

CSHP Position Statement on Pharmacist as Head of Hospital Pharmacy

In our consideration of the role of the pharmacist as head of hospital pharmacy services, we have come to conclusions that differ markedly from those of the authors of the recent CSHP position statement on this topic.¹ The rationales provided in the position statement are relevant for a site-based manager or director, but we feel that a nonpharmacist director can function effectively in a large health care region if there has been proper structuring of the pharmacy management team. We respond here to each of the rationales in turn.

The complexity of the medication use system necessitates a comprehensive and specialized knowledge base: The role of the pharmacy director in a large integrated health region is not to design the medication use system, but rather to lead strategic planning and implementation, with the support of a pharmacy management team composed of pharmacists and pharmacy technicians. For clinical or drug utilization decisions, a properly structured management team allows a nonpharmacist director to delegate decisions to pharmacist members of the management team and then to support these initiatives with senior executives of the health care region.

Pharmacists are best suited to have the knowledge, skills, and abilities required of a head of hospital pharmacy services: The appropriate skill set for the position of head of pharmacy services depends on whether this person's role focuses on the detailed day-to-day operation of the on-site pharmacy departments or is one of strategic planning, fiscal responsibility, and setting the general direction of the regional department. The position statement notes that the skill sets required of a good hospital pharmacy director include "practice foundation skills, leadership, planning, marketing, securing resources, [and] implementation (of programs and services)". However, none of these skill sets require a pharmacist's clinical knowledge, nor are they present in all graduating pharmacists. In fact, allowing a nonpharmacist with strong business acumen to do this job may actually prove to be an advantage for regional pharmacy management in the current environment of burgeoning demand, competitive funding, and rationalization of services.

Several provincial pharmacy regulatory bodies in Canada specify that the head of hospital pharmacy services must be a pharmacist: Provincial regulations regarding pharmacy management vary across the country. However, according to what was presented in the position statement,¹ having a

nonpharmacist as the head of pharmacy services would not contravene any of these provincial acts, provided that the site pharmacies were managed by pharmacists, since that is the level of direct control and oversight of a department. That is also the level of management where specific clinical knowledge and an understanding of medication delivery systems are of most importance.

National and international professional practice guidelines recommend that heads of hospital pharmacy services be pharmacists: Standards of practice set by both the CSHP and the American Society of Health-System Pharmacists (ASHP) have endorsed having residency-trained pharmacists as directors of pharmacy. ASHP further recommends that directors have postgraduate business management degrees (e.g., master of business administration [MBA] or master of health services administration [MHSA]). In a regional setting, where the director of pharmacy is supported by a team of pharmacists in management roles, it could be argued that an advanced management degree is of greater importance than a degree in pharmacy or a residency program. Some regional departments of pharmacy have multi-million-dollar budgets, larger than ever expected when the CSHP and ASHP standards of practice were written. A businesslike attitude and strong skills in fiscal planning are keys to the success of the department in these situations. It may be time for both CSHP and ASHP to think outside the box and consider the points at which strong leadership from pharmacists is essential within hospital pharmacy organizations.

Pharmacists are needed in management roles for leadership and advancement of the profession of pharmacy: It is absolutely essential that pharmacists take their place as leaders in direct patient care and in interdisciplinary hospital environments. Opportunities to support the growth and development of future leaders in our profession are required but have for some time been overlooked in hospital pharmacy practice.

Now is the time for CSHP to forgo the status quo and instead look to the future by envisioning a pharmacy department that recognizes the different skill sets needed in different types of pharmacy management positions. This means putting pharmacists in management roles where clinical decision-making is essential and supporting the development of opportunities for pharmacists who are interested in moving into director's roles, by helping them to acquire the business management skills they will need to be successful in these roles.

In conclusion, we would like to emphasize that it is not our



intent to imply that pharmacists should not become directors of pharmacy, but rather that their clinical skill set should not be the reason they assume that role.

Reference

1. Canadian Society of Hospital Pharmacists. The role of the pharmacist as head of hospital pharmacy services. *Can J Hosp Pharm* 2005;58:299-303.

