

**So Many Pharmacists...
So Few Jobs**

Illinois Council of Health-System Pharmacists
2011 Annual Meeting, September 15, 2011

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ACPE required disclosure

- I do not have (nor does any immediate family member have) a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity
- ASHP staff assisted in compiling some of the information in my presentation
- The views expressed are my own

Goals.....

- Raise awareness
- Present available data
- Provide suggestions and recommendations

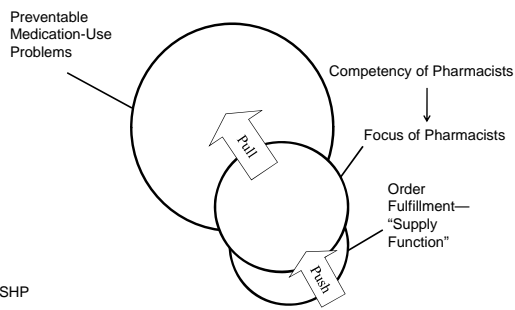


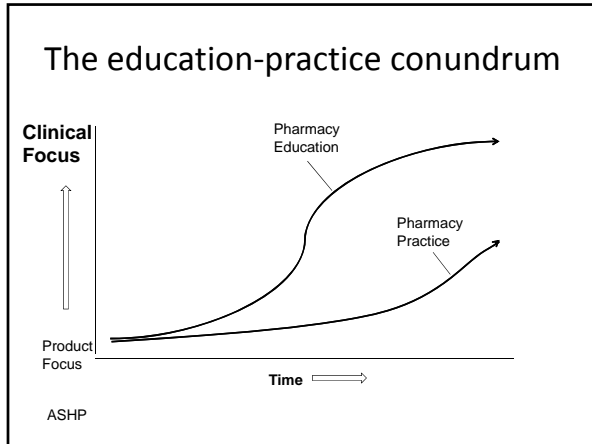
Key questions

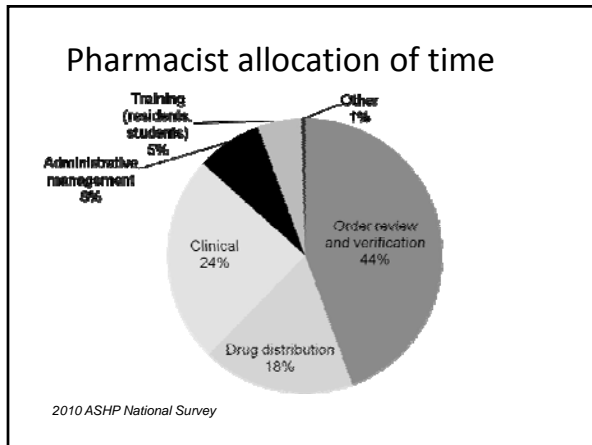
- Will there be too many pharmacists for society's needs?
- What forces will influence future work force needs?
- What should the profession do to ensure that it will be able to fulfill its societal obligations?
- Individually, what should practitioners do to prepare for the future?



Pharmacy's long-standing challenge








How did we get here?

- Increased prescription volumes
- Increased number of pharmacies
- Expanded roles for pharmacists
- Increased number of women
- The economy was pretty good
- Which led to a shortage.....



Response to shortage

- Use more technology
- Technicians
- Reduce services
- Do more with less
- Produce more pharmacists



What “controls” supply?

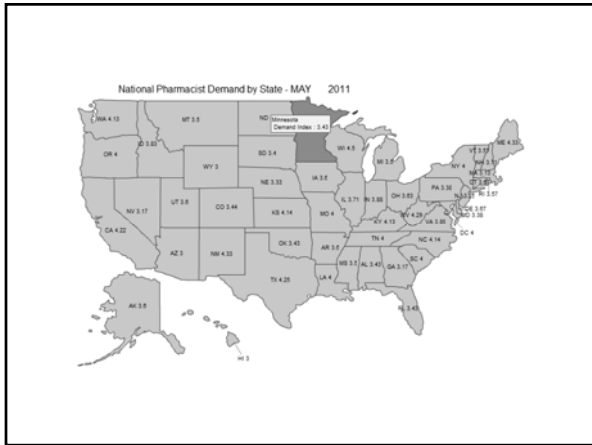
- General economy
- State level higher-education authorization
 - Subject to political influence
- Antitrust laws prohibit accreditation bodies from restraining entry into the field
- Marketplace factors
 - Long self-correcting cycle

