Planning for Hospital Pharmacy Management, Now and in the Future

CSHP Hospital Pharmacy Management Task Force

The following is a preliminary report of the Hospital Pharmacy Management Task Force, which was reviewed by Council at the Annual General Meeting of the Canadian Society of Hospital Pharmacists in August 2007. This report is being published in *CJHP* to broaden discussions on this important topic to the membership at large.

INTRODUCTION

Where have all the pharmacy managers gone? This question has garnered the attention of hospital pharmacists across Canada in the wake of changing management roles, the appointment of nonpharmacist managers, and ongoing vacancies in formal leadership positions. There is substantial concern that demographic changes in the Canadian workforce throughout the next decade will exacerbate the current shortage of pharmacists willing and prepared to take on management positions. Just as professional development in the areas of patient care, medication distribution technologies, advances in disease management, and the human genome are all of prime importance to the delivery of health care, so too is the development of pharmacy leaders and managers. An issue of this importance demands and has been receiving attention. In response to shifts in the roles and functions of hospital pharmacy managers, CSHP developed a position paper, which was published in 2005.[1] A related editorial published in the same issue of *CJHP* spoke to the need for strong hospital pharmacy leaders to guide the future direction of hospital pharmacy practice.[2]

Numerous opinions have been expressed by CSHP members, in the form of letters to the editor of *CJHP* and discussions in formal and informal settings at CSHP Annual General Meetings (AGMs) and Professional Practice Conferences.[3,4] A workshop on hospital pharmacy management issues, sponsored by the Canadian Institutes of Health Research, addressed issues

Terms Used in This Paper	
Manager	A person in a formal management position, usually responsible for human resources, policy setting, and financial monitoring
Leader	A person holding a formal (often managerial) or informal position of leadership in the profession
Head	A person responsible for the overall management of the pharmacy department, often referred to as adirector of pharmacy

related to the recruitment and retention of heads of hospital pharmacy, the nurturing of the next generation of hospital pharmacy managers, and the impacts of changing demographics.[5] In 2005, CSHP Council appointed the Hospital Pharmacy Management Task Force to explore the current practice environment and to identify factors contributing to the diminishing number of pharmacists available for management positions in pharmacy. CSHP and the task force recognize that the apparent lack of interest in management roles did not develop overnight and, similarly, that the problem will not be rectified in that timeframe. Our profession needs to first understand the numerous factors involved and then take appropriate steps to change the course of hospital pharmacy management in the future. This report provides an overview of the work of the task force, which will be of interest to all hospital pharmacists, and outlines recommendations for CSHP, for current pharmacy managers, and for staff pharmacists.

FACTORS CONTRIBUTING TO A DECLINE IN MANAGEMENT

The task force identified 4 factors that have contributed to both a decline in interest among pharmacists in pursuing management opportunities and the lack of preparation of pharmacists for management responsibilities: a shortage of pharmacists, a reduction in entry-level management positions, lack of encouragement and preparation by the profession, and changes related to generational demographics.

Shortage of Pharmacists

One important factor leading to the declining interest in management positions among hospital pharmacists is the North American shortage of pharmacists. This shortage directly contributes to the low number of pharmacists willing to take on management positions.[6] The shortage significantly complicates the role of pharmacy managers and diverts their attention from other leadership tasks that may be more rewarding. A variety of other stressors, such as demands for reductions in drug and operating costs and implementation of new technologies, represent additional factors identified as contributing to the reluctance of pharmacists to take on these management positions. Pharmacists who might otherwise be interested in management opportunities may perceive the work of existing managers as stressful and therefore may not pursue management vacancies when they arise.

Reduction in Entry-Level Management Positions

Changes in the structure of hospitals in general and of pharmacy departments in particular have led to a reduction in or elimination of entry-level management positions. Regionalization and the flattening of organizational structures have not supported succession planning. The responsibilities of pharmacy managers are much broader than in years past, and positions such as assistant and associate directors have been eliminated. In addition, entry-level management positions tend to be fairly specialized, and therefore may not be adequate to prepare a pharmacist for a future role as the head of a department.

