



“Hospital pharmacists . . . should seek increased representation and active participation.”

==== HERBERT L. FLACK ====

(1961)

At the time he received this award, Herbert L. Flack was the Assistant Administrator at Jefferson Medical College Hospital, Philadelphia, Pennsylvania.

Goals for Hospital Pharmacists

Fellow pharmacists and friends, it is the privilege of my lifetime to stand before you tonight in the position as recipient of the Harvey A. K. Whitney Award. It is an honor that my associates throughout this great nation have considered my contributions to hospital pharmacy practice such as to merit this award given in the name of one we shall always cherish and respect as the man who developed modern hospital pharmacy practice. I am humbled and pleased that my name shall be associated with that of Harvey A. K. Whitney and the previous award recipients.

To the Michigan Society of Hospital Pharmacists, I offer sincere thanks for making this award available to me. To both the Michigan Society and the American Society of Hospital Pharmacists, I offer sincere thanks for this wonderful award dinner. To you hospital pharmacists and friends I offer sincere thanks for attending and for giving me the opportunity to discuss what I consider urgent “Goals for Hospital Pharmacists.”

When I received the wonderful news of the Award, I suddenly realized that I had inherited an obligation to present a talk that should be both stimulating and brief. I hope this will be so.

Some time before receiving the news of this Award, I had read a brief of the "Report of the President's Commission on National Goals." With the knowledge that I might be repeating some of the goals and desires that President Latiolais, President-Elect Heard, or our distinguished visitor, Dr. Svend Aage Schou, might be presenting, I nevertheless went forward in this direction to present goals for hospital pharmacists as I see the need and opportunity.

A *goal* for each active member of the ASHP should be to act as an individual recruiting service. This recruitment effort must be developed in two areas. First is recruitment of high school students into our schools of pharmacy, and second is recruitment of above average pharmacy students into hospital pharmacy practice.

There is need for cooperation with the guidance counselor in the senior high school. This cooperation can be obtained through personal discussions, through visitation to the school and discussion with the students about pharmacy in general and its future, or it can be by invitation of selected students to the hospital and hospital pharmacy. In this latter case, the recruitment effort often overflows into the total hospital recruitment picture.

Your recruitment efforts at the pharmacy school level are needed even more where there is no formal hospital pharmacy program or where there is not a specific member of the faculty assigned to discuss this subject. In the present academic year at the Philadelphia College of Pharmacy and Science, Jefferson's Director of Pharmacy Service addressed the freshman class for an hour on hospital pharmacy practice. In the sophomore class, our pharmacists are participating in a hospital pharmacy symposium presented by selected sophomore students who had previously visited our hospital pharmacy and obtained necessary background data. For junior and senior students, the course "Hospital Pharmacy Orientation" has been offered as an elective. This course, carrying two semester credits, provides a one-hour lecture per week and also a weekly two-hour laboratory period in the hospital.

A *goal for hospital pharmacists* should be the establishment of a formal standard for presenting an orientation to hospital pharmacy practice to the third-year students in the five-year program or to the fourth-year students in the six-year program. There should be established a subcommittee of the Committee on Minimum Standards, which should develop formal syllabi for lecture courses titled "Hospital Pharmacy Orientation," carrying one or two credit hours. There is need also for laboratory periods for this course. These should carry either two or four credit hours, and syllabi are required for each.

Ten years ago, in 1951, a special committee under my chairmanship prepared a syllabus for the course "Hospital Pharmacy Administration." This course was to be given to persons majoring in hospital pharmacy practice. This course syllabus needs to be updated and should be modified in light of the syllabus for the course in hospital administration given to students majoring in hospital pharmacy.

Although many educators have adopted the "Hospital Pharmacy Administration"

course herein and modified it to the needs of junior and senior students, there is need for committee-type thinking and idea exchange to provide the most effective and stimulating orientation to hospital pharmacy practice. There is not the need for detailed subject matter as would be covered in the more detailed courses, "Hospital Pharmacy Administration" and "Hospital Administration."

A goal for hospital pharmacists should be the revision and updating of the *Minimum Standard for Pharmacy Internship in Hospitals*. A further goal should be the establishment of an approval or accreditation program for pharmacy internship and residency programs in hospitals.

Such an approval program has been in the offing for entirely too many years and has not been formalized or made effective. Even after the first year of such a program, there will still be much to be accomplished in weeding out those programs which basically do not provide educational opportunities. Further, improvements will be required in many of the existing programs which have the potential as educational opportunities. It is my opinion that at this moment there are only a few pharmacy internship or residency programs in hospitals that are truly educationally oriented and that give the student a broad perspective in hospital and hospital pharmacy practice.