Assessment question 1

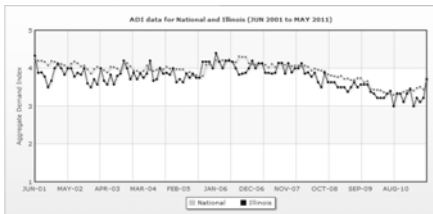
- A simple algorithm can be used to project the number of pharmacists needed in the future
 - a. True
 - b. False

Aggregate Demand Index

- Pharmacy Manpower Project – 15 pharmacy organizations
- Data supplied by panel of hiring managers
- Represent major geographical and practice settings
- Characterize supply and demand for pharmacists
 - 5 = extreme shortage
 - 3 = balanced supply and demand
 - 1 = oversupply
- www.pharmacymanpower.com

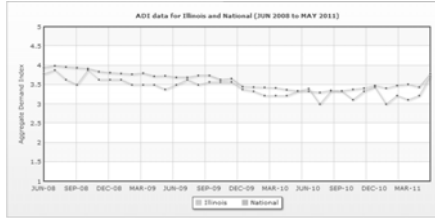


ADI - 10 yr trend– Illinois vs Nation



Demand categories
 5 = High demand: difficult to fill open positions
 4 = Moderate demand: some difficulty filling open positions
 3 = Demand in balance with supply
 2 = Demand is less than the pharmacist supply available
 1 = Demand is much less than the pharmacist supply available

ADI – 3 yr trend – Illinois vs Nation



Demand categories
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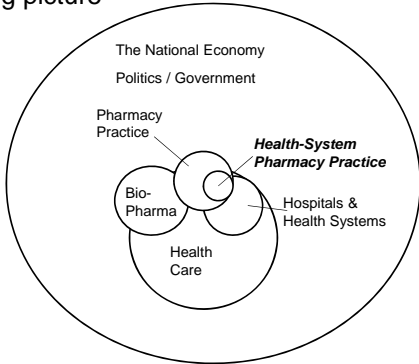
Confounding factors in work force projections

- Lack of a method for national work force planning
 - Public interest
 - Avoid “planning” for the wrong reasons (“job protection”)
- It’s not known how fast pharmacist “dispensing” jobs will disappear
 - Technology, mail order, technicians, state practice regulation
- It’s not known how fast new pharmacist “clinical” jobs will appear
 - Patient safety, accreditation standards, public awareness, payment, practice model reform
- Economy’s effects on retirement decisions

Potential consequences of “oversupply”

- Pharmacists take positions in underserved areas
- Stagnation in advancing technician roles
- Stimulus for innovation, professionalism
- Clinical pharmacy expertise more affordable
- Expansion of roles in primary care
- “Early retirement” decisions; pursuit of other work
- More competition for residencies
- Fewer student applicants; lower quality?

Context for health-system pharmacy:
The big picture

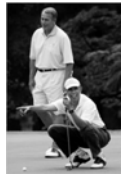


Context for the future of the
health-system pharmacy work
force

1. "Lean" years economically
 - Recovery from gross mismanagement in financial sector
 - Unemployment
 - Deficit spending / national dept
 - Cost of wars
 - Long term: "Lean years" following 70 "fat years"

Context for the future of the
health-system pharmacy work
force

2. Washington gridlock
 - Divided government
 - Health care reform and spending to stem financial crisis big factors
 - Now focused on 2012 elections
 - Tea party effects reduce readiness to compromise
 - Carry over to state governments



Context for the future of the health-system pharmacy work force

3. Getting serious about the national debt

- Common point in various proposals: Limit growth in Medicare spending
 - ❖ Reduce hospital and physician payments
 - ❖ Increase Medicare premiums
 - ❖ Raise eligibility age
 - ❖ Prescription drug rebates
 - ❖ Rep. Ryan: Privatize
- Medicaid cuts, too