It has also been suggested that pharmacists who entered the profession over the past 10 to 15 years may have received 2 messages about career paths. One message was that successful hospital pharmacy practice focuses on direct patient care; therefore, many pharmacists have pursued roles that maximize their opportunities for clinical practice, rather than management. The second message was that a pharmacist is unlikely to be successful pursuing 2 practice directions; pharmacists may therefore have felt the need to choose between a management and a patient-care (clinical) path early in their careers because of the competing demands of these different roles. Many of the pharmacists who chose a clinical career path may not have considered switching to management positions as they approached the midpoint of their careers. Although these messages may not be entirely accurate, as demonstrated by those who have successfully balanced clinical and management roles, they may have contributed to the scarcity of pharmacists interested in management roles. To some degree, the current practice environment has shaped a generation of pharmacists who are not interested in or prepared for management positions and has created organizational structures that inadequately prepare pharmacists to take on these positions.

Lack of Promotion of Management Careers to New Pharmacists

The task force believes that the profession itself has not been particularly supportive of or encouraging to pharmacy students and new pharmacists aspiring to pharmacy management roles. For example, changes to the hospital pharmacy residency program have consistently reduced the time allocated to learning management skills and responsibilities and increased the focus on direct patient care.[7] These changes certainly prepare pharmacists to take on clinical roles upon completion of their residency programs, but they also represent a lost opportunity to encourage talented and motivated residents to consider a career path that includes pharmacy management. As well, the profession has not effectively engaged undergraduate pharmacy students and has not highlighted the challenges and benefits that come with management positions in hospital pharmacy.

Changing Demographics

The fourth factor identified by the task force relates to the changing demographics of the profession. Logically, future managers will not come from the same generation as the individuals who currently occupy management positions. Broadly speaking, many pharmacist managers are of the baby boomer generation; in contrast, Generation X may be seen as a generation that has not had the opportunity to take on management roles, is not interested in such roles, or is not prepared

to do so. The next group, the "Millennials" or Generation Y as it is sometimes called, represents those pharmacists just now entering the profession. Much work has been done to study the culture, beliefs, and behaviours of these different generations, and it would be folly for us to believe that what motivates the baby boomers will also motivate subsequent generations in the same way. Similarly, the gender distribution of pharmacists has changed significantly over the years, and there is an evolving body of information describing the challenges faced by women trying to balance their careers and family life.[8] If these demographic issues are not addressed, the profession may not be successful in ensuring that there are pharmacists willing to take on these management roles.

STRATEGIES TO ADDRESS RECRUITMENT AND RETENTION

Within the task force, 4 working groups were created to identify strategies to address the 4 factors described above. The working groups developed 4 strategic themes: to identify and promote the positive aspects of the role of a hospital pharmacy manager, to create ways to attract and support midcareer pharmacists as they undertake formal management roles, to attract students and residents to management roles, and to provide insights into the impacts of demographic changes in the workforce. An overview of the strategies within each of these themes is presented below.

Promote Positive Aspects of Hospital Pharmacy Management

The experience of a pharmacy manager seems to be defined by contradictions. Some managers appear to approach their vocation with languor, but those same individuals will almost certainly be seen passionately and vociferously representing pharmacy to the rest of the organization. The picture looks something like this: When a manager is asked in passing, "How are you doing?" the answer may be a short, discouraging dissertation on how busy things are and how many problems the department faces, yet when questioned about the positive aspects of his or her job, the manager has no trouble describing the things that keep him or her coming to work day after day.

At one level, this contradiction is understandable. The nature of the manager's role is often to solve problems (typically related to human resources), but it is the solving of those problems that defines and challenges the manager's role. If incumbents focus on the problems themselves rather than the problem-solving, we should not be surprised that an outsider's view of pharmacy management might be less than inviting. Managers who see themselves as recipients of unresolved issues may neither welcome a new problem nor want to give the impression that there is time and energy to receive more issues. As such, some pharmacy managers project a sense that their role is burdened with problems and is not highly desirable within the organization. In attracting pharmacists to management roles in the future, existing pharmacy managers have an important role to play. These leaders need to be much more deliberately positive about what they convey to their staff if others are to be attracted to this area of practice.

