

VIEWPOINTS

The Next Big Challenge for Pharmacy Academia

Joseph T. DiPiro

Editor, *American Journal of Pharmaceutical Education*
South Carolina College of Pharmacy

The world of pharmacy has dramatically changed from the time that I graduated almost 30 years ago. In the 1970s, most of pharmacy was still low tech. We typed labels on a manual typewriter and recorded medication dispensed with pen and pencil. While a few clinical pharmacists were in practice, this new role was not a proven benefit and was considered a luxury that most institutions could not afford. The profession has evolved to the point where clinical or patient-oriented practice is present in most hospitals and clinics, and in many community pharmacy settings. The profession today is much different from 30 years ago and much of the credit should go to schools and colleges of pharmacy.

One of the greatest accomplishments of pharmacy academia of the past century was the development of clinical pharmacy practice through investment in faculty members who taught and practiced in clinical environments. While not the sole investor, academia of the 1970s and 1980s was the major investor in clinical pharmacy, from which grew pharmaceutical care, collaborative practices, and disease and medication therapy management. In the 1970s and 1980s many colleges hired clinical faculty members to develop innovative practices and teach students. As PharmD programs emerged, the numbers of clinical faculty grew. Today, pharmacy practice faculty members make up the largest segment of academia, representing over 40% of all pharmacy faculty members. The clinical roles seeded by academia have grown to become predominantly supported from outside of academia. The inspiration and motivation from that era prompted extension of patient-oriented practices into many health care settings.

Pharmacy academia can take a large share of credit for changing the profession of pharmacy and opening up new and challenging avenues to improve care while attracting some of the best minds to the profession. This accomplishment is all the more evident in hindsight. We have seen dozens of published reports documenting the positive effects of clinical or patient-oriented pharmacy services on health outcomes. Clinical pharmacy services developed in the United States have become models for the rest of the world.

From this experience we have learned something very important about academic pharmacy, that through our strategic decisions we can cause major and substantive changes in the profession that have profound impact on health care. We have solidified this direction by implementing the PharmD as the sole degree for entry into the profession. This along with residency training and board certification are establishing a cadre of professionals who are up to the challenge of dealing with the complex problems we face with medicines.

What will be pharmacy academia's next big challenge? For most of the past decade schools and colleges of pharmacy have been occupied with expansion of their programs, conversion to the PharmD as the first-professional degree, increasing class sizes, and creating satellite programs. At the same time, many colleges have put new resources into expanding research and this has paid off in increased NIH funding to colleges of pharmacy. As this phase of programmatic expansion levels off, we will find new avenues for our efforts and resources, and we should be convinced that the next investment can have a profound impact on the direction of practice in the years ahead.

Some of the potential directions that will compete for our attention include producing pharmacists who are recognized as experts in patient safety or pharmacogenomics. Can we create as many experts in these areas as we have done in the past for pharmacokinetics or drug information? Other potential directions are: establishing new practice models for community pharmacy and producing graduates who are effective in chronic disease management. Also, pharmacy academia is now debating the extent of support for residency training. Will a commitment to support residency training for all pharmacists providing direct patient care be our next big contribution to practice? I am not suggesting which of these areas should receive the primary attention or commitment of academia as all will continue to receive some attention. As we commit ourselves to one or more directions we should do so with the acknowledgment that the decisions we make in academia have had and will continue to have a major impact on the profession and on health care.