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Changing Roles in Leadership for Today's Pharmacist— A Look Into the New ACPE Draft Leadership Standards

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Abstract

With the advancement of the profession of pharmacy, the demand for pharmacist leadership continues to rise. In order for pharmacists to acquire the necessary leadership skills for the profession, there is a call for colleges of pharmacy to incorporate leadership development into their academic programs. The Accreditation Council for Pharmacy Education (ACPE) has released the new 2016 Standards and Guidance Documents for institutions to follow in order for their pharmacy students to graduate with leadership skills.

Key Terms

ACPE; CAPE; Continued Education; Employer Expectation; Guidelines; Leadership; Pharmacy; Standards

Accreditation Council for Pharmacy Education (ACPE)

The Accreditation Council for Pharmacy Education is responsible for the accreditation of pharmacy degree programs as well as providers of continuing pharmacy education.¹ The ACPE began its educational accreditation services in 1932 and expanded its accreditation to include continuing education in 1975. The board of directors is represented by appointees from various prestigious pharmacy organizations including the American Association of Colleges of Pharmacy (AACCP), the American Council on Education (ACE), the American Pharmacists Association (APhA) and the National Association of Boards of Pharmacy (NABP). The U.S. Department of Education has recognized ACPE as an educational accrediting body since 1952, and the Council for Higher Education Accreditation began recognizing ACPE in 2004. In the United States, state boards of pharmacy require that pharmacy licensure applicants have graduated from an ACPE accredited pharmacy degree program before attempting the North American Pharmacist Licensure Examination (NAPLEX®) in order to practice.²

The mission of ACPE is, "To assure and advance excellence in education for the profession of pharmacy." ¹In order to provide this assurance of excellence, ACPE establishes standards and criteria for colleges of pharmacy as well as continuing education providers. As the profession of pharmacy progresses, the ACPE guidelines and requirements are becoming more insistent that pharmacists are trained as skilled leaders throughout their education in order for the pharmacist workforce to be strengthened as a whole. On Feb. 2, 2015, ACPE released the updated 2016 "Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree."

How Standards Are Created

The accreditation standards released from ACPE reflect the expectations that colleges of pharmacy should meet and exceed in order to offer the Doctor of Pharmacy degree (PharmD).² In order for a college of pharmacy to achieve and maintain accreditation, the degree program must meet ACPE's standards, which also reflect the expectations from the U.S. Department of Education and state boards of pharmacy.

Groups that are affected by educational outcomes of pharmacy degree programs provide their input to ACPE for the development of the standards.^{2,3} In January 2012, ACPE announced their intent to revise the PharmD standards to their stakeholders in order to receive their input. ACPE's stakeholders include colleges that offer pharmacy programs, professional pharmacy organizations, student pharmacy organizations, as well as other accrediting bodies (e.g., U.S. Department of Education).^{2,4} The ACPE then led a Consensus Conference on Advancing Quality in Pharmacy Education and invited 90 participants—half from pharmacy practice and half from pharmacy education. The ACPE conducted a survey from the participants in order to focus on specific issues that concern the future needs of patients. This conference addressed the issue of interprofessional health care education, deducing that universities must work to incorporate interprofessional learning among health care degrees in order to improve the workforce, patient access to care and overall patient safety. Competency requirements were also addressed, focusing on learning gaps in the areas of proper medication use and prescription drug abuse. The information assessed during this conference provided a strong influence for the 2016 ACPE Standards.

What is New in the 2016 ACPE Standards?

