

ACCP

Rewards and Advancements for Clinical Pharmacy Practitioners

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Most people thirst for recognition. Practitioners have a fundamental need to be noticed, to feel important, and to be recognized for excellence. Unfortunately, with shrinking health care resources, the opportunity to reward practitioners financially is dwindling. Managers must find innovative alternatives to recognize excellence and reward practitioners. Clinical pharmacists strive to continuously improve, to enhance their knowledge and skills, and to improve the quality of care they provide to patients. Although the rewards of internal gratification suffice for many individuals, external reward systems designed to structure advancement are needed. Career success has traditionally been measured by salary and power.¹ Managers need alternatives to offer clinical practitioners to prevent their movement into management positions or other careers and to

quell their growing frustration with the inability to attain "success." The purpose of this paper is to describe elements of reward and systems of advancement for clinical pharmacists including professional development plans (career ladders), employee empowerment, and other recognition tools.

Professional Development Plans—Career Ladders

Career ladders were proposed as one method of offering structured advancement for clinical practitioners in the 1980s.²⁻⁸ Prior to this time, practitioners often left clinical practice positions to receive promotions. This created a loss of talented practitioners, and frustration for practitioners who could no longer practice when they assumed traditional management roles. The parallel clinical and management career ladders offered an alternative for advancement of the highly motivated practitioner. Advancement up a clinical track prevented displacement of the most talented practitioners into management positions.

Typical career ladders have 3-5 levels of advancement with increasing levels of autonomy and responsibility for patient care. A sample structure for a career ladder is shown in the Appendix. Each progressive level offers new or additional rewards. Each level has preset, clearly defined criteria for advancement. Early systems of advancement relied heavily on escalating financial incentive between career levels. Career ladders today offer additional advancement opportunities for increased research or practice time, increasing mentorship of junior staff and students, autonomy to develop and implement drug therapy policy, and tuition reimbursement for continuing education programs.

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There are several key considerations in developing a career ladder. Concrete advancement criteria and reasonable advancement opportunities are required. Appropriate, clear, meaningful rewards at each level are essential. Administrative and staff acceptance and support are necessary to provide meaningful recognition. The institutional culture must credibly support the structure and process of advancement. Peer review is an essential component to provide value to the recognition gained through advancement.

Requirements for Advancement

Clinical career ladders should reward excellence in clinical practice. Therefore, the three components of practice excellence—knowledge, problem-solving skills, and documented performance—should serve as the basis for advancement criteria. Difficulty arises when objective tools for assessment of these values, largely considered “artistic,” are sought. Institutions with established practice standards may have measurement criteria in place to assure that practice standards are met on a continuous basis. For these institutions, individual clinical competence can be extracted from the overall system assessment. Career ladders can help to tie together general employee evaluation to professional advancement in a structured manner. Accumulation of adequate information on an individual practitioner's performance is both time consuming and cumbersome without automated systems. By linking general performance evaluation to professional advancement, efficiency may be enhanced.

There are no published validated instruments for assessing clinical competence. Institutions have devised point systems for completion of tasks,^{3,5} or written and oral examinations to test knowledge and problem-solving skills. Point systems can direct practitioners' attention away from continuous, ongoing improvement of services and skills toward “point gathering” to assure promotion. Point systems recently have been discouraged as they are driven by quotas (i.e., number of consults, number of continuing education lectures, etc.),⁹ rather than quality. Written and oral examinations given at individual institutions have not been validated nor shown to be psychometrically defensible. It is unclear what is actually being measured, or what its value is in assessment of practitioner knowledge and skills.

The last and most difficult aspect to document is practice performance. Few institutions have

programs in place that objectively measure clinical performance. While the profession struggles with outcome measures to document assurance of pharmaceutical care, assessment of individual practice performance continues to be inadequate. Until such time as meaningful measures of clinical competence are identified, mechanisms to measure and distinguish practitioners on superior knowledge, skills, and performance may be limited. Careful continued thought and consideration must be given to the development of meaningful performance measures for clinical practitioners. Institutions can start with the development of practice standards by which peers or managers can measure performance.

The American College of Clinical Pharmacy (ACCP) Clinical Practice Affairs Committee developed and published a template for evaluating clinical pharmacists. This template has been applied to both university and hospital-based practitioners for ongoing clinical knowledge, skills, and performance evaluation.¹⁰ Its value as a tool to distinguish practitioners for advancement remains to be established.