One of the working groups developed strategies to assist managers in their efforts to project a much more positive image to their staff. For example, the working group identified many of the positive aspects of management (Table 1) and contributed questions to the 2007 CSHP leadership survey (published separately).[9]

In addition, the working group developed a brochure (for separate publication and eventual posting on the CSHP website in downloadable format) as a recruitment tool for staff considering management positions. Other resource materials were also identified. For example, the proceedings of the 11th Annual Conference for Leaders in Health-System Pharmacy of the American Society of Health-System Pharmacists (ASHP), held in October 2006, provide tremendous fodder for any pharmacy manager wishing to make pharmacy leadership more desirable either locally or at the national level.[10]

Attracting tomorrow's managers is one of the greatest leadership challenges facing the profession, and existing pharmacy managers can do a great deal to make pharmacy management positions more desirable. Projecting a positive image and nurturing potential candidates should be high on every manager's list of professional objectives.

Attract and Develop "Midcareer" Hospital Pharmacists into Management Roles

Another working group focused on individuals who have already taken that first step of either accepting or expressing interest in their first management position. With the acknowledged challenges of attracting people to management positions, it is essential that managers support and actively facilitate the transition of pharmacists from staff to management in this way.

Table 1. Positive Aspects of Hospital Pharmacy Management Identified by Working Group on Projecting a Positive Image to Staff

Broader scope of influence

Having an opportunity to influence pharmacy practice

Having an opportunity to be a part of decision-making process

Being part of the organizational culture and actively participating in solutions

Developing relationships with other areas of the organization

Breaking new ground

Getting the message out regarding the role and contribution of pharmacists (marketing)

Improving relationships with coworkers and other departments

Setting culture within the pharmacy department

Developing people

Achieving through others

Innovation and problem-solving

Recognition of staff and others

Optimizing outcomes from existing resources

Setting a positive culture and environment

Developing a "culture that unleashes the talents of all workers and encourages and invites all to contribute"

Improving relationships with coworkers and other departments

Opportunity to empower and inspire team

Variety of professional responsibilities and duties (satisfaction with scope of practice)

Broad, balanced view of work

Variety of work

Innovation and problem-solving

Challenges offering stimulation and intrigue

Not routine, never dull, lots to do

Understand the whole of the job (i.e., the impact of all components required for full benefit of pharmacy services)

Dimensions of work: space planning, budget, work load statistics, change management

Intellectually stimulating

Unique perspective on health care delivery

Personal development (includes what to do and when)

Opportunity to choose areas of personal emphasis

Sense of accomplishment

Appreciation (if one has the right boss)

Opportunity for personal growth (e.g., task forces, conferences, internal management development)

Professional satisfaction

Professional recognition

Flexible work schedules

Opportunity to learn

Opportunity to network with influential professionals and people

Opportunities for involvement in profession associations (Ideally we ask pharmacists at all levels to consider running for these positions. Realistically, if we look back, it is very few staff pharmacists who can seek the office of association president. This may not be everyone's goal, but if someone has served at a branch executive level they might have ambitions to move to the national level.)

Opportunity to develop different internal and external networks outside of pharmacy

Opportunities to learn and develop emotional intelligence skills

Creativity and problem-solving skills

Opportunity to influence

The working group considered each point in the transition and developed a series of strategies intended to maximize success. The working group then reviewed these key areas and agreed that succession planning and development of management skills would have the greatest impact. A number of strategies were developed that existing pharmacy managers and CSHP might use to facilitate succession planning and development of management skills. This area is particularly suited to the shameless stealing of ideas from other sectors and disciplines. There is little doubt that pharmacy mangers can positively influence staff and assist in the development of their management skills if they work individually and collectively on some of these strategies.

Plant Seeds with "Early-Career" Pharmacists

The working group examining opportunities to influence pharmacists at the very earliest stages of their development had a daunting task. This working group addressed the question, "How can pharmacy students and residents be stimulated to take an interest in hospital pharmacy management roles in the future?" After compiling an extensive list of possible answers to this question, the working group used a voting system to focus on solutions that they thought were most likely to succeed. To attract more student interest in a career in hospital pharmacy management, the working group recommended building more administrative case studies and management issues into the curriculum, an idea that was subsequently communicated to the Association of Faculties of Pharmacy of Canada (AFPC). The working group had 2 main ideas for attracting more interest among residents: (1) work with the Canadian Hospital Pharmacy Residency Board (CHPRB) to encourage, through its standards (i.e., the revised standards for 2010), the provision of a variety of focused administrative experiences that would challenge critical thinking, create an awareness of human and other resource utilization, and strengthen interpersonal communication and collaborative skills (a suggestion that has now been communicated to the chair of the CHPRB); and (2) offer more management presentations at CSHP events.

