

POLICY ISSUE #3 – PHARMACY PERSONNEL AND WORKING CONDITIONS

Issue Statement

Current stressors in the pharmacy environment include the shortage of pharmacists; shortage of trained certified technicians, working conditions [e.g., increased volume of prescriptions; working long hours, increased administrative functions resulting from requirements by third-party payors, and increased professional responsibilities (e.g., patient counseling and drug regimen reviews)].

Expanded use of automation (as discussed in Policy Issue #2) and competent pharmacy technicians should help to reduce the stressors in the pharmacy. However, the strategic challenge for the Texas State Board of Pharmacy (TSBP) during the next five years will be to review its rules and procedures and to collaborate with other agencies and entities to improve working conditions in the pharmacy environment.

Explanation of Issue

(1) Pharmacist Shortage

There are 102 accredited colleges/schools of pharmacy in the United States with six of these pharmacy education institutions being located in Texas. The six Texas institutions include four long-established colleges of pharmacy: Texas Southern University (College of Pharmacy in Houston); Texas Tech University Health Sciences Center (School of Pharmacy in Amarillo); University of Houston (College of Pharmacy in Houston); and The University of Texas at Austin (College of Pharmacy in Austin) and two new schools, University of the Incarnate Word (Feik School of Pharmacy in San Antonio) and Texas A&M University Health Science Center (Irma Lerma Rangel College of Pharmacy in Kingsville). University of the Incarnate Word is the first private institution in Texas to establish a pharmacy school. Although these institutions have experienced an increase in the number of applications to their pharmacy colleges/schools and an upturn in enrollment, TSBP records indicate that most of the recent new licensees graduated from an out-of-state college/school of pharmacy. In FY2007, TSBP licensed 1024 new pharmacists from United States colleges/schools of pharmacy with 44% (404 persons) having graduated from one of the Texas colleges/schools of pharmacy. This percentage of in-state graduates has not changed from two years ago. In addition to graduates from domestic colleges/schools of pharmacy, Texas also licensed 110 new pharmacists who graduated from a foreign college/school of pharmacy.

The School of Pharmacy at the Texas Tech University Health Science Center in Amarillo has established a satellite campus in Abilene. This new satellite campus will increase the class size by 40 students per year. Both new schools enrolled their first classes in the Fall Semester of 2006. The increase of the class size at Texas Tech and the addition of the two new pharmacy schools will increase the number of students graduating from Texas colleges of pharmacy by approximately 110-140 for the year 2010.

The pharmacist shortage that the state of Texas is currently experiencing can be attributed, in part, to the following factors:

- (A) Texas pharmacy colleges/schools have limited resources, causing these institutions to limit the number of students that are accepted into their programs, which, in turn, results in a finite number of persons being eligible for licensure in Texas;
- (B) Due to higher educational standards, pharmacy degree programs changed from a five-year to a six-year program in the mid-to-late 1990's; this change, which affected all colleges/schools of pharmacy in the nation, reduced the number of students graduating from pharmacy college/school during the transition, which, in turn, had a negative impact on the available pool of persons eligible to become licensed. Prior to these changes in pharmacy education, Texas colleges/schools of Pharmacy typically graduated students three times per year. However, the curriculum changes required to accommodate the new educational requirements have all but eliminated the ability of pharmacy colleges/schools to have more than one graduating class per year. This latter fact has had a further negative impact on the available pool of licensure-eligible persons; and
- (C) The number of licensed pharmacies in Texas has increased from 5,862 in FY2004 to 6,229 at the end of FY2007, an average of 122 new pharmacy licenses per year. Many of these new licenses are issued to large corporate pharmacy locations, and many of these locations are providing pharmacy services 24 hours per day. While the actual number of new pharmacy licenses does not appear to be unusually large, the drain on available pharmacists and pharmacy technicians is considerable.

According to a report published by the Texas Higher Education Coordinating Board (THECB) in January 2004, the following statistics suggest that Texas has room for improvement, in terms of average class size and number of pharmacy schools:

- (A) Texas ranked 8th among the ten most-populous states in average class size of pharmacy programs; and
- (B) Texas residents had less opportunity than residents of nine of the ten most-populous states to attend an in-state pharmacy school. Texas would need to accommodate 80 new students annually to meet the average in the other populous states.

In a follow-up report published in October 2006, the THECB estimated that the number of pharmacy graduates would increase from 380 in 2005 to 508 in 2010 when all six pharmacy schools and the Texas Tech satellite in Abilene are graduating students. The 2004 report by the THECB concluded that the annual increase in the number of pharmacists in Texas has kept pace with or outpaced the state's annual increase in population during the past decade. THECB concluded that a variety of factors ". . . makes it difficult to project the need for pharmacy education and leaves open a variety of options for resolving the current and any future pharmacist shortage."

