Pharmacist Shortage: a Wake-Up Call for the Profession

Linda MacKeigan

As many pharmacy directors know, it has become very difficult to fill pharmacist positions. In some hospitals, 25% of positions are vacant,[1] and some Ontario hospitals are offering signing bonuses to new pharmacists. However, the shortage is not confined to hospitals. In March of this year, the Canadian Association of Chain Drug Stores (CACDS) issued a press release drawing attention to an acute shortage of pharmacists, estimated at 1000 for its member chains. The CACDS called for an immediate increase in enrollment in pharmacy schools and fast-tracking of the licensing of foreign-trained pharmacists.

The shortage is worldwide.[1] In Canada the total shortage is currently estimated at 1500,[2] and in the United States it was estimated at 3500 in 1999.[3] The US Congress has commissioned a study of the problem, with the final report to be submitted in early December 2000.[4] The American situation may be exacerbating the shortage in Canada. US chains are running strong recruiting campaigns for Canadian pharmacy graduates, offering very attractive salaries and signing bonuses.[1,2]

Several questions arise. First, what is the extent of the shortage — which regions in Canada and what type of positions are most affected? Second, why was the profession caught unawares? Just 5 years ago the Pew Health Profession Commission warned American educators of an impending oversupply of pharmacists because of the extent to which advances in information, communication, and dispensing technologies would increase pharmacy efficiency.[5] It recommended that 20% to 25% of pharmacy schools in the United States close. Fortunately, none did. Indeed, several new private schools have opened since.

Third, what is driving the shortage? Is it an issue of growing demand or reduced supply? The CACDS cited demand-side factors such as expansion in the role of the pharmacist, continued increase in prescription volume fuelled by the aging of the population, increased numbers of chain pharmacies, and increased operating hours. Equally plausible supply-side factors include feminization of the profession, which may be contributing to more pharmacists working on a part-time basis or taking temporary leave from the workforce, and migration of pharmacists to the United States or into pharmaceutical companies or managed care organizations, where salaries and working conditions may be better.

Hospital pharmacy has its own set of issues: noncompetitive salaries (remember the threatened walkout in Quebec last summer and the walkout at the Winnipeg Health Sciences Centre a few months ago),[6] a limited career ladder, lengthy maternity leaves, and early retirements, to name a few. The situation may be particularly acute in teaching hospitals in urban centres, where the stresses of juggling clinical teaching, service responsibilities, and urban living induce pharmacists to seek other living and working environments.

What's being done to respond to the shortage? Some faculties of pharmacy are increasing their enrollment. In 1999, the University of Toronto (U of T) increased its first-year enrollment from 120 to 140 students to begin to rectify a longstanding situation in which U of T graduates have constituted only one-third of the pharmacists licensed each year in Ontario (at present, Ontario pharmacies must recruit pharmacists from other provinces and other countries). The overall plan is to double enrollment (to 240) by 2003. The Université de Montréal will increase its enrollment from 145 to 165 in the fall of 2000. Other schools are also considering increases. However, increases in enrollment lead to the need for additional instructional resources and funding from the province and thus take time to be approved and implemented. Moreover, it takes 4 years for an

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increase in enrollment to be reflected in the labour market. Given this time lag and labour market fluctuations, the shortage may have disappeared by the time help arrives. It makes much more sense to focus on proactive approaches, such that we avoid shortages rather than reacting to them.

In February 2000, the Canadian Pharmacists' Association (CPhA) hosted a meeting of pharmacy associations (CSHP, CACDS, L'Ordre des pharmaciens du Québec, the National Association of Pharmacy Regulatory Authorities, the Pharmacy Examining Board of Canada, the Association of Faculties of Pharmacy of Canada, and the Association of Deans of Pharmacy of Canada) to discuss the pharmacist shortage. The group identified the need for a strategy to develop better forecasting mechanisms and an appropriate database to do so. Since then, CPhA and its partners have submitted a proposal to Human Resources Development Canada to develop a database for determining human resource needs in pharmacy practice.[7]

Development of a longitudinal national database is an essential first step in effective human resource planning. Without this type of data for the pharmacy labour market, staffing crises can be neither forecast nor handled in a socially responsible manner. The knee-jerk response of producing more pharmacists would satisfy employers, for whom the supply of pharmacists can never be excessive; however, should the consequence be an oversupply, pharmacist employees would suffer. Moreover, responding with enrollment increases, if in fact the shortage is temporary, will incur a huge cost to universities and therefore to taxpayers. The pharmacy profession must assume responsibility for its own human resource planning — no one else will do it for us and the cost of not doing so is too great. Without adequate numbers of pharmacists, the profession's role in society may be limited to drug distribution. This would not be good for pharmacy or for the public, whom we serve.

References

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