An alternative or addition to developing and implementing institution-specific tools for clinical skills assessment is the nationally recognized credentialing process available through the Board of Pharmaceutical Specialties. Four specialties have been recognized: nuclear pharmacy, nutrition, pharmacotherapy, and psychiatry. Examination and certification processes have been developed and are available for nuclear pharmacy, nutrition, and pharmacotherapy. The advantage of using board certification for advancement to upper levels of a career ladder is the objectivity of a psychometrically defensible tool whose validity has been established through external testing.¹¹ Board certification also offers a nationally recognized process that can begin to define similar levels of practice among institutions around the country. Rigorous procedures were followed to develop an examination that can serve as an external standard for advancement to upper practice levels within career ladders. Eligibility to sit for the examination is based on experience and licensure, not degree. Numerous bachelor of science-educated individuals have successfully attained board certification.

Opportunities for Advancement

In the spirit of assuring excellence, managers should be careful not to set the requirements for advancement so high that it is unrealistic for pharmacists to be promoted. If the requirements

for advancement are so rigorous that most pharmacists are unable to participate, the ladder will not fulfill its goal of retaining, recognizing, and rewarding competent practitioners. Conversely, if the advancement criteria are too easy, the value of advancement will fail to provide meaningful recognition for participants. It is likely that departments, early in their developmental evolution of clinical practice, may set easier advancement criteria that can then be escalated in rigor as the department matures and clinical practice evolves. The implementation of a career ladder must be viewed as a dynamic process that accurately rewards the levels of excellence represented at any given time within the department. To facilitate this, periodic review of advancement criteria, incentives, process, structure, and function is recommended.

Another consideration is the number of available positions at each level of the career ladder. At its inception, careful study of the requirement of practitioners at each career level, the ability to provide increasing autonomy, and financial reward for each level need to be conducted by managers. A career ladder with the majority of positions at either an unattainable high level or an unrepresentative low level will serve to frustrate practitioners seeking advancement. A realistic number of positions, in keeping with the clinical needs of the institution, must be available at each level. The mechanism to attain them must be clearly defined and feasible. The process of evaluation must be fair. There must be an objective mechanism by which new pharmacists with existing practice, teaching, and research competence can be rapidly assessed and placed in the appropriate level of the career ladder. Administration must also provide for individuals who reach the highest available level and have no further opportunity for advancement until someone leaves. Mechanisms to enrich job satisfaction at their current level, as outlined in later discussion (e.g., increasing autonomy), must be provided to prevent frustration from the inability to advance. Practitioners who reach the highest stage of professional development usually achieve this only after many years of continuously self-motivated behavior that promotes selection of independent self-starters.

Once the career ladder has been developed, the major challenge to managers is to assure that appropriate opportunity exists for practitioners to fulfill the requirements for advancement. In many situations this may mean development of educational opportunities to enhance clinical skills,

provision of coverage so that staff can attend continuing education programs off-site, or financial support for high-quality, self-study programs. An attitude of investment in professional growth can be fostered that stimulates pharmacists to invest in their own development. Lectures, case presentations, journal clubs, and study groups can serve to enhance clinical skills and knowledge without taking pharmacists away from their practice site. Mentorship of younger practitioners by clinical managers or those more advanced on the ladder is an important avenue for development. Bedside review of cases provides a mechanism by which pharmacists' skills and knowledge can be enhanced in a meaningful manner and tied directly to performance. Rotations in focused or specialized areas can also be used to accelerate skill development over a short period of time. These rotations may be precepted by clinical faculty or advanced hospital-based practitioners. Many departments develop structured teaching packets or modules that individuals must complete before they are eligible for advancement to the next level. Departments are responsible for having a plan of advancement, a tentative timetable, and available resources to prepare pharmacists for advancement. On a regular basis, managers should discuss with practitioners their progress in advancing through the promotion criteria, and help to set specific goals for employees desiring to move up the ladder.

Rewards

Appropriate rewards at each level of promotion provide important incentives for advancement. Financial constraints at most institutions prohibit large raises associated with promotion. Most career ladders attempt to offer a small financial incentive for progression to the next level. Many institutions offer support to facilitate promotion such as reimbursement for educational programs or board certification.¹² Money is unlikely to be the most available or the most important incentive for advancement.

Another reward includes increased scheduling autonomy, such as increased proportion of day shift clinical hours, fewer weekends, and holidays. For many pharmacists with families, this becomes an important reward. Some promotions may be associated with responsibility for a smaller number of patients or less distributive responsibilities to permit more autonomous time for research or other advanced practice focuses. Directors can reward pharmacists by involving them in important

decisions through department or hospital committees such as the Pharmacy and Therapeutics Committee, Formulary Committee, or patient care committees. As competent practitioners are recognized, they may be asked to participate in quality improvement processes, clinical path development, and patient-focused care teams, or asked to give lectures outside the institution. Coverage to attend these meetings may be considered another reward.

