

# Pharmacists in Vermont

## Summary of March 2005 Survey

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### Background

One factor in assuring access to quality health care for all Vermonters is current knowledge of health workforce resources. For that reason, University of Vermont College of Nursing and Health Sciences conducted the May 2005 Pharmacist survey. Of the 447 Vermont licensed Pharmacists sent the survey, 261 completed it, for a 58% response rate.

Since 2000, studies have explored the dynamics of pharmacist workforce shortage and its effects, including the disturbing one of medication errors.<sup>1,2,3,4</sup> Driving the mounting demand for pharmacists nationwide are advances in drug therapies, rising volume of prescriptions, and population aging. In Vermont<sup>5</sup> the estimated pharmacist vacancy rate at 12 of 16 hospitals reporting was 9% in 2005.

### Pharmacist Demographics

- Age: mean 46.7 yrs (range 24-74 yrs).
- Gender: 52% Male.
- Race: 98.5% Caucasian.
- Personal income: Among full-time personnel (n=182), 63% reported annual incomes >\$90,000.

### Education

#### Degree first prepared to work as pharmacist:

Bachelor's 92%, Master's 2%, PharmD 7%.

#### Highest pharmacist degree earned

- Bachelors 85%
- Masters 3%.
- Pharm D 12%

#### Where highest degree was earned:

NY 28%, MA 26%, CT 9%, RI 8%,  
Other State 22%, Other Country 2%.

### Completion of advanced training:

Residency 7%, Specialty Residency 3%, Fellowship 1%.

### Career development:

2% (n=4) currently enrolled in pharmacy education program leading to a degree or certificate (3 for PharmD by distance learning).

### Sources of Continuing Education:

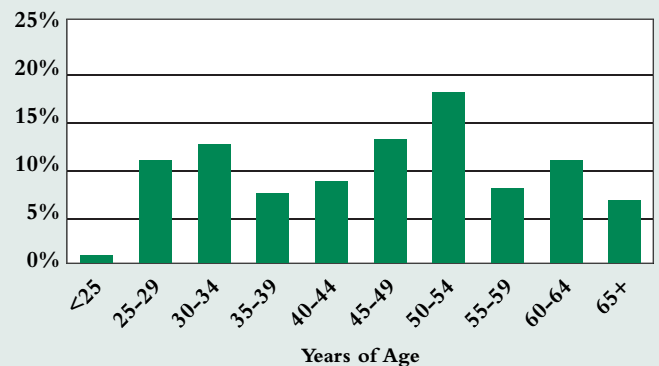
Meetings/conferences in Vermont 80%, Meetings/conferences outside Vermont 54%, Online 71%, Other (e.g. journals, magazines, home study) 31%.

### Certification and Licensure

The number of respondents who:

- Hold the National Institute for Standards in Pharmacist Credentialing certificate in Disease State Management: Diabetes 6, Dyslipidemia 2, Asthma 1, Anticoagulation 0 (of 239 reporting).
- Hold the Board of Pharmaceutical Specialists certificate: Board certified 2, Board certified plus added qualification 1, planning to be Board certified 27 (of 253 reporting).

### AGE OF PHARMACISTS

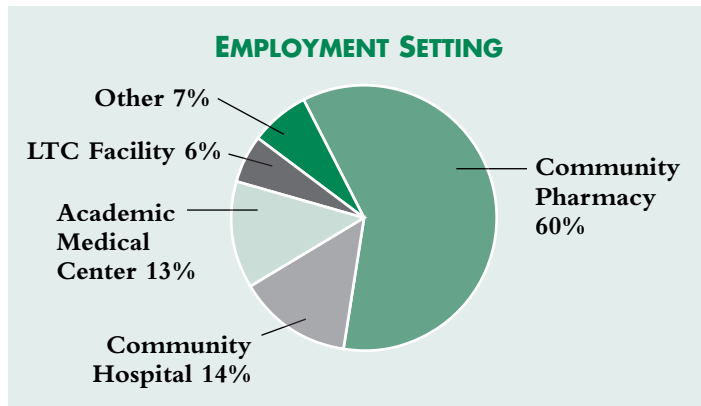


## Employment

Full time 72%, Part time 25%, Per diem 3%.

