



*“Our interest is a commitment to our involvement in a profession in which we choose to serve.”*

==== LOUIS P. JEFFREY ====

(1974)

*At the time he received this award, Louis P. Jeffrey was the Director of Pharmacy Services at the Rhode Island Hospital, Providence, and Clinical Professor of Pharmacy and Chairman of the Clinical Pharmacy Advisory Committee at the University of Rhode Island, Kingston.*

## A Personal Opinion for Professional Reflection

**T**his is a unique occasion for me, the members of my family, and the literally hundreds of pharmacists, residents, and students who have served the profession with me for more than two decades. I hope that each of you will permit me, as the 25th recipient of this distinguished award, to acknowledge and express my sincere appreciation to some friends to whom I am deeply indebted.

In the criteria for the selection of the recipient, it states that the receiver should have “made significant contributions to hospital pharmacy in the form of sustained exemplary service.” The implication of this requirement cannot be met unless the recipient is supported by an outstanding group of colleagues who share with him their knowledge, their strong commitment to service, and their dedication to excellence in performance. Few of my peers have been as fortunate as I in being the

beneficiary of so many talented pharmacists who by their performance have qualified me to meet the high standards of this award.

Thus, I would like to ask all those pharmacists who are here this evening, and who are responsible in part by their very hard work, to please stand and share at least for a moment this great honor which belongs to all of us!

It is not easy to devote a significant portion of one's life to his profession without compromising his personal time and family responsibilities. After many years of involvement and the hundreds of meetings which I have attended, I'd like to have you meet my parents, Mr. and Mrs. Samuel F. Jeffrey, who for the first time ever have attended a pharmaceutical affair of any kind; and my wife, Dorothy, and my children, Paul, Anne, and Michele, for they all have made a contribution of personal sacrifice on this road to achievement!

I also wish to acknowledge in silent tribute the many people with whom I have shared professional organizational experiences. While I would like to personally recognize them, they know who they are, and they too are the recipients of my deepest appreciation on this occasion.

This evening gives me an opportunity to share with you a personal opinion about the status of some of our current professional problems. While each of us is concerned as a hospital pharmacist, our interest is a commitment to our involvement in a profession in which we choose to serve. And this is as it should be. But it is imperative, more so now than ever before, that we view our role with a broader perspective. The issues confronting the profession are complex and transcend locus of practice. They allow no tolerance for parochial positions.

Hospital pharmacy has produced many leaders for our profession. In addition, our specialty has been a pioneer, from an organizational and practice viewpoint, in developing and establishing new concepts for pharmacy. The growth and progress of the American Society of Hospital Pharmacists are a reflection of the contributions and dedication of its members and staff. For hospital pharmacists to maintain their leadership role in the profession, they must take the initiative to transcend organizational boundaries and become involved in the equitable resolution of issues that relate to all pharmacists.

One of the conglomerate issues that currently influences all aspects of the profession relates to continuing education and professional competence. If an objective and unbiased analysis were made by a group of experts outside of our profession, I imagine that they would conclude that we have managed to complicate a desirable objective to the point where it becomes almost undesirable.

It is disappointing that some organizations at the national and state levels have acted precipitously in this area. There is little disagreement that continuing education is a lifelong process. To amplify this philosophy further, there are those who have concluded that continuing education should be mandated as a requirement for relicensure. While the objectives of continuing education may be essential for the profession, it seems to me that there are groups who have acted prematurely and, in some instances, in a self-serving manner.

The issue becomes even more of an imbroglio as national professional organizations and state regulatory agencies espouse and promote provincial organizational interests, rather than addressing themselves to the basic issues and objectives as they relate to the needs of the individual practitioner. It is unfortunate that the practicing pharmacist is facing the possibility of becoming a pawn on the chessboard of his own profession at the same time he is emerging as a bishop or a knight on the larger chessboard of the health care delivery system.