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I read with interest the CSHP position statement entitled “The Role of the Pharmacist as Head of Hospital Pharmacy Services”¹ and the accompanying editorial² in the November 2005 issue of *CJHP*. I write this letter from the perspective of a CSHP member who has worked as a staff pharmacist, a front-line manager, a pharmacy department head, and now an executive within a major teaching hospital. I have been associated with a pharmacy department that was led by a nonpharmacist. I also come from an organization with a history of advancing pharmacists to senior-level positions, including that of CEO. For the record, I wholeheartedly support CSHP’s position statement and CSHP’s call to develop more pharmacy leaders.

I approach this issue with admitted biases: My experience has shown me that pharmacists as leaders of pharmacy systems make a difference, and, in general, pharmacy has done an inadequate job of grooming leaders for the future. In that respect, pharmacy is like many other professions. Over the next 5 to 10 years, as experienced managers retire, pharmacy will be faced with a management talent crisis. We have data that cast doubt on the status of hospital pharmacy as an agent of change for patient safety and for the advancement of hospital pharmacy.³ If the profession of pharmacy is struggling today to advance itself and to maintain or enhance its role in patient safety, how much more will this position be challenged in the face of an impending leadership shortage?

From a health system perspective, leaders with a pharmacy background can serve a valuable role in managing hospitals. Hospital pharmacists, if properly trained, possess a formidable leadership “triple threat”. Specifically, hospital pharmacists possess credible knowledge of clinical care, relevant business experience, and a systems orientation that knits the entire system together in a manner that leads to better outcomes. Their ability to navigate each of these areas and to translate the “jargon” in each domain can be a powerful management tool.

Pharmacy experience and skills are not enough to manage today’s complex hospital environments. Pharmacist leaders must advance their skills with managerial training if they are to truly be effective as managers and leaders. Pharmacy has, for too long, ignored the development of its own leaders and, more importantly, those in staff level positions who are the leaders of the future. Pharmacists have avoided management training, leaving that to the “administrative types” in their organizations. In contrast, other professions such as nursing have for many years recognized the need for strong leaders and have invested in training programs to ensure a continuous supply of leadership talent. Many graduate programs in nursing have an administrative stream that has produced competent and credible leaders.

Let’s face facts: nonpharmacists can manage pharmacy departments. We must never delude ourselves into thinking that we cannot be replaced as managers in pharmacies. But if we decide to defer to other professions and allow them to lead in our place of practice, we should be aware of the significant impacts on pharmacy as a profession. Our collective future (and that of our patients) is not well served by ignoring the value that pharmacists bring to the leadership table. If we, as pharmacists, walk away from the pharmacy leadership table we are diminishing the value of pharmacists within the health care system and the role that pharmacists can play in leading the broader health care system. Other professionals such as nurses and physicians never debate the merits that their professional experience brings to the leadership arena, and in my experience they expect the same from pharmacists. So let’s not debate the premise that pharmacists should lead pharmacies. Instead, let’s ensure that we have the human resources to meet the need!

Now is the time for hospital pharmacy to pay attention to its future leadership. We must ensure a steady supply of new skilled leaders to advance pharmacy practice and to ensure safe and effective systems for patient care. We must market leadership roles to new practitioners and provide them with the experience and training to succeed. We must get involved in the broader hospital community to gain experience and provide input into the entire health system. Finally, we must not be shy about our role and our needs. Patients and hospitals need strong pharmacy systems, and pharmacists need to lead those systems. Success in hospitals does not occur by chance. Strong management and strong leadership are the keys to ensuring success—strong and capable pharmacy leadership makes a difference!

References

1. Canadian Society of Hospital Pharmacists. The role of the pharmacist as head of hospital pharmacy services. *Can J Hosp Pharm* 2005;58:299-303.
2. MacKinnon NJ, Clark S, McCaffrey KJ. Storm clouds on the horizon: the future of hospital pharmacy management [editorial]. *Can J Hosp Pharm* 2005;58:261-2.
3. Johnson N. Are we really leaders? *Can J Hosp Pharm* 2004;57:313.

