Special Series

Pharmacy Law Pursuits

Note: The following article is the first in a special series written by ASPL members about job opportunities for those in the "pharmacy law" field. If you would like to write an article for this series about your particular "pharmacy law pursuit," please contact Kim Keller Reid at kkellerreid@comcast.net.

Pharmacy-Law Pursuits: Opportunities for Teaching in Colleges of Pharmacy

Joseph L. Fink III, B.S. Pharm, J.D.
University of Kentucky

Having recently had opportunities to speak with several pharmacist-laywers about the possibility of getting into teaching pharmacy students, I have had occasion to give some thought to issues associated with this. The time is certainly right to think about these opportunities given the tremendous expansion in the number of pharmacy schools in the U.S. For years and years there were 72 colleges of pharmacy in the U.S.; that number is now rapidly approaching 100.

The principal medium for announcing pharmacy faculty openings in the U.S. is the monthly newsletter of the American Association of Colleges of Pharmacy, AACP News. Although each issue seems to bear more advertisements than appeared in preceding issues, it is relatively unusual to see one specifically seeking someone to teach the pharmacy law course. In my view this is so for several reasons:

1) Deans can often find a local lawyer to cover the one class in the curriculum that addresses these topics;
2) Local lawyers will sometimes do it for free or at a reduced rate as a practice development initiative;
3) Deans may tend to view law instructors as having a narrow focus and therefore, having a limited ability to contribute in a variety of ways to college objectives;
4) Unfortunately, some lawyers who aspire to academic positions think the same way as in [3], not realizing the myriad of things professors get involved with as part of the faculty role;

Featured Case

Horton v. Evans and Lloyds Pharmacy Ltd
Submitted by Dr. Gordon Appelbe
Independent Pharmaceutical/Legal Consultant of London
Member of ASPL

Cathy Horton, an American attorney and reverend lady, had been on regular treatment with dexamethasone tablets 0.5 mg., one daily, since 1982. In July 2001 she was returning to the United States and had requested a prescription from her private doctor in London, Dr. Evans, for dexamethasone tablets. Dr. Evans supplied a prescription that called for dexamethasone tablets 4 mg. – 28 days but gave no indication of dose.

Mrs. Horton had received seven earlier supplies of these tablets from the same pharmacy over the previous fifteen months and all the supplies on the patient medication records had been recorded as “Dexamethasone 0.5 mg–60 one to be taken daily.”

In July 2001 the prescription was received by a branch of Lloyds Pharmacies where the pharmacist, Mr. G, admitted that he had noticed the strength prescribed was eight times that prescribed in the past. He had checked in the British National Formulary (BNF), found that the dose was within the therapeutic dose range of 0.5 – 10 mg, and saw no reason to question the accuracy of the prescription. With that knowledge he had dispensed it strictly within its terms. However, as only 0.5 mg and 2 mg tablets were available in the United Kingdom, Mr. G dispensed double the quantity of the 2 mg strength. The label was automatically produced by the computer system and would have recorded the name, Continued on page 7

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Phone: 217-529-6948 - Fax: 217-529-9120
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5) For some deans this is a five-refills-in-six-months course that anyone can teach. While no dean would hire someone with a PhD in, say, pharmacology to teach the pharmaceutics courses, the same hesitancy does not seem to apply with pharmacy law course work.

6) I suspect some deans avoid having a lawyer on the faculty because they view lawyers as trouble-makers or feel threatened by them in other ways. (Take it from one who has dealt with numerous deans from many colleges across campus from the perspective of a variety of university administrative roles over the years – deans, like other academic administrators, don’t like to be told they cannot or should not do something by anyone, especially lawyers.)

Given the nature of higher education these days, the pharmacist-lawyer who aspires to a faculty position will be well served by giving some thought to the various places in the curriculum he or she could contribute. The course work focused on professional ethics is one of the more obvious opportunities, if that is not integrated into a single course with the legal topics. And some of those possibilities may be outside the college of pharmacy. For example, the author has taught a health law course to Master of Health Administration (MHA) degree students for twenty years in an academic unit separate from the College of Pharmacy. Within the college of pharmacy, I have covered pharmacy and the health care system topics and issues for nearly thirty years.

It may be helpful to think of a hierarchy of legal topics of relevance to pharmacy and pharmacy students along these lines:

- Legal issues focused on dispensing and professional regulation
- Professional issues of broader concern within pharmacy
- Legal issues related to business operations
- Legal issues affecting the health care context of the profession

It may also be helpful to give some thought to that portion of the PharmD program accreditation standards addressing legal and ethical topics. (See Accreditation Standards Guidelines on page 6)

One development that may bode well for increasing involvement of pharmacist-lawyers in academic roles is the tendency of some traditional pharmacy administration graduate programs to change to emphasize pharmaceutical policy. And in the area of public policy what is more compelling than the law, perhaps the ultimate embodiment of public policy? While many of these programs will have a quantitative and program analysis or evaluation bent, there still will need to be a solid understanding of the law and public policy formation processes.

