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Head of Hospital Pharmacy Services: Statement on the Role of the Pharmacist (2005)



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Head of Hospital Pharmacy Services: Statement on the Role of the Pharmacist

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Head of Hospital Pharmacy Services: Statement on the Role of the Pharmacist

THE CANADIAN SOCIETY OF HOSPITAL PHARMACISTS (CSHP) ENDORSES THE PROPOSITION THAT THE POSITION OF DEPARTMENT HEAD OF A HOSPITAL PHARMACY BE HELD BY A LICENSED PHARMACIST. A LICENSED PHARMACIST CAN BE HELD ACCOUNTABLE FOR THE QUALITY OF PROFESSIONAL PHARMACY SERVICES AND OPERATIONS, AS WILL BE OUTLINED BY THE ARGUMENTS BELOW.

BACKGROUND

This position statement focuses on the person who functions in a leadership capacity and is charged with the responsibility of a pharmacy department in a hospital or similar health care setting. This individual may be called the pharmacy manager, director, or head of the department but will be referred to here as the head of hospital pharmacy services. The scope and responsibilities of a head of hospital pharmacy services vary widely across hospitals; this definition is intended to encompass the director of pharmacy services for a health region. The size of the hospital and resource availability contribute to this variation. Moreover, some institutions follow a program management model, whereby a formal pharmacy department may not even exist in its traditional structure. Additionally, at some level of the institution's administration, a nonpharmacist will likely have oversight for the pharmacy department in addition to other departments in the hospital. Nonpharmacists may also play a managerial role by providing support to the head of hospital pharmacy services for nonclinical services, such as information technology, financial, and personnel matters.

What are the specific roles and responsibilities of a head of hospital pharmacy services? The *Standards of Practice for Pharmacy Managers*, developed by the Ontario College of Pharmacists, defines a pharmacy manager as "a pharmacist . . . who is designated by the proprietor of the pharmacy or administrator of the hospital to be responsible for the operation of the pharmacy."¹ These standards of practice list the specific responsibilities of the pharmacy manager, as follows: professional supervision of the pharmacy; management of

facilities, equipment, supplies, and drug information; record-keeping and documentation; drug procurement and inventory management; training and orientation; safe medication practices; and accountability for managers of accredited pharmacies.¹

Furthermore, Quebec's Organization and Management of Institutions Regulation² lists the responsibilities of the head of the pharmacy department in section 77 as follows: "(1) coordinate the professional activities of the pharmacists in his department and manage the resources of his department; (2) lay down and enforce policies for preparing, distributing and controlling the use of medications, drugs and poisons in the hospital centre; (3) inform the council of physicians, dentists and pharmacists and the director of professional services of any breach of the rules for using medications or of the procedures governing the issuing and filling of prescriptions in the hospital centre; (4) instruct the members of the clinical staff and the beneficiaries of the hospital centre on the rules for using medications; and (5) select, after consulting the committee of pharmacology, medications for current use in the hospital centre from the list under section 150 of the Act and in terms of their common generic names, their strength and their pharmaceutical form. Additionally, under the control of the council of physicians, dentists and pharmacists, he/she shall prepare rules for using medications and the procedures governing the issue and filling of prescriptions in the hospital centre, particularly with respect to the criteria for recognition of a prescription, including verbal prescriptions."

CSHP Mission:

CSHP is the national voice of pharmacists committed to the advancement of safe, effective medication use and patient care in hospitals and related healthcare settings.



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The American Society of Health-System Pharmacists, (ASHP) in its *Guidelines: Minimum Standard for Pharmacies in Hospitals*,³ also lists the responsibilities of the director of pharmacy, as follows: “(1) setting the short- and long-term goals of the pharmacy based on the needs of the patients served, the specific needs of the hospital (and any health system of which the hospital may be a component), and developments and trends in health care and hospital pharmacy practice, (2) developing plans and schedules for achieving these goals, (3) directing the implementation of the plans and the day-to-day activities associated with them, (4) determining whether the goals and schedule are being met, and (5) instituting corrective actions where necessary.”

RATIONALES

Five rationales will be presented as to why a licensed pharmacist is best suited to hold the position of head of hospital pharmacy services.

Rationale 1: The complexity of the medication use system necessitates a comprehensive and specialized knowledge base.

The medication use system is extremely complex, and it is essential that it be both safe and effective. Because of this complexity, pharmacists must focus their attention on the interactions between complex drugs, urgent and often stressful patient care situations, and necessary communications with other health care professionals, such as physicians and nurses. Moreover, this complexity extends to the number and variety of adverse outcomes of drug therapy, which include drug-related morbidities, adverse drug events, medication errors, and medication misadventures.

