What do you envision when you think of the term generalist practitioner of pharmacy? Is a generalist someone who can practice as capably in a hospital pharmacy as in a community pharmacy or any other setting? Does the term generalist imply a broad-based set of knowledge and skills but without a high level of expertise? Is it someone who doesn’t have postgraduate training?

How we collectively define a pharmacy generalist is critically important because that is what our pharmacy programs should be producing. Standard No. 8 of the 1997 Accreditation Council for Pharmaceutical Education (ACPE) Accreditation Standards and Guidelines states, “…the college or school of pharmacy should offer a curriculum in pharmacy intended to prepare its graduates to become generalist practitioners of pharmacy.”1 Because the intended product of our educational programs dictates the associated curricular structure and processes, the profession needs to agree upon and understand what it means to be a generalist practitioner. ACPE has embarked upon the process of revising those landmark 1997 Standards and Guidelines, so this is an opportune time for the profession to have this discussion.

The ACPE Standard cited above goes on to emphasize the rational use of drugs, the provision of pharmaceutical care, and the need for lifelong learning as integral themes of the curriculum. The precise meaning of pharmaceutical care has been widely debated for years, and rendering pharmaceutical care has ultimately become accepted by most professional associations as the mission for the profession. However, scant attention has been paid to what the term generalist pharmacy practitioner actually means, and how that clinician will be educated to provide pharmaceutical care.

Characteristics of a Generalist Practitioner

One noted research and practice group has offered a definition of a generalist as it pertains to pharmacy:

“A generalist practitioner is one who provides continuing, comprehensive, and coordinated care to a population undifferentiated by gender, disease, drug treatment category, or organ system.”2

This definition was adapted from a joint statement by the American Boards of Family Practice and Internal Medicine on defining the generalist physician.3 The Institute of Medicine has used similar terminology in defining primary care.4 Each of the key words in this definition is important in defining the concept. Continuing care is provided through a personal relationship with the patient in an ongoing basis over time. Comprehensive care addresses any drug therapy problem of a patient (including health promotion and disease prevention) in any stage of the life cycle. Coordinated care ensures that there is communication among health providers so that the patient receives the maximum benefit that the health care system has to offer.

Generalists devote the majority of their time providing services to a defined population of patients. Implicit in the definition above is that the generalist accepts ongoing responsibility for ensuring optimal drug therapy outcomes for each and every individual in that defined population or client constituency.5 In other words, every patient seen by that practitioner receives the same standard or quality of care, regardless of the practitioner’s time constraints, convenience, or personal preference.

The term undifferentiated means that the practitioner addresses all of the patient’s drug-related needs without restriction. For example, the practice of a generalist is not limited to only women, individuals of a certain age, treatment of a single disease (eg, diabetes), patients receiving certain types of therapy (eg, anticoagulation), or treatment of a single organ system (eg, the cardiovascular system).

Generalist pharmacy practice is inextricably linked to the practice of pharmaceutical care. The definition of pharmaceutical care has evolved to become “a patient-centered practice in which the practitioner assumes responsibility for a patient’s drug-related needs and is held accountable for that commitment.”2 This practice is further described as a generalist practice that can be applied in all pharmacy settings (eg, community, hospital, long-term care, home care) and used to care for all types of patients with all types of diseases taking any type of drug therapy.
The Role of Specialists in a General Practice World

Where then do specialists fit in this generalist practice model? The generalist refers patients who have specific, complicated problems to a specialist, while retaining responsibility for their ongoing, continuous care. Ten years ago, Background paper II of the Commission to Implement Change in Pharmaceutical Education stated:

“Students prepared at the entry level are general practitioners who coordinate and render pharmaceutical care. A system of pharmaceutical care requires the participation of both generalists and specialists...Generalists recognize when specialist assistance is required to solve specific, complex problems and refer patients for such care. Specialty pharmacy practitioners also render pharmaceutical care...Specialization in pharmacy has meaning only around a strong generalist core.” (emphasis added)

Unlike other health professions, pharmacy has few good generalist practice models and therefore only a small number of practitioners who are true general practitioners of pharmaceutical care. We do have highly trained specialists in many areas (eg, critical care, oncology, transplantation, cardiology, infectious disease, psychiatry) who provide care to complex patients. These specialists practice in concert with physicians and other health care professionals but do not generally receive referrals from other pharmacists because there is no strong generalist core. Consequently, pharmacy specialists do not in turn refer individual patients back to pharmacy generalists for their ongoing comprehensive care. A strong generalist base is the necessary foundation upon which the profession can build the referrals and consultations required for specialty practice. Indeed, an ongoing interrelationship among pharmacy generalists and specialists is needed if pharmaceutical care is to become a reality in all practice settings.

Expanding the Definition of the Generalist Pharmacy Practitioner

Because the meaning of a generalist practitioner is already well understood in health care (ie, as primary care), the pharmacy profession would be wise to adopt a similar definition for the pharmacy generalist rather than attempt to introduce new language into the health care system that is specific to pharmacy. The concise definition provided by Cipolle and colleagues meets this criterion, but additional explanation may be necessary because many within our profession will be unfamiliar with the characteristics of a generalist practitioner. As a starting point for further discussion on this important issue, I offer the following expanded definition of a pharmacy generalist:

The generalist pharmacy practitioner is a clinician who provides continuing, comprehensive, and coordinated care to a population regardless of age, gender, disease state, drug treatment category, or organ system. The generalist considers the appropriateness of all aspects of drug therapy and addresses all of the drug therapy problems of each patient. Each patient within the practitioner’s population receives care that meets the same standard of quality. The practice of a pharmacy generalist is applicable to patients in all practice settings. The generalist seeks the expertise of specialists for the resolution of specific, complex drug therapy problems while maintaining the ongoing care of those patients. The generalist practitioner coordinates the delivery of pharmaceutical care as an integral member of the patient’s interdisciplinary health care team.

Adopting a definition that incorporates these principles should not be interpreted as being exclusionary. Many pharmacy graduates will ultimately go on to successful careers that do not involve practicing as a generalist or even providing direct personal care as a clinician. However, creation of a broad base of generalist practitioners must remain the goal of pharmacy curricula if pharmacy is to have a meaningful role in the health care system of the future.

REFERENCES