# Health Professions Data Series:

## Pharmacist Workforce Survey

The ongoing collection of health care workforce data enables the Department of Public Health to assess, forecast, and inform workforce development to meet the needs of Massachusetts residents. Please provide an answer for all required questions, which are denoted with an asterisk (*) at the end of the question. You will not be able to submit a survey until all required questions have been answered. The survey will take approximately 12 minutes to complete.

### Section 1: Demographics

1. Zip Code of Primary Residence*
   ☐☐☐☐☐

2. Sex*
   - ☐ Male
   - ☐ Female
   - ☐ Other
   - ☐ Decline to Answer

3. Year of Birth*
   ☐☐☐☐

4. Are you Hispanic/Latino/Spanish? *
   - ☐ Yes
   - ☐ No
   - ☐ Decline to Answer

5. What race do you most identify with? Race refers to the group or groups that you identify with as having similar physical characteristics or similar social and geographic origins. Check all that apply.*
   - ☐ American Indian/Alaska Native
   - ☐ Asian
   - ☐ Black
   - ☐ Native Hawaiian/Pacific Islander
   - ☐ White
   - ☐ Other
   - ☐ Decline to answer

6. What ethnicity(ies) do you most identify with? Ethnicity refers to your background, heritage, culture, ancestry, or sometimes the country where you or your family were born. Check all that apply. *

| | | |
|---|---|---|
| ☐ African | ☐ Cuban | ☐ Laotian |
| ☐ African American | ☐ Dominican | ☐ Mexican, Mexican American, Chicano |
| ☐ American | ☐ European | ☐ Middle Eastern |
| ☐ Asian Indian | ☐ Filipino | ☐ Portuguese |
| ☐ Brazilian | ☐ French Canadian | ☐ Puerto Rican |
| ☐ Cambodian | ☐ Guatemalan | ☐ Russian |
| ☐ Cape Verdean | ☐ Haitian | ☐ Salvadoran |
| ☐ Caribbean Islander | ☐ Honduran | ☐ Vietnamese |
| ☐ Chinese | ☐ Japanese | ☐ Other |
| ☐ Colombian | ☐ Korean | ☐ Decline to Answer |

7. Without using an interpreter, in which language(s) (other than English), are you fluent enough to provide adequate care for and speak with patients? Check all that apply.*
   - ☐ None
   - ☐ Albanian
   - ☐ American Sign Language (ASL)
   - ☐ Arabic
   - ☐ Cape Verdean Creole
   - ☐ Chinese
   - ☐ Farsi
   - ☐ French
   - ☐ Greek
   - ☐ Haitian Creole
   - ☐ Italian
   - ☐ Khmer
   - ☐ Korean
   - ☐ Portuguese
   - ☐ Russian
   - ☐ Somali
   - ☐ Spanish
   - ☐ Vietnamese
   - ☐ Other

8. Are you currently engaged in active duty in the armed services?
   - ☐ Yes
   - ☐ No

## Section 2: Education

9. What is the first professional degree in pharmacy that qualified you to practice in the U.S.? *
   - ☐ BS in Pharmacy
   - ☐ PharmD
   - ☐ Foreign Trained

10. Where did you obtain the degree that initially qualified you to practice pharmacy in the U.S.? *
   - ☐ Massachusetts
   - ☐ Other US State or Territory
   - ☐ Foreign Country

11. What is the highest level of **pharmacy education** you have completed? *
   - ☐ Bachelor's Degree in Pharmacy
   - ☐ Master's Degree in Pharmacy
   - ☐ PharmD

12. Which best describes the pharmacy **fellowship** program that you completed? *
   - ☐ Did not complete a fellowship
   - ☐ Clinically oriented fellowship in MA
   - ☐ Clinically oriented fellowship outside of MA
   - ☐ Pharmaceutical industry fellowship in MA
   - ☐ Pharmaceutical industry fellowship outside of MA
   - ☐ Other

12a. If other, please specify _____

13. Where did you complete a pharmacy **residency** program? Check all that apply. *
   - ☐ Did not complete a residency
   - ☐ PGY-1 residency in MA
   - ☐ PGY-1 residency outside of MA
   - ☐ Specialty/PGY-2 residency in MA
   - ☐ Specialty/PGY-2 residency outside of MA

14. In addition to your pharmacy degree, what other degrees do you possess? Check all that apply. *
    - ☐ Not applicable
    - ☐ JD
    - ☐ MBA
    - ☐ Master of Hospital Management
    - ☐ Master of Medication Safety
    - ☐ Master of Public Health
    - ☐ MD/DO
    - ☐ PA
    - ☐ PhD
    - ☐ RN
    - ☐ APRN
    - ☐ Other Bachelor's Degree
    - ☐ Other Master's Degree
    - ☐ Other