Hepler and Grainger-Rousseau⁴ have argued that pharmaceutical care, in which the main functions are initiating, monitoring, and managing drug therapy, must be adopted in an attempt to decrease the incidence of adverse outcomes specific to

medications. Hepler has also highlighted the critical role of managers in moving the implementation of pharmaceutical care forward and in foreseeing the consequences of inaction.⁵ Addressing the cost, quality, and access issues associated with medication use can be challenging for heads of hospital pharmacy services, given an environment where drug utilization and costs are rapidly increasing and where there is an increased demand for accountability and safety. The Canadian Council on Health Services Accreditation (CCHSA), in its publication *Patient Safety Goals and Required Organizational Practices*, pays particular attention to the safety of the medication use system in the hospital setting and the communication of medication information both within and outside the institution.⁶

We believe that pharmacists, by nature of the content and length of their training and education, have a thorough understanding of the causes of adverse drug-related outcomes and how to prevent and lessen these outcomes through the implementation of a safe and effective medication use system.

Rationale 2: Pharmacists are best suited to have the knowledge, skills, and abilities required of a head of hospital pharmacy services.

Given the roles and responsibilities of heads of hospital pharmacy services, as previously outlined, what are the knowledge, skills, and abilities (KSAs) needed to carry out these functions? The ASHP publication *Supplemental Standard and Learning Objectives for Residency Training in Pharmacy Practice Management*⁷ is a useful resource for answering this question. This document is a comprehensive guide to the training of future heads of hospital pharmacy departments. The KSAs listed in the document cover a wide variety of topics, including practice foundation skills, leadership, planning, marketing, securing resources, implementation (of programs and services), and monitoring. Some KSAs consist of both clinical and

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managerial components, and others consist of comprehending detailed aspects of medication use policy.

Furthermore, the responsibilities of a head of hospital pharmacy services are complex, and the successful management of a hospital pharmacy department requires a combination of clinical drug therapy knowledge, practice experience, and management skill. As previously discussed, heads of hospital pharmacy services are responsible and accountable for the medication use process. To achieve true responsibility and accountability, heads must have extensive KSAs of the pharmaceutical supply chain, clinical therapeutics, technology and informatics management, human resource management, and budget management.⁸

We believe that pharmacists are best suited to the KSAs that are required for the proficient management of hospital pharmacy practice in part because pharmacists have the most extensive knowledge of clinical drug therapeutics, the pharmaceutical supply chain, and the medication use process. The KSAs outlined by the ASHP align with the educational outcomes that are required of pharmacists who graduate with a baccalaureate pharmacy degree in Canada.⁹

Rationale 3: Several provincial pharmacy regulatory bodies in Canada specify that the head of hospital pharmacy services must be a pharmacist.

Provincial regulations regarding hospital pharmacy management vary across Canada. For example, the College of Pharmacists of British Columbia requires that the individual directly responsible for the management of a pharmacy be a registered pharmacist.¹⁰ In Manitoba, the Pharmaceutical Act states that a pharmacy manager must be a licensed pharmacist and that the name of the licensed pharmacist who will be the pharmacy manager must be stated in the application for a pharmacy license.¹¹ Although hospital pharmacies in Ontario are exempt from section 118 of the provincial Drug and Pharmacies Regulation Act,¹² pharmacy managers in

that province are required to follow the standards outlined in the *Standards of Practice for Pharmacy Managers*.¹ As mentioned previously, these standards require that Ontario pharmacy managers be licensed pharmacists. Quebec's Organization and Management of Institutions Regulation² states in section 76 that the hospital pharmacy department is to be directed by a pharmacist who has a degree or certificate in hospital pharmacy or has training or experience equivalent to that degree. The Prince Edward Island Pharmacy Board has a requirement that a pharmacist be in charge of any hospital pharmacy.¹³ In Newfoundland and Labrador, hospital pharmacies are required to be licensed with the Newfoundland and Labrador Pharmacy Board, and pharmacies are required to be controlled, managed, and supervised by a registered pharmacist.¹⁴

The other provinces and territories (Alberta, Saskatchewan, New Brunswick, Nova Scotia, Yukon Territory, Northwest Territories, Nunavut Territory) do not have explicit regulations stating that a pharmacist must occupy the role of head of hospital pharmacy services. In some provinces, such as Alberta and Nova Scotia, hospital pharmacy practice is regulated by the province's hospitals act and not by the pharmacy regulatory authority.

As shown above, while there are variations across Canada in provincial and territorial pharmacy regulations, at least 6 provinces explicitly require that the head of a hospital pharmacy department be held by a pharmacist. This reflects broad recognition at the provincial legislative level that pharmacists are best qualified to function as heads of hospital pharmacy services. We believe that this requirement should be adopted across the country for consistency.

Rationale 4: National and international professional practice guidelines recommend that heads of hospital pharmacy services be pharmacists.

The CSHP *Guidelines for Practice*,¹⁵ adopted by the Society in August 2002, were originally published in 1993 as a set of interim guidelines (the CSHP

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Standards of Practice). The intent of these guidelines is “to describe the optimal level of hospital pharmacy practice and reflect pharmacists’ commitment to providing quality care for the patient.”¹⁵ The following sections of the CSHP *Guidelines for Practice* address hospital pharmacy management:

3.2.1

A pharmacist shall direct all pharmacy services.

3.2.1.1

The director of pharmacy services shall be a pharmacist who is experienced in the practice of hospital pharmacy and should have completed an accredited hospital pharmacy residency program.

