Picking Up the Pace

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What an honor and privilege it is for me to stand before you as President-elect during such a high point in the Association’s history! We have in this democratic House of Delegates representatives from every school of pharmacy in the nation. More individual faculty members hold membership in AACP now than ever before. Our Association speaks with authority for pharmaceutical education and the advancement of the profession of pharmacy throughout the country and, yes, the world.

At our annual meeting two years ago, Dr. William Richardson, President of Johns Hopkins University and then co-chairman of the Pew Health Professions Commission, challenged us to “… make new charts . . . ” to lead pharmacy education through the rough waters ahead. The Association responded at that meeting by adopting a “… new chart…” the recommendations of the Commission to Implement Change in Pharmaceutical Education.

We committed ourselves to reformulate curriculum objectives toward the goal of preparing all graduates to deliver pharmaceutical care. We resolved to adopt a universal new academic degree, the doctor of pharmacy. We look upon these accomplishments with justifiable pride in the planning and thinking that led us to conclude that pharmaceutical education must undergo a sea change (or a paradigm shift, if you must!) if our graduates were to survive in a world where brain power rather than technical ability is paramount.

I am here today, however, not only to celebrate these accomplishments, but also to declare a state of urgency to get on with the business of implementing the change that we so wisely chose to adopt. In the midst of self-congratulation, we must admit that our pace of change has been tortuously slow, especially when measured against the pace of change in the external environment. For the academic world, we may be doing okay. After all, the pace of change in academia is often somewhere between that of a slug and a sloth! Our pace is measured in academic years. Academics are often chided for endless contemplation, yellowed lecture notes, and excess inertia. At Maryland, we decided to change our curriculum in 1989, we admitted our first students to our all-PharmD program in the fall of 1993, and we won’t see its first graduates until 1997. And we are praised for how fast we have moved! Even this Association, overcome by the exertion caused by committing to curriculum reform two years ago, removed a specific timeline for the schools to actually do anything!

The pace of change in the external world is moving much more briskly. Health care reform and changes in drug distribution are surging forward with the speed of a cheetah. Now is not the time to pause and look behind us and reflect on how far we’ve come. To do so would be hazardous to our health, as those with large appetites and sharp teeth pause to take a nip or two on the way by.

Thus, I wish to review how quickly change is occurring in the external environment, how contradictory some of the signals are, and what we need to do to keep up. I will outline my agenda for the Association during the coming year and urge all of you to share my sense of urgency that we all pick up the pace to implement change in pharmaceutical education.

The decisions made at this meeting two years ago were momentous. We chose a goal and a direction that placed us in the mainstream of health care. We are confident that the benefits of pharmaceutical care are critical to better health for patients and society. We made the right choice, since avoiding the mainstream means inevitably tying pharmacy’s future to the product, product distribution, and the backwaters of the health care system.

Our decisions were not without risk. The mainstream of health care is not a well-charted or calm course at this point. It is a raging torrent, cutting new channels through rocky terrain while it figures out where it is going. Irreversible trends in the organization and financing of health care are already in place. National imperatives to drive down health care costs and rationalize delivery systems have led to capitulation, managed care, and all sorts of strange alliances among major players.

WAKE UP CALL

Earlier this week, at a special wake-up call meeting, we heard of overnight events leading to drastic dislocations in markets that had been stable for years:

• hospital consolidations leading to major cutbacks in pharmacist jobs
• third-party contracts costing community pharmacies hundreds of patients at the stroke of a pen
• corporate competition driving thousands of independent pharmacies from the marketplace
• legislative challenges to the authority of state boards over dispensing arrangements and the use of technicians and
• the explosive growth of mail service pharmacies providing medications to millions of patients with many fewer pharmacists.

The pharmaceutical industry is watching profits that were once the highest in the nation shrivel as every last penny is squeezed from the distribution system, and drug products are converted to commodities. Outpatient drug distribution is becoming concentrated into fewer and fewer

chains or networks of pharmacies. Chains are expanding to gain and solidify their control of markets by opening or purchasing new units in order to achieve market dominance. Pharmaceutical benefits managers have become the key players for health plans striving to lower costs, and drug manufacturers are recognizing their key role and moving to bring them under control. Rather directly, I might add, by simply buying them, for billions and billions of dollars!

Almost paradoxically, these events have driven demand for pharmacists higher. Applicant pools are up, and schools are happy. Entry-level salaries are high. This growth in demand has been highly visible to academic institutions without pharmacy schools that seek ways to add an attractive health professions program to their portfolio. Ten institutions are now investigating beginning a new pharmacy school, with three of these being certain. Some of the institutions, however, have had little association with health professions education and may not appreciate the cost of pharmaceutical education, its dependence upon other health professions, and the coming softness in the job market for pharmacy graduates.

