The job of a pharmacist has many positive aspects. In fact, *U.S. News and World Report* recently ranked pharmacist number three as the best job to have for a variety of reasons. That’s pretty impressive. To get an inside look at why being a pharmacist can be a great career choice—and to find out more about the changing role of pharmacists—TPA’s new Communications & Marketing Manager Brom Hoban caught up with TPA’s Director of Professional Services Kim Roberson, BPHARM, RPH and Justin Meisetschleger, a senior at the College of Pharmacy at The University of Texas at Austin.

**BH:** How do you think the job of pharmacist got to be ranked in the top three nationally?

**JM:** It’s up there for several reasons. A big thing is the financial aspect. It is a job where you’re paid really well. It’s also attractive because nowadays there are so many different areas you can go into. So there’s a lot of flexibility in the fact that you can do retail, hospital, residencies, nuclear pharmacy, and research. Being a pharmacist is not what people thought about in the past—working at a mom and pop pharmacy. Now there are so many different options out there. There’s also a business side of it—owning your own pharmacy. And of course the healthcare aspect, that really appeals to me.

**KR:** The profession has always been extremely flexible, and that’s why it appeals to both men and women. The diversity of positions has probably no equal in other professions. You can go into the manufacturing side of this; management; be a representative; own your own shop or manage a chain—you can choose what type of setting you want to be in.

**BH:** What are the characteristics of someone who would make a good pharmacist?

**KR:** Well, that is something that has changed somewhat over the years between me and Justin. In my era, to a large degree, you were behind the glass, elevated up six inches looking out, insulated from the public. You did not spend a lot of time with the public. Today, the pharmacist needs to be a lot more approachable, and have good people and communications skills. At the same time, they should be highly skilled and knowledgeable, and have the inner workings to be team oriented.

**JM:** I would echo the communication skills. Now it’s the law that you counsel patients on every new prescription. Pharmacists years ago would never have thought you’d have to do that. Now you have to be a people person. If you’re counseling every customer, you have to have people skills. When you apply to pharmacy school, you can have a perfect GPA and resume, but you have to go in for an interview. If you don’t come across as a person who will deal well with the public, you’re not going to be accepted because it’s such a big deal to have people skills. The pharmacists of the past would never have thought they’d have to give immunizations and assess patients the way you do now. So it’s important to be comfortable around needles, and blood, and with physically contacting patients. Now you are conducting screenings for diabetes, cholesterol and things like that, so I feel it’s changed in that sense.

**BH:** Does being good at technical procedures come into play in today’s world?

**KR:** In so far as the processing of prescription, yes. But that’s the side of the profession that’s starting to become less important from a pharmacist standpoint. Now you have robotics and technicians handling that to a large extent. The Medicare Modernization Act was implemented in 2004 and became effective January 2006. The government now requires pharmacists to provide what they call medication therapy
management services (MTM) to high risk Medicare patients. This involves medication patient education and training for drug therapy assessment, etc. The government’s definition of “at-risk” patients has expanded so the pool increases every year.

BH: So the shift to more patient interaction is real and underway?

KR: It depends on the Affordable Care Act, but yes, I think that within five years, there will be transitions in the community practice especially.

BH: What’s the market like for pharmacists right now? Are they in demand?

JM: It’s changed a lot. When I first started college eight years ago, everybody was saying “it’s the career; it’s what you want,” because there was a big shortage, and there was such a big need. Not only was the pay good, but there were incentives and signing bonuses. But it’s changed now. It depends on geographical location, but you might have to relocate to take a job. And now there are more pharmacy schools in Texas- seven in total, so that’s saturating the market somewhat.

BH: What type of training is required? How long is the schooling and what degree is needed?

JM: Pharmacy school is a four-year degree. But first you need two years of basics. The degree you get is a Pharm.D- doctor of pharmacy. It’s changing a lot—technically the least amount of time is six years- two years of basics and four years of pharmacy school. The majority of my graduating class has four years (a bachelor’s degree), and then four years of pharmacy school, because they keep adding on to the requirements. So when I graduate this year, it will have been eight years. And next is residency.

BH: Is there room for advancement in the field?

KR: Yes, but the pay scale generally is marginal as you advance. In a community setting you have a staff pharmacist, and a “pharmacist in charge.” The pay differential is nominal, though.

BH: The pharmacy/pharmacy technician ratio law (one pharmacist for every four technicians) has been in the news over the past year. What’s your take on that? Is that a fair ratio?

KR: Do you have a while? Seriously, it depends on who you are asking. And it depends highly on the individual pharmacist, their individual skills, the setting, and the supportive staff in that setting. So there are lots of variables. You’ve got four techs per pharmacist. From an employment/business perspective it would be better if the ratio were five, six or seven. But the question is, can the pharmacist safely oversee all of that activity? Because you’ve got the safety of the patient to consider. There’s drug diversion—theft of medications to watch for. That’s a big problem. I’d say the current ratio of one pharmacist for every four pharmacist technicians is a decent balance until another system is developed.