Rep. Paul Ryan

Context for the future of health-system pharmacy

4. Health care reform

- Long-standing policy issues
 - ❖ Cost, access, quality
- Will reform legislation be sustained?
- The “640 billion question”
- Policy dilemma: competition or collaboration?
 - ❖ Health care (medical) homes
 - ❖ Accountable care organizations

Context for the future of the health-system pharmacy work force

5. Medication use

- More complex
- Safety issues – cost of ADE’s
- Value issues - \$31,000/dose – really?
- Regulatory issues - REMS
- Quality issues
 - CORE measures;
 - HCAHPS;
 - Meaningful use

Context for the future of the health-system pharmacy work force

6. Other stakeholders

- Physicians
- Nursing
- Administrators
- Patients

Context for the future of the health-system pharmacy work force

7. Soul-searching among practice leaders

- Production focus?
- Clinical focus?
- Moving fast enough to transform practice models?
- Integrated practice? Culture of department?
- Leading change vs. being forced to accept change designed by others

Stakeholder perspectives.....

- Colleges of pharmacy
- Practicing pharmacists
- Pharmacy managers
- Professional organizations
- Pharmacy students

Colleges of Pharmacy:



UIC COLLEGE OF PHARMACY
Chicago • Rockford

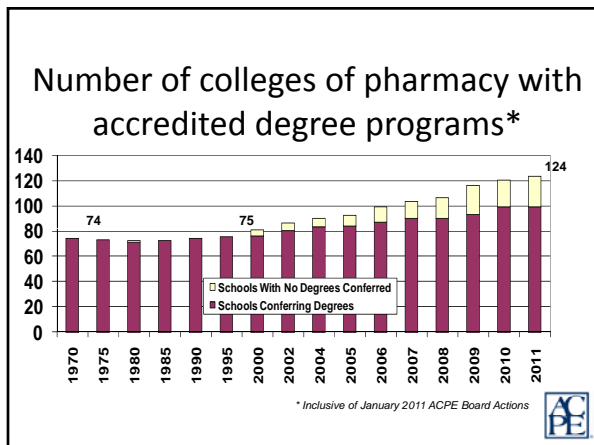


SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE
SCHOOL OF PHARMACY










Accredited Pharm.D. programs*

Programs with accreditation status (n = 124)

- Full Accreditation Status: 99
 - Programs that have graduated students
- Candidate Accreditation Status: 16
 - Programs with students enrolled but have not yet produced graduates
 - or have graduates and have not addressed all accreditation standards
- Pre-Candidate Accreditation Status: 9
 - Programs that have not yet enrolled students or are in their first year of classes

* Inclusive of January 2011 ACPE Board Actions



Factors influencing founding of new schools (David Knapp, U. Md., Feb. 2010)

- Rising to the challenge of pharmacist shortage
- Potential money maker for institution
- Decline in science lab instruction ↓ facilities costs
- Most clinical education off campus, experiential sites
- Osteopathic schools programs at achievable cost
- High pharmacist salaries make tuition doable
- Pharm.D. program offers prestige to small institutions
- Pharm.D. is compatible with faith-based schools
- ACPE explicit and specific standards

Practicing pharmacists.....

- Salary suppression
- Less mobility
- More competition
- Greater expectations



Inpatient pharmacist staffing

Year	FTEs	FTEs / 100 Occupied Beds	% Vacant FTEs	% Turnover
	Mean	Mean	%	%
All hospitals – 2010	11.1	15.4	2.8	5.7
All hospitals – 2009	11.5	18.4	3.7	6.6
All hospitals – 2008	11.2	14.2	5.9	8.6
All hospitals – 2007	10.2	13.2	6.3	7.6
All hospitals – 2006	9.8	15.1	5.7	--
All hospitals – 2005	10.1	13.1	6.3	--
All hospitals – 2004	9.8	12.3	5.7	--
All hospitals – 2003	9.4	10.9	4.7	--
All hospitals – 2002	8.6	10.4	7.2	--

2010 ASHP National Survey

Pharmacy managers.....