Starting a new school in today's environment is a very risky endeavor. The large number of institutions sniffing around pharmacy resembles a feeding frenzy by starving piranha or the speculative frenzy of inexperienced investors trying to buy in to a bull market at its peak.

But the advantage a new school does have is the ability to recruit a dean and a faculty de novo and to build a curriculum from scratch. It can hire experienced faculty and insist, as a condition of employment, that they leave their baggage behind! This could be much more practical than trying to jury-rig a conversion from a conventional B.S. program to a PharmD program with an uncommitted faculty and limited resources. There may well be some casualties among our schools in the years to come, but they might not be the fledglings.

The decade to come will be one in which only the strongest schools of pharmacy emerge unscathed. As drug distribution becomes more efficient, the number of pharmacists required to physically dispense prescriptions will decline. The conditions of extending drug coverage to Medicare recipients and the uninsured population will signal the end of the cash-paying customer and greatly enlarge the proportion of pharmacy services paid for through capitation. These events will depress the income of pharmacists who depend upon their function as drug distributors.

Graduates of our new PharmD programs will be unable to fall back upon employment as drug distributors if they fail to make it by providing full pharmaceutical care. The safe haven of relatively comfortable jobs as drug distributors will be jealously guarded by current practitioners unprepared or unwilling to provide high quality pharmaceutical care on a full-time basis. At present, our schools are often satisfied if some of our graduates perform to the level of our expectations, because there are jobs for all. The time will soon be upon us when that safety net will disappear.

THE NEW ENVIRONMENT

Are pharmacy schools prepared to exist in this new environment? I believe that most, if not all, face the urgent need to better understand the new environment, to pick up the pace of change, and to move more rapidly to begin and complete curriculum reform. We have a great opportunity to exploit changes in financing health care that support outcome-oriented services such as pharmaceutical care. But schools must adapt their internal structure to the new realities of the pharmacy marketplace with great speed.

Practice departments will have to change. Practice faculty must practice pharmaceutical care! Faculty must redeplo to managed care, and a better balance struck between tertiary and primary care settings for education. Practice departments must forge new approaches to organizing and financing pharmaceutical care services. Closer collaboration with medical school departments of medicine and clinical practice plans must be accomplished. The focus must shift from specialty care to care for the large proportion of patients who have common conditions that involve drug therapy conditions such as hypertension, diabetes, asthma, and arthritis.

As we grow and improve our practice departments, so must we similarly grow and improve our basic science departments. The pharmaceutical sciences must remain the foundation of all that we do. We must renew our efforts to attract bright students into graduate programs in the pharmaceutical sciences. We must make a place for more pharmaceutical scientists on our faculties and we must seek to attract the level of research funding necessary for them to be successful. We must make a concomitant commitment to the development of the clinical sciences through post-PharmD education for clinical scientists. The scholarship of all of our faculty must be strengthened.

Attention must be given to the social, behavioral and administrative science faculty. These faculty can be key in providing the context for changes in health care in our society that have caused the reorientation of our curriculum. Their role in teaching not only students, but also other faculty is critical. Research on the use and effectiveness of drug therapy and pharmaceutical services is essential to better understand the contributions of drugs and pharmacists to health care. A better understanding of the behavioral sciences will help us address major curriculum issues such as problem-based learning, patient counseling, and interpersonal communication without asking untrained faculty to constantly reinvent the wheel. More and better faculty resources are needed here. Read Bonnie Svarstad’s provocative article(s) in the current Journal.

The deans, department chairs, and senior faculty of our schools must be creative, persistent, and focused if the resources necessary to accomplish the prescribed changes are to be achieved. A steady flow of increased state or private funding, tuition revenue, and research grant income is unlikely without concerted effort. Practice chairs must reconceptualize how to become financially involved with medical practice plans, managed care organizations, hospitals, and other health institutions and adapt to a capitated managed-care oriented health care system. Pharmaceutical science chairs must forge new alliances with the pharmaceutical and biotechnology industries to exploit academic strengths and to meet industry needs in ways that can produce win-win situations. While the NIH/NSF funding axis will always be a source of funds for our premier basic scientists, increased competition for those funds is inevitable regardless of the federal budget situation. Social, behavioral and administrative leaders must take the initiative to contribute across the curriculum, and must build supportive research programs.
DIVERSITY

Deans must, first of all, make sure that they thoroughly understand what’s going on, and then reach out to external constituencies of all types to explain what the revolution in health care means to pharmacy and to the community at large. Innovation, enthusiasm, and boldness have always been important key words for search committees for new deans. They are even more so today.

