



# Report of the President

119<sup>th</sup> NABP Annual Meeting  
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## **Presented by:**

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Good morning, and welcome to Nashville! Thank you all for being here to participate in this year's Annual Meeting. I know that visiting a place like

Nashville isn't quite as exciting when you're spending most of your time in a hotel listening to folks like me. But these meetings and the interactions with other board members play an important role in setting direction for the Association. These meetings also ensure that the boards of pharmacy are able to communicate and be on the same page when it comes to understanding and responding to this rapid, ever-changing health care landscape. And rest assured, some delicious food, great music, and the best honky-tonk bars await you when time allows after the sessions.

Getting back to changes, we've certainly faced momentous change together over the past few years. And, for a lot of us, change can be difficult and scary, even when we know that it's necessary. Change can be negative or positive. And it's up to us to make change positive and keep moving forward.

If there's one thing that's certain as regulators, it's that change will come whether you're ready or not. That truth is a big part of why the Executive Committee and I have been working so hard this year, and in years past, as so many changes

have come our way. We, along with NABP staff, have endeavored to make sure that the boards of pharmacy have the tools they need in preparation for those inevitable changes. We've also worked to help make those changes as positive as possible, and with public health protection at the center of our goals.

As most of you know, my presidential initiative for 2022-2023 has been all about eliminating barriers to enhance patient safety. During the worst of the COVID-19 pandemic, state and federal governments waived or changed certain requirements to expand the scope of practice for pharmacists and technicians in response to public health needs, such as the increased demand for vaccinations. In light of the positive impact this has had on patient health and safety, I wanted to facilitate a new pharmacy practice model that enhances and promotes safety while exploring a supportive environment for all pharmacy professionals. It's not a coincidence that this year's theme for the Annual Meeting is "Framing a New Practice Mindset."

To achieve this initiative, the Executive Committee and I identified three areas of focus and took steps to address each. These areas are:

1. Identifying regulatory barriers that limit patient access to medication and care.
2. Finding opportunities to increase patient access by enabling pharmacists to practice at the top of their education and training.

3. Determining the external factors that foster unsafe working environments when delivering patient care.

One of the Association's regular tools when it comes to addressing important issues in this profession are the task forces comprised of a panel of experts from all over the country. Looking around, I know many of you have served on some of these task forces and understand that while taking the time to serve and work on these issues is hard, they are important. And I get excited when I see the results of that hard work!

The first of these I'd like to talk about is the Work Group on Workplace Safety, Well-Being, and Working Conditions, which met on September 7-8, 2022. This group put in a great deal of work in just two short days to review these regulatory barriers that we've discussed, and to ultimately find causes and solutions to these challenges. The meeting began with a presentation from some of our partner organizations, such as the American Pharmacists Association, who shared findings from their own initiatives focused on workplace issues and pharmacist well-being. The work group discussed these findings, along with the *Pharmacists Rights and Responsibilities* document developed by APhA and NASPA. Chain store representatives also provided some additional background about the challenges they were experiencing as a result of the pandemic, most

notably an increased workload brought on by vaccine administration and testing, high employee turnover, harassment of pharmacy personnel by patients, reduced resources, and the inability to scale successful pilot projects due to contrasting state pharmacy laws and rules.

The work group members were all familiar with these concerns and agreed that the pandemic had brought them to the forefront.

Shifting focus to identifying possible solutions, the work group discussed the need for a multi-pronged approach involving, for example, patient education and expanded training for pharmacists and pharmacy technicians. The adoption of less proscriptive bright-line regulations by boards of pharmacy was also highlighted as an important solution, as the intent is to allow for easier integration of technology and alternative practice models. Alleviating workload demands through these means would help to improve working conditions.

The work group ultimately recommended that NABP work with stakeholders to identify new practice models that support pharmacists' and technicians' ability to provide care, as well as meaningful standards for staffing.

The work group also recommended a review of the *Model Act* to identify any language that might create barriers to care and that NABP encourage industry stakeholders to amplify current messaging to educate patients about pharmacy operations to manage their expectations.

The last two recommendations were for NABP to encourage you, the boards of pharmacy,

- to consider regulatory pathways to innovations such as automation, shared services, and central fill,
- to reimagine new delivery models that support pharmacists' ability to provide more clinical patient care services, and
- to help address staffing shortages.

Finally, the work group recommended that NABP encourage the boards to review and revise regulations to utilize pharmacy technicians to augment the role of the pharmacists and to identify current pharmacist-only duties that could be safely and competently performed by non-pharmacist personnel.

