Jack (and Jill) of All Trades

Clarence Chant

To cite: Chant C. Jack (and Jill) of all trades [editorial]. *Can J Hosp Pharm.* 2025;78(2):e3804. doi: 10.4212/cjhp.3804

The profession of pharmacy has undergone many changes since its inception, when apothecaries had secret formulae for tinctures and knowledge of pharmacognosy. With the advent of industrialization, pharmacists shifted to take on the role of gatekeepers of product preparation (compounding) and distribution. Then came the clinical pharmacy movement, along with the philosophies of "pharmaceutical care" and "medication therapy management". During the clinical pharmacy movement, roles such as the provision of pharmacokinetic consult services and antimicrobial stewardship were developed, to the point that antimicrobial stewardship is now a required organizational practice, as assessed in Accreditation Canada's hospital surveys. In some ways, then, a pharmacist can today be considered a "Jack (or Jill) of all trades".

As health care practitioners, pharmacists have continued to take on new roles in new areas. In the past few months, the *Canadian Journal of Hospital Pharmacy* has published several articles about new and innovative roles for pharmacists, beyond traditional pharmaceutical care. Bentley and others[1] referenced the pharmacist's role in the climate crisis by evaluating the carbon footprint of unused metered dose inhalers in hospital settings. These authors found that in 2 hospitals over just 3 months, the total number of doses wasted was equivalent to the carbon footprint of driving 5951 km by car! In a different realm, Lac and others[2] described their experience with a pharmacist-led, community-based opioid stewardship program involving 22 patients, which reduced daily milligram morphine equivalents by 7.8 mg in this challenging population. In the same issue, Wiebe and others[3] reported their findings after interviewing 15 pharmacists across 7 provinces with roles in addiction medicine. Finally, coming almost full circle, Dupré and others[4] described a nationwide monitoring program for 126 large hospital centres with compounding practices and potential for surface contamination with antineoplastic agents. They found that about 25% of the sampling sites were contaminated with chemotherapy agents, most commonly treatment chairs but also the front grille inside biological safety cabinets.

On the one hand, I applaud these authors for responding to the needs of the profession, of society, and of our shared planet by applying their unique and extensive knowledge of medications and medication systems to effect positive changes. No doubt these efforts will lead to further research or the application of their work at more sites across the profession. On the other hand, concerns do arise that while we are busy creating and responding to new niche areas of practice, we may be less likely to respond to one of our profession's fundamental conundrums: the question of what, exactly, is our professional identity and the related issue of how poorly this identity is known among pharmacy school graduates and practising pharmacists. In addition, perceptions and levels of understanding may differ between community and hospital pharmacists.

This lack of, and sometimes conflicting, professional identity has been outlined in several recent publications. In a systematic literature review covering the past several decades, Kellar and others[5] identified five distinct pharmacist identities—apothecary, dispenser, merchandiser, expert adviser, and finally health care provider—some of which conflict with one another. These identities, and graduates' lack of knowledge about them, were corroborated by a recent study published in our own journal, focusing on hospital pharmacists.[6] The concept of our uncertain professional identity is further reinforced by differences in scopes of practice across provinces, even for a single domain, such as prescribing. For example, pharmacist prescribing (with or without an existing prescription) and ordering of laboratory tests to support this activity is a reality in several (though not all) provinces, but with differences in manner and scope. These inconsistencies in identity and discordance in actual practice cause confusion, uncertainty, and (likely) dissatisfaction with the pharmacist's chosen career. A clear professional identity is essential in today's environment of changing generations in the workforce, where overlap in scopes of practice among physicians, nurses, and pharmacists is increasingly common.

There is a second part to the adage used as the title of this editorial: "Jack (and Jill) of all trades, master of none". That is certainly not what I envision for our profession. I firmly believe we are masters of medications and the associated systems for dispensing and administration. However, we must be cognizant that the fundamental issue of identity, be it a global or a tiered identity, needs to be addressed if the profession is to flourish. Pharmacists can and clearly

should be the masters of medications and then some. I hope that in the near future, the even lesser-known part of the adage—"Jack (and Jill) of all trades, master of none, though oftentimes better than master of one"—will apply!

References

1. Bentley A, Culley CL, Stoynova V. Counting the carbon: quantifying financial and environmental implications of wasted inhaler doses in the hospital setting. *Can J Hosp Pharm.* 2025;78(2):e3606. doi: 10.4212/cjhp.3606
2. Lac J, Leung C, Yan K, Kapanen AI, Tilli T. Expanding opioid stewardship: collaboration between hospital and primary care pharmacists. *Can J Hosp Pharm.* 2025;78(2):e3664. doi: 10.4212/cjhp.3664
3. Wiebe A, Pecson R, Coupland M, Halpape K. Role of pharmacists in addiction medicine in Canada's publicly funded health care systems: a qualitative study. *Can J Hosp Pharm.* 2025;78(2):e3680. doi: 10.4212/cjhp.3680
4. Dupré M, Cirtiu CM, Caron N, Bussières JF, Tanguay C. Canadian monitoring program for surface contamination with 11 antineoplastic drugs in 126 centres: results for 2023. *Can J Hosp Pharm.* 2025;78(2):e3671. doi: 10.4212/cjhp.3671
5. Kellar J, Paradis E, van der Vleuten CPM, Oude Egbrink MGA, Austin Z. A historical discourse analysis of pharmacist identity in pharmacy education. *Am J Pharm Educ.* 2020;84(9):ajpe7864.
6. Dahri K, Luo C, Kent B, Lai M, Driver A, Haag H. Exploring the professional identity of hospital pharmacists in British Columbia. *Can J Hosp Pharm*. 2024;77(1):e3419. doi: 10.4212/cjhp.3419

Clarence Chant, BScPhm, PharmD, FCCP, FCSHP, is Senior Director, Pharmacy, Unity Health Toronto, and Adjunct Professor, Leslie Dan Faculty of Pharmacy, University of Toronto, Toronto, Ontario. He is also an Associate Editor with the *Canadian Journal of Hospital Pharmacy*.

Competing interests: None declared.

Address correspondence to:
Dr Clarence Chant
Pharmacy Department
Unity Health Toronto
30 Bond Street, Room B0007
Toronto ON M5B 1W8

email: clarence.chant@unityhealth.to