The opportunity to teach pharmacy, medical, or other health care students contributes to the professional growth of practitioners at each career level, and may be viewed as a reward for excellence. Recognition can be fostered through acquisition of adjunct faculty appointments. Increasing the opportunity to teach by providing "teaching time" and coverage for the individual can also be a reward.

Institutional Support

The importance of institutional support for the career ladder goes well beyond the budgetary approval of salary increases. The culture and climate of acceptance is perceived through indirect actions such as words and messages communicated by the department and hospital management staff. Pharmacists are quick to ascertain that a structure exists, but the appreciation for skills and knowledge at each level of recognition is shallow. The necessity for department and hospital management to recognize the importance of the process, celebrate the successes of individuals being promoted through the process, and facilitate the advancement of pharmacists cannot be overemphasized. Directors of pharmacy and hospital administrators can participate in an award presentation or deliver a letter of congratulations that sends a strong positive message from the top.

Peer Review

When the ladder's structure, function, and processes are established, consideration of the review committee composition is critical. The perceived success of the career ladder system may be enhanced by emphasizing the peer review components of the process. Managers may not always have the clinical expertise necessary to assess the performance criteria. Inclusion of a significant proportion of reviewers who have achieved promotion to each level of the career ladder increases the value of the review and the acceptance of the candidate to committee decisions about promotion. Some review committees also

solicit specific information about the candidates' skills, knowledge, and effectiveness from the nursing or medical staff with whom the candidate works on a daily basis. Lastly, it is advisable to include an external member (e.g., from a college of pharmacy or neighboring hospital) who can increase the objectivity and scope of the review process.

In summary, the career ladder process has gained widespread acceptance over the past decade. Data supporting the value of career ladders to retain competent practitioners are lacking. Studies evaluating the effectiveness of this model of practitioner reward and advancement are needed. Smaller community hospitals may adopt some of the elements of a career ladder without implementing the complete structure. Other tools for recognition are outlined as follows.

Employee Empowerment

Employees are management's first customers. If they are involved and empowered, they will strengthen their stake in the organization and achieve improvements continuously with high standards. Managers are challenged to provide the kind of values, direction, motivation, and energy to practitioners that will encourage them to tackle the ambitious goals they set for themselves and the department. High-quality work-life involves many factors including satisfying work, clear expectations, a positive relationship with your boss and co-workers, opportunities to get ahead, feedback on job performance, adequate pay and benefits, and comfortable and safe work conditions.¹³ Employee empowerment can be enhanced by developing a quality of life strategy, building teamwork, and implementing effective approaches that help staff embrace change.

Developing a Quality of Life Strategy

To provide a high-quality work environment, the boundaries, key variables affecting perception, and reality of quality must first be defined. The quality of the work life should be measured on a regular basis. Employee perceptions and satisfaction should be solicited and acted on routinely. This can be done verbally or by using a simple one-page survey asking about key factors that affect quality perception. The staff can then be empowered to effect changes to improve the quality of work life by appointing a committee to review and respond to survey findings. The committee needs to be accountable for completing their "mission" in a timely manner. Success of the program could be

measured by monitoring staff turnover rate, productivity, absenteeism, etc. Ongoing focus on improvement in the quality of the work life creates an environment of empowerment and caring.

Team Building

Team building and morale boosting are important when the availability of other rewards diminishes. Activities that build team cohesion, communication, and mutual respect should be included at staff meetings. Managers should attempt to connect with practitioners on a personal level and break down traditional barriers that impede progress. Job switching contributes to seeing the other side of an issue and may improve team cooperation. Interjecting positivism at staff meetings or while passing in the hallway are other useful tools. Asking people to offer one good thing that happened to them that week or that they accomplished for patient care focuses attention on the positive and reinforces a positive behavior. Generally, practitioners will come away from the interaction thinking that their perspective, success, and effect were important. However, when real problems occur, it is important that they are communicated openly and not be de-emphasized or dismissed as being unimportant.

Developing Effective Approaches to Embrace Change

The only thing that is constant is change. Change is one of the greatest sources of pressure and stress for practitioners. Practitioners often resent the way in which change is managed in departments. Disaffection and demoralization can result, which hamper service performance and energy. On a positive note, change is how we grow and improve the quality of our services and customer satisfaction. Change can be viewed as progress if communicated effectively.

