

Marshall University School of Pharmacy White Paper

The Marshall University School of Pharmacy builds upon the distinguished and well-established resources that comprise the Marshall University Joan C. Edwards School of Medicine, the College of Health Professions, and the Forensic Science program. With this resource base and a strong cadre of health sciences faculty already at Marshall University, these foundations provide distinct advantages for the development of a public School of Pharmacy that will produce well-prepared pharmacists for the field's evolving role in the patient care continuum.

The vast and integrated ambulatory and inpatient care facilities available to the Marshall University School of Pharmacy – including a long-standing partnership with the Huntington Veteran's Administration Medical Center – provide ample experiential clinical training opportunities. In the region this advantage is distinctive to Marshall University which, since the founding of its medical school in 1977, has had a unique and successful partnership with the Veteran's Administration healthcare system.

The Marshall University School of Pharmacy will provide first-rate educational opportunities for future pharmacists through a full range of academic, clinical, and research experiences. Faculty collaborations and professional development opportunities with other schools and colleges that share a commitment to the benefit of the profession and the training of pharmacists will be fundamental to this outcome. To initiate these collaborations the Committee on Interprofessional Education was formed, which is comprised of representatives from the Marshall University School of Pharmacy, the Joan C. Edwards School of Medicine, and the Marshall University College of Health Professions.

The Marshall University School of Pharmacy is dedicated to creating postgraduate training opportunities for practicing pharmacists. The synergy that will exist between the School of Medicine and the School of Pharmacy offers tremendous operational, economic, and social benefits for the people of West Virginia and the entire Appalachian region. Although each school will operate independently under the leadership of its respective dean, the efficiencies associated with leveraging existing facilities and resources is highly advantageous to Marshall University.

Based on recent studies of the economic impact of higher education institutions in West Virginia, the Marshall University School of Pharmacy is expected to generate more than \$150 million in regional economic impact. Marshall's record of success in bioscience research will present new opportunities for funding and powerful private sector partnerships with pharmaceutical and therapeutics companies, adding to their economic impact.

This economic growth will be in addition to the Marshall University School of Pharmacy's role in filling the significant shortage of pharmacists in the state. As of June 2011, West Virginia ranks fourth in the nation in unmet demand for pharmacists. Overall, nearly half of the U. S. population resides in states in which filling vacant pharmacist positions was at least moderately difficult. This situation will be exacerbated as the nation's, and certainly West Virginia's, population ages. More pharmacists will be needed as the role of pharmacists expands and evolves into physician's offices, outpatient care centers, nursing homes, and rural health clinics.

This synopsis would be remiss without reference to the recent discussion paper issued jointly by the American Pharmacists Association and the American Society of Health-System Pharmacists, which points to four principal concerns:

These concerns are as follows:

- The potential challenges created with respect to the supply of pharmacists versus future demand;
- An ongoing shortage of pharmacy faculty;
- The impact of experiential rotation sites; and
- The evolution of the profession toward direct, team-based patient care and the misalignment in terms of the capacity of some schools to meet this objective (e. g., provision of postgraduate resident training for pharmacists).

The concerns expressed in this discussion paper center broadly on quality issues in professional pharmacy education, including the extremely limited inherent capacity for clinical training contributed by some schools. The almost complete dependency of some schools on previously unaffiliated external clinical sites to deliver introductory and advanced practice experiences has been a major contributing factor to the decline in the availability of quality experiential rotation sites.

These institutions, which have a limited-to-nonexistent capacity for graduate biomedical and clinical professional education, often depend upon previously unaffiliated sites; preceptor professional development; and training performed by other, more experienced organizations. Moreover, they are unlikely to contribute to efforts to relieve the shortage of pharmacy faculty. Key to these efforts are adding teaching opportunities within residency and fellowship programs, and creating educational tracks that foster interest among student pharmacists and new practitioners in career opportunities in academic pharmacy.

The Marshall University School of Pharmacy presents a remarkably different, highly advantageous platform to address each of these areas of concern. Marshall University's experienced scientific, biomedical, and clinical faculty and staff; its modern physical

facilities; and its diverse, well-established network of clinical outpatient and inpatient experiential sites present an uncommon array of strengths.

As pharmacy science and practice evolve toward producing direct patient care providers, the Marshall University School of Pharmacy has the capacity to meet the demand for greater emphasis on integrated team-based patient care in concert with the School of Medicine and the University's College of Health Professions (See Appendix). A mutually advantageous capacity already exists to engage student pharmacists in training that involves communication and collaboration with other healthcare providers (physicians, nurses, dietitians, etc.) in direct patient care through a team approach that optimizes patient outcomes and treatment. In this model, student pharmacists are introduced to team-based patient care throughout their education, fostering the development of these skills. This team-based approach is a central tenet of national healthcare reform.

The employment outlook for pharmacists is quite favorable as summarized below:

- Employment of pharmacists is expected to increase faster than average throughout the next decade. The predicted growth rate of 17 percent is faster than the average for all occupations. (Source: U.S. Department of Labor, Bureau of Labor Statistics).
- According to August 2011 figures, West Virginia ranks fourth in unmet demand for pharmacists. (Source: Pharmacy Manpower Project).
- Overall 33% of the U.S. population resides in states in which filling open pharmacist positions was at least moderately difficult as of August 2011 (Source: Pharmacy Manpower Project).
- A combination of factors will continue to spur demand for pharmacists, including an expanding job market, the need to replace workers who leave the profession due to retirement or other lifestyle considerations, the increasing number of middle-aged and elderly people, a growing trend toward part-time work preferences, and the expansion of the frontline patient practice and counseling roles for pharmacists. As a result, job prospects for pharmacists are projected to be excellent.
- Pharmacists are also becoming more involved in direct patient care. As prescription drugs become more complex and as the number of people taking multiple medications increases, the potential for dangerous drug interactions will grow. Pharmacists will be needed to counsel patients on proper medicine use, assist in drug selection and dosage, and monitor complex drug regimens. This need will lead to rapid growth for pharmacists in medical care establishments such as doctors' offices, outpatient care centers, nursing care facilities, and rural health clinics and care centers.

Ultimately, the expansion of the state's intellectual capital through the establishment of the Marshall University School of Pharmacy provides immeasurable community, social, and economic benefits. The production of more highly educated citizens whose contributions extend well beyond their profession, the state, and the nation should not be underestimated. The career opportunities for pharmacy graduates extend well beyond dispensing pharmaceutical products. They encompass a broad spectrum of careers in research, clinical, business/corporate, industrial, community, and not-for-profit agency settings. Populating our workforce with highly educated citizens who can contribute to the growth and development of these enterprises is an established and incumbent responsibility of higher education.

Just as Marshall University has done, the Marshall University School of Pharmacy is committed to fulfilling the promise of a better future and improving the quality of life for the people we serve locally, nationally, and internationally.

Statement of Accreditation

Marshall University's Doctor of Pharmacy program has applied for accreditation status by the Accreditation Council for Pharmacy Education (ACPE). For an explanation of the ACPE accreditation process, consult the Office of the Dean or ACPE (www.acpe-accredit.org; 135 S. LaSalle Street Suite 4100 Chicago, IL 60603; PHONE 312- 664-3575; FAX 312- 664-4652).