NABP
National Association of Boards of Pharmacy

Report of the Work Group on

Workplace Safety, Well-Being, and Working Conditions

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Members Present

Reginald B. “Reggie” Dilliard (TN), *chair*; Lee Ann Bundrick (SC), Jack W. “Jay” Campbell IV (NC), John Colaizzi, Jr (NJ), Kimberly Grinston (MO), Diane Halvorson (ND), Marty Hendrick (OK), Susan McCoy (MS), Brenda McCrady (AR), Steven Schierholt (OH), Kari Shanard-Koenders (SD), Jermaine Smith (MD), Mary Douglass Smith (SC), Theresa “Terry” Talbott (PA), Cyndi Vipperman (OR), and Jeanne Waggener (TX).

Others Present

Jeffrey J. Mesaros, *Executive Committee liaison;* Michael Ayotte, National Association of Chain Drug Stores (NACDS); Joni Cover, National Alliance of State Pharmacy Associations (NASPA); Rob Geddes, Albertsons; Brigid Groves, American Pharmacists Association (APhA), *Guests;* Lemrey “Al” Carter; Melissa Becker; William “Bill” Cover; Eileen Lewalski; Maureen Schanck; and Cameron Orr, *NABP staff*.

Introduction

The work group met on September 7-8, 2022, at NABP Headquarters in Mount Prospect, IL. This work group was established pursuant to Reggie Dilliard’s 2022-2023 presidential initiative, which focuses on facilitating a new pharmacy practice model that enhances and promotes patient safety while exploring a supportive environment for pharmacy professionals.

Review of the Work Group Charge

Work group members reviewed their charge and accepted it as follows:

1. Review barriers in existing statutes or regulations that limit patient access to medication and care;
2. Discuss opportunities to increase patient safety by enabling pharmacists to practice at the top of their education and training;
3. Determine other extrinsic factors that foster unsafe working environments when delivering patient care not already identified by the Task Force on Workplace Safety and Well-Being; and
4. Offer solutions to identified challenges.

Background and Discussion

The meeting began with comments from representatives of the various invited organizations. APhA presented an overview of findings from several APhA and APhA/NASPA initiatives pertaining to workplace issues and pharmacy staff well-being. Of note, it was relayed to the members that this is not a new problem, as there are publications dating back to May 1982 that discuss pharmacist well-being. It was shared that, as expected, the coronavirus disease 2019 (COVID-19) pandemic put a public spotlight on well-being and workplace concerns not only in pharmacy, but in all areas of health care. In response, APhA collaborated with NASPA to develop the *Pharmacist’s Fundamental*

Responsibilities and Rights document, which focuses on pharmacists' responsibilities and the workplace expectations needed to fulfill those responsibilities. The work group was informed that, as of August 30, 2022, 38 organizations have formally supported the document, including schools of pharmacy, state associations, two state boards of pharmacy, and national associations, including NABP, although the Association acknowledges that certain provisions pertaining specifically to business models may fall outside the regulatory purview of the boards of pharmacy. Another APhA/NASPA collaboration resulted in the Pharmacy Workplace and Well-being Reporting (PWWR) portal that serves as a safe place for individuals to submit reports concerning both positive and negative workplace experiences, which are then collected and analyzed by a patient safety organization to afford legal confidentiality protections. The members were informed that over 1,150 reports have been submitted since PWWR's launch in October 2021, and that aggregated data reports and findings are generated quarterly, which indicate the following key learnings:

- harassment by patients, coworkers, and pharmacy and non-pharmacy managers is a real problem;
- two-way lines of communication are not perceived to be open; and
- positive experiences have a long-term positive effect on well-being.

