ONLINE

GRADUATE-LEVEL PROGRAMS IN PHARMACY LEADERSHIP

- Master's Degree (2 Years)
- Graduate Certificate (1 Year)

Preparing pharmacists for leadership positions in all practice settings.

For information and to APPLY:
pharmacy.uc.edu/leader

University of CINCINNATI | JAMES L. WINKLE COLLEGE OF PHARMACY

Ohio University's College of Health Sciences and Professions is now offering unique and convenient continuing education for new and emerging leaders. Based on a five pillar framework model of People, Finance, Quality & Safety, Patient Experience and Growth & Strategy, classes provide leaders with the leadership foundation they need to achieve organizational goals and metrics. All-day Friday sessions offered in Dublin, Ohio!

Ohio University's College of Health Sciences and Professions is now offering unique and convenient continuing education for new and emerging leaders. Based on a five pillar framework model of People, Finance, Quality & Safety, Patient Experience and Growth & Strategy, classes provide leaders with the leadership foundation they need to achieve organizational goals and metrics. All-day Friday sessions offered in Dublin, Ohio!

"I am so pleased with the Leadership Success Series. The courses were relevant and provided solid tools so I can be a more effective leader in my organization. The once-a-week classes fit well into my schedule and the Dublin location was so convenient. It's been a great opportunity to network with local healthcare leaders, and I would recommend the series to anyone who would like to further develop their leadership skills."

Camille M. Milligan, MA CCC/SLP
Clinical Coordinator, Mount Carmel Inpatient Rehabilitation Center

Leadership Success Series
continuing education for health professionals

- Perfect for supervisors, managers and directors
- Take one or more courses or the entire series
- On-site delivery available
- Earn Pharmacy continuing education credits
- Affordable courses starting at $300 with discounts available for Ohio University partners and groups!

Learn more and register at:
ohio.edu/HealthLeadership
For more information contact Leslie Coonfare at chspdublin@ohio.edu
614.793.5625
HealthCEohio

ohio pharmacist
Developing a Sustainable Pharmacy Leadership Workforce

Dr. Jonathan Penn, B.Pharm (Hons), PhD
Postdoctoral Fellow; Marianne Tvey, PharmD, MPH
Professor; Neil J MacKinnon, BSc (Pharm), MSc (Pharm), PhD, Dean and Professor, James L.
Winkle College of Pharmacy, University of Cincinnati

Pharmacists' unique contribution to both clinical and business decisions surrounding the use of medication has made them essential members of many health systems. Their role on patient care teams and the fact that pharmacy departments contribute heavily to the total expenses in health systems have allowed many pharmacists in leadership roles to take a seat in the C-suite, as Chief Pharmacy Officer (CPO). This change has allowed pharmacy leaders to plan proactively, instead of reactively, in providing advanced services while ensuring the integrity of the medication-use system.

In light of this, today's health-system pharmacy leaders have more responsibilities than ever before and require advanced leadership skills that have traditionally not been formally taught within the profession. Additionally, there are concerns that the pharmacy profession does not have enough leaders to fill current positions, let alone those that may arise in the future. A national survey of 535 pharmacy directors in 2011 highlighted that half of them did not have a succession plan and half of them could not identify someone who they would recommend to do their job. Furthermore, 75 percent of pharmacy directors expressed that they did not anticipate remaining in their current positions within the next 10 years. Concerns have also been raised that the increased focus on clinical training in current Doctor of Pharmacy (PharmD) programs has also contributed to this pharmacy leadership gap. Training future pharmacy leaders is crucial for ensuring the pharmacy profession maintains its ability to enhance patient outcomes and optimize the medication-use system.

To develop a sustainable pharmacy leadership workforce, numerous programs and initiatives have been developed. This includes the ASHP Foundation's Pharmacy Leadership Academy, the ASHP Leadership Institute, the ASHP Leadership Resource Center and PGY2 pharmacy practice management residencies. Many pharmacists are also pursuing Masters of Business Administration/Public Administration/Health Administration/Public Health (MBA/MPA/MHA/MPH) degrees to enhance their leadership skills. As a result, some colleges are also offering dual PharmD/MBA or PharmD/MPA degrees. Despite the recent influx of new pharmacy leadership programs, many of these programs have been developed from pre-existing business or health-administration courses that were never designed specifically for pharmacists and their unique role in the health system.