- What's the down side?
- Financial benefits
 - Less time to hire
 - Lower vacancy rates
 - Reduced OT/agency
 - Salaries/bonuses
- Professional benefits
 - Increased professionalism
 - Creativity
 - Commitment
 - Appreciation for having a job



Director perceptions of availability

Type of Staff	2010	2009	2008
Entry-level Frontline Pharmacist			
Shortage	32.9	45.3	75.2
Balanced	44.7	42.1	23.3
Excess	22.5	12.6	1.5
Experienced Frontline Pharmacist			
Shortage	64.7	74.7	89.0
Balanced	29.1	23.3	9.9
Excess	6.7	2.0	1.1
Entry-level Pharmacy Technician			
Shortage	17.3	16.3	24.8
Balanced	42.5	47.0	52.5
Excess	40.2	36.8	22.7
Experienced Pharmacy Technician			
Shortage	59.5	58.2	67.0
Balanced	31.8	33.6	28.2
Excess	8.7	8.2	4.8

2010 ASHP National Survey

Director perceptions of availability

Type of Staff	2010	2009	2008
Management			
Shortage	83.3	82.0	90.3
Balanced	16.4	16.9	8.8
Excess	0.3	1.1	0.9
Clinical Coordinator			
Shortage	56.2	66.2	72.1
Balanced	38.2	28.0	22.8
Excess	5.6	5.9	5.1
Clinical Specialist			
Shortage	48.9	63.1	70.2
Balanced	49.1	28.9	23.1
Excess	12.0	8.1	6.7

2010 ASHP National Survey

Professional organizations.....

- Please do something!!
-but what?
- ASHP
- APhA
- AACP
- ACPE
- ASHP/APhA white paper



Growth trends in education among other health professions

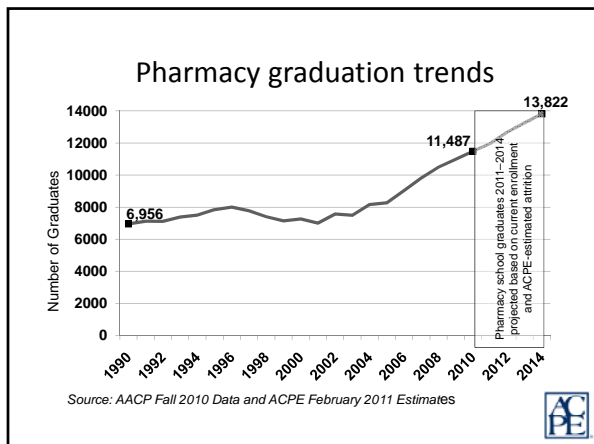
Health Profession/ Accreditor	Accredited Programs 2000	Accredited Programs Plus Applications (Net % Change) 2011
Medicine (LCME)	125	141 (+13%)
Osteopathy (AOA-COCC)	19	28 (+47%)
Nursing (CCNE)	DNP = 0 (new degree)	58
Physical Therapy (APTA)	196	229 (+17%)
Occupational Therapy (OTA)	131	154 (+18%)
Dentistry (ADA CODA)	55	60 (+9%)

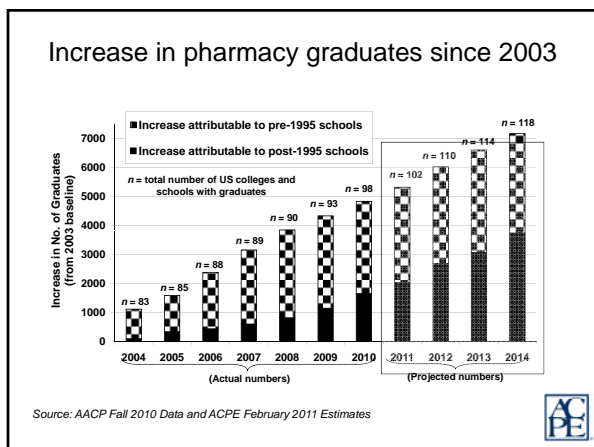
ASHP

Pharmacy students.....

