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NEWS

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UNC study uncovers increasing shortage of pharmacists with growing population

By DAVID WILLIAMSON

UNC News Services

CHAPEL HILL -- Despite an increase in the overall supply of pharmacists in the state, the ratio of pharmacists per 10,000 population working in retail settings has declined over the past decade, a University of North Carolina at Chapel Hill study shows. The result is an imbalance between the growing demand for retail pharmacy services and the tightening supply of such professionals.

The imbalance -- some say shortage -- is chiefly geographical in that the problem is greatest in rural counties, researchers conclude.

"By examining the relative growth of the population between 1991 and 2000 -- up 19 percent -- the number of retail prescriptions dispensed per capita, which is up 52 percent and the number of retail pharmacists per 10,000 population, which is down 3 percent, it is clear that the supply of retail pharmacists has not kept pace with the population's increased demand for prescription drugs," said Erin Fraher, assistant director of the Cecil G. Sheps Center for Health Services Research at UNC and study leader.

"During that time, the average pharmacist's workload increased 57 percent," Fraher said. "That translates into the average pharmacist filling one prescription every five minutes in the year 2000, compared with one every eight minutes in 1991."

Data in the center's new report, "The Pharmacist Workforce in North Carolina," came from numerous sources including the Sheps Center, the N. C. pharmacist licensure board, literature and Internet searches, interviews, and information supplied by the UNC and Campbell University pharmacy schools. Sheps staff undertook the study at the request of the UNC Board of Governors and Office of the President.

Almost a quarter of North Carolina's counties saw their age 65-and-older population increase by 22 percent or more over the past decade, Fraher said. That aging population has increased the demand for pharmaceuticals beyond what would be expected from simple population growth. The pharmacist supply in 45 N.C. counties did not keep pace with population growth.

"Direct-to-consumer advertising has also been on the rise during this period and a recent Kaiser Family

Foundation study found that one in eight Americans got a prescription from their doctor in response to that advertising," Fraher said.

Also contributing to the current imbalance is the recent move to the doctor of pharmacy (Pharm. D.) degree as the minimum educational credential, she said. This change has expanded pharmacists' roles in patient counseling and research, and more opportunities for pharmacists to work in non-traditional, non-dispensing jobs.

"In addition, there were more female than male pharmacists in the N.C. workforce for the first time in 2000," Fraher said. "Women tend to work fewer hours than their male counterparts at all ages, with the greatest differential occurring during their child-bearing years when, on average, they work seven fewer hours per week."

Still another factor was increasing dissatisfaction among pharmacists at chain drug stores whose already heavy workloads have gotten worse, she said. These pharmacists find themselves being forced to spend more time dispensing drugs and on resolving third-party billing issues and less time using clinical skills learned in Pharm. D. programs.

"The result is overworked, stressed out retail pharmacists who are worried about making drug errors and the lack of time they have for patient counseling -- counseling that might help prevent adverse drug interactions," Fraher said.

Among the report's recommendations were to:

- expand the use of pharmacy technicians and standardize their education and credentials;
- increase the number of days supply allowed for Medicaid-covered prescriptions from 30 days to 100 days to reduce the number of times people need to refill prescriptions;
- boost funding to the state's loan repayment/forgiveness program to encourage pharmacists to practice in under-served geographic areas; and
- adopt newer technology such as robotic dispensing machines and electronic prescription submissions by doctors.

A final recommendation in the report addresses the issue of establishing a new pharmacy school in the state. The UNC Board of Governors reviewed the report's findings and in March endorsed a plan for a joint pharmacy program between UNC- Chapel Hill and Elizabeth City State University, Fraher said. That possible joint program is currently in the planning stages and is proceeding with an expectation that students will enter pharmacy studies in the fall of 2003.

By endorsing the joint program, the UNC Board of Governors aims to address the undersupply of pharmacists in rural areas of eastern of North Carolina, she said. It also hopes to satisfy concerns that establishing a new stand-alone pharmacy school would not be a near term solution to the shortage since it takes years to plan and construct facilities, hire faculty and admit and graduate students.

Dr. Thomas C. Ricketts, deputy director of the Sheps Center and professor of health policy and administration at the UNC School of Public Health, oversaw the year-long study.

"It is difficult to predict whether this imbalance will continue into the future," Ricketts said. "The

current economic recession may actually improve the supply of pharmacists in the state. Lucrative job opportunities available in non-pharmacy fields such as business and computer science, which may have lured pharmacists from the active workforce in the recent past, are on the decline."

The study was funded by the N. C. Area Health Education Centers Program (NC AHEC), which is based at the UNC School of Medicine. Among the organizations contributing data, expertise and advice for the study were the N.C. Board of Pharmacy Examiners, the N. C. Association of Pharmacists and American Association of Colleges of Pharmacy

An electronic copy of the report can be downloaded at <http://www.shepscenter.unc.edu/hp>.

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