I believe that many of us here do accept the recommendations of the National Advisory Commission on Allied Health Manpower which state:

*Professional societies and state governments should explore the possibilities of periodic relicensing of physicians and other health professionals. Relicensure should be granted either upon certification of acceptable performance in continuing education programs or on the basis of challenge examinations in the practitioner's specialty.*

The Commission's recommendation provides the profession with the opportunity to select one or the other proposal or, if desirable, to combine the two. It is interesting to note that boards of pharmacy and state pharmaceutical associations have now shed their rusty armor and have moved into the arena of continuing education. It is not difficult to misinterpret the rationale for their action. The reasons seem obvious enough to create disagreement within the profession and suspicion of the objectives of those organizations which previously had little if any interest in this matter.

Traditionally, the educational portion of our profession—undergraduate, graduate, and postgraduate—has been the province of the colleges of pharmacy and our national professional organizations. The latter, for years, have provided the programs and opportunities to meet the personal and practice requirements of the responsible pharmacist. It seems to me that the “new kids on the block” do a disservice to their brothers who recognized an inherent need for the profession long ago and made this service available to members and nonmembers. I find it very difficult from a personal viewpoint to support mandatory continuing education for pharmacy. Once again, members of the profession are utilizing the legislative process to resolve a basic moral obligation of some pharmacists. By following that path, we are in a sense making a public admission that the profession cannot regulate one of its principal concerns. Unless those involved assume a more statesman-like posture, the problem will take too long to resolve. All pharmacists must assist in the adjudication of this issue, because we simply have no time to waste.

It is difficult to discuss continuing education unless one is going to relate it to the reason for its existence: professional competence.

The need for the maintenance of a desirable level of competence on the part of the pharmacist was once of only cursory public concern. Now, however, it is becoming a matter of public demand and has become a professional dilemma. In order to achieve a satisfactory level of competence, we must first have a standard by which to measure competence. It is almost ludicrous to mandate continuing pharmaceutical educational programs and to try to increase the knowledge or intelligence of the practitioner

when we don't know where he is or where we want him to be. I am in agreement with the philosophy expressed by Dr. Edmund D. Pellegrino:

*Continuing education is the only guarantee of continuing competence and the ultimate protection for the patient of the quality of care he receives. It is too important to be left as an individual responsibility.*

While the traditionally voluntary system of maintaining competence may now need to be changed, I am convinced that moving too swiftly and without sufficient forethought into this complex arena and trying to change it overnight is illogical, irrational, and ill-conceived.

As many of you know, I had a brief and enjoyable experience with the pharmaceutical industry. When we had a problem, we would meet as a group and form a plan of action. Perhaps what we need here in addressing ourselves to competence is a suggestion with regard to a plan for the profession. I shall use this forum as an opportunity to express my personal opinion for your professional reflection. I believe we need:

1. A clearly defined, professionally acceptable definition of a pharmacist;
2. A "Pharmacist Standard for Professional Competence," which has the approval and support of all components of the profession; and,
3. A nationally representative, professionally inclusive body that has the authority to create, develop, and approve continuing educational programs for pharmacists. It would have the additional responsibility to develop and implement a system to insure the profession and the public of the competence of all licensed pharmacists.

It would seem highly desirable for our leaders to agree to an immediate cessation of all divergent activities in this area until we receive the report of the profession's Task Force on Continuing Competence in Pharmacy. We must take a more rational approach to the problem before we proceed any further in the decision-making process. Fact-finding involves common sense, which is the application of truth derived from everyday practice. We should use this process, now! Waiting for tomorrow will further delay the resolution of this vital issue.

I wish to share with you a personal opinion concerning the report of the Commission on Goals of the ASHP. As you recall, the Commission presented its preliminary report at the 1973 Annual Meeting. The report was received with mixed and, in some cases, strong reaction from a significant number of members of our Society and several prominent members of the American Pharmaceutical Association. The controversial issue in the proposed document seems to relate to the desire of the Commission on Goals to broaden the base of the Society from hospitals to all pharmacists practicing in "organized health care settings."

