1 Pharmacy's professional imperative

Distinguishing between pharmacy providers and practitioners

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Pharmacy is often painted with a brush so broad that important distinctions in the field are lost. In particular, the difference between pharmacy providers and pharmacy practitioners is often obscured. This lack of discrimination impedes the advancement of pharmacy practice.

For purposes of this discussion, *pharmacy providers* are defined as the owners of businesses or facilities that provide prescription medications to the public. *Pharmacy practitioners* are licensed pharmacists who provide medication-related services to individuals. Most pharmacy practitioners today are employees of pharmacy providers.

Pharmacy providers are a diverse group, including *for-profit corporations* (e.g., chain drugstores, prescription mail-order companies, investor-owned hospitals), *private businesses* (e.g., community pharmacies owned by practicing pharmacists), *nonprofit organizations* (e.g., community hospitals, public health clinics), and *government* (e.g., state health care facilities, the Department of Veterans Affairs). The world's largest drug manufacturer (Merck) is now a major pharmacy provider by virtue of its acquisition of a pharmacy benefit management firm that is also the nation's biggest mail-order pharmacy (Medco).

Since most pharmaceuticals are distributed to ambulatory patients, the providers who serve that market are in the public eye more than the others. Further, because prescription dispensing is the core business of chain drugstores and independent community pharmacies, they tend to be more aggressive than other pharmacy providers in protecting their interests.

The pharmacy practitioner is the atom — the irreducible constituent — of the profession of pharmacy. If it were not for the personal health care service that individual pharmacists provide to individual clients, pharmacy would be merely an area of knowledge and an array of technical functions in the sequence

of steps from drug discovery to drug consumption. It is pharmacy practitioners who have made personal commitments to attain and maintain the knowledge required to help people with their medication-related needs. It is pharmacy practitioners who have internalized the ethical standards of pharmacy. The core values of the profession, as well as the yearning for continued improvement of the profession, reside in the hearts of practitioners, not in the policies and procedures of providers.

Two circumstances sometimes confuse the distinction between providers and practitioners: Some pharmacists are both (i.e., those who own and operate community pharmacies), and many top managers of corporate providers are pharmacists. But this should not be allowed to cloud the fact that the interests of providers and practitioners are separable. Sometimes those interests are aligned, other times they are opposed.

Application of the framework discussed here is essential for accurate analysis of controversies in pharmacy. A partial list of issues that would profit from examination through this lens includes the implementation of pharmaceutical care, work-force planning, pharmacy technicians, patient counseling, entry-level education, and priorities in health care reform.

Consider the case of pharmaceutical care. Many practitioners have concluded that their future lies in taking responsibility for helping people make the best use of medications. But the structure of most practice settings presents huge barriers to movement in this direction. Without an alliance between practitioners and providers, it will be difficult or impossible to lower those barriers. Such an alliance can best be built by helping providers discover how their interests will be served by a transformation in the pharmacist's role. So far, the leaders of pharmaceutical care have given insufficient attention to this tactic.

The provider–practitioner framework is also useful in weighing arguments on certain issues. For example, in the debate on entry-level education, whose perspectives should be given greater value — those of the provider or those of the practitioner who has a social contract to meet the needs of patients? If providers' views are considered relevant, then should not the opinions of the full range of providers be sought, not just those of the chain store industry? Sometimes there is great power in simply exposing a provider assertion for what it is and not allowing it to be mischaracterized as a contention of practitioners.

Practitioner organizations must be forceful in differentiating themselves from provider groups in their communications with those outside of pharmacy, including legislators. Opportunities for advancement of the profession have been missed because lawmakers assumed that the provider perspective was all that mattered. This well-entrenched assumption on Capitol Hill and in statehouses will take time to change, but change it we must.

Unfortunately, practitioners often are blind to the facts that they have a unique responsibility to the public, and that they cannot rely on providers to champion their cause. The first step in reversing this pattern is for practitioners and their professional societies to pursue a deeper understanding of the conflicting moti-