



## As Provider Status Looms, will PharmD Programs Lag Behind Regulation?

Fadi M. Alkhateeb\* and Lisa Albers\*

Department of Pharmacy Practice, Irma Lerma Rangel College of Pharmacy, Texas A&M Health Science Center MS 131, 1010 West Ave B, Kingsville, Texas 78363, USA

Anyone who reads the news and monitors the changes being made to the United States healthcare system will recognize that our system and our healthcare professions are rapidly evolving. Legislative proposals to expand the roles of pharmacists are gaining momentum, and will inevitably transform this profession.

California Senate Bill 493, for instance, authorizes pharmacists to administer vaccinations, provide patient assessments, order and interpret lab tests related to drug therapies, provide medication therapy management, and prescribe various medications [1]. This bill also authorizes the California State Board of Pharmacy to recognize advanced practice pharmacists to perform additional duties [1]. At the federal level, a bill to amend title XVIII of the Social Security Act, in which pharmacists would be granted provider status under the Medicare program, has received additional cosponsors and is gaining ground [2].

In anticipation of this legislative movement, corporations such as Walgreens are implementing new pharmacy designs in their stores, in which pharmacists are encouraged to take on new clinical roles in the retail setting. Walgreens pharmacists will begin practicing outside the pharmacy counter in order to facilitate more face-to-face interactions with patients [3].

In addition to the legislative movement to expand the clinical roles of pharmacists and grant provider status, the job outlook for physicians also necessitates the innovation of our profession. By the year 2020, the Association of American Medical Colleges predicts a physician shortage of 91,500, and a shortage of 130,600 by 2025.4 Although medical schools in the United States are expected to expand their enrollments to help offset this demand, federally funded medical residency training programs are already in short supply [4]. Ideally, the pharmacists of the future will help bridge these gaps, but will pharmacy education and training lag behind regulation? Assuming a modest increase in pharmaceutical consumption over the next several years, the supply of pharmacists is expected to exceed demand (305,000 versus 289,000, respectively, by the year 2020) [5]. Given the projected physician shortage and surplus of pharmacists, it seems plausible that the authority granted to pharmacists will become more liberal.

However, questions remain about whether new pharmacists will be prepared for this transfer of responsibilities.

Could the expansion of dual degree programs allowing pharmacy students to also become certified physician assistants be the answer? In the United States, there are merely two universities offering such dual degree programs. These programs, offered by the University of Kentucky and University of Washington, essentially add one year of physician assistant didactic learning to the PharmD curriculum [6]. Also, during clinical rotations, the dual degree student's preceptors consist of both a PharmD and an MD or PA [7].

The University of Washington has graduated less than ten students from its dual degree program, and most of them practice as pharmacists rather than physician assistants [8]. Thus, there does not yet seem to be a clear career path for these graduates, but will they be ahead of the curve in the near future given their knowledge of patient assessment and diagnosis? Based on the length of PharmD programs, pharmacy schools should act quickly to prepare their students to work as advanced practitioners in the very near future. Perhaps dual degree programs are the answer and will soon become the standard rather than the exception.

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\*Corresponding author: Fadi M. Alkhateeb, Department of Pharmacy Practice, Irma Lerma Rangel College of Pharmacy, Texas A&M Health Science Center, MS 131, 1010 West Ave B, Kingsville, Texas 78363, USA, Tel: 361.221.0608; E-mail: [alkhateeb@pharmacy.tamhsc.edu](mailto:alkhateeb@pharmacy.tamhsc.edu)

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