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Development of a leadership course tailored for pharmacists in Scotland

Fiona McMillan and colleagues provide an update on the development of the NHS Education for Scotland pharmacy leadership course

One of the future aims of the NHS in Britain is to increase the role of pharmacists in improving patient health care. Scotland's health White Paper, "Partnership for care" (February 2003), concentrated on the promotion of health and the creation of a modernised, patient-focused health service that is fit for the 21st century.

Within "Partnership for care" the key themes drive the vision of improved, patient-centred health care services. These themes include improving health, listening to patients, higher standards of health care, partnership, integration and design, and empowering and equipping staff with skills.[1] Responsibility and resources in the NHS are being delegated and delivered to local areas; pharmacists now have a unique opportunity to move the profession forward. By training pharmacy leaders to think and act strategically, to position themselves and their colleagues, pharmacists will be able to maximise opportunities at this time of change. The significant change in the professional role of pharmacists as health care providers, coupled with changing demographics of workforce, has resulted in a deficiency of leaders within the pharmacy profession. Pharmacists' changing expectations present another leadership challenge; new pharmacists expect direct patient involvement, flexible schedules and part-time or shared positions.[2] Recent qualitative research, led by the NHS Leadership Centre, highlighted leadership development needs that are applicable to pharmacists. This leadership qualities summary highlights the need for the development of personal qualities, service excellence and a future focus.[3] A similar concern relating to future leadership skill shortages has also been expressed in America and Canada.[4–5]

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With change on the agenda, it was decided by senior pharmacy managers to try and bridge the skills gap by developing a course targeted at those with responsibility within the newly developed community health partnerships in Scotland. Leadership, as defined by House,[6] is "the ability of an individual to influence, motivate and enable others to contribute towards the effectiveness and success of the organisations of which they are members".

NES pharmacy leadership course

This article will provide an update on the development of the NHS Education for Scotland pharmacy leadership course that was launched in 2004. The course was initially introduced for community pharmacists with the intention of developing "leaders" in preparation for when community health partnerships were established.

Course structure The course initially consisted of two and a half face-to-face teaching days over a three-month period and required pharmacists to participate through reflection on current practice and the behaviours of those within their work team.

On the first day, pharmacists were introduced to the leadership, competency-based, continuing professional development workbook. The workbook combined leadership competencies as per "Midwifery leadership in Scotland: a competency framework document",[7] which was linked with an element of CPD to allow for evaluation and action planning. This competency framework was chosen as the most relevant professionally by a team of senior managers within Scotland. The senior management team also informed the content of the course and a senior pharmacy team within NHS Education for Scotland advised on educational delivery methods.

The workbook was divided into six competency subsections as shown in Panel 1. Each competency had a number of performance indicators associated with it, which are listed in the workbook.

Key topics within the course included:

- How management differs from leadership
- Leadership styles
- Transactional analysis
- Management of conflict
- Management of change
- Teams versus groups
- Negotiation

A peer support system was offered to participants for support during the practice period.

About the project

The aims of the project were to:

- Stimulate reflection on current leadership practice
- Encourage willingness to reflect, experiment in practice, and report and share leadership experiences in terms of competencies within the CPD workbook
- To develop an appreciation of current theories of leadership
- To encourage confidence to complete a self-development programme

Panel 1: Breakdown of competency subsections in the CPD workbook

Element	Competency number	
Personal style, roles and responsibilities	1	Apply current theory and approaches to leadership skills, desired leadership qualities and styles to suit individual situations
Linking leadership vision and pharmacy strategy	2.1	Demonstrate a broad vision of the factors influencing policy and pharmacy strategy
	2.2	Implement national pharmacy strategy in a regional or local context
Communicating and positively influencing other people	3.1	Demonstrate an ability to engage with a wide variety of individuals, groups, agencies and organisations through the use of interpersonal and communication skills
	3.2	Enable others to maximise their potential in practice through the use of role modelling, coaching and mentoring
Mediation, negotiation and managing conflict	4	Act as a role model to other staff in avoiding, minimising, or alternatively managing conflict situations through the use of mediation, negotiation or conflict resolution
Networking and creating successful partnerships	5.1	Communicate clearly, effectively and consistently with individuals, groups and within a variety of forums
	5.2	Forge new alliances and create successful partnerships and networking
	5.3	Use Information Technology
Increasing the professional status of pharmacists	6.1	Direct the efforts of all service providers within health and social care setting to ensure that the system is responsive to the needs of community health partnership users
	6.2	Promote pharmacy and the role of the pharmacist in service provision and change
	6.3	Promote the contribution of the pharmacy profession to patient care

Participants and setting The project was carried out nationally. The two courses were run in different locations to enable access to practitioners from all areas of Scotland. Both cohorts comprised of 16 pharmacists. Participants had been registered for between two and 28 years.