The ASHP *Guidelines: Minimum Standard for Pharmacies in Hospitals*³ were developed in 1995 and are currently being updated. These guidelines outline the minimum level of practice for hospital pharmacy services. The following excerpt from Standard 1 addresses the education, training, and responsibilities of the director of pharmacy:

Education and training, director. The pharmacy shall be managed by a professionally competent, legally qualified pharmacist. The director of the pharmacy service must be thoroughly knowledgeable about hospital pharmacy practice and management. He or she should have completed a pharmacy residency program accredited by the American Society of Health-System Pharmacists. An advanced management degree (e.g., M.B.A., M.H.A., M.S.) is desirable.

We believe that in accordance with the Canadian and American guidelines for hospital pharmacy practice, heads of hospital pharmacy services should be pharmacists.

Rationale 5: Pharmacists are needed in management roles for leadership and advancement of the profession of pharmacy.

The need to develop effective leaders in hospital pharmacy is becoming more important in today’s complex and rapidly changing health care environment. Relative to the situation of just a few years ago, pharmacy practice now involves increased drug information, a greater number of drugs on the market, additional rules and regulations, more demand for services and improved quality, technological advancements, and declining hospital financial conditions, as well as issues related to drug shortages, drug recalls, and pharmacist shortages.¹⁶ Developing leaders at all levels of pharmacy practice, including managers, clinical practitioners, faculty, residents, students, and pharmacy technicians, is essential in advancing and promoting the pharmacy profession.¹⁷ As stated by Hunt, “A lack of leadership will mean that health-system pharmacy will no longer be in a proactive position to enhance patient safety, to optimize medication therapies across the continuum of care, and to make our voices heard on professional issues.”¹⁷

Zilz and others¹⁸ have stated their belief that a continuous synergy is present between pharmacy leadership and successful pharmacy practice. Improvements in patient care, medication safety, and pharmacy productivity will result from strong pharmacy leadership, which in turn will typically lead to better medication use within health care systems. Zilz and others identified the following attributes as the critical components of leadership that will contribute to achieving a high-performing pharmacy: core self, vision, relationships, continuous learning, and mentoring.

Role models and mentors are also required for the health of the hospital pharmacy profession. McAllister¹⁹ has voiced the urgent need to ensure that the legacies of individuals and the pharmacy profession as a whole are characterized by the important role pharmacists play in improving the

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health of the population. He suggested that educating and mentoring pharmacists on the values and beliefs that will facilitate pharmacists to make a change will enhance that legacy.¹⁹ Others have noted that a successful pharmacy leader should have “[c]linical competency and knowledge of contemporary pharmacy practice.”²⁰

Pharmacy is an autonomous profession, and pharmacy services must be directed by an individual who is skilled and experienced in pharmacy practice. It is not in the public interest to turn over management of a professional service to someone outside the profession. Strong leaders in hospital pharmacy are needed to ensure that hospital pharmacy management remains under the direction of pharmacists.

We believe that heads of hospital pharmacy services should be licensed pharmacists, a requirement that will in turn help to develop and train future leaders and thus ensure continued advancement of the profession of pharmacy.

CONCLUSIONS

CSHP endorses the proposition that the position of head of hospital pharmacy services be held by a licensed pharmacist for the following reasons:

- The complexity of the medication use system necessitates a comprehensive and specialized knowledge base.
- Pharmacists are best suited to have the knowledge, skills, and abilities required of a head of hospital pharmacy services.
- Several provincial pharmacy regulatory bodies in Canada specify that the head of hospital pharmacy services must be a pharmacist.
- National and international professional practice guidelines recommend that heads of hospital pharmacy services be pharmacists.
- Pharmacists are needed in management roles for leadership and advancement of the profession of pharmacy.

The role of head of hospital pharmacy services requires more than just budgeting, personnel management, and drug distribution. It requires the assurance of proper drug utilization, the implementation of safe medication use systems, and proper conditions for drug storage and preparation, which all require skills that nonpharmacists are not likely to possess. In addition, pharmacy leadership necessitates an understanding of the specific professional issues involved in hospital pharmacy, such as ethics, law, knowledge requirements, and patient care. Furthermore, to sustain the credibility of the pharmacy profession, leadership by a pharmacist is needed.

CSHP realizes that interdisciplinary care and close relationships with other health care professionals are critical. A pharmacist who demonstrates strong leadership of the hospital pharmacy department helps to foster the provision of pharmaceutical care by that department and, as a result, will help to improve patient outcomes.

CSHP also realizes that formal training in hospital pharmacy management is essential. Such training would serve to both develop the necessary KSAs in current and future heads of hospital pharmacy services and to assist in alleviating the shortage of pharmacy heads. In the United States, ASHP-accredited Pharmacy Practice Management/Administrative residency programs train potential pharmacy leaders in three main areas: “clinical pharmacy, management (operations and finance), and introspection (self-growth).”²¹ Education on leadership skills can also be provided through school curriculums, educational conferences, and networking opportunities. In addition, salary incentives are recommended as a way to attract pharmacists to develop their leadership skills.

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