There are several distinguished differences between the 2016 ACPE Standards and the previous 2007 Standards.² First, the format has changed so that there are two documents for consideration—"Standards" and "Guidance." The "Standards" document includes the key elements of the new standards as well as information about required documentation for these standards to be implemented. The "Guidance" document consists of suggested strategies and was created in order to assist colleges with enhancing the quality of educational programs.³

The philosophy and emphasis of the 2016 Standards are also different than the past standards.² The 2016 Standards are now focusing more on the development of the students' competencies, the ways in which educational bodies assess their students' knowledge, the expertise of students' skills, as well

as the advancement of students' professionalism through their studies and interprofessional education. The importance of assessment, or improving the quality of the pharmacy education, has also enhanced focus for the 2016 Standards. These new standards also reiterate that colleges may use methods other than what is suggested in the ACPE 2016 Guidelines to improve their education as long as the Standards are being met.^{2,3} In addition to the different educational approaches of the 2016 Standards, the organization of the "Standards" and "Guidance" documents, including the writing style, were changed in order to provide simpler clarifications for accredited institutions.

Another important aspect of the differences between the 2007 and the 2016 Standards is rooted in the development of the 2013 Educational Outcomes from the Center for the Advancement of Pharmacy Education (CAPE).⁵ This guide for educational outcomes is developed by AACP, one of the representing organizations on ACPE's Board of Directors, providing an influential connection between the CAPE guidelines and the ACPE Standards. "Domain 4" of the 2013 CAPE guidelines focuses on "Personal and Professional Development" in the pharmacist. This development is centered on self-awareness, leadership, innovation, entrepreneurship and professionalism. The suggested educational outcomes provide a solid basis for academic pharmacy programs to incorporate leadership outcomes into their curricula in order to build more experienced leaders and the incorporation of the ideas of the CAPE outcomes into ACPE's new Standards.

Pharmacy Employer Expectations in Regard to Educational Accreditation

In order to assess the proficiency to which the 2007 accreditation standards prepared recent PharmD graduates for practice, ACPE created a task force that examined employer expectations for new graduates in 2012.⁶ This task force was in partnership with other professional pharmacy groups such as the American Society of Health-System Pharmacists (ASHP), the National Community Pharmacy Association (NCPA), the National Association of Chain Drug Stores Foundation (NACDSF) and the Academy of Managed Care Pharmacy (AMCP). The ASHP targeted employers that hire graduates for entry-level positions in health systems or in post-graduate year one (PGY1) residency programs. Both the NCPA and NACDSF surveyed managers in the community setting and assessed responses from independent and chain pharmacies. The overall goals of the task force were to compile a comprehensive list of the expected competencies from employers in multiple pharmacy practice settings, evaluate if the current standards prepared new graduates to meet these competencies in their first pharmacy job after graduation and to discover what areas in the standards needed improvement in order to better meet employer expectations.

Overall the task force identified 25 separate entry-level competencies expected by hiring employers in both the health care system and community pharmacy practice settings.⁶ The task force concluded that most of the competencies were addressed in the accreditation standards. Some areas that were identified as needing improvement for future standards

included communication skills, professionalism and leadership cultivation. Communication skills encompass both verbal and written proficiency to effectively communicate with patients and other medical professionals. There needs to be a level of empathy and compassion when dealing with all patients and expertise when communicating with patients. This is particularly important in the community setting, because an assessment for health literacy is imperative to make sure patients are able to properly care for themselves. Professionalism needs to be instilled in students so they can work in an interdisciplinary team of medical professionals to provide optimal patient care. Leadership skills will allow students to create objective goals for themselves and other medical professional team members in practice. With the proper communication and professionalism skills new graduates will be able to delegate, manage and motivate fellow colleagues to accomplish common goals and manage conflict between coworkers effectively.

Context of Leadership in the Profession

In 2004, ASHP conducted a survey of community and hospital pharmacy managers asking about job satisfaction, job retention and job recruitment for pharmacy management positions.⁷ The survey had a 31 percent response rate, which was low, but is beneficial to start establishing trends within the pharmacy job market. It showed that those in leadership positions were not likely to stay at their job after 10 years, due to retirement or moving onto another position, and they did not have a pharmacist successor in mind to take over when they would leave. The reasons for not having a replacement in mind came from a lack of leadership-qualified pharmacists on staff to fill the positions. They cited that pharmacists on staff or new graduates lacked experience in leadership roles and would benefit from having mentors in the work or school settings as well as leadership clerkship experiences prior to graduation. The authors predicted that because there was a shortage of qualified pharmacy leaders, there was a possibility that pharmacy management positions would be taken by nonpharmacists to fill this gap in the next five to 10 years. These findings supported the belief that there would be a pharmacy leadership crisis in the next five to 10 years.