The taught elements of the courses were evaluated using a standard NES form. This allowed course participants to assess the course, using a five-point scale, for quality, relevance and the extent to which the learning objectives were met. A mean appraisal score was then calculated as a percentage of the maximum score for each of these parameters for each session of the course (see Table 1).

Evaluation of outcomes

It is recognised that evaluation of a taught programme cannot solely be achieved by completing a post-course evaluation form. This cannot evaluate the transfer of learning and change in behaviour that occurs after the participant is back in the workplace. Two focus groups were therefore held after the three-month practice period.

The two focus group discussions, each with five participants, facilitated the exploration of ideas and experiences, and allowed the community pharmacists to debate their perspectives on their potential new roles. Both focus groups were recorded, transcribed and emerging themes were coded using a framework approach.[8]

Panel 2 presents the issues on the leadership course and associated CPD workbook that were discussed at these focus groups.

Of the participants who attended the final session of the leadership course, 10 (67 per cent) of the workbooks were available for evaluation. The remaining five workbooks had no entries. Participants agreed to the sharing of their workbook entries at the beginning of the course.

Table 2 shows the breakdown of the entries made in the competency-based CPD workbooks (n=10), subdivided into performance indicators that less than half the participants attempted (″4) and performance indicators that half or more than half the participants attempted (≥5). Each entry into the workbook was divided into four divisions: personal learning need identified; action plan to address this learning need; evidence to prove the personal learning need had been addressed; and the date this was achieved.

As shown in Table 2, 1.7 action plans were generated per learning need from this pilot study and approximately half of these plans resulted in documented leadership evidence with dates of completion. Thus, after identifying a learning need, the pharmacists were generally able to generate one or two ways in which to address this need and half of these plans were then completed.

Table 3 details the performance indicators attempted by half, or more than half, of the participants who submitted a workbook (≥5 participants).

Panel 3 details the performance indicators that were not attempted by any of the participants. All performance indicators in element 1 (personal style, roles and responsibilities) and element 3 (communicating and positively influencing other people) were attempted by some participants.

Panel 2: Comments from participants discussed within the focus groups

CPD workbook improvements

- For someone like myself who has not filled one out in that format before . . . there is not even an introduction page at the beginning to explain what it is all about and what to do.
- Could do with some examples.
- I think that it is the wrong way around . . . at the back it is increasing the personal status of pharmacists, which is what it is all about.
- I don't know if I was doing it right.
- I sort of treated it along the lines of a preregistration training manual . . . what are the ones that I haven't got, and what do I need to go out and get to help me achieve these?
- If you had [a CPD workbook] in advance, then you could flick through that.

Addressing learning needs identified

- If we maybe had a list of things [courses, training opportunities] that they could follow on?
- Specifically you can't afford to go out there and take part in some of these expensive courses.
- If you don't know what is out there, then you don't know what your learning needs are.

Evidence proving competency

- How can you get someone to sign to say that they are confidently communicating with other people?
- How can you prove that you have been to X number of meetings, and how can you prove that you have networked?
- That is evidence . . . that you have been to this workshop and things like that.
- A lot of the things that it is actually wanting us to provide evidence for, they are not physical things.
- The dentists, for example, have patient questionnaires, patient evaluation forms.

Making the course multidisciplinary

- I think that there would be benefits and disadvantages. If you were multidisciplinary then you would probably get smaller groups of people.
- The sooner that we are involved with the people that we are going to be involved with in practice then the sooner that we are going to learn about their mindset, their agenda. They don't consider our point of view because they don't know what it is.

Discussion

Course evaluation Participants in both cohorts had a wide and differing range of experience — from those recently registered as pharmacists to pharmacists with 28 years of

Panel 3: Performance indicators not attempted by anyone

2.5 Utilise breadth and depth of pharmacy knowledge and practice expertise in informing stakeholders and service consumers of professional, legal and regulatory aspects underpinning service provision.
4.4 Promote multidisciplinary team work that fosters mutual respect, regard and value for the perspectives and contributions of other professionals.
4.6 Present pharmaceutical care oriented arguments clearly, using logical argument and supporting evidence.
4.7 Develop the art of brokering a consensus and reaching a compromise, ensuring key priorities have been established.
5.1 Use verbal, non-verbal and written language for specific audiences that is always delivered in a professional and courteous manner.
5.3 Foster collegiality and communication in professional groups and be a role model of non-competitive behaviour.
5.5 Create environments which are conductive to effective communication and feedback from key stakeholders and the public.
5.7 Act as a role model in using information technology to source appropriate literature, research and professional evidence to underpin strategy and service delivery.
6.6 Acknowledge past accomplishments and traditions of pharmacy while articulating the future with a passion, inspiring change.
6.7 Use professional courage in working across boundaries of care in maximising the interests of your patients. Take risks with political astuteness. Welcome scrutiny and analysis of decision-making.

