

## Editorial

Some time ago, at a meeting of the executive committee of the European Association of Faculties of Pharmacy (EAFP), it was proposed that there should be a journal devoted to issues in pharmacy education. The *American Journal of Pharmaceutical Education* has a long and proud history, but naturally has tended to focus on North American issues in pharmacy education which has often had different priorities and directions to European education. Until the EAFP was formed there was indeed little opportunity for academics in Europe to get together to reflect on past practices, discuss best practice and new ideas and to learn from each other about one of their primary duties – the education and training of future generations of pharmacy professions. Wherever in the world we are based, we are faced with complex issues – attempting to produce pharmacy graduates fit for community, hospital, industry and, vitally important for the future, for research and teaching in an academic environment. The appearance of a new journal devoted to pharmacy education provides a medium for rapid dissemination and debate on ways of optimally educating and training future professionals.

Ian Bates has taken the idea and turned it into reality, and I believe that *Pharmacy Education* comes at a time of significant change.

There is possibly no single belief about the future, nor how we approach it. Nor is there, nor should there be, a universal view because

of our different traditions and histories. Uniformity is not an aim. Excellence is. Many of the pressures for educational change come from outside academia. They stem often from a view of pharmacy generally dictated by the real or perceived needs of community or general practice pharmacy but we should think and plan for a pharmaceutical continuum of community, hospital and industrial pharmacy. We do not need a revolution in pharmaceutical education but we do need to examine our prejudices and practices, and we need to change, for the world of medicine and health care is changing apace.

Pharmacy education defines the knowledge base for the future. It does not complete it. It characterises the profession, but only if it instills the methodology of lifelong self-instruction, and the knowledge of many things not taught, not understood or not yet known. We cannot know or teach everything. What, in fact, do pharmacists need to know? Have we really defined what a pharmacist is? Do we ask the appropriate questions, such as, can we practice pharmaceutical care without a fundamental grasp of the pharmaceutical sciences. How deep must that understanding of science be?

The definition of a profession is a group with a unique knowledge base. What is unique about this purported base? It is the mix of subjects across the biological and physical divide that few others traverse. If it is unique it has to be renewed by members of the profession, those in

Schools and Faculties of Pharmacy and practitioners. This defines some of the roles of the Schools. And it teaches us that our research has perhaps more often than at present to be directed towards pharmaceutical problems in practice.

How do we prepare students for a future that by definition we cannot know about in detail? The answer is the greatest argument for problem based learning and student-centred approaches where we can train students to think of problems, previously unseen, and educate them to work out methodologies for resolving them. Our experience in London began with the questions "what are we aiming for?" then around the answers was constructed the framework of our degree, the grammar, if you like, of pharmacy. Others will have come to different conclusions than us which we should explore vigorously in the pages of this journal.

Some say we need to separate the preclinical (basic science) and clinical (practice) elements of our courses, gradually increasing the practice

content. This, of course, begs the question of what is practice and what is the study of practice. This "wedge" notion is too simplistic. It tends to allow the science to become detached from what is needed, science applied to ensure optimum medication and care. The goal must be to abolish boundaries, boundaries between science and practice and between disciplines. There is a folly in the presumption that we know what the future holds. To consider some subjects redundant, therefore, because of our perceptions of the future is as dangerous as insisting that all topics in science are important because one day they might become useful! Perhaps a greater appreciation of our history would help us to secure a position of strength. I hope that all views are expressed in the pages of *Pharmacy Education* and that the journal becomes required reading for all those who are interested in the future of the profession, and in the future success of academic pharmacy on which the profession depends.

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