

Washington DC Board of Pharmacy

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The Workforce: Do We Need More Pharmacists?

In its Labor Day 2000 report, the US Department of Labor released the following workforce facts:

- ◆ In 1999, a higher proportion of both men and women (16 years and older) were employed than ever before; 71.6% of men and 57.4% of women.
- ◆ During the 20th century, the workforce expanded from 28 million people in 1900 to 139 million in 1999.
- ◆ Women's participation in the workforce more than tripled during the past century. In 1900, less than 20% of women were in the workforce; by 1999, 60% of women were in the workforce.
- ◆ Eighty-four percent of baby boomers (at the ages of 36 to 54 in the year 2000) participate in the labor market, and baby boomers make up nearly 50% of the workforce.
- ◆ The average person in the United States holds 9.2 jobs from age 18 to age 34. More than half of these jobs were held between the ages of 18 and 24.
- ◆ Welfare recipients make up 2.3% of the US population, the lowest rate since 1965.
- ◆ Education is directly tied to unemployment rates with college graduates experiencing about half the unemployment rate of high school graduates (1.8% versus 3.5% in 1999), or a fraction of the unemployment rate of high school dropouts (1.8% versus 6.7% in 1999).
- ◆ The proportion of prime working age Americans with college degrees quadrupled during the second half of the century.

Registered pharmacists are valuable members of the health care team. A shortage of any member of the health care team can have a definite impact on the delivery of health care.

Shortages of qualified personnel can negatively impact an organization's operations in many ways. To combat shortages of qualified job applicants, hospitals are employing a variety of tools to attract pharmacists and other health care professionals. Signing bonuses, above-market compensation, flexible work schedules, and a myriad of perks are being used to recruit and retain qualified workers.

The effect of a pharmacist workforce shortage on the public health was studied by a task force that was established by the

National Association of Boards of Pharmacy (NABP). The Task Force on Manpower Shortage was formed to assess present and future trends that a pharmacist shortage may create. The Task Force suggested that revision of pharmacist-to-technician ratios and a re-evaluation of pharmacist duties be studied by NABP's Task Force on Standardization of Technicians' Role and Competencies. Among other recommendations, the Task Force also suggested that licensing reciprocity procedures by state boards of pharmacy should be re-evaluated. District of Columbia pharmacy licensing reciprocity procedures is of major concern to the DC Board of Pharmacy.

Technology and the Practice of Pharmacy

Recent technological advancements have produced profound effects on the practice of pharmacy. The availability of the Internet and development of e-commerce have necessitated the review and revision of pharmacy law and compliance. The Internet alone has changed the way that the business of pharmacy is conducted. Advanced degrees in e-commerce are being offered by institutions of higher learning. Fax machines have provided an additional means of prescription and drug order receipt. Now, portable hand-held computers are being tested to serve as a means to enhance physician-to-pharmacist medication-use communications.

The availability of automated devices has changed the dispensing process of using the "good old" counting tray and spatula. Long gone are the days of the typewriter, rolled labels, and the Bates machine, triple imprint repetitive motion. Where is your mortar and pestle? Is the advent of robotics near? As the level of awareness to these major, professional, life-changing, technological advances is raised, the scope of pharmacy practice must be fully examined. Pharmacists have vowed to be of service to the public. Pharmacists must be viewed not only as practitioners but also as thinkers, policymakers, motivators, counselors, educators, and innovators. The acceleration rate at which these pharmacy practice-changing advancements has occurred continues to increase. It is the responsibility of each pharmacist to keep abreast of and actively participate in all matters of concern that arise in this rapidly changing profession.

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Revised License Renewal Process

The license renewal process for 2001-2003 is scheduled to begin soon. To better serve District of Columbia registered pharmacists, the DC Department of Health has revised the license renewal procedure, and some mailing addresses for the completed renewal license application have changed. Pharmacists are encouraged to apply due diligence with the new process.

The license renewal information that is scheduled to be mailed to all DC pharmacists should be received by the licensee at least 60 to 90 days before the previous license expiration date. DC pharmacists are encouraged to review and renew application materials early and completely. According to the Health Occupations Revision Act [District of Columbia Code, Title 2, Chapter 33 Sub-section 2-3305.13. (b)], each licensee shall notify the Board of any address change for place of residence or place of business or employment within 30 days after the change of address. All pharmacy board correspondence should be sent to the attention of the DC Board of Pharmacy, 825 N Capitol St, NE, Second Floor, Washington, DC 20002.

Licensing Specialist Hagans Retires

After 30 years of government service to the District of Columbia, Barbara Hagans, Licensing Specialist and Contact Representative with the District of Columbia Board of Pharmacy, retired from her position as of August 31, 2000. She was assigned to work with the Board of Pharmacy in 1978. Mrs Hagans was simultaneously the Licensing Specialist and Contact Representative for the DC Boards of Nursing, Podiatry, Physical Therapy, and Professional Engineering. Our new Contact Representative is Mrs Toylanda Brown. She can be reached by calling 202/442-4778.

Meet Dr Ivan C.A. Walks

Ivan C.A. Walks, MD, is the chief health officer for the District of Columbia and the director of the DC Department of Health, the agency under which the Board of Pharmacy is administered. Dr Walks is charged with protecting the health of District of Columbia residents and visitors. His responsibilities include the development, implementation, administration, and assessment of city health promotion, health policy,

health insurance, and health care quality programs.

Dr Walks received his medical degree from the University of California at the Davis School of Medicine. He is a neuro-psychiatrist who received advanced training at the University of California, Los Angeles, and completed a two-year fellowship in trans-cultural psychiatry through the US Department of Health and Human Services' Public Health Service Senior Primary Care Policy Fellowship.

Dr Walks served as a Los Angeles County Mental Health Commissioner and as medical director for managed care for the Los Angeles County Department of Mental Health. Before joining the administration of Mayor Anthony Williams, Dr Walks served as vice president and associate national medical Director of Value Options, Inc, a human services, managed health care, program development and operations firm. Dr Walks has made significant contributions to national mental and behavioral health research, organizations, and committees. It is under his guidance that the health of the District's citizens and the practice of the District's health care professionals are fostered.

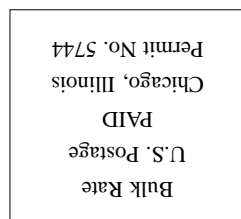
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