

ASHP Statement on Leadership as a Professional Obligation

Position

The American Society of Health-System Pharmacists (ASHP) believes that all pharmacists have a professional obligation to serve as leaders in the safe and effective use of medications and encourages pharmacy practitioners, administrators, faculty members, preceptors, and students to advance patient care and strengthen the pharmacy profession by embracing the responsibility to exert leadership in their practices. ASHP urges all pharmacists to accept this responsibility, actively seek the development of leadership skills, and exercise leadership when working with others, including pharmacists, pharmacy technicians, pharmacy students and residents, administrators, other health care professionals, and patients.

ASHP encourages colleges of pharmacy to go beyond management coursework and integrate education on leadership as a practice philosophy throughout the pharmacy curriculum. All pharmacists share the responsibility to mentor pharmacy students, pharmacy residents, other pharmacists, and pharmacy technicians. Pharmacists in formal leadership roles have a specific responsibility to foster the development of leadership skills in pharmacists, facilitate the development of practice models that provide regular opportunities to exercise leadership, and encourage pharmacists to exercise leadership in practice. ASHP also encourages hospital and health-system executives to support the development of leadership skills of all health care professionals.

Leadership in Practice

The ASHP Statement on Professionalism includes leadership as 1 of 10 characteristics of a professional,¹ and the ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive explains the formal leadership roles of the pharmacy executive.² Neither of these documents, however, describes the professional obligation every pharmacist has to serve as a leader in the safe and effective use of medications.

Definitions of leadership commonly focus on working toward goals and exerting influence.³ For example, Nahata⁴ stated that leadership “is about a vision, direction, strategies, motivating, and inspiring.” The focus on goals and influence guides understanding of the inherent requirement for leadership in pharmacy. The success of current pharmacy practice models and the successful implementation of future models rest on the ability of members of the profession to influence others. In the complex and evolving health care environment, leadership from pharmacists is required to promote and advance the profession and our care for patients. Thus, leadership is not an option—it is a professional obligation.

The ASHP Research and Education Foundation convened a Student and New Practitioner Leadership Task Force that generated a report titled *Leadership as a Professional Obligation*.⁵ This 2009 report addressed several issues regarding the current perceptions of leadership in the pharmacy profession, methods for training pharmacy

leaders, and the challenges presented by the leadership gap defined by White.⁶ The Task Force report noted that leadership and management are different, stating that despite the synonymous use of “management” and “leadership” within the literature, hierarchy does not confer leadership, nor does leadership confer hierarchy. As Covey⁷ wrote, “Management works in the system; leadership works on the system.” He also further differentiated the concepts of leadership and management, saying, “Effective leadership is putting first things first. Effective management is discipline, carrying it out.” Although the two terms are often used synonymously, leadership is a broader and more encompassing concept that extends to a wider array of situations, whereas management has a more specific focus.

The most successful organizations facilitate the development of routine leadership roles and encourage participation in those roles. Frontline pharmacists must exhibit themselves as leaders each time they step into the workplace. The practice of effectively influencing the behavior of physicians, nurses, pharmacy technicians, interns, support staff, and others to optimize medication safety and patient outcomes constitutes successful leadership. Innovative practice models can support the development of both clinical and leadership skills. ASHP encourages these types of practice models and their development.

The obligation to develop practitioners prepared for professional leadership requires colleges of pharmacy to adopt such values. Currently, leadership training is inconsistently present in both academic and practice settings. The Task Force report noted that pharmacy curricula commonly offer elective management courses without addressing fundamental leadership skills in a proactive or longitudinal manner and that the concept of using management training to teach leadership skills has led to further gaps in how new pharmacists perceive leadership.⁵ The report emphasized the need for increased focus on leadership training in colleges of pharmacy and recommended that these institutions incorporate formalized leadership training throughout the curriculum in a formal, longitudinal manner and not exclusively through management course work.

White’s⁶ survey of student and new practitioners demonstrated that they are likely to be mentored by frontline pharmacists, supporting the critical need for expressions of leadership. All pharmacists should take personal responsibility for leadership of the medication-use process and for mentorship of students, residents, and colleagues. Although it is not the exclusive responsibility of formal pharmacy leaders such as pharmacy directors and managers, formal leaders must foster and support pharmacist leadership.

The report of the American Association of Colleges of Pharmacy Argus Commission, *Building a Sustainable System of Leadership Development for Pharmacy*, also argued that leadership is a responsibility for all pharmacists.⁸ The report called for integration of leadership throughout pharmacy education and offered a number of specific recommendations. To support leadership development of students and practitioners, the report recommended greater focus on fostering leadership education in pharmacy curricula,

in residencies, and in practice sites. To cultivate high-quality candidates to fulfill the pharmacy leadership gap, the report also recommended expansion of didactic leadership training, distance learning programs, the use of social media for networking and mentorship, and an increased focus on the full spectrum of leadership. Colleges should also assess leadership potential during the application and selection process.

Pharmacists also have an obligation to exert leadership and participate in shaping the future of the profession. Participation in professional societies such as ASHP provides opportunities to shape the future of the profession and affords excellent opportunities for the development of leadership skills. Professional organizations such as ASHP also have an obligation to encourage the development of leadership skills and support their development among their memberships.

Conclusion

Leadership is a professional obligation of all pharmacists and not the exclusive responsibility of pharmacists who hold formal leadership roles or titles. All pharmacists should accept the obligation to develop and exert leadership skills to ensure the safe and effective use of medications. Pharmacy schools, professional organizations, and employers should encourage the development of these skills among students and practitioners and should provide both formal training and opportunities for pharmacists to develop leadership capacity.

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