15. Which of the following **nationally** recognized credentials do you currently hold? Check all that apply. *
    - ☐ Not applicable
    - ☐ BCPS - Ambulatory
    - ☐ BCPS - Nuclear
    - ☐ BCPS – Nutrition Pharmacy Specialist
    - ☐ BCPS - Pharmacotherapy
    - ☐ BCPS – Pharmacotherapy/Cardiology
    - ☐ BCPS – Pharmacotherapy/Infectious Disease
    - ☐ BCPS – Psychiatry
    - ☐ CCGP – Geriatric Pharmacist
    - ☐ CDE – Certified Diabetes Educator

16. What other specialties do you hold certifications in? *
    - ☐ Not applicable
    - ☐ Anticoagulation
    - ☐ Asthma
    - ☐ Diabetes
    - ☐ HIV
    - ☐ Information Systems/Information Technology
    - ☐ Immunization
    - ☐ Lipids
    - ☐ Medication Therapy Management
    - ☐ Pain Management
    - ☐ Poison Information
    - ☐ Toxicology
    - ☐ Other

16a. If other, please specify _____

17. Are you currently registered to use the Prescription Monitoring Program (PMP)? *
    - ☐ Not applicable to my job duties
    - ☐ Not registered
    - ☐ Registered, actively viewing patient files
    - ☐ Registered, not actively viewing patient files

18. In which setting are you currently participating in a **Collaborative Drug Therapy Management Agreement** with a physician licensed in Massachusetts? *
    - ☐ Not applicable
    - ☐ Ambulatory Care Clinic
    - ☐ Hospice
    - ☐ Hospital
    - ☐ LTC Facilities
    - ☐ Retail Drug Business
    - ☐ Other

## Section 3: Employment

19. How many years have you been practicing pharmacy in the United States? *
    - ☐ Less than 1 year
    - ☐ 1-5 years
    - ☐ 6-10 years
    - ☐ 11-15 years
    - ☐ 16-20 years
    - ☐ 21-30 years
    - ☐ More than 30 years

20. What is your current employment status? Check all that apply. *
    - ☐ Full-time in field of pharmacy
    - ☐ Part-time in field of pharmacy
    - ☐ Per Diem in field of pharmacy
    - ☐ Volunteering in field of pharmacy
    - ☐ Employed in non-pharmacy field
    - ☐ Unemployed
    - ☐ Retired

21. If unemployed, please indicate the major reason(s). Check all that apply.
    - ☐ Not Applicable
    - ☐ Attending school
    - ☐ Cannot find position in pharmacy
    - ☐ Disabled
    - ☐ Not interested in practicing pharmacy
    - ☐ Taking care of home/family
    - ☐ Other
    - ☐ Decline to answer

22. Considering **all** positions you currently fill in the field of pharmacy, how many **hours per week** do you work on average? If not currently working in pharmacy, please select 0. *
    - ☐ (Drop Down 0-79 and then 80+)

23. Considering **all** positions you currently fill in the field of pharmacy, what percentage of your working hours do you personally spend on the following activities? (Answers for 23a through 23d should roughly equal 100%)
    a. Direct Patient Care (including patient education and care coordination) *
        - ☐ 0%
        - ☐ 10%
        - ☐ 20%
        - ☐ 30%
        - ☐ 40%
        - ☐ 50%
        - ☐ 60%
        - ☐ 70%
        - ☐ 80%
        - ☐ 90%
        - ☐ 100%

    b. Administration or Business-Related Manners*
        - ☐ 0%
        - ☐ 10%
        - ☐ 20%
        - ☐ 30%
        - ☐ 40%
        - ☐ 50%
        - ☐ 60%
        - ☐ 70%
        - ☐ 80%
        - ☐ 90%
        - ☐ 100%

    c. Education of Health Professions Students*
        - ☐ 0%
        - ☐ 10%
        - ☐ 20%
        - ☐ 30%
        - ☐ 40%
        - ☐ 50%
        - ☐ 60%
        - ☐ 70%
        - ☐ 80%
        - ☐ 90%
        - ☐ 100%

    d. Other*
        - ☐ 0%
        - ☐ 10%
        - ☐ 20%
        - ☐ 30%
        - ☐ 40%
        - ☐ 50%
        - ☐ 60%
        - ☐ 70%
        - ☐ 80%
        - ☐ 90%
        - ☐ 100%

24. In the past 12 months, how many weeks did you work in the field of pharmacy (excluding vacation, medical leave, etc.)? *
    - ☐ (Drop down of 0-52)

25. If there was training available to help you care for patients with disabilities, which of the following topics would you select? Check all that apply.
    - ☐ Blindness or low vision
    - ☐ Brain injuries (stroke, traumatic brain injury, etc.)
    - ☐ Deafness or hard of hearing
    - ☐ Epilepsy
    - ☐ Intellectual or developmental disabilities
    - ☐ Mental illness
    - ☐ Mobility disabilities (wheelchair users, scooters, etc.)
    - ☐ Substance use disorder
    - ☐ Not applicable to my work
    - ☐ I do not need additional training

**Instructions:** The next group of questions is related to your PRIMARY practice, at the organization where you work the **most hours each month**. If you work an equal number of hours between two practice settings please choose one as your primary and one as your secondary setting. If you do not have a primary practice setting, please select 'Not Applicable'.