Since 1947, the Philadelphia College of Pharmacy and Science and the Jefferson Medical College Hospital have been offering a cooperative program in Hospital Pharmacy Administration leading to the master of science in pharmacy degree. These two institutions and comparable institutions in a neighboring city were the first institutions in the United States to offer such a cooperative program. In the years during which this program has been offered, there has been criticism due to the fact that essentially the master of science in pharmacy degree, with the major in hospital pharmacy, has become a terminal degree program.

The Pharmaceutical Survey in 1948 established the need for a six-year program leading to the professional degree of doctor of pharmacy. This has provided stimulus to delete the master of science degree and to replace it with the professional doctor of pharmacy degree. As a goal for hospital pharmacists, I would urge adoption of this professional degree for specialists in hospital pharmacy. This could be accomplished through an elective six-year program in the schools now offering a five-year bachelor of science program. Schools now offering the professional doctor of pharmacy degree should develop an expanded curriculum with major emphasis on hospital pharmacy administration. In this area, there is need for lecture courses of one or two semester credits in the following subjects:

- ▶ Hospital Pharmacy Administration.
- ▶ Hospital Administration.
- ▶ Central Sterile Supply Administration.
- ▶ Hospital Pharmacy Seminar.
- ▶ Hospital Pharmacy Survey.
- ▶ Hospital Accounting.
- ▶ Personnel Supervision.

The ASHP presently has an approved syllabus for a course in "Hospital Pharmacy Administration," and I am pleased that I was chairman of the committee that proposed this 10 years ago. This syllabus must be updated, and there must be a syllabus for the several other courses indicated. Here are additional goals for hospital pharmacists.

A *goal for hospital pharmacists* should be to insure that the pharmacy and therapeutics committee is truly representative of all services in the hospital. Recently I presented a "Review of Pharmacy and Therapeutics Committee Regulations" to the AAAS meeting. The paper indicated that in too many hospitals there was a pharmacy and therapeutics committee that had only two or three physicians as members. It is difficult to assume that such a committee is truly representative of all medical staff services.

At the Jefferson Medical College Hospital, the Pharmacy Committee of the Attending Medical Staff is composed of three physicians, all of whom are department heads. Additionally, however, there has been formed an Advisory Subcommittee to the Pharmacy Committee. This is composed of a physician appointed by the head of each of the 14 departments or services of the medical staff. Every month an agenda is reviewed by each of these individuals, and recommendations are made to the parent committee. Such a committee can carry out additional functions other than the counseling on the basic pharmacy department operations. This becomes a truly representative pharmacy committee and, I believe, functions as the ultimate type of operation for which we strive.

The *Statement of Guiding Principles for the Operation of the Hospital Formulary System*, as approved by the Board of Trustees of the American Hospital Association and the Executive Committee of the ASHP, should serve as the basis for a *goal for hospital pharmacists*. In a "Review of Pharmacy and Therapeutics Committee Regulations," which I presented recently, there were many indications that the formulary system as outlined in this statement of guiding principles is not carried out in all hospitals. In many hospitals, the formulary system is based on an administrative decree by either the hospital administrator or the director of pharmacy service, thus not permitting the medical staff an opportunity to cooperate in establishment and maintenance of the formulary system.

This is an extremely undesirable situation and must be overcome immediately. Where a hospital pharmacist observes such a situation in a nearby hospital, he should accept the responsibility to discuss this with the director of pharmacy service in that hospital and to acquaint him with the *Statement of Guiding Principles*. If this provides no relief, then the pharmacist should present the facts to his local hospital pharmacy association for consideration.

A majority of us have a high regard for and are concerned with maintaining the integrity of the formulary system in our hospitals. We cannot allow any one hospital pharmacist or hospital administrator to discredit the formulary system.

Over the past few years, I have been privileged to speak on several occasions on the need for a purchasing-quality control program for pharmaceuticals. I present as a *goal for hospital pharmacists* the establishment of such a program.

In many pharmacy publications which present a composite news picture, there appear increasing references to the use of so-called generic equivalents. Just as these

discussions have been on the increase, so has there been an increase in the number of small pharmaceutical manufacturing companies which have been offering drugs at extremely low prices. There is no basis for purchase from these companies other than the fast-talking salesman's guarantee that no other company offers a lower price.

Pharmacists in state government hospitals have advised me of their concern as to the quality of products purchased by the state purchasing agent and over which the state hospital pharmacist has no control. I have observed a desirable purchasing-quality control program instituted at the Los Angeles County General Hospital, and I understand that a similar program is being instituted at the Philadelphia General Hospital. At the Jefferson Medical College Hospital, the hospital attorney has almost completed his review of a total purchasing-quality control program for pharmaceuticals. I hope to present this information to a future meeting of the ASHP.