There are several guidelines that can help staff embrace change quickly. Articulate plans for change. Solicit staff input and participation early. Establish clear goals. Renegotiate roles and performance expectations (i.e., don't assume people know). Establish open, direct, and frequent opportunities for communication. Look for feedback by making yourself available. Awareness of the implications of change on staff performance is important.

Although the suggestions above can be used to empower practitioners, these tools alone will unlikely suffice as a reward system. Rather, the empowerment suggestions improve the environ-

mental issues that are often the source of requests for greater financial rewards and recognition. Their contribution to practitioner satisfaction cannot be ignored.

Recognition Tools

Not every department of pharmacy has the support or the need to establish a career ladder process for advancement and recognition. However, many of the components of the career ladder discussion can be executed without implementing the whole structure and process. Benefits such as support to attend meetings, staff coverage, and changing responsibilities are not limited to programs that have adopted a professional development plan for career advancement.

Initially, it is important to establish which services, programs, or successes are important for recognition. These can be chosen to be consistent with the mission and vision of the department or institution. Employees should be encouraged to share successes and failures. Recognition for successes can take the form of a personal letter from their manager or department director, a certificate, a plaque, a voucher for meeting attendance, or a textbook. Presentations at staff meetings, surprise celebrations, or special luncheons can be used to bring recognition to successes.

Summary

It is important to recognize that pharmacy practice models are changing quickly. Although the concepts of pharmaceutical care depict all pharmacists as clinical practitioners, there are still significant opportunities for individuals to develop advanced and refined skills and knowledge, and to seek recognition. Criteria for professional advancement need to be reevaluated and modified periodically. As departments become more effective in implementing pharmaceutical care, and practice skills advance, criteria for advancement must be updated. Recognition and advancement within newer models of practice such as patient focus units, clinical path teams, and quality improvement teams complicate assessment and evaluation strategies.

In the future, pharmacy managers will need to look at reward and advancement systems that incorporate the recommendations of the team manager or members for these newer models of practice. Perhaps there will be a shift in responsibility for recognition to the team manager. Career ladders may need to provide for new roles, and reward practitioners for behaviors not currently

Appendix. Career Ladder Template**A. Structure**

	Director of Pharmacy Associate Directors	
Assistant Directors		Clinical Managers
	Level IV Level III Level II Level I	

B. Requirements For Advancement**Level I to Level II**

- satisfactory performance appraisal
- successful completion of core curriculum, training materials, etc.

Examples: ACCP's Pharmacotherapy Self-Assessment Program, ASHP's Clinical Pharmacokinetics, ASHP's Interpretation of Laboratory Values, Advanced Cardiac Life Support certification, drug information skills, in-house certification programs, developmental packets, or rotations.

Level II to Level III

- satisfactory performance appraisal
- consistently and completely meets established standards of practice for area^a
- demonstrates excellence in teaching students, interns, pharmacists, physicians, nurses
- demonstrates the ability to employ the scientific technique (problem identification, hypothesis generation, protocol development, hypothesis testing and analysis of data)
- publishes in peer reviewed journals of pharmacy or medicine

Level III to Level IV

- satisfactory performance appraisal
- consistently and completely meets established standards of practice in the area^a
- demonstrates excellence in teaching students, interns, pharmacists, physicians, nurses
- demonstrates the ability to employ the scientific technique (problem identification, hypothesis generation, protocol development, hypothesis testing and analysis of data)
- publishes in peer reviewed journals of pharmacy or medicine
- achieves and maintains board certification in his/her area of specialty
- achieves peer recognition as demonstrated by letter of support from physician and pharmacist colleagues nationally

^aCriteria for excellence in clinical practice may include the following:

- 1) evidence that the practitioner favorably impacts patient outcomes by providing case examples.
- 2) evidence that the practitioner assumes responsibility for patient care by providing case examples and letters of support from team members.
- 3) evidence that the pharmacist is fiscally responsible by providing a summary of drug therapy recommendations that are cost effective.
- 4) evidence that patient care problems are not missed and that care is provided efficiently. The managers may have to provide these data.

represented in most departmental performance evaluations. Performance evaluation, standards of practice, and advancement criteria will need to be carefully reviewed and integrated with the patient focus team's objectives, structure, and processes to assure that appropriate recognition is given to pharmacists in this exciting new environment.

Career ladders provide one form of reward and advancement for practitioners. Institutions can include many elements of career ladder process, function, and structure, as well as implement many other management tools for reward and recognition, without implementing a complete career ladder.

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