In March 2007, TSBP records indicated that approximately 23,400 pharmacists held “active” Texas licenses, but only 18,600 pharmacists resided in Texas. Of the pharmacists who resided in Texas, approximately 50% worked in community pharmacies, 20% worked in hospitals, and the remaining 30% worked in other types of settings (e.g., clinics, mail-service pharmacies, wholesalers, education, and government). The 2006 THECB report stated that Texas had 74 pharmacists per 100,000 population (based upon 2003 data). The THECB study also indicated that pharmacists were not evenly distributed among the Texas population, with the Lower Rio Grande Valley and the El Paso area having the fewest pharmacists per 100,000 population.

Texas imports a large number of graduates from other states. In FY2007, 1024 persons were newly licensed as pharmacists by TSBP. This total represented 404 graduates from Texas colleges/schools of pharmacy; 510 graduates colleges/schools of pharmacy outside of Texas and 110 graduates from foreign colleges of pharmacy. This trend is similar to that in previous years and will likely continue until the new Texas pharmacy colleges and schools begin graduating students.

Until the colleges of pharmacy are able to meet the demands of the pharmacist shortage, this issue will continue to be a strategic challenge for TSBP. However, according to the 2004 THECB study, the annual increase in the number of pharmacists in Texas has kept pace or outpaced the state’s annual increase in population during the past decade (except in 2000). This study concluded:

Demand issues, such as the rapid growth in the number of prescriptions filled and the aging population, most likely play a more pivotal role in assessing the current and future demand for pharmacists. Changes in the profession’s scope of practice also may affect demand but are expected to develop more slowly. At the same time, centralized prescription fill services and automated fill systems are becoming more commonplace and are increasing efficiency in the dispensing of routine medications. The confluence of all of these factors makes it difficult to project the need for pharmacy education and leaves open a variety of options for resolving the current and any future pharmacist shortage.

(2) Applicants for Licensure

(A) Pharmacist-Interns

With the creation of two new pharmacy schools and the proposed change in the standards for internship that will require students to begin performing limited internship duties in the second professional year, there will be a dramatic increase in the need for internship sites and qualified preceptors. A majority of the internship rotations are within institutional settings, and these rotation sites may be faced with the prospect of having to increase positions for interns by as much as 75% within the next few years.

The Accreditation Council for Pharmacy Education (ACPE) is developing new guidelines for pharmacy education that require colleges/schools of pharmacy to place students in professional pharmacy settings during the first professional year in school. Therefore, to accommodate ACPE guidelines, TSBP may need to develop a second intern designation with limited privileges during the early years of pharmacy education. TSBP rules currently allow certain non-pharmacists to be preceptors in specific situations. TSBP may also need to modify its preceptor rules further as a result of ACPE guidelines.

(B) Reciprocity Applicants for Pharmacist Licensure in Texas

Currently, an applicant for licensure in Texas by reciprocity may not serve in any capacity in a pharmacy until the applicant has passed the Texas Jurisprudence examination and received a Texas pharmacist license number. To be eligible for reciprocity applicants must have an active pharmacist license in another state. The reciprocity process works well for most applicants. However, on occasion, TSBP has received requests for a *temporary license* from persons who are completing a one- or two-year pharmacy residency in Texas. The residents request this type of license because they have limited incomes as residents and do not have the almost \$1,000 required to complete the full reciprocity process. TSBP may want to consider amending current rules to allow these residents to be licensed under the Temporary or Provisional licensing requirements in the Pharmacy Act.

(3) Pharmacy Technicians

Following the appropriation from the 78th Texas Legislature to fund the pharmacy technician registration program, TSBP promulgated rules to require pharmacy technicians to be registered by June 1, 2004. As of the end of FY2007, TSBP had 32,106 active registered pharmacy technicians, with another 502 applications pending approval.

To become registered, a pharmacy technician must first be nationally certified. Pharmacy technicians are able to become certified, upon receipt of a high school diploma or the equivalent, and passing a national examination administered by the Pharmacy Technician Certification Board (PTCB). According to PTCB data, Texas has more certified pharmacy technicians than any other state. As of June 30, 2007, there were 277,585 certified pharmacy technicians in the nation, with 35,899 in Texas. The states of California and Florida ranked second and third behind Texas, with 13,245 and 12,629 certified pharmacy technicians, or 63% and 65% fewer certified pharmacy technicians than Texas, respectively.