In 2011, ASHP issued a statement saying that taking on leadership roles in the practice setting is a professional obligation for all pharmacists, not just those in management and executive positions.⁸ All practicing pharmacists have the responsibility to ensure safe and optimal medication use and patient care methods while working in collaboration with other health care professionals. The publication also indicates that leadership practices should be fostered at all levels of pharmacy education and urges pharmacy schools and preceptors to integrate leadership education throughout the pharmacy curriculum.⁸ The goal is to create a mindset in pharmacists and pharmacy students that goes beyond just the managerial duties of completing tasks in a timely and cost efficient manner. To drive the profession forward, leadership qualities must be ingrained in students to make them question current practices and always strive to improve themselves, their colleagues and the pharmacy profession as

a whole.⁹ If leadership practices and ideologies are taught throughout the pharmacy curricula, new graduates will have the proper mindset and skills to effectively manage and become a leader in any position, not just in management.⁸ This will solve the leadership shift problem and will guarantee that pharmacy management positions will stay with pharmacists.

Leadership Expectations and the 2016 ACPE Standards

There is an employer expectation that recent PharmD graduates will have a basic understanding of leadership skills when entering the workforce upon graduation. The skills expected include confidence in pharmacy knowledge, ability to define team objectives, set measurable workplace goals, implement employee delegation of tasks and provide effective conflict management. For the 2007 accreditation standards, the recommendation from the taskforce was to include the wording “delegate tasks, articulate objectives and measure/report performance” in future versions of the accreditation standards.⁶ For the newly released 2016 ACPE standards, “leadership cultivation” is a measurable objective under the personal and professional development standard. The overall outcome for leadership is for a student to “demonstrate responsibility for creating and achieving shared goals, regardless of position.”² This defined and measurable outcome for leadership is new in the accreditation standards for 2016. The addition addresses the needed improvement for new graduates to “define team objectives, set measurable workplace goals, [and] delegate tasks” in the workplace setting. With the new leadership objective in the accreditation standards, a student will have the skills to work as a member of a health care team and provide quality medication counseling and medical care to patients. Recent graduates will also have an attitude that fosters continuous self-improvement in daily work practices and have the ability to motivate other employees to continuously self-improve to provide patients with the best possible care.^{2,6}

At Ohio Northern University's Raabe College of Pharmacy, leadership cultivation is being implemented within all levels of the curriculum. Extra classes and activities that highlight leadership are provided to enhance the curricular basics. One additional leadership class is Contemporary Pharmacy Practice, where pharmacists from a variety of practice settings come in to talk about their careers and the choices that led them to their current job. Most of these professionals have held positions in national pharmacy practice organizations throughout their career. They stress the importance of getting involved in the profession to show to other medical professionals and patients the significance of what a pharmacist provides on a daily basis.

Conclusion

Leadership skills are an important aspect in job proficiency and satisfaction in the pharmacy profession. In the past, leadership qualities were cultivated on the job as opposed to being taught in pharmacy school. As a pharmacy leadership shortage was detected, there was a shift to push leadership education into the curricula prior to graduation in order to create a workforce with the skills needed to cover manageri-

al positions. Through the guidance of the 2013 CAPE Outcomes as well as input from pharmacists and educational providers, the development of the new 2016 ACPE Standards and Guidelines Documents will establish greater expectations of leadership skills in today's pharmacy graduates. Overall, leadership responsibilities need to be assumed by all pharmacists, regardless of position, to move the profession forward.

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