Methods to promote management will be most successful if students are engaged early, and continuously, through a variety of activities and learning methods in the undergraduate programs and at professional meetings where students and residents convene. Given that these strategies are intended to influence students and residents long before they are likely to be actively considering a management position, it is important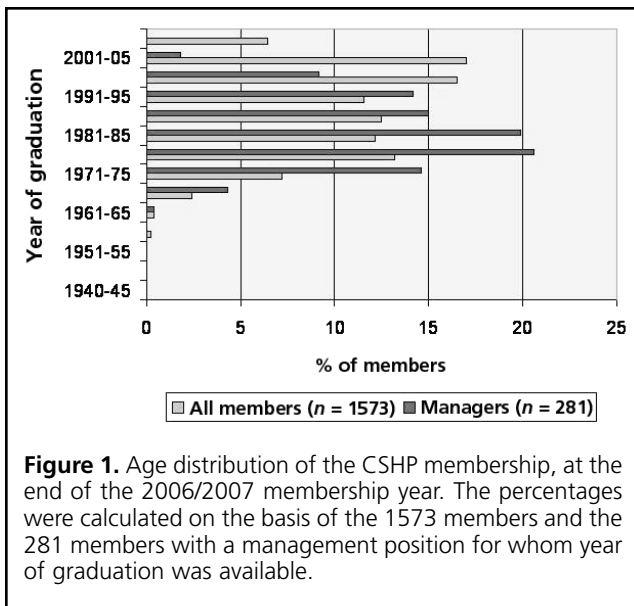 that CSHP take a leadership role and work with other organizations to bring these strategies to fruition. More specific suggestions on how to implement these strategies are presented in the recommendations (see below).

Anticipate Changing Demographics of Hospital Pharmacists

The working group charged with investigating the changing demographics of hospital pharmacists and hospital pharmacy managers began by consulting the "Report of the ASHP Task Force on Pharmacy's Changing Demographics".[8] CSHP office staff undertook a review of the national membership to help the working group to understand some of the demographic dynamics of the Society's membership. Data for 2218 active members of CSHP at the end of the 2006/2007 membership year were evaluated with respect to sex (surmised from the member's first name), location (determined by the member's branch affiliation), and year of graduation (as a proxy for age). The same analysis was repeated for 440 of these active members who recorded a management-like position in Canadian hospitals and regional health authorities on their membership registration (e.g., assistant director, associate director, chief, clinical leader, clinical practice leader, clinical site leader, coordinator, director, executive director, manager, pharmacy operations leader, pharmacy practice leader, pharmacy site leader, professional practice leader, project leader, team leader, vice-president). This analysis had some limitations. Without further scrutiny of actual job descriptions, the extensive list of management-type positions probably overestimated the number of hospital pharmacists holding veritable management positions. Also, the membership database was missing information on graduation year for 645 (29%) of the 2218 CSHP active members and for 159 (36%) of the 440 pharmacists in management-like positions, and percentages expressed in the figures were calculated from the proportion of members for whom graduation year was recorded.

Figure 1 is reassuring, in that it shows a relatively even distribution of CSHP members according to year of graduation over the six 5-year periods ending in 2005. Upon closer examination, it also reveals that, although a little over 50% of CSHP pharmacist members graduated since 1991, close to 60% of those who hold a management-type position graduated between 1961 and 1985. These data confirm that the great majority of hospital pharmacy managers belong to the baby boomer generation and that 20% to 40% of them are expected to retire within the next 10 to 15 years.

Figure 1. Age distribution of the CSHP membership, at the end of the 2006/2007 membership year. The percentages were calculated on the basis of the 1573 members and the 281 members with a management position for whom year of graduation was available.