- This is not what I signed up for!
- but general optimism
- "I'm going to be more flexible about type of job..."
- Looking beyond usual geography
- More networking
- I wish I had done more
- ASHP survey







Assessment questions 2 & 3

- Since 1970, the number of accredited schools of pharmacy in the U.S. has risen from
 - a. 70 to 100
 - b. 70 to 124
 - c. 70 to 135
- Between 1990 and 2014, the number of new pharmacy graduates annually is projected to
 - a. Increase by 25%
 - b. Increase by 50%
 - c. Increase by 100%

ASHP Student/NP Survey

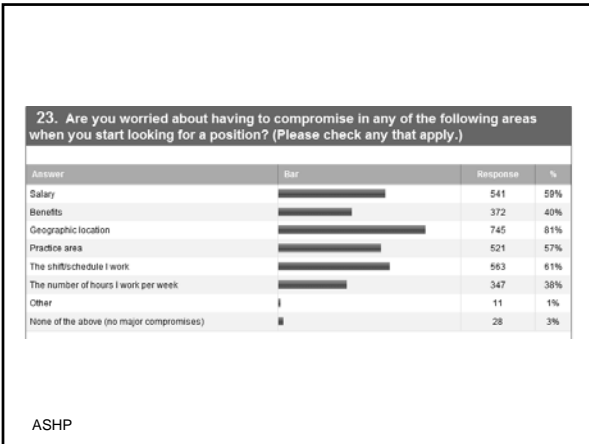
- Conducted first few weeks of August 2011
- About 2050 respondents
- 850 students; 1200 new practitioners
- 76% began job search >6 months before graduation
- About 70% employed in health systems
- 54% of students plan to seek a residency

ASHP Student/NP Survey

- 36% of students plan to seek full-time work (vs residency or part-time)
- 74% are worried about getting a job after grad
- 70% not seeking a residency due to finances
- 22% had difficulty finding a position
- 26% had some difficulty finding preferred position

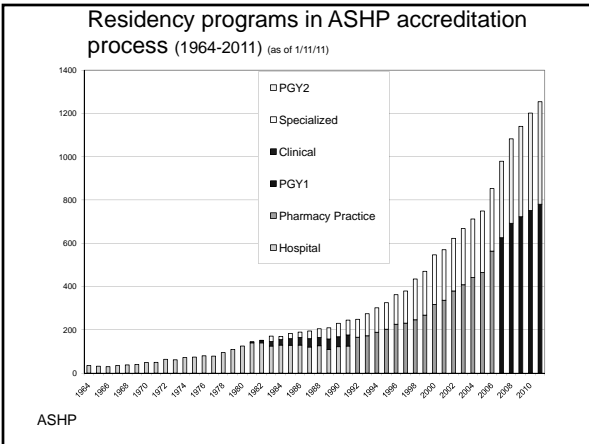
ASHP Student/NP Survey

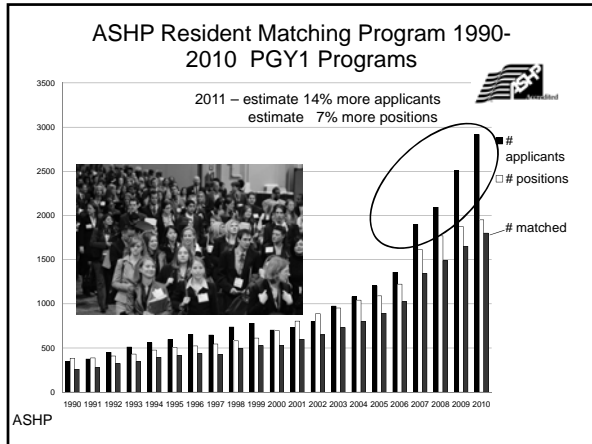
- 26% had some difficulty finding preferred position
- 33% had difficulty finding position in preferred geographic location
- 42% had to compromise on salary
- 31% had no significant compromises
- 89% content with their career at this time
- Only 9% would probably not choose pharmacy again