APhA also shared that they convened the 2022 Community Pharmacy Workplace Summit, which brought 47 stakeholders together to brainstorm ideas on addressing drivers impacting community pharmacy-based workplaces. Stakeholders included pharmacists, pharmacy technicians, student pharmacists, pharmacy employers, and pharmacy organizations, including NABP, who discussed challenges in serving community and individual health care needs, resulting in more than 20 key ideas that can be implemented to begin the necessary changes. In addition, the May 2022 final report of the 2021 APhA/NASPA National State-Based Pharmacy Workplace Survey was shared with the work group. The survey was offered nationally and through the individual state associations, and the results of more than 6,700 respondents from every state, the District of Columbia, and Puerto Rico indicated the following:

- A belief exists that there is not "an open mechanism" for pharmacists and pharmacy personnel to discuss workplace issues with management and if they try, it is not welcomed nor heard.
- Issues identified as factors likely to contribute to stress, potentially leading to medication errors and near misses, include:
    - increased demands, harassment, and bullying from patients/consumers;
    - concern due to insufficient and inadequately trained staff;
    - constant interruptions from telephone calls; and
    - inability to practice pharmacy in a patient-focused manner.
- Pharmacists want to spend more time with patients, but are unable to do so, which also causes distress.

Lastly, APhA shared the Pharmacy Professional Well-Being Index (WBI), which was originally invented by researchers at Mayo Clinic for physicians and was revised to include pharmacy

professionals in 2019. It consists of a 100% anonymous nine-question assessment that measures dimensions of distress and well-being. A WBI score that is greater than or equal to five indicates a risk of high distress, which is important because that increases the risk of having a low quality of life, burnout, high fatigue, intent to leave a current job, and most importantly, an increased risk of medication errors. As of September 1, 2022, the distress percent, which measures the percentage of individuals whose scores indicate that they are at risk for high distress, was 32.04%. It was noted to the members that there is consistency among all the above-mentioned tools regarding what is causing the most problems and that nearly one-third of those who are at risk for high distress are also at a twofold higher risk of medication errors.

Chain store representatives provided additional background information. Challenges for them included the increased workload that COVID-19 has introduced, including administration of vaccinations and tests, high employee turnover rates, harassment of pharmacy personnel by patients, reduced resources, and the inability to scale successful pilot projects due to the myriad of state pharmacy laws and rules. In addition, it is anticipated that the expanded scope of practice now allowed in many states thanks to the Public Readiness and Emergency Preparedness Act, will no longer be in place once waivers are rescinded unless those states enact and/or revise legislation to allow for the continued expanded scope of practice. Although these challenges are daunting, potential solutions discussed included implementation of shared services models, education to manage patient expectations, and improved communication efforts with frontline workers.

The NASPA representative reiterated the challenges already mentioned and agreed that PWWR is an instrumental mechanism for sharing both good and bad experiences by pharmacy personnel. Information gathered by NASPA indicates that there is not a shortage of pharmacists but rather a shortage of desirable practice settings, especially in rural areas, and unfortunately, the surveys indicate that there are problems in every setting.

All work group members were familiar with these concerns and concurred that COVID-19 certainly brought them to the forefront. As the fourth element of the charge was to offer solutions to the identified challenges, the members discussed approaches that could create meaningful change. Meeting participants agreed that current pharmacy workplace issues need to be addressed using a multipronged approach involving patient education and expanded training for pharmacists and pharmacy technicians, as well as through the adoption of less proscriptive regulations by boards of pharmacy to allow for easier integration of technology and alternative practice models. Members also emphasized that alleviating workload demands by means of the aforementioned strategies could help improve working conditions and expand the candidate pool for community pharmacy staffing by making it a more desirable practice setting. Despite the potential for improving working conditions through expanded practice scope and innovation, regulatory work group members voiced concern over continued complaints regarding working conditions being reported by licensees in states that have expanded pharmacy technician ratios and responsibilities, allowed remote operations, and implemented other strategies. Regulators also shared that pharmacists are reporting that they often face retaliation for making good faith reports to boards of pharmacy related to working conditions.

With that in mind, the work group determined that it is of utmost importance for NABP to play a crucial role in bringing pharmacy stakeholders together to identify solutions that will ultimately improve patient perceptions and outcomes as well as pharmacy working conditions. Such solutions should demonstrate support for pharmacists' ability to effectively provide patient care services and prevent inordinate delays and abrupt pharmacy closures due to lack of staff.

Members further agreed that one part of the solution, and an integral part in the development of a new pharmacy practice model, is to review and suggest modifications to outdated or unnecessary rules that create barriers to patient care. Specifically, they recommended that staff review the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* to identify language that can create barriers to providing patient care and suggest revisions for the Committee on Law Enforcement/Legislation to review.

