LETTERS

Combined Doctor of Pharmacy/Physician Assistant Practitioner

Dear Sir:

As the profession struggles to construct a new identity in the evolving face of healthcare, many visions of future pharmacy practice have emerged. Leaders within the profession must continue to explore options that effectively expand pharmacy’s contribution to a new health care delivery system. One controversial proposal which merits serious consideration introduces the concept of merging the doctor of pharmacy (PharmD) degree with physician assistant (PA) certification (1).

Since its inception, the physician assistant profession has had tremendous growth. In 1994, the American College of Physicians (ACP) extended support for PAs, stating that they will have key complimentary roles in meeting the nation’s primary care demands (2). Recognizing that pharmacists continue to be underutilized in almost every aspect of patient care, it has been postulated that a combined doctor of PharmD/PA practitioner would serve as a credible means of expanding pharmacists effective contribution to health care (1). Supporters contend that as pharmaceutical care has moved the profession forward, the changes in healthcare continue to outpace the evolution of pharmacy practice. Central to this lack of progress is the concept that the profession continues to rely upon old models to define a new future.

Any combination of the two disciplines must focus on their striking educational similarities. If a merger is to occur, institutions that offer both the doctor of pharmacy degree and physician assistant credentials must serve as the impetus for such a combined program. Any changes made to existing curricula would have to satisfy the requirements of both pharmacy and PA accrediting bodies (1). Another potential avenue for merger would be the possibility of modifying or creating new residency programs that would satisfy the requirements of PA curricula not currently met within the doctor of pharmacy curricula. A final option which has always existed is for the practitioner to obtain PA certification through traditional postgraduate study.

Barriers to this concept exist. Pharmacy is currently in the process of expanding the entry level curriculum from a five year program to a six year program with a changing emphasis on critical thinking skills and clinical problem solving. The idea of more expansion would likely meet with a great deal of resistance if certification is not designed to be an elective option. Increased cost is a major and unavoidable burden to any merger proposal. From a philosophical standpoint, this proposal would likely meet with a great deal of opposition from both pharmacy and physician assistants. A merged PharmD/PA may be perceived not as a partner in healthcare but as an aide or deputy, compromising the doctor of pharmacy’s original intent and autonomy.

Prior to implementing far-reaching strategies to alter pharmacy practice, one should assess why deficiencies exist. The question of why a PharmD may not be able to make an effective contribution with his/her current level of education must be answered. As healthcare continues to evolve, all practitioners will find it increasingly necessary to legitimize their respective roles in the system. It remains paramount that the profession continues to explore options to effectively increase its contribution to patient care. It may become necessary to explore new models of practice which allow greater growth (2). In order to define a vision of practice which is firmly rooted in the pharmacist’s best interest, we must continue to critically evaluate all proposals with open minds that acknowledge impending change. In doing so, we must not lose sight of and compromise the original mission of pharmacy.

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References