

Integrating clinical pharmacy into pharmacy practice

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CAREER LADDERS FOR CLINICIANS

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The pioneering work on clinical career ladders reported in this issue of *AJHP* will be helpful to pharmacy managers who want to see their departments have a larger impact on drug therapy. This transformation in practice will come about through planning for incremental advances over a number of years. As pharmacy departments move from one level to the next on their path toward becoming more fully dedicated to rational drug therapy, they will go through a number of phases in organizational structure. Clinical career ladders should be viewed in the context of these transitions, not as an ultimate goal in themselves.

Picture for a moment the typical pharmacy department some years in the future. All pharmacists, including the leaders of the department, have been educated clinically, and many of them have postgraduate training in specific areas of drug therapy or in management. Because of the consistency in values and motivation among pharmacists, the department relies more on implicit controls related to professional ethos, rather than on explicit controls, to manage the work of its practitioners. Pharmacists are accountable for the quality of the drug product distribution system, but much of the system is automated, and its routine operation and maintenance is conducted by well-trained technicians.

In this department of the future, physicians, nurses, and patients expect pharmacists to concentrate their time and energy on helping make the best use of medications. When a particularly complex therapeutic problem cannot be handled well by a frontline pharmacist, assistance is requested from a pharmacist specialist in that area of therapy. If the hospital is sufficiently large, the specialist may work full time at the institution. Smaller hospitals may share the services of pharmacist specialists or may contract for those services with a larger institution.

This hypothetical department has in place a career ladder for pharmacists that rewards them in relation to their abilities. But this system of recognition and compensation is not called a *clinical* career ladder, because *clinical* is redundant with the inherent mission of the department and with the motivation of all its practitioners.

What makes *clinical* career ladders noteworthy today is that many pharmacy departments employ two culturally and educationally distinct types of pharmacists. These departments are at stages in their development where many pharmacists are occupied with getting the right drug product to the right patient at the right time, while other pharmacists are employed to make sure that the right drugs are being used in the first place. The latter pharmacists command a higher value in the job market to begin with, and they are no less interested than traditional pharmacists in obtaining salary advancements as their value to the institution grows. Through the wise use of career ladders, the department can accommodate successfully both types of practitioners.

A wide range of approaches is used by pharmacy departments in developing clinical services. Some departments use the “great leap forward” method, accepting the drug distribution focus of the existing staff and hiring clinically educated and experienced pharmacists to achieve, relatively quickly, a high level of clinical services. Others use the “natural evolution” method, relying on the self-initiated improvement of the existing staff to move the department into the clinical realm. As the papers in this issue illustrate, departments at both ends of the scale have found applications for the career ladder concept. It is worth noting that upgrading of skills can be stimulated by tying job promotion to the attainment of additional competencies that are important to the department.

There is a risk that clinical career ladders, if not managed well, can be counterproductive over the long term. If the system is allowed to become rigid, it might tend to entrench “distributive” pharmacists in that role. Similarly, the system seems closely aligned with traditional concepts of management control, which in themselves can be a serious impediment to the motivation of professional workers.

When handled well, clinical career ladders will develop as the result of departmentwide consensus-building about mission and future direction. It will be understood that the clinical career ladder is a transitional technique that is consistent with the department’s goal of giving more attention to the safe, effective, and cost-conscious use of medications. Further, the system will be used by management to help motivate all pharmacists to maintain and upgrade their competencies.

