CAPSI Advocacy: From Aims to Actions

The Aim of Our Advocacy

Imagine you're trying to advocate for a full scope of practice for pharmacists. Here's the catch – you're advocating to a 7-year-old.

You: "Pharmacists need to be able to practice to their full scope."

7-year-old: "Why?"

You: "Our training is not being fully used right now. Our skill set is under-valued and under-utilized. We have an untapped capacity, and a full scope would help."

7-year-old: "Why?"

You: "Our training is so extensive and intensive. It would be put to better use through a full scope."

7-year-old: "Why?"

You: "We'd be able to take the burden off other aspects of the healthcare system and save money."

7-year-old: "Why?"

You: "We're accessible, competent, and improve health outcomes. Increase our scope."

7-year-old: "Why?"

You: "Our communities would be better served by having pharmacists equipped with a scope that can fully help them."

I don't mean to imply that advocating to government or any decision-making body is like advocating to a 7-year-old, but rather, I'd like to point out that the above example only asks more straightforwardly what any outsider to our profession is thinking when we advocate for full (or expanded) scope. Before writing an email or setting up a meeting to speak with my elected officials about any cause, I go through the mental exercise above. I call it "arguing with a 7-year-old" while most would typically call it the 5-whys. It's often used to determine why a particular healthcare error occurred, but it's also valuable to reaching the core of our advocacy.

Appreciating our core aim

The top reasons we often give for expanding our scope of practice tend to have the wrong focus. *We* know that our training is underutilized. *We* know that we could do more. *We* know the system would be more efficient if we could do more. But this is not what matters to most people around us. In fact, when we focus on reasons like untapped capacity, we can easily come across as wanting to do more purely for our own amusement. We need to learn to make the core of our advocacy aims more explicit – we're here to help our patients.

We must peel away our tendency to present advocacy asks in pharmacist-centric layers. At their core, our advocacy is not meant to serve us. It

creates more work for us. It requires more qualifications of us. It requires more regulation of us. I know we don't ultimately do it for us. We have to start showing that though. It is only when we advocate in a community-centric way that our advocacy becomes relevant to those around us and starts spreading laterally.

Increasing our reach

It's been my observation (and I hope it's not the case elsewhere) that when our profession advocates, we commonly place all our focus on who we *perceive* to be decision-makers. In most cases, we think that's politicians and bureaucratic officials. This is a very vertical approach, streaming straight up. Along the way, though, we leave behind those who stand to our side – our other healthcare colleagues, our patients, and the broader community. At first, it doesn't seem like these groups are as influential, but recall how we choose our politicians who appoint bureaucratic officials – by election. The public is thus more important than the public officials. It's time that we recognize and apply the reality that decision-makers are not only those in office. Every patient of ours is a decision-maker.

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This vertical view is likely why our advocacy arguments are framed around untapped resources, ineffective systems, and budget savings – all very important

factors but not always enough on their own. Even if we were all to be unified behind a clear advocacy ask, all agree on its details, and all converge on a detailed plan of implementation, we, pharmacists, pharmacy students, and interns alone, are not nearly significant enough to propel our aims to a higher priority. We will ultimately, rightfully fail if others do not advocate for us side-by-side, laterally.

A lateral approach means framing our advocacy arguments around clear, community-identified, and public-supported needs, such as faster access to healthcare services and relief from ailments or drug therapy problems that we're trained to address fully. I know these arguments and reasons are already present in our advocacy. I fear, however, that they're not central enough, and that we don't present them as meaningfully to those beside us, instead opting to only bring them as afterthoughts or additional considerations for those bureaucratically above us.

Making positive change

We should ask ourselves how we want to be perceived by the community, not only how we want to be perceived by other pharmacists or by our government. While other pharmacists may understand the value of adding lab tests to our scope or allowing therapeutic substitution, we have to ask if our patients know the difference these expansions would make to their care.

Our communities advocate strongly, though without one, sole, unified association. Some advocate, at times, against cuts and de-regulation, while in other times, alternating segments of the population advocate against taxes and spending. They build single-cause campaigns with astonishing yet unsurprising speed, receptiveness, and results. Our very own patients are actively involved, express outrage regarding policies affecting schools, demand change in healthcare professions, and more. In all this, I've never heard of them advocating for the specific things pharmacists advocate for. Perhaps we have to ask how unified, full, and explicit our advocacy for them has been. I don't mean that our associations should advocate for every cause. They have neither the role nor the resources for that, but *we*, pharmacists, pharmacy students, and interns, should always seek ways to connect and advocate for our patient communities, whether that advocacy be independent or collective.

It seems that whenever we think about pharmacy advocacy, we are asking ourselves "How can we help ourselves help our communities?" instead of simply asking "How can we help our communities?" Advocating for increased capacity to prescribe for self-limiting conditions is crucial, but we also cannot let our advocacy end just there. We must also advocate for accessible pharmacare, harm reduction initiatives, funding for education, gender equality, and more, as all of these help our communities and directly link to the social determinants of health that we learn so much about. Advocacy is not simply arguments, or asks, or aims, or even actions. It's

an attitude that goes beyond our associations and integrates into our personal and shared calling.

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