

EDITORIAL



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PHARMACY TECHNICIANS ESTABLISH AN INDEPENDENT NATIONAL ORGANIZATION

CLINICAL PHARMACISTS have been quick to recognize and appreciate the importance of well-trained pharmacy technicians and technologists, for it is through their proper use that the clinical pharmacist is able to develop his practice to its fullest potential. Expansion of the pharmacist's role into clinical practice has brought about a concomitant expansion in the role of these paraprofessionals. It is, therefore, logical that a group of pharmacy technicians has selected *DICP* (the first journal devoted to clinical pharmacy) to campaign for new members in their national association (see inside back cover).

An independent organization of pharmacy technicians has existed since 1979, when the Association of Pharmacy Technicians (APT) was founded in the state of California. For the last two years, APT drew its members largely from the Los Angeles area. Recently, it expanded its membership and affiliated chapters to include the entire state.

Some pharmacists will think positively while others will react negatively toward APT. The latter may fear that pharmacists are losing control of the profession. This fear is unfounded. At least one state association (Michigan) has technicians as members of their association. The ASHP provides services for hospital-based technicians, but this leaves technicians in community practice unrepresented. How long will the MSPA and ASHP be able to keep technicians solely within their associations? It is only a matter of time until technicians form an autonomous group.

Negative thinkers will suggest that technicians would not have considered organizing had they been given only very menial duties in pharmacy departments. They believe that the pharmacists who have expanded the role of technicians are to blame for the assertiveness. These same negative pharmacists are probably the ones who describe technicians by such condescending terms as *subprofessionals* and *nonprofessionals*.

What will technicians seek through their own association? Pharmacy technicians expect to be treated as skilled team members. They desire and deserve respect for their contributions to the pharmacy profession. Technicians want a certain amount of authority to be granted when tasks and responsibility are delegated. A classical management principle states:

To hold a group or individual accountable for activities of any kind without assigning to him or them the necessary authority to discharge that responsibility is manifestly both unsatisfactory and inequitable. It is of great importance to

smooth working that at all levels authority and responsibility should be conterminous and coequal.¹

The more delegation is exercised, the more authority the technician will expect to have. For this reason, pharmacists must be sure that technicians receive appropriate education and training to prepare them for more authority. Technicians must be given the opportunity to become technologists by obtaining further education.

By being better educated and by establishing their own organization, technicians will be able to contribute more to shaping their future and will take a greater interest in it. They will be able to become full-fledged specialized assistants within pharmacy, just as medicine has evolved medical technologists, nuclear medicine technologists, respiratory therapy technologists, and so forth.

Two things that disturb technicians most are: (1) the lack of a proper reward system, and (2) the lack of a hierarchical structure that facilitates promotion. The first imperative is that technicians be given an increase in income along with increased authority or responsibility. The second imperative is that experienced and highly qualified technicians be given opportunities to supervise and train other technicians. A technician recently said to me, "It is not unusual to find a large pharmacy department that may have layers of supervisory pharmacists, such as two to three assistant directors and five to seven pharmacy supervisors. This same department will have 75 to 100 technicians, but none of them are allowed to supervise. Why?" Why, indeed? I know one technician who worked in the same department for nine years and who resigned to go to work for a pharmaceutical company for this reason. In this case, a pharmacist with only two years of practice was employed to train and supervise all the technicians. The technician with nine years of experience was better qualified for this position and applied for it, unsuccessfully. I know of several other instances where highly qualified technicians, after five to ten years of being denied supervisory positions or promotions with appropriate rewards, have left pharmacy to obtain better positions.

Pharmacy directors must address the interests and needs of technicians. Clinical pharmacists must lend their support, and this will help retain the best technicians as members of the pharmacy profession.

Reference

1. Urwick L. The elements of administration. New York: Harper and Row, 1943:46.