

Optimizing the contributions of technicians in pharmacy practice—moving the pharmacy profession forward

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I have spent my career at the intersection of the professional and public policy highways—occasionally driving a car, occasionally trying to cross the street, and occasionally watching the traffic as well as witnessing a few fender benders.

What I would like you to do is draw 3 intersections. The first is a classic four-way intersection with stop signs. The second is a roundabout with yield signs. The third is a merge ramp onto a highway with the merge lane having 4 roads merging into 1 before it enters the highway.

Evolution of professional aspirations

The 3 types of intersections describe the evolution of the profession's policy development during the course of my professional life. I note that the final intersection is my view of our path forward to achieving our professional aspirations.

Before I continue it is essential that I describe my construct of the profession of pharmacy. The profession

of pharmacy is not tied to a building or a practice site, nor is it just about pharmacists. Pharmacy technicians are critical participants in the profession of pharmacy and, as such, must be considered whenever we discuss our path forward. We did not build the profession by ourselves, and we certainly will not advance it alone.

Now back to our intersections. The first four-way stop intersection is where I entered the profession. It divided itself into paths forward based on where pharmacists practice. I believe that this division has been responsible for much of the inability of the profession to advance. This classic intersection has created confusion, because no one really knows how to drive through these intersections. Someone waves another to proceed, and he or she demurs; then 2 cars start at the same time and chaos ensues. The view on the sidewalk by the public and public policymakers is that the profession cannot get its act together. Occasionally there is an accident, and it takes quite some time to clean up the mess. The key message is that it is not where we practice but how we practice and what we deliver to the public that are significant. I have watched the successes of nursing with the legislatures of many jurisdictions, due in part to the fact that nurses are visible and united in the path forward for everyone within their profession. We know that though the types of nurses differ—licensed practical nurses, registered nurses, advanced practice nurses with bachelor of science degrees in nursing—they are united.

I then noticed, in the early 2000s, that the profession migrated to a model better represented by the roundabout—still divided by where we practice but slightly more aligned around common themes. The roundabout allowed some folks to join the

path for a period of time but also allowed off ramps when they felt that the goal was a step too far. Most often, the traffic problems in roundabout are not the off ramps but the idea of yielding—when to yield to another on the roundabout and when to see that personal advancement benefits the entire profession and ultimately the public. Where this model fails is not that some can exit the path and divert their resources but that we retain the reference point of where we practice and, occasionally, who can achieve the public's expectation of the mission of the profession of pharmacy as well as the failure to understand when to yield.

I believe that the current model of advancing the profession of pharmacy is the “highway merge” model, and I appreciate that the Joint Commission of Pharmacy Practitioners has created the environment in which this model can thrive. It is only through the merger of the profession onto 1 highway with a common vision for the profession and our commitment to the public that we will achieve our destiny of being recognized as healthcare providers. Without alignment we will be unable to continue the path forward.

Advancement of pharmacy technicians

We must align ourselves to adopt a common vision of our commitment to the public, and that alignment must involve pharmacy technicians. In order for pharmacists to fulfill their professional commitments to the public based on a professional vision, pharmacists must facilitate the advancement of pharmacy technicians to perform activities in which the technicians have demonstrated mastery of both knowledge and safe practice, further enabling pharmacists to achieve their rightful place as healthcare providers.

It seems to me that organizations should share the same professional vision, and their mission statement should indicate how that particular organization works toward meeting that professionwide vision.

Access and accountability

In order for the profession to meet its commitment to society, members of the profession must be accessible. Unquestionably, pharmacists are the most accessible healthcare providers. In fact, according to Moose and Branham,¹ their patients saw their primary care practitioner an average of 4 times per year, their specialist 9 times per year, and their pharmacist and pharmacy technician more than 35 times annually. Being available to the public is critical in demonstrating value because each interaction with the patient reinforces the care and services that pharmacists and pharmacy technicians provide.