The purpose of analyzing these data was to understand how hospital pharmacy management is likely to change as new pharmacists enter the profession and others exit to retirement. However, simply understanding the rate and nature of the change does not provide adequate insight into the challenges ahead. Over the past 10 years, there has been an increasing need to understand the similarities and differences between the various generations as seen through the lens of the workplace. Each hospital pharmacist is an individual, with his or her own values, behaviours, and beliefs, but there appear to be trends indicating that people born within a specific date range tend to have some common beliefs and behaviours (Table 2).[8,11,12] To ignore these trends and assume that pharmacists born 20 or 30 years apart subscribe to the same set of values is probably ill-advised. The working group considering demographic factors consulted a number of resources that attempt to describe and provide insight into these differences, along with strategies for dealing with them, and can share them with interested pharmacists. In planning for the succession of the baby boomer pharmacy managers, the measures and tools employed to attract, train, and retain younger hospital pharmacists should appeal to members of both Generation X and Generation Y, and should be adapted to their values.

The data on the gender distribution of the CSHP membership (Figure 2A) indicate that the balance between male and female hospital pharmacists tipped suddenly from primarily men to primarily women in the late 1960s; by 1970, women accounted for 63% of pharmacists, and they now constitute up to 80% of

membership. Yet close to 40% of the management-type positions in hospital pharmacy are currently held by men (Figure 2B), and that proportion is still over 30% among pharmacists who graduated since 1996.

Catalyst Inc is a leading not-for-profit corporate membership research and advisory organization that is the premier worldwide resource about women in the workplace (http://www.catalyst.org/). This company has been tracking the progress of women in corporate leadership in Canada since 1998 and reports that women continue to hold a small proportion of leadership positions in Canadian business, despite constituting nearly half of the Canadian labour workforce, earning more than half of all university degrees in the country, and having increasing buying power and influence. Catalyst's "2006 Census of Women Corporate Officers and Top Earners of the Financial Post 500 in Canada" revealed that although the number of women in leadership roles in corporate Canada was increasing at a consistent pace, 5 generations will enter the workforce before women represent one-quarter of corporate officers in Canada.[13] Occupational segregation continues in the highest executive ranks, where women hold only 4.2% of the head positions (namely chief executive officer or president), 7.3% of "clout" titles (chief executive officer, president, chief operating officer, senior executive vice president, or executive vice president), and 15.1% of all corporate officer positions (individuals who work at the highest levels in corporations, have day-to-day responsibilities for corporate operations, and hold the power to legally bind their companies).

What is holding women back? And how can women get ahead? Table 3 lists the top 5 answers to each of these 2 questions as given by women executives from Fortune 1000 companies in Catalyst's study on women in US corporate leadership for 2003.[14] Furthermore, Catalyst research has shown that, although men do experience work–life conflict and need flexibility in their work arrangements, women continue to be the primary users of formal reduced-work arrangements, which often carry career penalties. A work environment in which more women have the opportunity to compete for leadership positions will broaden the diverse leadership pool and will retain committed, productive, and experienced talent. There may be important lessons here for predominantly female professions such as hospital pharmacy.
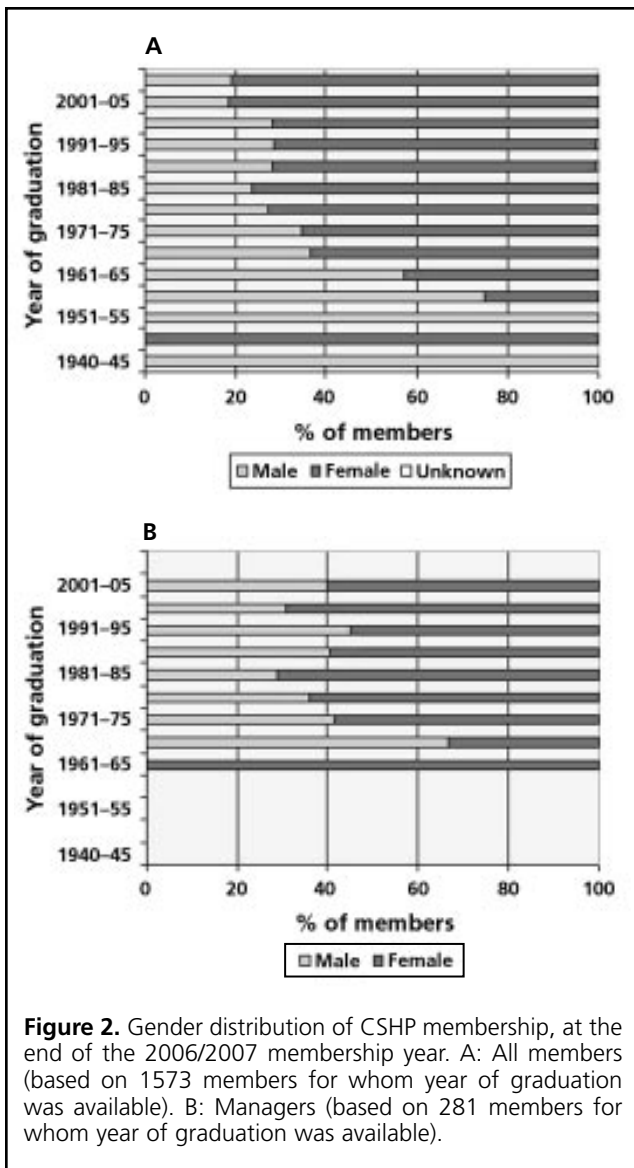
Ethnic and racial diversity is another demographic characteristic that is changing both within hospital pharmacy and among pharmacy students. The CSHP database does not capture this type of information, but