Few studies have identified the specific competencies required for pharmacy leaders. Moreover, many articles focused on pharmacy leadership competencies rarely mention pharmacy departments or the medication-use system. Filerman and Komaridis were among the first to identify the competencies required for pharmacy leadership. They identified 57 competencies categorized into five main domains: (1) professional expertise, (2) business acumen, (3) leading change, (4) leading people for results, and (5) coalition building and communication skills. The professional expertise domain included three sub-domains: (i) health system care coordination, (ii) medication-use system, and (iii) pharmacy operations. The business acumen domain also included three domains: (i) human resource management, (ii) financial management, and (iii) technology. Developing a pharmacy leadership course based on these competencies will ensure pharmacists are well-equipped for a leadership position in the health system.

When developing a pharmacy leadership program, a few studies provide insight on what areas require additional attention. One national survey published in 2007 of approximately 250 health-system executives and pharmacy directors highlighted that the medication-use system competencies were the most important for pharmacy leaders, followed by competencies regarding coalition building & communication skills and leading people for results. More recently, the authors of this present article conducted a survey of 202 pharmacists in 2014 in Ohio and found communication, continuous quality improvement, strategic planning, leadership principles and technology utilization as the top five competency areas required for a pharmacy leadership program (Table 1). In addition, 96 percent (179/186) of respondents agreed that there was a need to increase pharmacy leadership training. Both of these surveys highlight that pharmacy leaders require unique competencies compared to other health care leaders and that pharmacy-
Table 1
Pharmacy leadership skills and level of interest (n=202)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Topic</th>
<th>Average Score</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Communication</td>
<td>4.13</td>
<td>0.91</td>
</tr>
<tr>
<td>2</td>
<td>Continuous Quality Improvement/Management</td>
<td>4.09</td>
<td>0.93</td>
</tr>
<tr>
<td>3</td>
<td>Strategic Planning and Prioritization</td>
<td>4.02</td>
<td>0.93</td>
</tr>
<tr>
<td>4</td>
<td>Basic Leadership Principles (Motivation/Team Work)</td>
<td>4.02</td>
<td>0.95</td>
</tr>
<tr>
<td>5</td>
<td>Technology Utilization</td>
<td>3.85</td>
<td>0.93</td>
</tr>
<tr>
<td>6</td>
<td>Finance/Accounting/Budgeting</td>
<td>3.82</td>
<td>1.08</td>
</tr>
<tr>
<td>7</td>
<td>Human Resources (conflict management)</td>
<td>3.81</td>
<td>0.96</td>
</tr>
<tr>
<td>8</td>
<td>Project Management</td>
<td>3.81</td>
<td>1.06</td>
</tr>
<tr>
<td>9</td>
<td>Drug Distribution: Regulation, Compliance &amp; Public Policy</td>
<td>3.76</td>
<td>1.02</td>
</tr>
<tr>
<td>10</td>
<td>Quality Control/Safety</td>
<td>3.74</td>
<td>0.95</td>
</tr>
<tr>
<td>11</td>
<td>Pharmacoeconomics</td>
<td>3.61</td>
<td>1.02</td>
</tr>
<tr>
<td>12</td>
<td>Informatics</td>
<td>3.60</td>
<td>1.03</td>
</tr>
<tr>
<td>13</td>
<td>Performance Evaluations/Matrix</td>
<td>3.55</td>
<td>1.00</td>
</tr>
<tr>
<td>14</td>
<td>Recruiting &amp; Hiring</td>
<td>3.51</td>
<td>1.01</td>
</tr>
<tr>
<td>15</td>
<td>Third Party Billing</td>
<td>3.12</td>
<td>1.20</td>
</tr>
<tr>
<td>16</td>
<td>Contract Negotiation, Union &amp; Labor Laws</td>
<td>3.07</td>
<td>1.26</td>
</tr>
</tbody>
</table>

Based on a scale of 1=least interested, 5=most interested

Specific leadership programs would be beneficial for the profession.