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I congratulate CSHP on the publication of its position statement "The Role of the Pharmacist as Head of Hospital Pharmacy Services".¹ I took for granted that our institution would always have a pharmacist as the director of pharmacy and would never have perused an article with a title such as "Rationale for Having a Chief Pharmacy Officer in a Health Care Organization"² until the hospital where I work lost its pharmacist director in October 2004. I contacted the CSHP to ask for the Society's position on whether pharmacy departments should be managed by pharmacists and was surprised to learn that there were no documents, standards, or position papers addressing this issue. I then contacted other pediatric directors of pharmacy, who were very supportive and informative but were unable to suggest publications supporting the argument that pharmacists should have upper management roles.

It is not the intent of this letter to restate the arguments for or against having a pharmacist as director. I commend the Society's broad consultation with members and the efforts of those who assisted in drafting the position statement. I only wish to share our recent experience at the Children's Hospital of Eastern Ontario. One of the strengths of an institution is the diversity of health professional expertise at the management level and the associated multidisciplinary transfer of knowledge between leaders. As such, I strongly support the editorial accompanying the position statement, in which MacKinnon and others³ noted that only a physician would be considered for the position of chief medical officer and only a nurse for that of chief nursing officer. I believe it follows without question that the director of pharmacy (or head of hospital pharmacy services) should be a pharmacist. Not only do I, as a clinical pharmacist, feel professionally strengthened by collaborating with a pharmacist director, but the integration of a pharmacist within the institution's management team strengthens the hospital's ability to incorporate pharmaceutical progress into its strategic initiatives.² When a nonpharmacist was appointed as our director of pharmacy, we felt professionally isolated from the pharmacy management network. Although our clinical pharmacists have well-established links with regional, national, and international clinical pharmacy networks, we no longer had access to the network of directors of pharmacy, which proactively and retrospectively examines global pharmacy initiatives and issues that affect all hospital pharmacy practice, independent of clinical specialty.

Given the current shortage of pharmacists and the fact that fewer pharmacists are planning an administrative career, other professionals may be required to fill the gap. A pharmacy degree is not a prerequisite for excellent management skills; however, a pharmacy director is required to provide leadership that goes above and beyond personnel management. The director also leads through knowledge of pharmaceutical, clinical, technical, and research advances. This requires that both clinical and business issues be taken into account. A pharmacist director of a tertiary care teaching institution is also a national role model for pharmacy students, residents, and staff who might consider administration as a career path. It

also affords other health care professions (students, residents, fellows, and staff) the opportunity to understand the strengths and skill sets that a pharmacist director can offer.

In closing, I thank CSHP for so strongly recommending that the department head of a hospital pharmacy be a licensed pharmacist. I am encouraged that the Society continues to advocate for pharmacists for both the present and the future.

References

1. Canadian Society of Hospital Pharmacists. The role of the pharmacist as head of hospital pharmacy services. *Can J Hosp Pharm* 2005;58:299-303.
2. Ivey MF. Rationale for having a chief pharmacy officer in a health care organization. *Am J Health Syst Pharm* 2005;62:975-8.
2. MacKinnon NJ, Clark S, McCaffrey KJ. Storm clouds on the horizon: the future of hospital pharmacy management [editorial]. *Can J Hosp Pharm* 2005;58:261-2.

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Response from CSHP Executive

As the executive officers of the national voluntary organization representing hospital pharmacists across Canada, we stand by the Society's position statement that an individual with a pharmacy background is best suited to lead a hospital pharmacy department. It is encouraging that this position statement has evoked passionate discussion, since introspection of this type is always healthy and can only serve to move our profession forward. CSHP continues to recognize and support the professional growth of our members and will actively seek future opportunities to support and train pharmacy leaders. To this end, we have struck a Hospital Pharmacy Management Leadership Task Force to evaluate, recommend, and implement strategies to develop leaders in hospital pharmacy management. We look forward to the leadership agenda that will be proposed by this task force.

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