Table 2. Generational Differences in Values, Beliefs, and Behaviours[8,11,12]

Generation	Year of Birth	Values, Beliefs, and Behaviours
Traditionalists	1935–1945	Career-oriented
		Motivated by salary and professional recognition
		Resistant to change
		Work a fairly conventional full-time schedule
		Loyal to employer; feel that changing jobs carries a stigma (possibly indicating personal or professional failure)
		Family life and work life rarely overlap
		"No news is good news"—raised in a time of top–down management style, when information was disseminated on a "need-to-know" basis, with minimal and very formal feedback
Baby boomers	1946–1964	Optimistic, productive, competitive
		Resistant to change
		Willing to challenge authority
		Value strong mentors
		Mature, responsible, knowledgeable, and experienced; tend to make good mentors
		Strong sense of professional commitment
		Pragmatic about career aspirations; seek meaningful work; changing jobs is okay if no ground lost
		Do not plan to retire in full
		"Expect feedback once yearly, with lots of documentation"—expect to find out about their performance against peer competitors
Generation X	1965–1980	Resourceful, independent
		Skeptical of "establishment"; dislike micromanagement
		Technology savvy
		Place high value on work–life balance; seek alternative work schedules (e.g., job-sharing, telecommuting, flexible hours, sabbatical leaves)
		Readily make calculated job moves to find greater intellectual stimulation and to become more marketable; seek skill diversification; loyal to employer if job fulfils need for diversity
		"Sorry to interrupt, but how am I doing?"—need immediate and regular feedback
Millennials or Generation Y	1981–1999	Technologically adept; uniquely prepared for an increasingly complex workplace; able to generate just-in-time knowledge
		Creative, curious, and quite used to dealing with the complexity of change; thrive on innovation
		Operate at scatter-shot pace; short attention span; capable of multitasking; expect heightened stimulation in the workplace; need regular stream of new projects and varied assignments and responsibilities
		Have high expectations of managers and a high sense of entitlement; question everything
		Highly experienced with the world of online chatting and discussion forums; extremely collaborative and teamwork-oriented; at the same time, fiercely independent as children of dual-working parents
		Can do anything from anywhere at any time; work well on their own; seek location-insensitive working arrangements (e.g., telecommuting arrangements, flexible hours, part-time work, temporary leave for child-bearing or other needs) to achieve work–life balance
		Financial concerns common; student loan burden higher than other groups
		Loyalty to employer must be earned through creative challenges and continuous learning on the job; career path allows for a variety of different jobs and careers throughout a lifetime
		"Feedback whenever I want it at the push of a button"—seek out and welcome lots of feedback, positive and negative

Figure 2. Gender distribution of CSHP membership, at the end of the 2006/2007 membership year. A: All members (based on 1573 members for whom year of graduation was available). B: Managers (based on 281 members for whom year of graduation was available).

