

Pharmacotherapy Specialists: Let Us Own Our Area of Expertise!

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To cite: Villeneuve E. Pharmacotherapy specialists: let us own our area of expertise! [editorial]. *Can J Hosp Pharm.* 2025;78(3):e3857. doi: 10.4212/cjhp.3857

The pharmacy profession has evolved greatly in the past few decades in Canada and around the world. In a recent editorial in this journal, Chant reflected on our professional identity and concluded that it was probably better to use our full range of pharmacotherapeutic knowledge than to be a so-called one-trick pony.¹ I agree with Chant in asserting that we are pharmacotherapy specialists, but as we expand our scope, I fear that we may be losing our traditional unique contributions to patient care and the interdisciplinary team. Pharmacists across the country continue to expand their scope of practice to include prescribing, evaluating physical and mental health, vaccinating, and using ultrasonography. Pharmacy faculties must juggle priorities to keep their curriculums updated and are realizing that something must give. Unfortunately, to make room for these new activities, part of the training that has made us unique is slowly losing importance. The focus seems to be less on pharmaceutical sciences, pharmacodynamics, and pharmacokinetics and more on subjects like managing current conditions, vaccination, and prescribing. All are important and necessary, but it is challenging—both for pharmacy programs and for students—to cover everything.

A few years ago, an emergency medicine (EM) pharmacist posted on social media a discussion between two EM physicians, in which one asked the other what his EM pharmacist did. The answer was simple: “He knows stuff!” The meaning is obviously more nuanced and complicated. The team often expects the pharmacist to know a drug’s mechanism of action, to find that uncommon side effect, interaction, or complication of the medication, and to highlight the often-overlooked links between the pathophysiology and the pharmacology. As we expand our scope, these foundational pharmacists’ activities must not be lost, given that other members on the interdisciplinary team do not have this type of knowledge and expertise.

Two decades ago, when I went through a postgraduate year 2 (PGY-2) in emergency medicine in Rochester, New York, I completed the Advanced Trauma Life Support course. As a nonphysician, I could not be certified at the end of the course, but I still went through it. I learned how to intubate,

how to insert chest tubes, how to do a thoracotomy. In the years since, I have never used these skills, but I am a better member of the team in trauma situations because I can execute all the nuanced pharmacotherapy needed to help stabilize the patient who is undergoing these procedures.

In a previous issue of the *Canadian Journal of Hospital Pharmacy (CJHP)*, Nazer and others² described an interdisciplinary training approach that included a day with a critical care nurse in a PGY-1 program in Jordan. The aim of the experience was to improve skills in bedside monitoring and drug administration. The residents who have gone through this experience mostly agreed that it was helpful.² This is a fitting example of an innovative teaching method presented by an interdisciplinary team member that aims to improve the pharmacotherapy specialist’s skill set but not transform the pharmacist’s role into something else. Innovation is indispensable in teaching the pharmacists of tomorrow and can help in advancing pharmacy practice as well. For example, the current issue of *CJHP* includes a narrative review, prepared by Masson and others,³ describing the role of pharmacists in the correctional health care setting. Although this is a unique setting, the literature review revealed broadly applicable activities such as involvement of pharmacists in diabetes and anticoagulation clinics, substance use disorders, HIV, and antibiotic stewardship.³

Pharmacists should continue to innovate in teaching and clinical practice. It is essential to do so to continue to be relevant, but we must also remember where we came from and how we became who we are.

We are pharmacotherapy specialists!

References

1. Chant C. Jack (and Jill) of all trades [editorial]. *Can J Hosp Pharm.* 2025;78(2):e3804. doi: 10.4212/cjhp.3804
2. Nazer LH, Said N, Awad W, Kharabsheh A, Smadi M, Jaddoua S. An innovative approach to interdisciplinary training: a pharmacy resident’s day with a critical care nurse. *Can J Hosp Pharm.* 2025;78(2):e3780. doi: 10.4212/cjhp.3780
3. Masson SC, Rishi S, Wong R. Exploring the role of clinical pharmacists in the correctional health care setting: a narrative review. *Can J Hosp Pharm.* 2025;78(3):e3681. doi: 10.4212/cjhp.3681



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Competing interests: For activities unrelated to the topic of this editorial, Eric Villeneuve has received honoraria from the Association des pharmaciens en établissement de santé for writing and presenting practice guidelines for emergency medicine pharmacists. No other competing interests were declared.

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