### Practice areas:

Administration 14%, Adult medicine 31%, Ambulatory care/ community 49%, Critical care 13%, Drug information 24%, Education and training 11%, Heme/oncology 8%, Pediatrics 11%, Nuclear 0%, Other 20%.



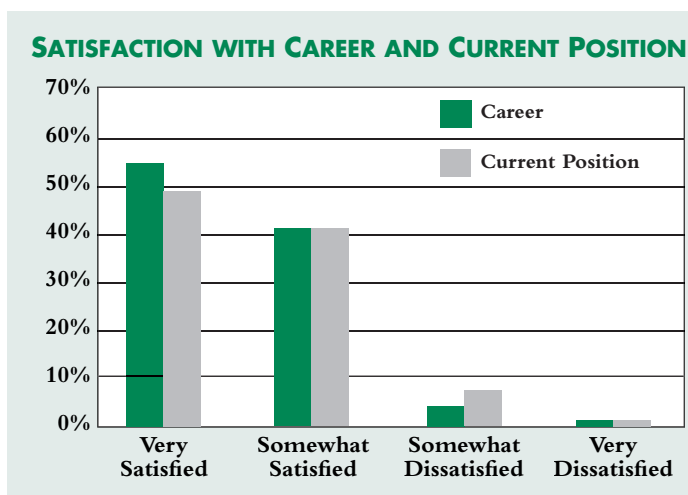
### Other work settings include:

Federal facility, health maintenance organization, pharmaceutical industry, auditor, home health, mail order, mental health facilities, and college health.

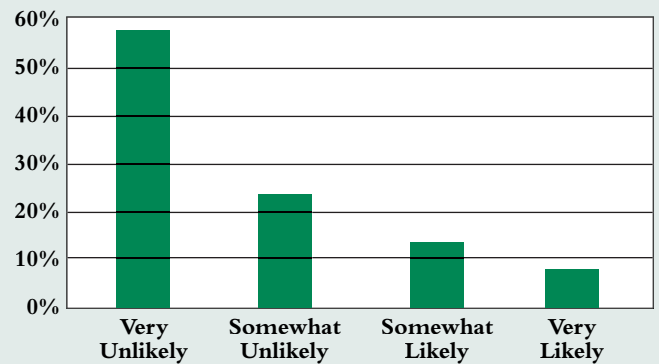
**Proportion of time devoted to research in current position:** None 92%, Quarter-time 7%, Half-time or greater 1%.

### Principal activity, current position:

- Patient care 81%.
- Administration 5%.
- Research and Teaching 1%.
- Other (e.g. “dispensing”) 8%.



## LIKELINESS TO LEAVE POSITION IN NEXT YEAR



### Of those “Somewhat Likely” or “Very Likely” to leave (n=53)

- Top reasons are: Position change 38%, Salary and benefits 38%, Job stress 36%, Move or relocate 32%, Management practices 26%, Supervisor relationships 21%.
- Would you leave the profession? No 77%, Yes 8%, Unsure 13%, No Answer 2%.

### Would you advise high school or college student to pursue the career?

Yes 74%, No 12%, Unsure 14%.

## Discussion

There are no pharmacy schools and limited opportunities for advanced training in Vermont. Twenty percent of pharmacists surveyed are likely to leave their position in the next year and 25% would not or might not recommend the profession. Coupling the rising demand for pharmacists with the limited training opportunities and job/career dissatisfaction are worrisome findings that need attention.

## References

- (1) Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions. “The Pharmacist Workforce: A Study of the Supply and Demand for Pharmacists” (December 2000).
- (2) Knapp KK, Livesey JC. The Aggregate Demand Index: measuring the balance between pharmacist supply and demand, 1999–2001. *J Am Pharm Assoc (Wash)*. 2002 May-Jun;42(3):391–8.
- (3) Cooksey JA, Knapp KK, Walton SM, Cultice JM. Challenges to the pharmacist profession from escalating pharmaceutical demand. *Health Aff (Millwood)*. 2002 Sep-Oct;21(5):182–8.
- (4) Walton SM. The pharmacist shortage and medication errors: issues and evidence. *J Med Syst*. 2004 Feb;28(1):63–9. Review.
- (5) Office of Nursing Workforce Research, Planning, and Development, University of Vermont. “Vermont Health Workforce Assessment Survey” (2005)