Table 3. Barriers and Success Strategies for Women in US Corporate Leadership[14]

Response	% of Respondents
Barriers to women's advancement	
Lack of significant general management or line experience	47
Exclusion from informal networks	41
Stereotyping and preconceptions of women's roles and abilities	33
Failure of senior leadership to assume accountability for women's advancement	29
Commitment to personal or family responsibilities	26
Strategies for women's advancement	
Consistently exceeding performance expectations	69
Successfully managing others	49
Developing a style with which male managers are comfortable	47
Having recognized expertise in a specific content area	46
Seeking out difficult or highly visible assignments	40

- That CSHP assist hospital pharmacy managers who wish to develop management models adapted to the current and projected demographics of the pharmacist population, using strategies including but not limited to:
  - the provision of a departmental self-assessment tool on practices for career development in management that accommodate changing workforce demographics;
  - the education of pharmacy managers about generational differences;
  - the publication of management excellence models that capitalize on the profession's changing demographics.
- That CSHP gather information on the current hospital pharmacy management workforce by requesting and incorporating the employment role of CSHP members (e.g., staff pharmacist vs. manager) in the member database.
- That CSHP work with the AFPC to facilitate the integration of management content into the undergraduate pharmacy curriculum. This could include:
  - distributing case studies of actual management issues from hospital pharmacy heads across Canada to the relevant faculty members at each pharmacy school;
  - incorporating administrative shadowing opportunities into students' practicums;
  - defining the role of the pharmacy manager as it integrates with patient care and other aspects of practice;

pharmacy managers should be acutely aware of the ethnic and racial composition of the hospital pharmacy workforce and should foster ethnic and racial diversity when planning succession in pharmacy management.

RECOMMENDATIONS

Recommendations to CSHP Council

The task force submitted the following recommendations for the consideration of CSHP Council.

- That CSHP facilitate the creation of a working group to determine the values of pharmacists not currently holding management positions, who might consider a hospital pharmacy management position in the future, in order that hospital pharmacy managers can address and incorporate these values into future recruitment efforts.

- integrating leadership objectives and competencies into every year of the pharmacy program.
- That CSHP promote and facilitate professional development, mentoring, and education in hospital pharmacy management with a leadership focus, for example:
  - develop a program similar to the ASHP Leadership Program;
  - partner with other organizations that already have established management leadership training programs, such as the American College of Clinical Pharmacy, ASHP, the Canadian College of Health Service Executives, and the Canadian Medical Association;
  - identify preparatory and upgrading programs using innovative technologies to assist hospital pharmacists who wish to pursue a management career;
  - investigate seminars on the demographic dynamics of the pharmacy workforce, demographics more generally, and generational differences;
  - develop or identify professional development tools for new and potential managers that would help them to evaluate their own leadership competencies, create an action plan for learning to build on their strengths and address their personal gaps, encourage reflection with a mentor, and assess personal goals;
  - develop or facilitate a formal management mentorship program for pharmacists and residents that would allow potential management candidates to partner with experienced managers to discuss issues on a one-to-one basis and document management learning.
- That CSHP work with the Canadian Hospital Pharmacy Residency Board to encourage, through its standards, the provision of a variety of focused administrative experiences that would challenge critical thinking, create an awareness of human resource utilization, and strengthen interpersonal communication and collaborative skills.
- That CSHP use the hospital pharmacy resident reception held during the CSHP AGM and Educational Sessions to familiarize residents with, and encourage them to consider a future in, hospital pharmacy management.
- That CSHP include regular sessions on management opportunities for managers and residents at CSHP's educational conferences. For example, results of the hospital pharmacy management leadership survey were presented at the 2007 AGM to share and engage pharmacy managers to respond to the current challenges identified in the management survey.
- That the *CJHP* Editorial Board increase the management content of the Journal by including items such as:
  - a regular management column;
  - annual recognition of residency graduates, who represent an important resource for the profession to flourish in the future.
- That CSHP design a Management Resource Centre to be presented at its website, including but not limited to:
  - a brochure to promote management roles in pharmacy;
  - networking opportunities for hospital pharmacy managers to discuss current issues;
  - leadership presentations from CSHP educational conferences, which would be updated as new materials become available;
  - results of the hospital pharmacy management leadership survey;
  - manager skill inventory for students and pharmacists to assess their skill sets for management roles;
  - PowerPoint presentation(s) on the benefits of management and leadership roles for forums;
  - guidelines for key leadership and management core competencies.

