



**State of Vermont**  
**Office of the Secretary of State**

**Office of Professional Regulation**  
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**James C. Condos, Secretary of State**  
**Christopher D. Winters, Deputy Secretary**  
**S. Lauren Hibbert, Director**

To: House Committee Government Operations  
Hon. Sarah Copeland-Hanzas, Chair  
Hon. John Gannon, Vice-Chair  
From: S. Lauren Hibbert, Director, Office of Professional Regulation  
Date: February 5, 2021  
Re: OPR Bill Draft; Pharmacy Section 6

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Dear Reps. Copeland-Hanzas & Gannon:

As I have previously mentioned in Committee, the Office of Professional Regulation (OPR) and the Board of Pharmacy (Board) recently surveyed all licensed pharmacists in the State of Vermont. The survey focused on workplace conditions and the types of pressures placed on pharmacists. The survey had a 43% response rate for Vermont resident pharmacists, with 251 pharmacists responding.

The Office decided to launch the survey after a conspicuous increase in consumer complaints about pharmacies, the introduction of bills in previous sessions demonstrating a legislative concern about pharmacy working conditions;<sup>1</sup> and a desire to gather information as the Board of Pharmacy contemplates the next iteration of its administrative rules.

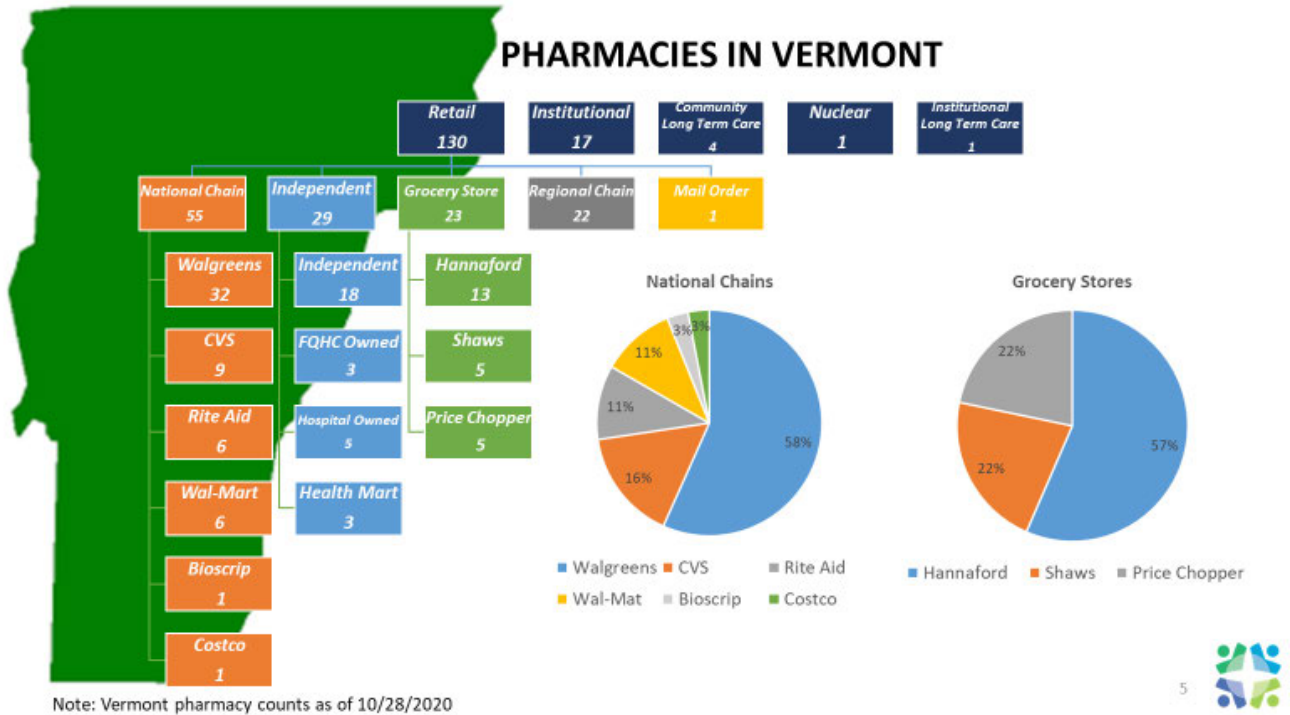
Survey results tended to confirm concerns that workplace pressures on pharmacists are intense and may jeopardize patient safety. OPR has a unique perspective relative to pharmacy practice: We license and regulate both individual pharmacists and the retail drug outlets in which they work. Many of the pharmacies in Vermont are subsidiaries of regional and national corporate entities. What one finds when inspecting a pharmacy, investigating a complaint about a pharmacist or pharmacy, or reading through the survey results enclosed herein, is that many of the workplace policies and requirements for Vermont's retail pharmacist do not originate from an in-state supervisor or the rules of the particular location. Instead, operating procedures are often designed and written by a non-pharmacist within a corporate office located outside of Vermont, unfamiliar with the challenges of rural practice or the dangers access interruptions can create for elderly patients residing far from commercial centers.