TSBP may want to consider seeking legislation that would allow additional education and training for pharmacy technicians. Under the current law, technicians only have to have a high school diploma or high school equivalency certificate or be working to achieve an equivalent diploma or certificate. TSBP should ensure that the training of pharmacy technicians supports the scope of services that they are expected to perform. To this end, TSBP may want to seek legislation requiring a pharmacy technician to possess a minimum education beyond the high school diploma or equivalency. Some members of the profession have suggested that TSBP may also want to consider allowing technicians with more education and training to perform higher-level duties.

(4) Pharmacy Technician Trainees

In 2005, the 79th Texas Legislature appropriated funds for TSBP to implement the registration of pharmacy technician trainees. TSBP promulgated rules to require pharmacy technician trainees to be registered by February 1, 2007. As of the end of FY2007, TSBP had 10,399 registered pharmacy technician trainees and receives an average of 866 pharmacy technician trainee applications per month, of which approximately 200 are submitted to the Enforcement Division to conduct criminal background checks.

Registration as a pharmacy technician trainee is for a period of two years and cannot be renewed after the initial two year period. This program enables a potential pharmacy technician to obtain practical experience in a pharmacy setting while preparing to sit for the PTCB certification examination. The program also enables TSBP to monitor the time that a technician may be “in training” to help ensure that competent individuals are available to assist pharmacists with dispensing functions. Currently, TSBP does not charge an application fee for pharmacy technician trainee application; however, TSBP has 3 full-time FTEs dedicated to conducting these background checks. TSBP may want to consider instituting an application fee to offset the manpower and indirect costs to the agency.

(5) Class C (Institutional) Pharmacies with 100 Beds or Less

The Texas Pharmacy Act currently has a double standard with regard to the amount of on-site pharmacist supervision that is required in hospitals. Section 562.101(c) states that hospitals with more than 100 beds are required to be under the continuous, on-site supervision of a pharmacist during the time the pharmacy is open for pharmacy services, while Section 562.101(d) states that a hospital with 100 beds or fewer is required to have the services of a pharmacist on a part-time or consulting basis according to the needs of the institution. Many in the profession have suggested that the double standard should be eliminated because pharmacists are needed in smaller hospitals to provide quality pharmaceutical care to patients, just as they are needed in the larger hospitals. Additionally, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) recommends that all patient medication orders written in the hospital setting be reviewed by a pharmacist prior to administration of medications to a patient. Furthermore, JCAHO recommends that nursing personnel have very limited or no access to the hospital's pharmacy. Hence, all hospitals should be required to have the services of a full-time pharmacist. TSBP recognizes that smaller hospitals may not be able to have the services of a full-time pharmacist. Therefore, TSBP should create a task force to discuss the needs of these smaller healthcare facilities and to provide recommendations for TSBP to consider.

(6) Working Conditions

Working conditions in pharmacies have become major issues in Texas, as well as in the nation. At its meeting held in February 1999, TSBP approved a position statement regarding working conditions. In the position statement, TSBP:

- (A) encouraged all employers to provide reasonable breaks during a regular work day for meals and rest;
- (B) discouraged employers from establishing working conditions that tend to increase the stress on dispensing pharmacists, such as setting quotas on the number of prescriptions that a pharmacist is required to dispense per hour in order to keep from being terminated or to achieve a favorable performance evaluation; and
- (C) encouraged increased communication between employees and management.

This position statement was published in the Summer 1999 issue of the *TSBP Newsletter*. Subsequently, at its May 2000 meeting, TSBP approved rules that allow a pharmacist to be temporarily absent from the pharmacy without having to close the pharmacy department, provided the pharmacist remains on-site in the building where the pharmacy is located.

As another means to alleviate the demands on dispensing pharmacists, TSBP promulgated rules that increased the pharmacist-to-technician ratio from 1:2 to 1:3, providing one of the pharmacy technicians is certified. In June 2004, TSBP required that all pharmacy technicians be registered with TSBP. One of the requirements to become registered as a pharmacy technician is proof of certification by PTCB. In February 2007, TSBP required that all personnel working in the pharmacy performing technician duties be registered as pharmacy technicians or pharmacy technician trainees. Therefore, in an effort to allow pharmacists more time for patient care activities, TSBP may want to re-examine the pharmacist-to-technician ratio and the qualifications of technicians included in the ratio.

Individuals frequently attribute poor working conditions (inadequately staffed prescription departments) as the reason why pharmacists commit dispensing/medication errors. Research has shown that the causes of dispensing errors involve numerous factors, but are not necessarily a result of increased prescription volume. Accordingly, TSBP has not set a quota or limit of how many prescriptions per hour can be filled by a pharmacist. For further strategic issues relating to dispensing/medication errors, refer to Policy Issues #1 and #2.