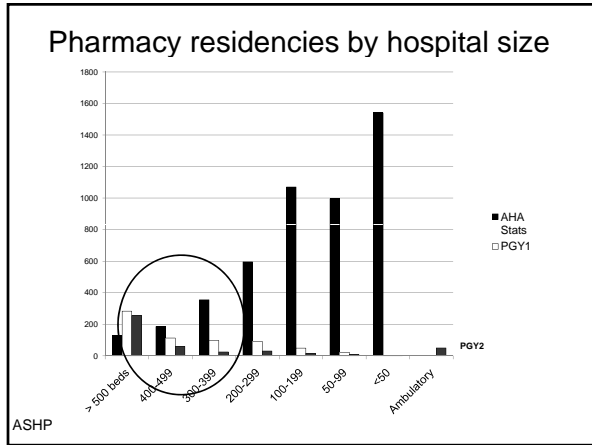


What about residency training?

- Not sure where it fits in the equation except that it gives those with a residency an edge in the market
- Even if we had enough residencies for everyone, they only solve the problem for 1 year
- Could 3-4 year residencies be on the horizon? (eg- Spain)







Pharmacist credentials

Characteristic	Completed a PGY1 Residency*	Completed a PGY2 Residency	BPS Certification
	%	%	%
Staffed beds			
<50	9.8	2.3	4.3
50-99	6.5	1.2	4.7
100-199	9.3	1.1	5.7
200-299	16.4	2.8	5.4
300-399	16.4	2.8	7.8
400-599	25.3	7.1	12.3
≥600	28.0	9.7	14.7
All hospitals - 2010	17.1	4.0	8.1
All hospitals - 2008	13.8	3.5	6.4

2010 ASHP National Survey

Assessment question 4

Which of the following factors is likely to have a bearing on work force issues in pharmacy

- a. The national economy
- b. Political gridlock
- c. Sustainability of health care reform
- d. Efforts to reduce the federal debt
- e. Reform of the pharmacy practice model pharmacy
- f. All of the above

Recommendations for colleges of pharmacy

- Voluntarily reduce class sizes as market adjusts
- Conduct research to determine what makes someone a great pharmacist
- Develop admissions criteria that uses this information in applicant screening
- Maintain high admission standards

Recommendations for professional organizations

- Keep advocating for progressive roles, and appropriate competency assurance, for technicians
- Stimulate expansion of residency training
- Keep an eye on pharmacy education
- Advocate improvements in experiential education
- Cultivate relationships with patient groups
- Advocate for advancement of pharmacists roles with administrators and physicians

Recommendations for pharmacy department leaders

- Take practice model reform seriously (strategic planning for the department)
 - Cultivate understanding and support outside the department
- Start or expand residency training programs
- Develop people; don't take advantage of them
- Push the envelope in use of technicians to free pharmacists for higher-order contributions
- Communicate, communicate, communicate

Recommendations for practitioners

- Assume that job-market competitiveness will increase
- Prepare to be flexible
- Be a willing and eager mentor
- Give yourself an edge by unwavering attention to professionalism and moral courage
- Ask yourself the Facebook question
 - "What would you do if you weren't afraid?"

Recommendations for students

- Who would you hire if you were a manager?
 - Knowledgeable AND competent
 - Team player - affable
 - Flexibility
 - Engaged – initiative - volunteers
 - Reliable
 - Professional
 - Connected

Final Thoughts

- You must be the change you wish to see in the world.
– Mahatma Gandhi
- If you're going through hell, keep on going.
– Winston Churchill



Thank You!!



References

- ASHP. "Report of the ASHP Task Force on Pharmacy's Changing Demographics." Am J Health-Syst Pharm. Jun15, 2007.
- <http://www.ashp.org/DocLibrary/News/Accelerating-Expansion-of-Pharmacy-Education.aspx>
- ADI Charts - www.pharmacymanpower.com accessed 8/23/11
- Pictures – accessed from Google Images
