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The pharmacy (organization) divide: A focus on the impact in pediatric pharmacy

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Too many pharmacists. Too many pharmacy schools. Let us add, too many pharmacy organizations, maybe. The problem may not be the number of organizations, but rather the lack of unity and even respect among the groups. Perhaps it's time to refocus on organizational quality and value.

A history of the original pharmacy organizations illustrates how divisions within them led to the creation of new organizations. Understandably, each present-day pharmacy organization serves a purpose with a unique mission to its membership. Admittedly, we prefer our own special-interest pharmacy organization over all others. However, when issues such as provider status or board certification are in the forefront, our profession must come together and set aside preferences and history for the sake of continued growth and advancement.

Take, for example, the area of pediatric pharmacy. Pediatric board specialization is finally here. We have been patiently waiting for the recognition that we are confident will advance the care of children. Three pharmacy organizations have created and currently offer pediatric board preparatory courses, and those 3 groups were awarded pediatric recertification provider status from the Board of Pharmacy Specialties.¹ No other pharmacy specialization has this many preparatory programs or recertification providers. Our question is, why? Why 3 separate groups, each with differing organizational missions and goals, instead of 1 unified approach?

That's a difficult question to answer. This latest division occurred despite attempts at unification, or rather attempts to ally the 3 pharmacy organizations for this 1 common goal. The division remained after several failed attempts to broker collaboration, and the division affects pediatric pharmacy, pharmacists, and patients. The true motivation for the persistent division can't be uncovered here, but there are some ramifications to examine.

Our pediatric memberships are confused. Which live board preparatory programming should they attend? Which home study program should they use to prepare for the exam? Where should they get recertification credit? Beyond those questions are the ones facing contributors of board preparatory or recertification materials, many of whom are members in all 3 organizations. For which organization should they speak, review, or otherwise contribute? What if they contribute with a noncompete clause that might prohibit them from engaging with other organizations? What is their primary pediatric pharmacy organization?

Sure, one could say that having 3 different organizations offering board preparatory courses and recertification provides greater flexibility in the opportunities for pediatric pharmacists to receive the training or continuing education credit they may desire. Certainly, having 3 groups representing pediatric pharmacy provides more opportunities for pharmacists to serve organizations. However, pediatric pharmacy practice is a relatively small field, and, as noted, many pediatric pharmacists are members of 2 or 3 of these pharmacy organizations. Pharmacists find their loyalties being pulled between the organizations. The increased workload and redundancy may eventually lead to burnout and a crippling disengagement by some members. The imposition of unreasonable conflict of interest agreements further divides memberships and ultimately pits organization against organization. This may be an unfortunate reality arising from the division of 3 organizations offering similar pediatric pharmacy content in the board preparatory courses and recertification.

Issues are even complicated outside of board specialization. Different organizations publish different position statements or white papers. Messages are consequently blurred or diluted, even when the message to be conveyed should be the same. Division, as well as member allegiance to a particular group, may put the specialty organization in financial jeopardy or at least slow their growth. This is not the case for the pediatric pharmacy specialty organization, but we were concerned about longevity if recertification provider status was not awarded. What if the special interest pharmacy organization that worked so hard for more than a decade to bring about board certification closes after finally becoming recognized as a specialty? That does not make any logical sense.

Pharmacy organizations with unique goals and objectives should exist but should respect each other's missions. Larger pharmacy organizations should take the lead in representing the profession as a whole through advancing legislative priorities, but they should also support the special interest pharmacy organizations in their provision of specialty education and training. Opportunities such as specialization or certification will continue to arise from time to time. Organizations must reflect and learn from their experiences, so that in these moments of opportunity, an intentional collaboration can occur for the greater good of the profession and the patients who are served by it.

Reference

1. Board of Pharmacy Specialties announces professional development program providers for 2016. Press release. Available at: http://108.167.189.61/~bpsadmin/wpcontent/uploads/2015/06/release_062515.pdf. Accessed March 11, 2016.