Thank you for your contribution of leadership to the American Association of Colleges of Pharmacy (AACP) as committed participants in our policy development and democratic governance processes. Over the past year we have seen substantive and important issues take shape in the form of proposed policy. The work has come from standing committees, Councils, the Board and individual members. We have debated them via Webinars and here in person at this meeting. You have engaged in thoughtful policy formation and this work will advance academic pharmacy in countless ways.

I promised the members of the Bylaws and Policy Development Committee that I would take just a few minutes this morning to reflect on the nature of this work. With the final report and recommendations of the Committee before you, you might say to yourself, “Well, they certainly have muted the controversy for today’s House session.” And if you have not been actively engaged in the process of considering policy over the last several months and here at the meeting, you might leave Kissimmee thinking “Is that all there is? Why bother?!”

Brian Crabtree served as an AACP delegate to the American Pharmacists Association (APhA) House in New Orleans in March. As he left the final, debate-filled and somewhat exhausting final session of their House, he said to me, “Well, that certainly was interesting, and SO different from the AACP House.” Different in this case is not necessarily better; it’s just different.

As the Committee worked in Executive Session yesterday after the best-attended Open Hearing in perhaps 20 years, they worked hard to distinguish statements of educational policy from recommendations for action. They also studied hard and considered the input that suggested that some statements were not ready for action and needed more thoughtful clarification. That is their charge and their work will facilitate the final conduct of House business this morning.

Just 2 final thoughts about the work of the House, past and present, before I continue with my other remarks; this meeting of the House marks the 20th anniversary of the historic and hard-to-achieve decision by the AACP House that the entry-level preparation for pharmacists should be the doctor of pharmacy (PharmD) degree. That meeting took place in Washington, DC, where it must have felt over 100 degrees, like it is there today! This also makes me wonder whether any issue other than degrees, dues, and dollars can incite the interest and engagement of our members! Perhaps some of the work stimulated by President Bootman’s charges to the 2012-2013 committees will test this proposition!

It is a privilege to have this 11th opportunity to take a few minutes to report to you from the perspective of the chief staff officer of your Association and to reflect on AACP in these times of disruptive innovation and opportunity. That is the theme I am using to frame these remarks.

President Crabtree and I had the enormous good fortune to begin calendar year 2012 in what might have been a Harvard School of Business intensive weekend graduate seminar on the topic of disruptive innovation. While we were actually on the island of St. John with leaders and staff colleagues from 10 other national pharmacy and pharmaceutical industry associations, our professor was none other than Clayton Christensen. Many of you may have heard this Harvard Business School professor’s keynote presentation on disruptive innovation in healthcare at the APhA meeting in Seattle in March 2011. Among other titles, Professor Christensen has written the Innovator’s Prescription: Disruptive Innovation in Health Care and Disrupting Class, which applies the theory of disruptive innovation to education. We provided a copy of Disrupting Class to the deans attending last February’s Deans Retreat in San Diego.

If you are keeping score, the good professor suggests clearly and passionately that both healthcare and education at all levels are poised for significant disruption. Sir Ken affirmed this in his remarks to us on Sunday. Christensen bases all of his work on his initial study of how the computing industry has and continues to evolve...
disruptively. Certainly we all appreciate how advances in technology have affected, some might say now rule, our lives. If you consider the changes in the management and funding of research as also disruptive, one might realize that we in health professions education and research are at the epicenter of disruptive forces! Maybe that is why I seem never able to accomplish my aim of having an empty unread messages status in my Outlook mail folder!

So who wins when confronted with disruptions in an industry? While Professor Christensen tends to use hundreds of pages of text to set up his story of disruptive innovation (DI) in an industry, his formula for success is very simple. Disruptive innovation can occur when something that has historically been very complex and expensive can become much simpler and more accessible to the average consumer.

What makes the solution more accessible? Technology is the “how.” A “network” that is equipped to deliver the solution at the community level is necessary, and there must also be an adequate business model to sustain the delivery of the solution to the consuming public. Main frames became “minis” and then PCs, laptops, tablets, and now smart phones. This iPhone cost me the same amount of money in 2011 as the 5 function calculator my Mom bought me in December 1974 to take my Chemistry 101 final exam. The professor finally relented and said we could use non-programmable calculators instead of a slide rule! There were perhaps 100 purchases of the old main-frame, and by 2016 it is estimated that over 1 billion people will be using smart phones!

So what does this mean for AACP? I believe that one other lesson from Clayton deserves attention. In an industry being disrupted, one thing tends to be true. The predominant players in the field can rarely bring forth the disruptive innovation. IBM is cited as an exception to this rule in the computing industry as they allowed a team to separate themselves from the mother ship and they came to market with a leading edge PC solution. But today IBM no longer sells computers; they sell services.

In the 10 years that I have served as your CEO, I have come to appreciate many things about pharmacy education. While pharmacists might be the third largest health profession numerically, we are small, with under 300,000 licensed professionals and just under 130 colleges and schools. AACP staff size is under 30 while our allopathic medicine colleagues at the Association of American Medical Colleges (AAMC) now have a staff of 600!

While small can sometimes equate to underpowered, it does not have to as long as you avoid the underdog mentality. If we have a disruptive solution to bring to the table and are nimble enough as an industry to figure out how to deliver that solution in a sustainable way, then size may be our advantage.

Clayton Christensen walked away from the January 2012 “seminar weekend” completely convinced that he overlooked a most obvious issue in healthcare when researching The Innovator’s Prescription. He overlooked medication management as a disruptive innovation, and he was clueless as to the role of pharmacists in delivering that solution to healthcare. That is no longer the case for this distinguished researcher, academician, and consultant!

As President-elect Bootman declared on Sunday, now is the time to bring our leadership related to the discovery, application, and evaluation of knowledge about medications and their effective use to all the right tables. To do so most effectively we must understand the disruptive forces in our industries and work together in positioning pharmacy education and our partners in practice and research as part of the solution to building new approaches to education, research, and practice. We must work collectively to connect our members at the local, state, national, and international levels to other leaders working toward solutions to better healthcare, more effective education, and 21st century competitive innovation through research.

Knowledge of disruptive forces is one tool. Advocacy on behalf of pharmacy education is essential as well. But there is one more element to the equation we need to have in play, and to describe this, I will draw upon a blog from Gary Gunderson, now at Wake Forest University and formerly at LeBonheur Health System in Memphis. Gary’s work connects the healing community with the faith community to the advantage of all involved, especially the consumer and their caregivers. Once asked what was it that made Gary’s 7-year effort in Memphis work, he responded that major movements advance “at the speed of trust.” Advancing at the speed of trust; I ask you to take a minute and let that sink in to your mental framework for AACP.

I believe that many of our advances in pharmacy education have occurred because our relative smallness and the inclusive structure of AACP allow us, most often, to operate with a degree of trust that comes from strong relationships. Occasionally we will hit on a topic that is challenging, like changing degrees, but with adequate opportunity for dialogue about what is the right thing to do and sufficient trust, we make the right decision and move forward together to implement and succeed. I challenge you to think about that in the context of your work back home and especially in the important work
I close this short report with a word of gratitude for your support over the past 10 years. Yes, 10! I have now completed my first two 5-year contracts as executive vice president and am delighted to know that another 5 years lies before me. I enjoy working for a committed group of members and leaders and am blessed to work on a daily basis with 25 of the most amazing staff colleagues. We work at 1727 King Street at a very fast speed of trust! It’s the way we get a lot of the same work done with a staff a fraction of the size of our colleague organizations! We collectively thank you for your trust in and support of us as we help you navigate to a place of success in an era of disruptive innovation and opportunity.