As we pick up the pace, we must be certain to use the talents of every member of the academic community. We cannot afford to exclude subgroups as we search for leadership. Earlier this week I had the privilege of introducing the dozen or so brand new deans who have been appointed in the last year. Only one is a woman, and none of the brand new deans is black, Hispanic or native American. Searches continue for the twelve or so vacant deanships still open. We must pick up the pace. Our record of diversity in leadership positions in pharmaceutical education is not good!

OUR DREAMS HAVE COME TRUE!

It is telling that the health care changes that I have spelled out today with urgency are the very changes that provided the context and rationale for the work and conclusions of the Change Commission. They are indeed the basis for the decisions we have already made about curriculum goals and process. There is nothing new here. What is unanticipated is the speed with which these often-predicted changes have arrived. When AACP removed any timeline from the Change Commission recommendations two years ago, it was in an environment of recession and limited resources. The desire was not to put schools under impossible time pressures or to create expectations that could not possibly be met. But the environment has changed again, and in a brief two years, what we’ve been talking about for fifty, has come close to fruition. Health care delivery dominated by managed care, universal coverage for drugs, technology and technicians driving the distribution of pharmaceuticals from a high-profit system dominated by professional involvement to commodity distribution ever seeking to eliminate the middleman even if the middleman is the pharmacist! And the emergence of the pharmacist as an expert in pharmaceutical care who must exist on the power of the brain alone and not upon the markup on the sale of restricted goods. Can we as pharmaceutical educators survive and prosper in a world that we ourselves predicted and helped to create?

I believe that we can. But we must admit to ourselves that our dreams have come true, come fully awake, recognize the urgency, and pick up the pace.

WHAT SCHOOLS MUST DO

We must pick up the pace! We must move quickly from contemplation to action. When the raft hits the rapids, you have to paddle harder and faster. You can’t slow down or you are on the rocks and in the water. And you can’t head for the shore and safe harbor, because the safe harbor is gone.

How do we pick up the pace?

Return to the report of the Change Commission. Although the degree recommendations and the curriculum reform propositions of Background Paper II have received the most attention, page five of the report lays out a process for change (see Table 1). It is brief, and surely isn’t rocket science. If your school is not well down this path, it should be.

It is up to the deans to lead this process, and if they don’t, it is up to the faculty to push them to do so. This is an especially important point for those dozen schools who don’t have permanent deans. You can’t wait. Faculty will have to take the initiative.

My agenda for the year must be obvious by now. Pick up the pace on implementing change in pharmaceutical education. When I was appointed to the Change Commission, I accepted because I was taken by the word “implementing.” Implementing change. Actually doing something. Pharmacy has seen its share of commissions, blue ribbon panels and the like. But most reports end up on library shelves, unread but by the authors and scholars.

Those reports that have made a difference have been followed by concerted implementation efforts. The Flexner report is remembered because Abraham Flexner made it his business to implement the recommendations. The Declaration of Independence was immediately followed by a revolution! It is time for pharmacy education to proceed from its evolution to revolution!

We have made a good start around the country with the public commitment this year of at least 36 additional schools to implement the all-PharmD program. The establishment of the Center for the Advancement of Pharmaceutical Education provides a focus for Association activities aimed at helping schools pick up the pace.

Table I. A process for change

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<tr>
<th>Step</th>
<th>Description</th>
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<td>1.Le</td>
<td>Identify the barriers that are impeding or may impede movement toward the goal.</td>
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<td>2. De</td>
<td>Identify the faculty necessary to carry out the curriculum.</td>
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<td>3. De</td>
<td>Identify clerkships, externships, and other types of experiences (e.g., laboratories) that will be required.</td>
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<td>4. De</td>
<td>Develop plans to obtain the resources necessary to achieve goals.</td>
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<td>5. De</td>
<td>Identify the physical and financial resources needed.</td>
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<td>6. De</td>
<td>Identify unique strengths of the program that may contribute to pharmaceutical care.</td>
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<td>7. De</td>
<td>Initiate the process of seeking support from pharmacists in the state.</td>
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<td>8. De</td>
<td>Initiate the process of seeking support from the public (e.g., labor unions, consumer groups).</td>
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<td>9. De</td>
<td>Initiate the process of securing university administration and state higher education approval of the change in degree offered.</td>
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<td>10. De</td>
<td>Develop a timetable for implementing the plan.</td>
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<td>11. De</td>
<td>Develop procedures and criteria to monitor and evaluate progress.</td>
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<td>12. Re</td>
<td>Revise plans as necessary</td>
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WHAT THE ASSOCIATION MUST DO

I have charged each of our three policy committees to recommend how schools should alter the speed and manner with which they implement change. I have asked them what recommendations in school structure, organization, financing, and external relationships will best prepare them to prosper in the new environment. I have asked them what further AACP can do to help.

