues “letter of inquiry” to 23 PhRMA companies
  - Details on all CE grants issued for the previous three years
  - Why?
- **2006/2007**
  - Senate Finance Committee Hearings
    - ACCME, PhRMA, Specific companies

Senate Finance Committee

- **Intensive Scrutiny of Grants**
  - Senator Chuck Grassley (R-IA)
  - Formal Senate Finance Report Issued 25 April 2007
  - http://finance.senate.gov/

  “Our inquiry revealed that the pharmaceutical industry spends more than a billion dollars a year to fund CME programs that are accredited by the Accreditation Council for Continuing Medical Education (ACCME). Funding of ACCME-accredited programs represent a substantial portion of drug company spending on educational grants. Our inquiry also revealed that drug companies typically fund CME as part of a broader business strategy to support the company’s brands.”

Hearings/Investigations Continue

- Emory University
  - Chairman of Psychiatry has NIH grant
  - Fails to report $300,000 in payments from industry to study the same drugs at the same time
- University of Wisconsin
  - Chairman of orthopedic surgery discloses $20,000/year in grants
  - Actual amount was closer to $19 million
- Harvard University
  - Three professors fail to report almost a million dollars each in support and grants
- National Public Radio
  - Syndicated health new program
  - Host received >$1 million to give promotional drug company talks

Meanwhile... Back at Home

- **State Regulations and Requirements**
  - Mandatory Disclosure by PhRMA
    - Why?/How?
  - Mandatory Disclosure by Licensees
    - Maine, Minnesota, Vermont, West Virginia, Dc
    - Public disclosure in only two states
    - 2009/2010 – bills in 11 states
    - Freedom of Information Lawsuits

The Fallout Continues

- PhRMA Revises Its Guidelines... again in late 2008
  - Educational support and independence are addressed... again
  - Limitations on honorariums (suggested)
  - Only items of “educational value” will be provided
- Hearings Uncover “Pervasive Influence”
  - “Hired guns” – Advisory Groups, Speakers Bureaus, Expert Panels
  - Call for total transparency and disclosure
- Senate Finance Committee
  - December 9, 2009 “letter of request”
  - Targets professional societies and associations
  - ASCP and ASHP included

The Fallout Keeps Falling

- Some members of PhRMA begin disclosure
  - Voluntary publication of grant information
  - Voluntary publication of payments to HCPs
- Accrediting Bodies Issue New Standards
  - ACPE clarifies and emphasizes “independence”
  - Disclosure requirements to provider and to audience
  - “Shine the light” and let learners’ make informed decisions
  - Proposals to have a central “clearing house” of funds
- Continued Government Scrutiny
  - Enactment of mandatory payment and grant disclosure laws
  - Impact on Medicare Part D, “ObamaCare”
  - Increasing attention at state level (Medicaid)

The Fallout Keeps Falling

- **Professional Associations**
  - Phase out acceptance of grants for educational programs
  - American College of Clinical Pharmacy (ACCP)
  - But... then there's AHA

- **Academic Institutions**
  - Medical centers/teaching hospitals ban drug reps and grants
  - Universities establish disclosure processes

- **Pharmaceutical companies**
  - Outsource grant acceptance and review process
  - Depersonalization (from our perspective)
  - Switching from CE to "little E" marketing activities

---

So... Where Are We Now?

**Quick Recap**

**Learning Objective One**
- The **amount** of funds available for CE is going down
- Grants for CE programs are still available (for now)
- CE is rapidly being replaced by "educational" programs
- CE providers are struggling/working quickly to adapt
- HCPs are still uninformed as to why and how

---

So... Where Are We Now?

**Quick Recap**

**Learning Objective Two**
- Why? Regulatory scrutiny over off-label promotion disguised as continuing education (the perceived "safe harbor")
- Why? Legislative scrutiny over the influence of industry funding on product use, clinical guidelines, and increased fiscal spending
- Why? Recognition by accrediting bodies and providers of their responsibility to maintain full and total independence

---

Well, Not That Bad But...

- Expect CE programs to become:
  - More rigorous and "serious" education
  - Geared to topics of interest **specific** to the audience and not a sponsor
  - More expensive
    - Fewer grants to offset costs
    - A "pay for what you want/pay for what you need" approach

---

Well, Not That Bad But...

- **Expect To Step up to the Plate**
  - Our professional associations are threatened
  - Less "non dues revenue" from sponsorship
  - Greater reliance on individual pharmacists to contribute and share the cost
  - Critical to become active participants to protect the profession's mission
Yeah... What Else?

• Expect to Take a More Active Role
  – In your own education and development
    • Personal learning assessments
    • CPD (continuous professional development)
    • YOUR Return on Investment of time and money
  – Educating your colleagues and students
    • The “What/Why/How?”
    • Awareness of influence and the accompanying risks
    • Strong separation between formulary decisions and “who supports whom?”

Resources

• www.PharmEdOut.org
  – Links to grant and HCP payment disclosure
  – Managed by group of Georgetown University physicians (MD centric)
• www.nofreelunch.org
  – Take “the pledge”
  – Elevate awareness
• http://finance.senate.gov
  – Formal reports
  – Ongoing hearings and investigations

Close Out

• Questions?
• Frustrations?
• Uncertainties?
• Words of wisdom?