Given that the PhD degree has long been the standard for faculty hiring, it may be that specifying a JD in the wording of an advertisement simply may never occur to a dean or a search committee drafting the position description or advertisement. For this reason searching out advertisements tied to “pharmacy administration” or the more contemporary designation “social and administrative pharmacy” may prove worthwhile. My encouragement would be not to be myopic when pursuing these opportunities, don’t put on professional blinders. To borrow an approach from Johnnie Cochran, “If they didn’t specify, go ahead and apply.”

For a very good discussion of some of the in’s and out’s of academic pharmacy see the PowerPoint presentation by Fassett and Ginsburg, “Legal Issues of Precepting,” presented at the 2006 APhA Annual Meeting. A copy is available by request from Dr. William Fassett at Washington State University, using fassett@wsu.edu. It may be also a good idea to visit with a professor or two to gain insights about how they spend their time. My impression is that students sometimes view their class time with an instructor as being fully representative of all that person’s role entails, where as reality frequently is that what an instructor covers in class has little relationship to his or her contemporary scholarly issues under investigation.

Having its roots in medieval monasteries with monks, the professoriate may not be a financially lucrative as other legal pursuits, but there are other rewards. Working with aspiring pharmacists who have many and highly varied career options before them on a professional smorgasbord can be a delight. Further, sharing insights about our system of justice and its operation is always enjoyable.

The author invites comments and questions at jfinke@uly.edu.

Please see Addendum on page 6.
Addendum to “Pharmacy Law Pursuits” Article

ACCREDITATION STANDARDS AND GUIDELINES FOR THE PROFESSIONAL PROGRAM IN PHARMACY LEADING TO THE DOCTOR OF PHARMACY DEGREE


(Underlining emphasis added for this Rx Ipsa Loquitur piece)

Standard No. 12: Professional Competencies and Outcome Expectations
Professional pharmacist competencies that must be achieved by graduates through the professional degree program curriculum are the ability to:

1. Provide patient care in cooperation with patients, prescribers, and other members of an inter-professional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences that may impact therapeutic outcomes.

Future Vision of Pharmacy Practice
Vision Statement
Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

Pharmacy Practice in 2015

The Foundations of Pharmacy Practice. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy, to manage health care system resources to improve therapeutic outcomes, and to promote health improvement, wellness, and disease prevention. Pharmacists will develop and maintain:

- a commitment to care for, and care about, patients
- an in-depth knowledge of medications and the biomedical, socio-behavioral, and clinical sciences
- the ability to apply evidence-based therapeutic principles and guidelines, evolving sciences and emerging technologies, and relevant legal, ethical, social, cultural, economic, and professional issues to contemporary pharmacy practice

Appendix B - Additional Guidance on the Science Foundation for the Curriculum

Social/Behavioral/Administrative Pharmacy Sciences

Pharmacy Law and Regulatory Affairs
- legal basis of pharmacy practice
- pharmacist’s responsibilities and limits under the law
- pharmacist’s role in reducing liability by reducing drug-related misadventure
- civil versus criminal liability
- business contract law

Appendix C - Additional Guidance on Pharmacy Practice Experiences

Advanced Pharmacy Practice Experiences
Most of the time assigned for students in advanced pharmacy practice experiences should involve direct patient care. Direct patient care experiences should be of sufficient length to provide both continuity of patient care and an opportunity for the student to practice the competencies associated with that practice setting. The series of required and elective experiences should be coordinated to achieve, in composite, the experiential whole of the advanced pharmacy practice experiences. Where possible, practice experiences should be offered in academic health centers to provide students with the opportunity to encounter and participate in innovative health care delivery and treatment.

Colleges and schools are encouraged to identify or develop advanced pharmacy practice experiences that consistently allow students to perform activities that build upon those activities listed for the introductory pharmacy practice experiences. In general and where legally permitted, activities in which students should participate during required advanced pharmacy practice experiences include, but are not limited to:

- participating in discussions and assignments regarding compliance with accreditation, legal, regulatory/legislative, and safety requirements
- participating in discussions and assignments regarding the drug approval process and the role of key organizations in public safety and standards setting
- participating in discussions and assignments concerning key health care policy matters that may affect pharmacy

To view the Standards and Guidelines in full go to http://www.acpe-accredit.org/standards/default.asp.