The work group concurred that boards of pharmacy can play a major role in addressing the pharmacy workplace challenges by encouraging pathways to innovation such as the use of more automation and shared services, while holding stakeholders accountable for ensuring innovation improves patient care. Industry representatives discussed the financial and regulatory burdens that often prevent chain pharmacies from introducing technological advancements to assist with workload demands, noting that the investment in new technology is often not worth the cost if it is only allowed in a few states. Members stressed that NABP should assist with this process and serve as a repository for pilot program and patient safety review data. This data can then be shared with state boards of pharmacy for evaluation and approval based on a pilot conducted in a single state, simplifying the process and improving access to pharmacy services for more patients.

As it was noted that patient expectations have changed and are negatively impacting working conditions, the work group agreed that there is much to do in this space. Communication to patients is lacking about reasonable pharmacy wait times for drug dispensing and clinical care, especially during high volume times. As such, members recommended that NABP encourage pharmacy stakeholders to amplify their current messaging to educate patients about pharmacy operations to manage expectations and depict pharmacists as health care professionals. Members also agreed that patient education should include messaging about the safety of pharmacy technology to foster uptake of innovative solutions that ease pharmacy burdens, such as kiosks, digital modes of communication, and remote pharmacy services.

The work group also identified schools and colleges of pharmacy as being integral stakeholders in developing a new pharmacy practice model, as enrollment has significantly decreased while the need for pharmacists has increased. If these trends continue, there will not be enough pharmacists to meet the health care needs of communities throughout the country, especially in more rural areas. Schools and colleges of pharmacy must join the discussion to improve the perception of community pharmacy practice and equip future graduates with the soft skills needed for difficult dialogues with patients, the knowledge to manage pharmacy staff, and the training to navigate competing priorities in a customer-facing role.

As pharmacy stakeholders envision and collaborate on a new pharmacy practice model, members identified some deliverables for consideration, such as providing pharmacy staff with opportunities to work from home with fewer interruptions to complete non-patient-facing tasks, including data entry, data verification, and third-party adjudication. Employers and state boards of pharmacy were also encouraged to support efforts to increase the use of call centers that provide patients the convenience and time to discuss concerns and ask questions, while freeing up staff in the community setting for more clinical tasks. The work group also suggested that central fill operations should be utilized to relieve busy pharmacies and that the central fill pharmacies should be permitted to mail medications directly to patients rather than having to ship them back to the originating pharmacy. Furthermore, all agreed that stakeholders should collaborate to identify and set meaningful standards for lunch breaks, shift lengths, the well-being of pharmacy personnel, and practice standards for clinical functions.

Lastly, along the lines of pharmacy staffing, the work group discussed the use of pharmacy technicians and how they should be used in ways that augment the role of the pharmacist, as it was reiterated many times that a pharmacist should never work alone in a pharmacy. Members recommended that NABP encourage boards of pharmacy to review and revise their regulations, if necessary, to utilize pharmacy technicians in an expanded capacity and allow for professional growth. For example, states should consider allowing technicians to accept new phoned-in prescriptions for legend drugs, verify the accuracy of filled prescriptions (tech-check-tech), and administer vaccinations. Additionally, the work group recommended that this review should also identify regulations that address duties to be performed only by a pharmacist to ascertain whether they can be safely and competently performed by non-pharmacist personnel and, if so, revise those regulations accordingly.

After careful review and consideration, the work group recommended that:

1. NABP collaborate with stakeholders to:
    a. identify new practice models that support pharmacists' ability to provide patient care services; and
    b. identify/set meaningful standards for staffing to include but not be limited to:
        i. lunch breaks/shift lengths;
        ii. well-being;
        iii. clinical functions;
        iv. use of automation technology; and
        v. use of pharmacy technicians.
2. NABP review the *Model Act* to identify model act language that can create barriers to care and suggest edits to submit to the Committee on Law Enforcement/Legislation.
3. NABP encourage industry stakeholders to amplify current messaging to educate patients about pharmacy operations to manage expectations.

4. NABP encourage boards of pharmacy to consider pathways to innovation such as automation and central fill, reimagine new delivery models that support pharmacists' ability to provide patient care services, and address staffing shortages.
5. NABP encourage boards of pharmacy to review and revise regulations to utilize pharmacy technicians to augment the role of the pharmacist and to identify current pharmacist-only duties that could be safely and competently performed by non-pharmacist personnel.