Table 1: Mean evaluation scores from leadership courses 1 and 2

Parameter	Scores	
	Course 1 (n=13)	Course 2 (n=14)
Quality	86	83
Relevance	87	83
Objectives achieved	79	80

Table 2: Breakdown of competency-based CPD workbook entries

Type of CPD workbook entry	Number of performance indicators attempted by:		Total
	″ 4 participants	≥5 participants	
Learning need	30	25	55
Action plan	50	44	94
Evidence	28	26	54
Date achieved	19	22	41

Table 3: Information from the competency-based CPD workbooks (n=10). Performance indicators attempted by five or more participants

	Performance indicators	Learning need	Action plan	Evidence	Date achieved
2.2	Have an awareness of social, demographic, economic, regional, technological factors and consumer trends and influences affecting pharmacy strategy	4	10	5	5
2.3	Support and influence the pharmacy team to create and promote a vision and service redesign which influences current and future strategies	5	7	6	5
3.3	Provide visible leadership by being seen to be accessible, approachable and demonstrating commitment to a collaborative approach to working	4	5	4	4
3.5	Adopt a lead role in representing, influencing and undertaking other speaking roles within public, political, professional and organisational forums linked to your own remit	3	5	2	1
3.8	Demonstrate generosity of spirit in sharing your knowledge and skills when acting in the role of mentor or coach with other staff members	6	7	2	0
4.3	Seek a proactive approach in team building which fosters open and honest relationships and team development processes	1	7	1	1
5.2	Maintain an open dialogue with patients, staff and the wider community influencing service delivery	2	3	6	6

experience. From Table 1, it would appear that the course was largely well received by all participants in terms of quality, relevance and objectives met. Also, there were not any negative comments in the focus group (Panel 2) to the suggestion that the course, to facilitate the development of skills for use within the multidisciplinary setting, should become multidisciplinary in the future.

CPD leadership workbook Currently CPD workbooks are not widely used CPD tools within the pharmacy profession in Britain although reflective course portfolios have been used successfully in some instances.[9–11] None of the participants had any previous experience in completing this type of document.

From focus group feedback (Panel 2), it would appear that a more detailed introduction to the CPD workbook with worked examples would be helpful. Introducing the workbook early in the taught course and making constant reference to it during teaching elements may also make completion easier for the participants. In the focus groups participants also highlighted the difficulty of collecting evidence of competencies addressed. Over and above the mentoring support offered, peer support and closer tutor supervision may assist in this area.

From this pilot study, 1.7 action plans were generated per learning need and approximately half of these plans resulted in documented evidence with dates of completion. It was encouraging that, after identifying a learning need, participants were generally able to generate one or two ways in which to address this need and half of these plans were then completed with documented evidence. In this study only the number of CPD entries were investigated and not the quality of the entry. A further study, involving either a peer review of competencies attempted or a review by a "tutor" with the provision of constructive feedback to the participant regarding the quality of their entries, is required. This approach would encourage learning from experiences and would develop a peer support network, which may improve the quality, as opposed to the quantity, of the entries recorded.

Regarding the performance indicators, half, or over half, of the participants completed performance indicator 2.3 (Table 3): supporting and influencing people to promote a vision, adopting a lead role in representing pharmacy, being aware of influences affecting pharmacy strategy, being accessible and acting as a role model seem to be emerging as potential fundamental pharmacy leadership elements. These results complement the findings of a US study which used a Delphi questionnaire method to identify skills, knowledge and abilities (SKAs) required to negotiate future pharmacy challenges. In this study, Meadows *et al*[12] found the four highest ranked SKAs to be:

- Ability to see the "big picture"
- Ability to demonstrate the value of pharmacy services
- Ability to lead and manage ethically
- Skills for influencing an organisation's senior leadership

Teambuilding was also highlighted as fundamental for pharmacy leadership in our study although the performance indicator specifically mentioning multidisciplinary team building was not attempted by any participant during the three-month study. From these results, it would appear that initially participants were more comfortable team building within their own pharmacy team.

Some of the performance indicators not attempted by any of the participants (Panel 3), eg, informing stakeholders, multi-disciplinary team-working, creating environments for effective communication, forward planning and developing political astuteness, may take longer than three months to achieve.

Further research into completion of these performance indicators should be followed up after a longer practice period.