There is need to establish a special committee of the Society to study means of adopting a nationwide system whereby hospital pharmacists could evaluate local sources of supply. Through such a procedure, hospital pharmacists could eventually rule out the undesirable sources of supply. There should exist assurances that where a pharmaceutical company in Columbus, for example, offers a good price, a quality product is certain with each purchase since my associates in Columbus would have checked out the control and manufacturing facilities of this company.

At the most recent talk which I gave on this subject, Dr. Lloyd Miller, Director of Revision of the *U.S. Pharmacopeia*, posed the question as to whether the ASHP could carry out such an evaluation program. Here is a man known to all of us who has observed a problem and who is proposing a *goal for hospital pharmacists*.

A *goal for hospital pharmacists* should be the establishment of a minimum standard for each affiliated chapter of the ASHP. As a basis for this, I would tell you that in the past year, under the able presidency of Mr. Thomas A. Manzelli, the Eastern Pennsylvania Hospital Pharmacists Association has revised its constitution and bylaws. One of the points in the new constitution is that there is only one category of membership, e.g., an *active* member who shall be an APhA and ASHP active member.

A point-rating system is one of the many desirable features of the bylaws. This point-rating procedure is similar to that proposed by the American College of Apothecaries. Points are given for attendance at the association meetings, for committee service, for attending professional meetings in the area or at other locations. There is a point schedule which, if not achieved over a three-year period, will be the basis for loss of membership.

Our local association has a board of directors composed of the past presidents plus active members to the ratio of one board member for each 10 association members. The Board of Directors serves with the following responsibilities:

- a. *The Board shall be the advisory body of the Association.*
- b. *The Board shall hear all grievances, review all of the facts presented, obtain additional information as deemed necessary, and shall make its recommendations to the membership.*

- c. *The Board shall supervise and edit the official publication, The Bulletin of The Eastern Pennsylvania Hospital Pharmacists Association.*
- d. *Questions which may arise as to the fitness of any member to remain as a member shall be referred to the Board, which shall make an investigation in as private a manner as possible. If the Board deems the facts presented warrant action, it shall notify the accused member by mail at least thirty days prior to the regular monthly meeting at which his case will be presented to the membership. The accused member shall have the opportunity to defend himself at this meeting.*

Another part of the bylaws of this association concerns a survey program of the member pharmacies. The Board of Directors comprises the surveying group and makes recommendations where indicated. Where, in the opinion of the Board of Directors, these recommendations are not accepted or activated by the member, loss of membership may result.

Through increasingly active affiliation with the state and local hospital associations, the Eastern Pennsylvania Hospital Pharmacists Association is attempting to develop the status of its association as a professional body whose basic desire is to see established in all area hospitals a minimum standard of practice for pharmacy service in these hospitals. The day is not far off when it will be a privilege for a Philadelphia area hospital pharmacist to hold membership in this association. Soon we anticipate that the area hospital administrators will *require* their pharmacists to hold membership in this association.

In order to stabilize the chapters where there is a large membership, it is desirable to incorporate as a nonprofit association. This incorporation is aimed at protecting the officers, executive committee, and board of directors against any liabilities that are incurred by the association or any members.

We in Philadelphia believe that no other ASHP-affiliated chapter has advanced to this high professional status. As a *goal for hospital pharmacists*, I recommend achievement of similar standards in each local chapter.

Before leaving the affiliated chapters, I would paraphrase a statement made by President Kennedy in his inauguration speech: "Ask not what your association can do for you—ask what you can do for your association." Here is another *goal for hospital pharmacists*.

A previous Whitney Award Lecturer proposed the status of Fellow of the ASHP. As a *goal for hospital pharmacists*, I support this proposal. Once established, Fellowship in the Society would provide a goal for new members. Achievement of Fellowship would be indication that the recipient has contributed significantly towards the development or improvement of hospital pharmacy practice.

In my present position as Assistant Director of Jefferson Medical College Hospital, I am faced with the responsibility to become a member of the American College of Hospital Administrators. Although I am a registered pharmacist and have practiced almost all of my years in hospitals as a pharmacist, I am now practicing as an ad-

ministrator, with pharmacy service being one of my administrative responsibilities. If I am to make progress as an administrator, I must become a member and eventually a Fellow of the American College of Hospital Administrators. The objectives of this association are indicated partially in the College's Articles of Incorporation as follows:

1. *To elevate the standard of hospital administration.*
2. *To establish a standard of competence for hospital administration.*
3. *To develop and promote standards of education and training for hospital administrators.*
4. *To educate hospital trustees and the public to understand that the practice of hospital administration calls for special training and experience.*
5. *To provide a method of conferring Fellowship in Hospital Administration on those who have done or are doing noteworthy service in the field of hospital administration.*