That leads into the work of another group, the Task Force to Review the Model Rules for the Practice of Pharmacy and Develop a New Pharmacy Practice Model. This task force was charged with reviewing the recommendations of the previous Work Group and the *Model Act* Review Committee specifically to help develop a new model of pharmacy practice. This was a monumental endeavor, but that hard work resulted in invaluable contributions that will modernize the *Model Act* and make sure that the concerns we've discussed are front and center within it.

The revisions they recommended and that the Executive Committee approved were extensive enough that I can't go over each one today, but here are some of the highlights.

- An updated definition for the practice of pharmacy that clarified pharmacist duties, ensuring that compounding and prescribing were included.
- Definitions were also updated for pharmacist care services, collaborative pharmacy practice, and medication therapy management.
- The list of responsibilities for a pharmacist-in-charge was streamlined, while the list of policies and procedures that they are responsible for adopting, implementing, and maintaining was refined.
- The task force also incorporated into the Model Rules for the Practice of Pharmacy a section on telepharmacy that included all of the elements found in the separate Model Rules for the Practice of Telepharmacy, thus negating the need for that separate set of Model Rules.

Besides amending the *Model Act*, the task forces made some additional recommendations for actions NABP should take.

- First, the task forces recommended that NABP support other national pharmacy organizations with focusing on key objectives for a new pharmacy practice model and disseminate this information to state boards.
- Second, the Association should collaborate with pharmacy technician organizations to advance the pharmacy technician role through the development of uniform education and certification standards.
- Finally, NABP should further review the shared pharmacy services and telepharmacy sections of the *Model Act* and convene another task force to review this language to address technological advances that have occurred since they were first drafted.

Now, that's a lot, but I don't want you to leave here thinking that these meetings are the only thing that's come out of this work over the last year. We've been busy developing and promoting the idea of a new practice model in a variety of ways. Most visible has been the posting of a dedicated web page and creation of a video message about this important topic. I'd like to share a short clip with you now.

Thank you.

Though not as directly related to my initiative, I also wanted to take a moment to discuss the work of the Task Force to Review the *Model Act* Licensing and Disciplinary Language. This task force was created to follow up on recommendations made by the *Model Act* Review Committee by reviewing specific sections of the *Model Act* related to licensing of people and facilities and discipline. Among the revisions approved was adding a definition for NABP Verify, clarifications on the requirements for licensure as a dispensing practitioner, and new information about Unlawful Practice added to the licensure of

facilities section. Some information in these sections was also rearranged to improve organization.

Now, just to remind you, the Task Force reports are available on the NABP website. I encourage you to look these over to learn in more detail about what these groups discussed and considered as they arrived at their recommendations. I also want to thank all of those who served on these task forces. The expertise you bring to the table is what makes these task forces and work groups productive.

Speaking of important and productive meetings, I'd like to talk briefly about the NABP Forums. Like the Annual Meeting, the Forums represent great opportunities for collaboration among executive officers, board members, board compliance officers, and legal counsel.

If you haven't yet been able to come to a forum, I strongly encourage you to do so. NABP covers the expense for one person from each board to attend these meetings. The open

discussions on pressing topics with colleagues from across the country has made for invaluable learning experiences in the past, as well as served as the impetus to several NABP initiatives. We've also changed the timing of the forums to make it easier for everyone who participates to plan and add them to their schedules.

As Caroline detailed in her speech, this year we also offered two new meetings:

- The Leadership Academy, and
- the Medication Safety Academy.

These new, biennial academies are scheduled to take place again in 2024 and 2025.

Another vital way to engage with NABP and to network with colleagues is through your district meetings. Most of the business we are conducting here at the Annual Meeting began at the district level. This includes nominating candidates for open Executive Committee positions and developing proposed

resolutions that are brought forth for discussion and eventual voting.

Before I wrap things up, I want to take a moment to recognize the many people who have helped to make my year as your president a productive one.

I have greatly enjoyed this opportunity to serve as NABP president, and I look forward to continuing that work as I assume the office of chairperson of the Executive Committee. As we move further into the twenty-first century, there will no doubt be more change in this profession and in the world beyond. Some of it will be challenging, and perhaps even frightening. In those times, I hope you'll remember that sometimes, change is a good thing.

This profession plays such an important role in the pursuit of our goal to protect public health. As that profession changes, along with the landscape around us, I intend to do everything I can to ensure that we are ready and able to continue that mission, no matter what the future brings.