26. 5 digit zip code of your primary pharmacy practice setting. **If not currently practicing, enter 00000.** *
    ☐☐☐☐☐

27. Which of the following best describes your primary practice setting? (Choose one). *
    - ☐ Not Applicable
    - ☐ Ambulatory Care Setting
    - ☐ Assisted Living Facility
    - ☐ Community Health Center
    - ☐ Consultant Pharmacist
    - ☐ Correctional Institution
    - ☐ Government Agency
    - ☐ Home Health Care Services
    - ☐ Home Infusion
    - ☐ Hospital, Inpatient
    - ☐ Hospital, Outpatient
    - ☐ Military
    - ☐ Nuclear Pharmacy
    - ☐ Outsourcing facility
    - ☐ Pharmaceutical Industry
    - ☐ Pharmacy – Chain Store
    - ☐ Pharmacy – Independent Store
    - ☐ Pharmacy – Long Term Care
    - ☐ Pharmacy – Mail Order
    - ☐ Skilled Nursing Facility/Hospice
    - ☐ Specialty Pharmacy
    - ☐ School/College of Pharmacy
    - ☐ Veterinary Services
    - ☐ Other

28. Please identify the role which best describes your primary pharmacy position. *
    - ☐ Not applicable
    - ☐ Clinical pharmacist
    - ☐ Consultant
    - ☐ Educator/Faculty
    - ☐ Manager/Director
    - ☐ Government/Regulatory/Enforcement
    - ☐ Owner/Pharmacist
    - ☐ Research
    - ☐ Resident/Fellow
    - ☐ Staff/Employee Pharmacist
    - ☐ Other

29. What programs or services do you personally provide at your primary pharmacy practice setting? Check all that apply. *
    - ☐ Not applicable
    - ☐ Adherence packaging
    - ☐ Disease state management
    - ☐ Emergency contraception
    - ☐ Health screening (e.g. blood pressure, osteoporosis)
    - ☐ Immunizations
    - ☐ Medication reconciliation
    - ☐ Naloxone rescue by physician standing order
    - ☐ Nutritional support
    - ☐ Patient counseling
    - ☐ Pharmacokinetic dosing
    - ☐ Smoking cessation
    - ☐ Specialty/complex compounding
    - ☐ Other

29a. If other, please specify_____

30. What type of compounding do you personally provide at your primary practice setting? Check all that apply. *
    - ☐ Not applicable to my practice site
    - ☐ Do not personally provide
    - ☐ Non-sterile compounding (simple and/or moderate)
    - ☐ Non-sterile compounding (complex)
    - ☐ Sterile compounding (low and/or medium risk)
    - ☐ Sterile compounding (high risk)

31. If you are certified to administer vaccinations, which of the following do you personally administer at your primary pharmacy setting? Check all that apply. *
    - ☐ Not working as a pharmacist
    - ☐ Not certified
    - ☐ Certified but do not personally administer
    - ☐ Haemophilus influenza type b (Hib)
    - ☐ Hepatitis A
    - ☐ Hepatitis B
    - ☐ Human papillomavirus (HPV)
    - ☐ Influenza
    - ☐ Measles, mumps, rubella (MMR)
    - ☐ Meningococcal
    - ☐ Pneumococcal
    - ☐ Polio
    - ☐ Tetanus, diphtheria, pertussis (Td/Tdap)
    - ☐ Varicella
    - ☐ Zoster
    - ☐ Other

32. Please select from the list the improvements that would enhance your ability to provide optimal services at your primary pharmacy practice setting. Check all that apply.
    - ☐ Not applicable
    - ☐ Access to drug information resources
    - ☐ Access to patient health records
    - ☐ Access to translation services
    - ☐ Adequate medication supply
    - ☐ Adequate patient care space
    - ☐ Adequate staffing
    - ☐ Manageable workload
    - ☐ Reimbursement for clinical services
    - ☐ Support for educational training/development
    - ☐ Time for breaks/meal period
    - ☐ Updated technology
    - ☐ Other

**Instructions:** The next group of questions is related to your SECONDARY practice setting. If you do not have a secondary practice setting, please select 'Not Applicable'.

33. 5 digit zip code of your secondary (Insert field) practice setting. **If you do not have a secondary practice, enter 00000.**
    ☐☐☐☐☐

34. Which of the following best describes your secondary practice setting? (Choose one).
    (List will be same as list for primary practice)

35. Please identify the role which best describes your secondary (Insert field) position.
    (List will be same as list for primary practice)

## Section 4: Future Plans

36. With regard to your pharmacy practice, within the next five years do you plan to do any of the following? (Check all that apply)
    - ☐ Work the same as now
    - ☐ Increase hours of work
    - ☐ Reduce hours of work
    - ☐ Leave pharmacy practice, but not retire
    - ☐ Remain in retirement
    - ☐ Retire
    - ☐ Return to pharmacy practice
    - ☐ Seek additional education
    - ☐ Other