More than half of all Americans used prescription drugs between 2011 and 2012. In order to obtain these prescriptions, they likely interacted with a pharmacist. As health care providers, pharmacists’ primary responsibilities include dispensing and managing medications and educating patients on medication use.

In addition to traditional responsibilities, pharmacists are also taking on new roles delivering patient services in various health care settings as a part of care teams. As the pharmacy profession evolves, policymakers, educators, and health administrators will need to have a good understanding of the workforce to inform effective policy development and implementation.

**Background**

Demographics

Feminization of the pharmacist workforce is a national trend. In Indiana, the proportion of female pharmacists has increased every year since 2004. Data from 2016 demonstrates that there are approximately 20% more female pharmacists than males in Indiana. Previous studies have shown that this increase may be attributable to the flexibility of the pharmacist schedule, affording women the ability to practice part-time while assuming family responsibilities.

Aging of the pharmacy workforce is a concern among policymakers and those in workforce planning. Nationally, nearly one third of pharmacists were over the age of 55 in 2014. Indiana fares better with 21.2% of active pharmacists in Indiana were over the age of 55.

**References:**


2. See Data Report: 2016 Pharmacist Licensure Survey for full inclusion/exclusion criteria and survey methodology. To access the full document visit: https://scholarworks.iupui.edu/handle/1805/11836


6. RUPRI Center for Rural-Health Policy Analysis (2013). Causes and Consequences of Rural Pharmacy Closures: A Multi-Care Study


10. American Association of Colleges of Nursing. Nursing Faculty Shortage Fact Sheet. 2015.


Indiana pharmacists work in a variety of settings. The greatest proportion of pharmacists reported working in a setting classified as an outpatient pharmacy, followed by one fifth of pharmacists that reported working in a hospital inpatient setting.

The role of the pharmacist has expanded in recent years to include patient services such as medication management.\(^9\) Increases in the entry-level educational requirements for individuals seeking licensure as a pharmacist are among the factors driving expansion of practice. Previously, the entry-level requirement was a bachelor’s degree, but in 2000 this was changed to a doctoral degree.\(^10\) Half of Indiana pharmacists (49.8%) currently report doctoral-level training and the other half (49.4%) report a baccalaureate-level training in pharmacy.

The curriculum for PharmD degrees includes additional education in pharmacotherapy, patient care, and extended training in clinical skills.\(^11\) With the transition in education to PharmD, it is not surprising that the role of the pharmacist has transitioned as well.

Community pharmacies may experience increased difficulty in recruiting pharmacists as the rural pharmacy workforce ages into retirement.
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Fewer pharmacies may lead to greater difficulty in accessing medication in rural America
Pharmacy closures may increase travel times for rural Americans
Barriers to pharmacy access could affect medication adherence
Failure to comply with treatment plans may lead to poor health outcomes
PharmD
Medication dispensing: 60.9%
Patient care services: 28.4%
Bachelor Degree
Medication dispensing: 75.8%
Patient care services: 12.2%
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Pharmacist Workforce by Gender

21.2% of pharmacists are over the age of 55

References:
2. See Data Report: 2016 Pharmacist Licensure Survey for full inclusion/exclusion criteria and survey methodology. To access the full document visit: https://scholarworks.iupui.edu/handle/1805/11836
6. RUPRI Center for Rural Health Policy Analysis (2013). Causes and Consequences of Rural Pharmacy Closure: A Multi Case Study
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