

# The Pharm.D. debate



## STRATEGIC CHOICES

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Much well-deserved attention has been focused on the recent statement of support for the entry-level Pharm.D. degree issued jointly by the nation's three largest pharmacy practitioner organizations.<sup>1</sup> The agreement of ASHP, APhA, and NARD on this issue is indeed of historic dimensions. However, we should not lose sight of the fact that uniform educational requirements are less important as an end in themselves than as a tactic in a broader strategy to align the profession with the current and future health needs of the public.

The joint statement is consistent with the view that pharmacists must position themselves to help people make the best use of medications. This does not mean that pharmacists will abandon their prescription dispensing and drug distribution traditions. It does suggest, however, that over time pharmacists in all practice settings will devote more effort to functions that are designed to foster appropriate use of medications, and that they will assume growing responsibility for the outcome of medication therapy.

The truth is that if pharmacists want their profession to survive, they have few if any alternatives in the matter. There is pressure in the marketplace to find more efficient ways to put prescription drug products in the hands of consumers. This pressure will grow through an array of developments, including more unit-of-use packaging of prescription medications by manufacturers, more ready-to-use products for the institutional setting, growth in alternate methods of delivering prescription medications to ambulatory patients, and greater use of well-qualified pharmacy technicians. Pharmacy practice in all settings must create value-added services that transcend the packaging, labeling, and delivering of medications to the patient.

Institutional practice has many lessons to offer pharmacy at large in this regard. If pharmacy departments in today's bottom-line-oriented hospitals were perceived as simply handlers of products, they might be pressed to fire most of

their pharmacists and merge with materials management or central supply. However, hospital upper management sees the pharmacy department as essential to helping the institution achieve its goals in terms of rational drug-use policy; safe, effective, and cost-conscious use of medications in individual patients; and continuous improvement in the quality of medication therapy.

Community pharmacy practice has not been conceptualized in these terms because, historically, it served private-pay consumers who received their prescriptions from an array of private office-based physicians. But with the upsurge in third-party coverage of prescriptions and with the ascendancy of health-care systems for the provision of employer-funded health benefits, the economic equation in drugstores could become similar to that in institutions. This will happen, however, only if pharmacists in those settings show that they are prepared to offer valuable services beyond prescription dispensing.

Fortunately, pharmacy's survival imperative coincides well with an important societal imperative. Medication use is risky, and it will become even more so with many future drug products. If society is to achieve optimum use of medications, it must have a health profession that is devoted to that purpose. And pharmacy must adopt that purpose as its charter.

In addition to upgrading educational requirements, tactics to realign the profession include the following: fostering appropriate self-development of current practitioners, diversifying the base of economic support for ambulatory-care pharmacy practice, guiding the development of a well-trained corps of pharmacy technicians, and fostering greater public expectations of the pharmacist. Parallel with these efforts, more attention should be focused on documenting problems that people have with the use of medications and demonstrating how pharmacists can help reduce the incidence, severity, and cost of those problems.

The chain drugstore industry has chosen to oppose the profession's move toward uniform entry-level education. Individual chain corporations and their trade association have committed millions of dollars to the fight. They have chosen to equate the issue with longer pharmacy education, and to equate that, in turn, with a reduced supply of new pharmacists. This, the chains believe, will exacerbate their difficulty in recruiting and retaining pharmacists in numbers sufficient for achieving their business plans. Unfortunately, within individual chain store corporations, pharmacist practitioners have not had a collective professional voice to help put these business objectives in better perspective. Corporate interests have successfully co-opted professional values.

It is not clear what the result will be of this conflict between the chains and the profession. One may hope that the leadership in the chain drugstore industry will read at least the first sentence of the new joint statement:

*The lingering issue of the entry-level degree for practicing pharmacists must be resolved expeditiously so that our profession can concentrate its full energies on serving the pharmaceutical care needs of the American people.*