Other Recommendations

CSHP is dedicated to leadership, the role of hospital pharmacy management, and the future growth and success of the profession. The commitment and actions of all hospital pharmacists are essential to success. Through the activities of the task force, a number of strategies for pharmacy managers and pharmacists interested in management careers have been identified. These are offered to inspire present and future managers.

Recommendations to Pharmacy Managers

- Promote pharmacy management by:
  - distributing the management promotional brochure at staff orientation programs, conferences, staff meetings, and pharmacy schools; by employers and universities; for recruitment strategies; at job fairs; and as a marketing tool; post the brochure on the department's website;
  - channelling positive attributes of hospital pharmacy management into daily activity.
- Establish a performance management system that contains and rewards leadership competencies.

- Identify the management gaps within departments, both present and future; gain familiarity with characteristics of potential leaders; and identify candidates.
- Create nontraditional management positions that:
  - meet candidate and departmental needs (e.g., blended clinical and management positions, part-time managers);
  - offer increased program responsibilities or leadership roles without being a manager (i.e., management career ladder).
- Offer support for pharmacists interested in management positions by:
  - providing conditional financial assistance to facilitate the upgrading of management competence for hospital pharmacists who wish to pursue a management career;
  - capitalizing on the knowledge and experience of current pharmacy managers who are close to retirement to mentor the next generations of pharmacy managers;
  - nurturing potential pharmacy management candidates.
- Examine staffing and departmental practices for the development of a management career, ensuring that they accommodate the changing demographics of the pharmacist population.
- Implement contemporary techniques for the retention and recruitment of the next generations of hospital pharmacy managers, such as:
  - alternative staffing models and schedules (compressed work weeks, part-time work, flexible hours, job-sharing, sabbatical leaves);
  - staff engagement in the development of work schedules;
  - regular feedback on work schedule, activity preferences, and balance between work and personal life;
  - use of technology to increase work schedule flexibility (e.g., telecommuting arrangements) and access to information.
- Cultivate leadership characteristics (e.g., professionalism, sense of responsibility, vision, and understanding of organizational goals) and seek opportunities to develop leadership skills in every pharmacy practitioner, regardless of supervisory responsibilities, by:
  - combining clinical and management functions into specific positions;
  - recognizing and rewarding staff for leadership initiatives;
  - educating students and staff about the importance of their leadership role in daily practice;

- creating a structured mentorship program for all new practitioners;
- arranging formal succession plans;
- integrating diversity and ensuring cultural competency in the workplace.
- Ensure that the management team is appropriately diverse and culturally competent.

Recommendations to Pharmacists Interested in Management Positions

- Explore resources on management in hospital pharmacy, such as:
  - the management promotional brochure;
  - tools and resources on pharmacy management available on the CSHP website.
- Express interest in management to managers or heads of department.
- Propose alternative work schedules and innovative practice roles (e.g., hybrid clinical–managerial position, managerial telecommuting) to managers and coworkers that meet the needs of the institution, as well as personal needs to fulfill aspirations for a management career and balance between work and personal life.
- Actively seek and use mentor opportunities with colleagues.

CONCLUSIONS

It is clear that a wide variety of factors have led to the current human resource challenges facing hospital pharmacy management. It is equally clear that finding solutions will take the time and effort of many groups and individuals, each working toward the goal of a sustainable supply of hospital pharmacy managers to meet the needs of our profession and society. CSHP is committed to the actions plan described above, but the assistance and commitment of all hospital pharmacists is essential to success. Finally, it is hoped that this work will stimulate interest in hospital pharmacy management as a career path for the many capable pharmacists and pharmacists in training who otherwise might not have considered this opportunity to continue the development and support of quality hospital pharmacy services.

CSHP is committed to supporting initiatives that promote and advance hospital pharmacy leadership. On August 10, 2007, Council received the report of the Hospital Pharmacy Management Task Force and will review and consider the recommendations in this paper as part of the strategic plan for CSHP's Vision 2010.

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