I have charged the Professional Affairs Committee to consider how the schools can best respond to the demand by B.S. pharmacists for nontraditional education to prepare them to deliver pharmaceutical care. I am NOT asking for additional study of the issue of the nontraditional PharmD degree or degree exchange. I am asking the Committee how the schools can face up to the issue of providing nontraditional education to practitioners hungering for help with how to deliver pharmaceutical care.

This is a critical issue, and one that we haven’t handled very well. We need to separate the degree issue from the real need of legions of practitioners for help with professional survival. Academia can’t and shouldn’t be expected to solve the profession’s practice problems. But we can be expected to offer the educational tools that will help. Sometimes only one or two curricular-based CE courses can awaken dormant knowledge and skills in practitioners. An injection of confidence and some of the tools necessary to provide pharmaceutical care may do wonders. We must pick up the pace and deal with this issue now, even while simultaneously grappling with curriculum change for entry-level students.

I have charged the Research and Graduate Affairs Committee with conducting an environmental scan of science issues. The Committee will also re-examine the many excellent recommendations of this year’s committee, with the goal of setting priorities so that the Association can pick up the pace in this area. This is particularly important with Dr. Kenneth Miller joining our staff in the near future and a new president for the American Foundation for Pharmaceutical Education soon to be appointed.

It is time for AACP to re-examine its strategic plan and move it from a list of desirable activities to a document more helpful to its leadership, its members, and its staff. I will begin at once to work with the officers and an outside consultant to develop a process that will be widely inclusive and result in a document for review and action by the House of Delegates. The groundwork for strategic planning will be laid during the coming Association year and will be aided by the committee activities I have just outlined. The process will be presented to the House for review in Philadelphia and implemented the following Association year.

To further help us prepare for a formal review of our strategic plan, I have asked the Argus Commission to review the structure and governance of the Association in the light of external changes and internal concerns.

I expect all of our Councils, Sections, SIGs, and other groups to continue their extraordinary contributions in all areas of the Association’s interests. Even a casual visitor to this meeting the last few days recognizes the breadth and vibrancy of our activities. I do ask that all of your efforts focus upon how your unit can help AACP pick up the pace to faster but thoughtful implementation of the Change Commission recommendations.

SUMMARY AND CONCLUSIONS

In summary, my theme for the coming year is the urgency of adapting to the ever-accelerating pace of change in the external environment.

My focus will be on how we can better function within our schools to meet the pace of change. Substantively, this includes:

• implementing curriculum reform faster and better;
• simultaneously strengthening the scholarship of the faculty;
• reconceptualizing the nontraditional PharmD program movement as a way to more broadly accomplish curricular-based continuing education for practitioners.

AACP’s role is to help its members accomplish the above by continuing to emphasize:

• progressive and provocative leadership;
• strategic planning to achieve balance among multiple objectives;
• responsiveness to member needs;
• quality in all that it does.

In conclusion, I return for a third time to remind you that a key part of the recommendations of the Change Commission was a timeline that called upon individual faculties to commit to developing plans for curriculum reform by the end of the 1994-95 academic year. I want to make clear that that recommendation only called for developing a plan by that date. The Commission clearly understood that every school is different, and that the ability to implement a plan would be influenced strongly by many factors. But an old proverb says that a journey of a thousand miles begins with a single step. That step is a commitment to plan for change. Most schools have taken that first step; I urge all of you to do so.

The next step is to construct the plan; and the timeline recommended by the Commission was the end of the 1994-95 school year. The target date is still a year away. We can meet it if our faculties complete their planning this year.

We all know that the subsequent steps to a full realization of change are more difficult. In fact, some of the steps will have to be gigantic. After all, another old proverb reminds us that you can’t cross a chasm in a lot of little steps!

But if we but pick up the pace, and pick up the challenge, we can meet next July in Philadelphia to celebrate a not only a historical revolution, but a modern one—a revolution in pharmaceutical education!


Reference