To meet this need, the James L. Winkle College of Pharmacy at the University of Cincinnati has recently developed an online Master of Pharmaceutical Science program with an emphasis in Pharmacy Leadership. Although this program offers unique benefits over other leadership programs, each may be better suited depending on the pharmacist’s stage of career. For instance, early career pharmacists may benefit the most from completing a PGY2 pharmacy practice management residency in combination with a Master’s degree, as it will provide them with practical experience to identify if they want to pursue an administration career path. Also, those already in leadership positions may want additional leadership training, but do not require a Master’s degree level qualification. For these pharmacists, completing the Pharmacy Leadership Academy or ASHP Leadership Institute program may be satisfactory. However, as more employers are starting to require Master’s level leadership education when hiring pharmacy directors/chief pharmacy officers, mid-career pharmacists may benefit the most from completing a Master’s degree (Table 2).

Despite these options, additional recommendations are also presented on how to close the pharmacy leadership gap. These include:

1. **Enhance leadership training in current PharmD programs.** While PharmD programs are primarily clinically focused, it is recommended that students are also exposed to significant content related to management and leadership in their coursework and in experiential training. This has been stressed by the Accreditation Council for Pharmacy Education (ACPE) Standards 2016, which now include ‘Leadership’ as a key element and expected competency of all pharmacy graduates. This could also be supplemented with Advanced Pharmacy Practice Experience (APPE) rotations with various management positions.

2. **Increase number of pharmacy practice management residencies.** Pharmacy practice management residencies are ideal for providing practical experience to early career pharmacists. Although over 1300 PGY1 pharmacy practice residencies exist, there are only around 85 PGY1 and PGY2 pharmacy practice management residencies. Furthermore, all these pharmacy practice management residencies were filled after the first match in 2016, showing a high demand (K. Fulginiti, personal communication, June 13, 2016). The high fill rate highlights how early career pharmacists are being limited in their exposure to administrative roles due to the low number of pharmacy practice management residencies. Additional pharmacy practice management residencies would increase pharmacists’ exposure to management positions and increase the number of pharmacists who may choose it as a career path.

3. **Increase the number of Master’s in Pharmacy Leadership degrees.** The profession no longer considers a PharmD as a postgraduate degree, with many pharmacists choosing to obtain a Master’s degree to enhance their leadership training. However, due to the unique competencies required by a pharmacist in a leadership position and the increased responsibilities for those who serve as a Chief Pharmacy Officer of a hospital or a health system, a Master’s degree that specializes in pharmacy leadership would be ideal for the profession. Increasing the number of universities that offer these degrees would provide mid-career pharmacists with an ideal pathway for pursuing a management career as Chief Pharmacy Officer.
Table 2
Comparison of pharmacy leadership education pathways*

<table>
<thead>
<tr>
<th></th>
<th>Practical Exposure</th>
<th>Structured Learning</th>
<th>Master's Level Education</th>
<th>Pharmacy-Specific Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-the-job training</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy practice management residency (PGY2)</td>
<td></td>
<td>x</td>
<td>May be included</td>
<td>x</td>
</tr>
<tr>
<td>Pharmacy Leadership Academy</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Masters of Business Administration/Public Administration/Health Administration/Public Health</td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Masters degree in pharmacy leadership</td>
<td></td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

*Not inclusive of all options but major pathways currently available

4. Regularly conduct a pharmacy leadership needs assessment. A pharmacy leadership assessment was conducted in 2004\(^6\) and again in 2011.\(^3\) With five years having passed since the last assessment, the gaps in pharmacy leadership may have changed. Regular monitoring of the pharmacy leadership landscape will allow the profession to pro-actively address any emerging concerns and track the impact of emerging leadership programs.

References