The relatively mild negative reaction on the part of other national pharmaceutical

organizations to the content of this as yet unofficial report may represent the “calm before the storm.” The tacit implication in the Commission’s report concerns the likelihood that adoption of the report may move the Society into areas of the profession which are currently within the territorial boundaries of other pharmaceutical organizations. The reaction is understandable. The justification is one basis of disagreement.

Up to late 1972, the Society had been identified as a specialty organization affiliated with our national professional association. This is no longer true. Even under the currently approved objectives and recently broadened definition of active membership, the American Society of Hospital Pharmacists is changing. During its relatively short organizational lifetime, the Society has grown into a prominent position in national professional and political affairs. This is not surprising, for this dynamic organization is composed primarily of dedicated, aggressive, often brilliant, young pharmacists who have moved prominently into the mainstream of the health care delivery system because of their practice environment.

The concern that I have relates to a realistic possibility. For the purpose of illustration, let us assume that the Board of Directors and the membership of the Society approve the Commission’s recommendations and then translate them into new constitutional objectives for the American Society of Hospital Pharmacists. This would put the Society in a formidable position to become an even stronger pharmaceutical organization in this country. This is not beyond the scope of reality. The Society has a long list of successes into new ventures, services, and enterprises. It has developed its expertise in our health care system from the prominent position and the power base structure of the hospital and affiliated medical colleges. Thus, the American Society of Hospital Pharmacists, or whatever new name it may be called, would carve out a major role in the national pharmaceutical political and professional arena.

While the mainstream of the pharmaceutical component of our health care delivery system has a solid base in the 45,000 community pharmacies in this country, the 7000 hospitals and their 100 affiliated medical colleges occupy a strong leadership position in that same system and form the pinnacle of the pyramid. Added to this picture is the realistic need of our colleges of pharmacy to become more closely affiliated with hospitals in their area so that they may serve as an environment for clinical pharmacy education and training. To make one additional point, there will be an increased need for hospital pharmacies to support and absorb the increasing number of students seeking to comply with the current internship requirements. All these factors support the contention that the Society has become more influential in the affairs of pharmacy practice, health care legislation and regulations, student education and training, and a host of other areas.

In summary, an expanded set of objectives for the American Society of Hospital Pharmacists, in my personal opinion, will serve as the basis for another of the Society’s successful ventures. If this prediction does materialize, my great concern is that functions and areas of interest will overlap with the three major national organizations representing pharmacy. For years we have had difficulty in getting our associations to agree and work together in concert. History has documented the failure of most troikas, except in the Christian dogma of the Holy Trinity. If my personal opin-

ion becomes the basis for an organizational dilemma, it would certainly deserve your professional reflection.

In closing, I want to express my indebtedness to the American Society of Hospital Pharmacists and its members for giving me the opportunity to serve in so many ways for so many years. It is difficult on this occasion not to acknowledge the inspiration and influence that the Society has had on my professional career. Perhaps the words of the British statesman John Russell express my personal feelings better than I could:

*To stand still today is to die. An organization must be bold, imaginative and alive to the unexplored. There must be a compliance for service, dedication to excellence and a zest for adventure. An organization which combines quality with the zeal of an evangelist will survive and thrive.*

My commitment of service to the Society has always been stimulated by these descriptive words of Lord Russell.

And to all of you kind and thoughtful friends who are here to share this wonderful experience with me this evening, I wish to leave you with the philosophy of a personal credo which I borrowed from the poet Edwin Markham:

*There is a destiny that makes us brothers  
None goes his way alone  
All that we send into the lives of others  
Comes back into our own.*

Tonight, you leave me with a heavy heart. I shall always be grateful!

*Harvey A. K. Whitney Award Lectures (1950–2005)*

© 2006, ASHP Research and Education Foundation. All rights reserved.

No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, microfilming, and recording, or by any information storage and retrieval system, without written permission from the American Society of Health-System Pharmacists Research and Education Foundation.

[www.ashpfoundation.org](http://www.ashpfoundation.org)