

# Pharmacy organizations



## THE FOUNDATION FOR ORGANIZATIONAL UNITY

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On the speech-making circuit and in the pages of trade publications, it is common today to hear or read appeals for the merger of pharmacy organizations. Some of these entreaties have called for ASHP and APhA to combine; others have called for a general merger of organizations in the field.<sup>a</sup> Although the proselytizing has been superficial, its persistence begs for an analytical look at the idea. In particular, the following questions merit attention:

- Why do so many pharmacy organizations exist?
- Why is there so much merger talk right now?
- Would it be desirable to have organizational unity in pharmacy?
- If so, what would be the best way of achieving that goal?

To a large extent, the answer to the initial question lies in the distinction between pharmacy practitioners and pharmacy providers (owners of the businesses or facilities that offer pharmacy services). Practitioners and providers have different interests and, quite naturally, require different representation. Another part of the answer lies in the distinct subcultures of pharmacy — i.e., the unique sets of customs, values, beliefs, and behaviors associated with particular sectors of the profession. The individuals in a culturally distinct area gravitate naturally toward each other, and, when their numbers and issues reach a certain magnitude, they create an organization. This is simply a characteristic of human society and is not unique to pharmacy.

Attraction to the dream of one grand organization for the profession seems to be wound tightly into the genetic code of pharmacists. I remember my professors pining for the notion three decades ago. Unity has often been a theme of leaders of APhA, which was the only national pharmacy organization in the country for a period during the nineteenth century.

Ostensibly, the merger issue has come to the fore again because of threats to the profession. If pharmacy groups merged, it is argued, the resulting body would have more resources to invest in a cohesive agenda of public relations, legislative and regulatory advocacy, and professional development. This advantage would be compounded by the elimination of duplication among groups. These are classical arguments that have been articulated many times before. Other factors in the current iteration of the motif include the vast consolidation among health care providers and the pharmaceutical industry, the retirement of strong association executives such as Joseph Oddis of ASHP and Charles West of NARD, and the style of some leaders who favor dramatic, sweeping plays on a large stage.

While the reasons for seeking consolidation of pharmacy organizations may sound good in theory, the lessons of history cannot be ignored. Those lessons teach that cooperation of any type requires mutual trust and goodwill. If one assumes for the sake of discussion that this test is met, the next question is, Do the groups have sufficient shared interests and vision to sustain a successful union? Further, Do the advantages of an alliance from all perspectives sufficiently outweigh the sacrifices that would be required to make it work?

When pharmacy organizations last pursued these questions seriously some 20 years ago, they encountered many obstacles that probably have not diminished over time. Nevertheless, the groups decided to create an informal federation that would bring their officials together for quarterly meetings. That venture — the Joint Commission of Pharmacy Practitioners (JCPP) — still exists and has been a successful model for parallel efforts in several states. JCPP has always been a friendly forum for candid discussions, and sometimes it has been a useful vehicle for joint action, such as in resisting federal encroachment upon pharmacy practice. It has also provided a no-fault environment for acknowledging irresolvable differences.

It takes much more than idle talk to bring about the merger of organizations. One critical prerequisite may well be a track record of constructive cooperation on subjects of mutual importance. A characteristic of organizational pharmacy in recent times has been the sincere attempts to work together through coalitions or federations such as JCPP.

Based on my observations of many coalitions over the years, I believe there are two key principles for success, both derived from the axiom, Treat everyone as an equal:

1. Include everyone upfront in planning for an initiative; it is often difficult for groups to buy into plans that have been developed without them.
2. Give credit to the coalition, not to any one of its constituents.

The extent to which these tenets are heeded has varied greatly over time; recently, performance has often been somewhere on the lower half of the scale. It takes the hubris of only one player to spoil the spirit of a team.