As with all professions, the public has an expectation of quality and a return on its investment of trust in exchange for the semiexclusive right to practice in the profession. All members of the profession must be accountable to the public, and this includes pharmacy technicians. There must be a demonstration of competency in core knowledge and practice. This is a minimum requirement that enables the public and the profession to have confidence in their healthcare providers to engage in professional activities. There is no difference in the public's minimum expectation for pharmacists or pharmacy technicians; the expectation is safety and quality. The public's differential expectation between pharmacists and pharmacy technicians comes with the public's understanding of the expected knowledge and tasks performed by either the pharmacist or the pharmacy technician. At the end of the day, the public expects a clearly defined description of what the professional is permitted to do based on an accountable method whereby the individual has dem-

onstrated the requisite knowledge, skills, and characteristics.

Guarantee of trustworthiness

How do we demonstrate to the public that individual pharmacists and pharmacy technicians have the necessary knowledge and skills?

The process of providing the public with circumstantial guarantees of trustworthiness already exists in the forms of accreditation, education, examination, and licensure. Standards are established, and programs are evaluated against those standards. Students are examined based on the expectations of the outcomes of the educational process, and their knowledge and skills are measured by a competency examination that has been validated for purposes of public recognition (i.e., licensure).

Licensure, through clearly articulated legislation, demonstrates to the public that individuals have met and maintain the minimum competencies needed to perform their permitted roles in the public's interest. In addition to these statutory licensure requirements, there should be clear public policy statements of what that license entitles those who have demonstrated the requisite knowledge, skills, and characteristics to do to assure the public that they can reasonably expect to receive a uniform quality outcome.

Uniform standard expectations

Beyond licensure, there is a need for uniformity. While I am generally appreciative of the Tenth Amendment to the Constitution, there are in some instances—such as here—that we would want to see some clear minimum uniform standards. States are free to experiment and other states are free to “steal what works” from the innovators, but there must be a uniform standard of expectation for all pharmacy technicians so that the free flow of labor and talent can occur without adding further costs to the healthcare system. This is, of course, exclusive of those costs necessary to teach the

pharmacist or pharmacy technician about the unique practice where he or she is employed.

Applying the accreditation–education–examination–licensure model to pharmacy technicians should provide a practicing pharmacist with a uniformly educated and competent pharmacy technician. The pharmacist's expectation is that he or she may safely, reasonably, and confidently rely on the process to provide a knowledgeable and competent pharmacy technician. The expectation is not one where the pharmacy technician can perform in a specific environment without some orientation to its unique practice but rather that the technician can practice with the core knowledge of all licensed pharmacy technicians. It is incumbent on the pharmacist to teach the technician about the unique characteristics of the specific practice environment.

Agreement on what core knowledge and skills must be required is critical to the continued development of the profession of pharmacy, the advancement of pharmacist services, and the professionalization of pharmacy technicians.

Economics

Finally, in order to make this entire model workable for the profession and the public, we must acknowledge that economics is an essential consideration. There must be a viable business model that provides the resources needed to achieve the vision of the profession and promised commitment to the public. The viability of the business model requires the concurrence and acceptance of the public. If the public understand the healthcare services that the profession of pharmacy is capable of providing and do not demand the services of the pharmacist and find value in what a pharmacist can do to assist them in managing their drug therapy and achieving a desired outcome, then this entire discussion is doomed to fail. The commitment of the public to be an active participant in their healthcare with the assistance

of the pharmacy profession to make their lives better is necessary for the advancement of the profession.

Aligned value for the profession and the public

What we have seen is that at the end of the day we have articulated an aligned value for the profession and the public, which includes the elements of Vision, Access and accountability, Licensure, Uniformity, and Economics—VALUE. Value is the business proposition we offer and provide to the public. Value is our commitment to their healthcare. Value is what we provide not just to the patient but to the healthcare system.

To provide value we must ensure that the everchanging roles of the pharmacist and the pharmacy technician are better delineated, characterized, and recognized across the professions and by the public.

Ultimately, we must be responsive to the expectations of the public: what do they expect from pharmacists and pharmacy technicians, and how do we deliver on their expectations? Our charge is to come to consensus on what those expectations are, how to meet those expectations, and what we must implement to deliver the value we promise to the healthcare system, the profession, and patients.

Disclosures

The author has declared no potential conflicts of interest.

Additional information

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Reference

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