In 2008, nine years after the 1999 position statement was published, staffing and working conditions are still valid issues. Prescription volume has continued to increase at a very rapid pace. Pharmacy automation and technology have helped pharmacies to keep pace with the prescription volume; however, some members of the profession have expressed concerns that the cost of technology may result in a reduction in pharmacy personnel to offset these increased costs of automation. While automation can help alleviate the increase in mechanical workload, it is

unlikely that automation will be able to compensate for the increased workload brought on by the increased number of patients coming to retail pharmacies with prescriptions. Therefore, TSBP may wish to publish another position statement:

- (A) encouraging employers to provide reasonable and regular breaks for pharmacy personnel; and
- (B) discouraging employers from allowing increased automation to overshadow the continuing need for sufficient, well-trained technical and professional pharmacy staffing.

Impact on Agency

As the use of pharmacy technicians evolves, and as they are allowed to perform more technical and critical tasks, the need for trained and competent technician personnel will become even more critical. With the uncertainty regarding pharmacists' manpower, TSBP will have to monitor the availability of pharmacists in the work force closely. If Texas continues to have a shortage of pharmacists, there will be an increase in the demand for pharmacists to use pharmacy technicians to assist in the technical aspects of the practice of pharmacy.

As of March 31, 2007, there were 24,429 persons registered as pharmacists in Texas. Since the beginning of pharmacy technician registration in July 2004 and pharmacy technician trainee registration in February 2007, TSBP has registered approximately 42,500 technicians and technician trainees, for a total of 67,000 registered individuals. Thus, TSBP has more than tripled the number of individuals that it regulates, compared with FY2004 numbers. As a result of this increase in the number of regulated individuals, TSBP has seen a more than commensurate increase in cases referred to the Legal Division with a similar increase in Agreed Board Orders and Board Orders. Although this increased workload has had an enormous impact on agency operations, TSBP believes that registering pharmacy technicians and technician trainees is vitally important to protecting the public health, safety, and welfare, in that incompetent and unscrupulous technicians can be removed from practice.

Agency Strengths and Opportunities

- (1) The Texas Pharmacy Act gives the agency the authority to adopt rules regarding the role of pharmacy technicians and technology in the practice of pharmacy.
- (2) TSBP has continued to review, amend, and/or adopt rules for the expanded use of technology and pharmacy technicians in the practice of pharmacy.
- (3) TSBP has a vast storehouse of resources in academia and in the pharmacy profession to assist the Board in its decision- and rule-making processes.
- (4) Through the use of a Task Force on Class C Pharmacy Rules and a Task Force on Pharmacy Security, TSBP will examine the questions of manpower and working conditions and their impact on public health issues.

Agency Weaknesses and Constraints (Threats)

- (1) The nationwide shift in pharmacy education from a 5-year baccalaureate degree to a 6-year professional doctoral degree for all graduates of all colleges of pharmacy has reduced the labor pool over the last few years. The strategic impact of the new pharmacy educational requirements remains uncertain.
- (2) Clearly the shift in professional pharmacy education represents a move by the pharmacy profession to a more patient-centric practice with a goal of having pharmacists more involved in direct patient care activities and less involved in the traditional dispensing roles. TSBP is in a unique position to take a leading role in developing laws and rules that allow for new pharmacy practice models for the future.
- (3) Regulating working conditions in pharmacies is extremely complex because each practice setting is unique and the factors affecting the working conditions in each practice setting are different. However, TSBP should begin evaluating strategies that allow working conditions to reflect the changing pharmacy practice models.
- (4) The Texas Pharmacy Act has a double standard regarding the disciplinary options available to impaired pharmacists and pharmacy technicians. Currently, TSBP need demonstrate only an imtemperate use of drugs and/or alcohol before instituting disciplinary action on impaired pharmacists. However, TSBP must prove a drug or alcohol dependency before taking action on impaired pharmacy technicians. TSBP should work with the Texas Legislature to resolve the disparity in the burden of proof required to institute disciplinary action on the two groups of regulated pharmacy personnel.

Agency Initiatives

- (1) Be an active participant with colleges of pharmacy and professional associations in developing plans to reduce the shortage of pharmacists and increase internship opportunities.
- (2) Establish minimum standards for pharmacy technician training programs.
- (3) Develop guidelines for and rules for the changing practice of pharmacists.
- (4) Be proactive in developing practice guidelines for well-qualified pharmacy technicians to facilitate the changing pharmacy practice paradigms.
- (5) Develop regulations that allow for unseen opportunities for pharmacists providing patient care.
- (6) Seek changes in the Texas Pharmacy Act that allow similar burdens of proof required to institute disciplinary actions against pharmacists and pharmacy technicians.