

June 10, 2015

Jennie C. Hunter-Cevera, Ph.D.  
Acting Secretary of Higher Education  
Maryland Higher Education Commission  
6 N. Liberty Street 10th Floor  
Baltimore, MD 21201

**Re: Reject/Deny Lake Erie College of Osteopathic Medicine (LECOM) Program Proposal**

Dear Dr. Hunter-Cevera:

The University of Maryland School of Pharmacy (UM SOP) urges the Maryland Higher Education Commission (MHEC) to **reject/deny** Lake Erie College of Osteopathic Medicine's (LECOM) initial application to operate in Maryland as an Out-of-State (OOS) degree-granting institution. Consistent with Education Article §11-206.1 of the Annotated Code of Maryland and the Code of Maryland Regulations 13B.02.03.27, UM SOP strongly objects based on unreasonable program duplication which would cause demonstrable harm. This objection is supported by the following detailed and specific information and data.

1. **LECOM's data is misleading on the need for more pharmacists, particularly in the small state of Maryland.** Their assertion of the US Bureau of Labor Statistics (BLS) data that national employment of pharmacists is projected to grow 14% from 2012 to 2022 does not support a need to increase the number of pharmacists within the state of Maryland. In fact, according to the Pharmacy Manpower Project <http://pharmacymanpower.com/>, demand for licensed pharmacists is lower in the state of Maryland (3.17 on a scale of 1-5, where 1= high surplus and 5= high demand) than the national average (3.55 in March 2015).

LECOM's reference to DHMH's Maryland Occupational Projections of 1,868 pharmacist openings between 2012 and 2022 is also misleading, since it is clear that 1,312 of those openings will be replacements and only the balance of 556 will be new pharmacist positions within that 10-year period, or an average of 5-6 new positions per year statewide. Note that this increase is actually more than double the national employment growth prediction of 14% from BLS that LECOM is quoting above, but the actual headcount is few.

US Census data estimates the 2014 population in Maryland at less than 6 million, while Pennsylvania and Florida (the states where LECOM operates) are over 32 ½ million people combined. <http://www.census.gov/popest/data/state/totals/2014/index.html> In addition, data from BLS indicate that Florida employs over 20,000 pharmacists and Pennsylvania more than 12,400, while the tiny state of Maryland employs 5,510 (self-employed pharmacists are not included in the data). <http://www.bls.gov/oes/current/oes291051.htm>

2. **Additional strain on existing resources in the state is unreasonably burdensome and is likely to jeopardize our program accreditation.** Experiential rotations make up approximately one-third of the PharmD curriculum (meaning each student spends at least a full year in on-site training outside the classroom to become competent entry-level pharmacy practitioners). The vast majority of preceptors are working pharmacists who serve as volunteer educators to provide individualized instruction, guidance, supervision, and assessment. Schools are completely dependent on their goodwill and sense of professional obligation to provide these training experiences for our students.

Five years ago MHEC tripled the number of pharmacy schools operating in the state by approving the creation of two additional Maryland schools of pharmacy (one private and one part of the state university system), and the number of pharmacy students graduating in Maryland exploded from 121 in 2009 to 269 in 2014. While the need for preceptors literally doubled in this timeframe, the total number of pharmacists in the state only marginally increased.

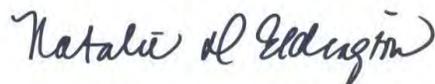
Our professional program accreditation standards expressly forbid us from increasing the number of students training under each preceptor (we may not exceed a 3 to 1 student-preceptor ratio for introductory experiences and 2 to 1 for advanced experiences), so schools of pharmacy in the region had to form a collaborative to sync rotation calendars and simplify student evaluation forms to try to ease the administrative encumbrance on the preceptors. Some schools had to make curricular changes and gain faculty approval to conform to the plan, so serious was the need to ease this burden.

Note that LECOM's Doctor of Pharmacy program has a total student enrollment of 969 (Fall 2014). Having so many more students completing pharmacy practice experiences in Maryland will cause immeasurable harm within our small state, and the very real potential of endangering the accreditation status of all three of the state's schools of pharmacy.

3. **LECOM's application is not timely.** According to MHEC's rules, the OOS Initial Application is required to be submitted at least five months' prior to the proposed start date. LECOM's proposed start date is vaguely "Academic Year 2015-2016." In all PharmD programs, experiential training takes place in the summer as well as throughout the fall and spring of the traditional academic year. Their website indicates that advanced rotations began on June 2. Therefore, it is a reasonable possibility that LECOM may already be operating in Maryland without MHEC permission. Even if it is not currently doing so, should MHEC believe it is reasonable to grant approval for this application despite the serious objections articulated above, a mere 2-month notice is too short of a timeframe to allow for UM SOP to mitigate the extreme impact on availability of experiential preceptors to train Maryland pharmacy students in the upcoming academic year.

Thank you for the opportunity to comment on LECOM's program proposal. I urge you to reject their request for approval.

Sincerely,



Natalie D. Eddington, PhD, FAAPS, FCP  
Dean and Professor, School of Pharmacy  
Executive Director, University Regional Partnerships