There are three types of memberships in the American College of Hospital Administrators as follows: Nomineeship, Membership, and Fellowship. I am presently applying for Nomineeship in the College. This status is granted to those persons who have fulfilled all of the requirements for admission to the College as are presented. Membership may then be granted to those persons who have been nominees in good standing in the College for at least two years and who have fulfilled technical requirements for advancement. These requirements include successful completion of both an oral and written examination authorized by the Board of Credentials and in all other respects complying with the constitutional provisions for this status. Fellowship is awarded to persons who have been members of the College in good standing for at least five years and who have been found technically eligible for advancement to Fellowship by the Board of Credentials of the College. To be eligible for Fellowship status, the candidate must have submitted an acceptable Fellowship project. The project may be a thesis, four case reports, a bibliography of four published articles, or any combination of case reports and bibliography totaling four. In addition, the applicant must comply in all other respects with the constitutional provisions of the College for Fellowship.

I have elaborated upon the several areas of membership and specifically fellowship in the ACHA because I see in this a *goal for hospital pharmacists*. This goal has been proposed before, and I hope that a special committee will be established to give careful consideration to this. I propose Harvey A. K. Whitney as the first Fellow of the ASHP, although this honor may only be awarded posthumously.

The goals which have been presented up to the moment have concerned our professional practice within the hospital. There are two areas of community participation through which hospital pharmacists can make a contribution because of their professional skill and knowledge.

A goal for hospital pharmacists should be to strive towards representation and more seriously towards participation in activities concerning the operation of health institutions, agencies, and programs. Certainly this takes personal effort and time, but this is a responsibility that we must accept as a professional person. Hospital pharmacists, either representing their specialty or representing the profession as a total entity, should seek increased representation and active participation on local, county, and state public health organizations or advisory units.

As an example, I would cite the Philadelphia story. The County Medical Society has a Committee on Disaster Medicine Health Council. A hospital pharmacist has represented the profession of pharmacy on this committee, together with representatives of the other health professions and services. Hospital pharmacists have been instrumental in founding a joint committee of the several pharmaceutical organizations in the Philadelphia area, with purpose to coordinate the efforts of these organizations for the betterment of the profession. Hospital pharmacists have actively cooperated with the City Department of Community Health in its accidental poisoning prevention program and have given several hundred talks to community groups on this subject. There is more that could be offered for illustration, but time does not permit.

As previously mentioned, in our Philadelphia area some more local hospital pharmacists have offered their services in providing talks to community groups on "The Problem of Accidental Poisoning in the Home." These talks have been well received, and at every talk the hospital pharmacist presenting the talk has been more than reimbursed by the active discussion which has ensued as a result. Hospital pharmacists have participated in other areas of community contributions as in serving on the local school board, in participating in church work, in one or more ways, and there are other areas where hospital pharmacists have made many community contributions. Here is a goal for hospital pharmacists and here is a fertile field in which few hospital pharmacists have attempted to make a contribution.

There are talks to be given to community service groups on the subject of the cost of drugs and the cost of hospital care, the need for polio shots, the value of disaster planning, etc. These are contributions to our profession and to our total hospital picture. They provide challenging enjoyable *goals for those hospital pharmacists* who can speak before an audience.

One point that has been proposed in our local area is the establishment of a political action committee. We as hospital pharmacists have another goal in this area, one which has seen the surface barely scratched insofar as our specialty's contribution is concerned.

There are many other areas, but that demon *time*—how it ruins things for the speaker and the audience. In discussing these community and health organization contributions, I am reminded of the recent statement of President Kennedy, which I paraphrase as follows:

You Serve the Profession, Not Yourself—for the Ultimate Benefit of Others. The Persons You Minister to Will Benefit Directly—and You Will Benefit Indirectly.

I hope that I have paid Harvey A. K. Whitney due honor with this talk and with my professional career to date. At this point, I am reminded of the inscription that I noted over the Easter weekend when, with my family, I visited the U.S. Capitol. There in Statuary Hall is a statue of Dr. Crawford W. Long, pioneer in the use of ether for anesthesia. The inscription on the pedestal indicates: *My Profession Is to me A Ministry Unto God*. Oh if we could all believe in such a statement, what a more virile profession pharmacy would be. Here is another *goal for hospital pharmacists*.

Finally, I suggest each hospital pharmacist accept one more statement as a challenging *goal for hospital pharmacists*. In his book called *A Way of Life*, Sir William Osler wrote:

*Happy is the man—and happy he alone
He who can call today his own,
He who secure within can say,
Tomorrow, do thy worst—For I have lived today.*

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

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