Potential training issues for community pharmacists were also highlighted from the performance indicators not attempted (Panel 3), such as presentation skills and information technology. Negotiation or brokering a consensus was taught on the leadership course, but since no participant attempted this indicator, the teaching of this module needs to be evaluated, perhaps with multidisciplinary input.

Conclusion

In general, participants on the NES pharmacy leadership course found the course useful. From this pilot study, potential fundamental pharmacy leadership elements have been identified that are required for successful participation in the multidisciplinary arena. Currently, competency-based CPD tools are not a widely used learning tool within pharmacy and, in this study, pharmacists found some difficulty completing the paper-based workbook. More support is required by the participants in order to demonstrate the full potential of this learning tool.

Further developments since the project

A further five cohorts of participants have undertaken the NES pharmacy leadership course (approximately 100 pharmacists in total). In response to feedback, the course was expanded to cover six days of teaching over a seven-month period. Additional items or topics that have been included in the programme are appraisal and development of skills for chairing meetings.

Following demand by pharmacists in secondary care, the course has been revisited and is currently available to any pharmacist working within the NHS in Scotland.

Another aspect that has developed is encouraging the use of a mentor. Course participants learn about mentoring first-hand, and the UK Clinical Pharmacy Association/Guild of Healthcare Pharmacist's mentor database (www.pharmentor.nhs.uk) is promoted.

On completion of the course, participants are signposted to further leadership training opportunities within the multiprofessional arena. The authors are in negotiation with the providers of the "Corporate NHS Education for Scotland diploma in leadership programme" to get credit for the pharmacists who have participated in the NES pharmacy course should they wish to progress to a further qualification in leadership.

The leadership competency-based CPD workbook has now evolved from being paper based to being electronic in nature. The e-portfolio enables practitioners to:

- Record their experiences online
- Monitor their own performance against others
- Learn from their peers
- Receive feedback if requested from a supervisor

The e-portfolio enables trainers to:

- Monitor the performance of course participants following educational intervention
- Provide feedback, if requested, on content of electronic records

NES Pharmacy is working in partnership with the Royal Pharmaceutical Society and has mapped the pages within the NES Pharmacy leadership e-portfolio to the Society's CPD online record pages. This development will allow the transfer of relevant parts of the e-portfolio to pharmacists' online CPD records without the need for duplication. It is hoped this development will encourage completion of the competency-based CPD workbook. It is anticipated that the NES pharmacy leadership course marks only the beginning of the development of leadership skills and that some may go on to develop further leadership skills through multidisciplinary training sessions and eventually enrolling for a formal course such as the "NES corporate frontline leadership course". after completion of which participants receive a formal qualification.[13]

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Society membership groups

The Royal Pharmaceutical Society has established special interest groups for community pharmacists, for veterinary pharmacists, for industrial, regulatory and technical pharmacists, for hospital pharmacists and for pharmacy academic staff. The groups hold meetings to consider topics of interest within their own fields of practice and they provide a source of advice to the Society's Council on specialist matters. Details of the groups can be obtained from the Society. Contact details are given below.

Community Pharmacists Group The Community Pharmacists Group, formed at the beginning of 1994, is open to all pharmacists engaged in the practice of community pharmacy. The group committee has the discretion to grant membership to pharmacists who are not engaged in community pharmacy practice but who have a direct involvement or demonstrable interest in that aspect of pharmacy. Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@rpsgb.org).

Veterinary Pharmacists Group The Veterinary Pharmacists Group is open to all pharmacists who are engaged in, or actively considering engaging in, the preparation or supply of agricultural chemicals, veterinary medicines and allied products. Other pharmacists may be granted membership at the discretion of the group committee. Contact: Lorraine.Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

Industrial Pharmacists Group The Industrial Pharmacists Group is for pharmacists who are engaged in industrial practice, those who act as consultants to industry, those whose work is concerned substantially with questions of industrial pharmaceutical practice and those whose work concerns, or who have an interest in, industrial, regulatory or technical matters affecting pharmacy. Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@rpsgb.org).

Hospital Pharmacists Group The Hospital Pharmacists Group is for pharmacists who work in NHS, private or armed forces hospitals and those employed by, or acting as consultants to, NHS health authorities, health boards and trusts. Also eligible are pharmacists working in the prison service, community pharmacists seconded to provide a service within a private hospital and other pharmacists whose work is significantly concerned with matters relating to the practice of hospital pharmacy. Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

Academic Pharmacy Group The Academic Pharmacy Group is open to pharmacists and other academic staff who make a significant contribution to pharmacy teaching and research in a UK school of pharmacy or a recognised pharmacy academic practice unit. Contact: Damian Day, education and registration directorate (tel 020 7572 2215; e-mail damian.day.@rpsgb.org).