

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 92 accredited colleges/schools of pharmacy in the United States with four of these pharmacy education institutions being located in Texas: Texas Southern University (College of Pharmacy in Houston); Texas Tech University (School of Pharmacy in Amarillo); University of Houston (College of Pharmacy in Houston); and University of Texas (College of Pharmacy in Austin). Although these institutions have experienced an increase in the number of applications to their pharmacy colleges/school 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 FY2005, TSBP licensed 897 individuals with 44% (394 persons) having graduated from a Texas college/school of pharmacy. However, this percentage has improved from two years ago, when only 41% (330 of 806 individuals) of the new licensees graduated from a Texas college/school of pharmacy. This trend will continue as a result of two additional pharmacy schools being established in Texas: Texas A&M University at Kingsville and University of the Incarnate Word, Texas' first private institution to establish a pharmacy school. In addition, 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. All of these new schools plan to enroll their first class in the fall 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 190 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) 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; and
- (B) Texas pharmacy colleges/school have limited resources, causing these institutions to limit

the number of students that are accepted into their programs, which, in turn, results in finite numbers of persons being eligible for licensure in Texas.

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.

However, as mentioned above, this condition is going to be somewhat alleviated with the opening of two new pharmacy schools and the Texas Tech satellite campus in Abilene.

In December 2005, TSBP records indicated that approximately 22,700 pharmacists hold “active” Texas licenses, but only 18,100 pharmacists reside in Texas. Of the pharmacists who reside in Texas, approximately 50% work in community pharmacies, 20% work in hospitals, and the remaining 30% work in other types of settings (e.g., clinics, mail-service pharmacies, wholesalers, education, government). The THECB report stated that Texas ranked 39th among the 50 states in the number of pharmacists per 100,000 population (based upon 2000 data). The THECB study also indicated that pharmacists are 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 through the reciprocity process. In FY2005, 32% of the new licensees were licensed by reciprocity (i.e., of the 897 persons that TSBP licensed to practice pharmacy in Texas in FY2005, 284 had a license in another state that was used to reciprocate to Texas). This percentage has not changed from two years ago, when 32% of the new licensees in FY2003 were licensed by reciprocity. This trend will need to continue if Texas pharmacy owners are to keep up with the growing need for pharmacists.

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 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 the institutional setting and may be faced with the prospect of having to increase positions for interns by as much as 75% within the next few years. TSBP may need to modify its rules to allow pharmacy students to be registered as an intern during their second professional year and to make other rule changes to accommodate the increased number of students that are expected, to include allowing non-pharmacists to be preceptors in certain situations.

(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. From December 2003 through December 2005, TSBP registered approximately 28,000 technicians.

To become registered, a pharmacy technician must first be certified. Pharmacy technicians are able to become certified, following completion of a high school degree or equivalent, by 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 November 19, 2005, there were 231,745 certified pharmacy technicians in the nation, with

35,658 in Texas. The state of Florida is second behind Texas, with only 11,775 certified pharmacy technicians (approximately 67% fewer certified pharmacy technicians than Texas). These statistics represent a significant increase from two years ago, when PTCB had certified 163,793 pharmacy technicians (42% growth from 2003 to 2005) and Texas had 29,110 certified technicians (23% growth).

In 2005, the 79th Texas Legislature appropriated funds for TSBP to implement the registration of pharmacy technician trainees. This program will enable 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.

TSBP may want to consider seeking legislation that would allow TSBP to require additional education and training for pharmacy technicians. Under the current law, technicians only have to have a high school degree or equivalent or be enrolled in a high school program. TSBP should ensure that the training of pharmacy technicians supports the scope of services that they are expected to perform. TSBP may want to consider allowing technicians with more education and training to perform higher-level duties.

(4) 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. Preferably, all hospitals should be required to have the services of a full-time pharmacist, but at a minimum, Section 562.101(c) of the Texas Pharmacy Act should be amended to read “hospitals with more than 50 beds are required to be under the continuous, on-site supervision of a pharmacist during the time the pharmacy is open for pharmacy services.”

(5) Working Conditions

Working conditions in pharmacies have become a leading issue in Texas, as well as 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. This change was consistent with the recommendations made by the Task Force on Standards for Pharmacy Technician Training Programs, as well as the Task Force on Working Conditions. Providing pharmacists with additional assistance in the prescription-filling process and with administrative tasks will enable pharmacists to spend more time on patient care services.

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.

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 ancillary 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 a result of the new pharmacy technician registration program, TSBP has doubled the number of individuals that it regulates. Although this increased workload has had an enormous impact on agency operations, TSBP believes this program is important to protect 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 was amended during the 79th Legislative Session to give TSBP the authority to register pharmacy technician trainees. TSBP was also given the authority to impose a broad range of disciplinary sanctions, such as probation and administrative penalties. In addition, the grounds for discipline were expanded to include deferred adjudication for misdemeanor offenses involving moral turpitude.
- (2) TSBP has continued to review, amend, and/or adopt rules for the expanded use of pharmacy technicians in the practice of pharmacy.

Agency Weaknesses and Constraints (Threats)

- (1) The shift from a B.S. degree to a Pharm.D. degree for all graduates of all colleges of pharmacy in Texas has reduced the labor pool over the last few years. The strategic impact of the “all Pharm.D.” program is unknown.
- (2) 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.

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 regulations that allow for unseen opportunities for pharmacists providing patient care.