[Section 6](#) of the OPR Bill draft is responsive to concerns described by pharmacists responding to our survey, our inspectors, and complainants to our Office. Section 6 would prohibit quotas or metrics that encourage unsafe practice; it would require drug outlets to provide sufficient staffing to meet foreseeable demand; and, when a pharmacy is acquired, Section 6 would help to ensure that the new pharmacy and old pharmacy alike are accountable to ensure uninterrupted patient access to needed medications and prescription records.

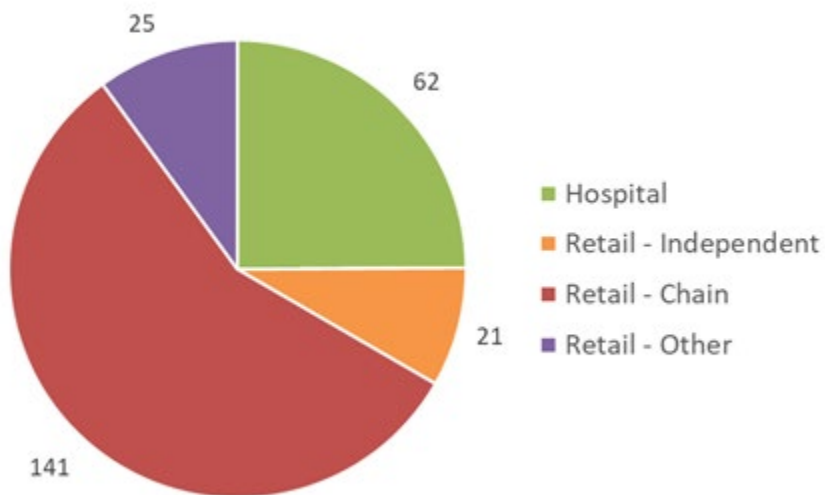
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<sup>1</sup> For example, Representative Stevens of Waterbury in 2017 sponsored [H.445, An act relating to work conditions in the practice of pharmacy](#).

The survey queried all pharmacists regardless of practice setting; however, pharmacists were asked to specify their practice setting.



### Survey Results by Pharmacist Setting



Question	Hospital	Retail-Independent	Retail-Chain	Retail-Other
Length of Shift	✓		✓	
Meal Break			✓	✓
Pharmacy Technician Staffing	✓		✓	
Delegation of Duties	✓		✓	
Sole Pharmacist	✓		✓	
Before/After Work Hours		✓	✓	
Patient Safety- Adequacy of # Pharmacist on Duty	✓		✓	
Patient Safety- Working Conditions	✓		✓	
Patient Safety- Resignation	✓		✓	

Key: ✓ Favorable Result    ✓ Unfavorable Result

Above is a high-level synopsis of the survey findings.

As you can see, positive or negative answers to the survey were frequently correlated with the practice location of a pharmacist. Survey results are attached in the appendices.

The survey included open-ended questions that invited narrative commentary. For illustration, I have pulled out the responses to one question—*“In your opinion, are working conditions compatible with the provision of safe and competent pharmacy care?”*—from pharmacists who identified themselves as working in a retail setting. This is a slice of the data and therefore, I do encourage a full review of the survey results. I have removed content identifying specific businesses or individuals.

<b>Question: In your opinion, are working conditions compatible with the provision of safe and competent pharmacy care?</b>
The expectation for pharmacies now is to multitask. While I believe it's important to be able to multitask, it is dangerous for pharmacists to be forced to consistently due to little help, no nutrition in them, never ending metrics...
Short staffing, when I was hired in my store, we had 7-8 technicians and a cashiers. Right now, I have the hour allotment for 4 technicians. We have lost some business but not half of it. It just means I am also a technician. I visual the scrip, I am in putting, doing resolutions, counting, counseling. While my technicians try to manage the customers in line for pick up and on the phone.
There are so many distractions. The technician to pharmacist ratio does not allow the pharmacist to be a pharmacist, in Vermont. Vaccination season makes our job even harder. Some days I am expected to fill 500 scripts, do 70 vaccinations and take all doctor calls and patient counseling with 25 technician hours during a 13 hour shift.

we are being pushed to our max, with little tech help I am constantly running and checking rx's as fast as I can, and always doing 2 things at once. we need [REDACTED] to increase our tech hours.

Some stores don't have the staffing for the volume. It can put lots of pressure on the pharmacist to go faster to meet company goals and reduce the number of angry customers, this is not safe sometimes when under such pressure.

Some days I am able to work safely. Other days are almost impossible.

I do not always feel that we are adequately staffed in terms of technician help. There are hours when I work by myself, which is usually okay, but occasionally I get behind and feel pressured to hurry by customers. I don't think that I give in usually but having someone harassing the pharmacist about hurrying isn't helpful nor safe. Our chain has recently cut technician staffing models, and I do not feel that we are adequately staffed during vaccine season especially. We used to receive "time" in our day to do vaccines, now each prescription counts as the same "time" for staffing, despite the fact that vaccines take at least 3-4 times as long as a regular prescription, usually longer.

something needs to be done about minimum staffing requirements and the amount of extra services that are expected of pharmacists.

I ensure that pharmacy is being practiced safely but unfortunately this means that there are substantial delays in prescription processing. Often this means patients may not get a prescription until several days after we receive them it. I prioritize urgent medications such as antibiotics. I also have to skip many of my breaks and stay up to 2 extra unpaid hours daily to make up for the lack of staffing. If I had prescriptions ready on time and didn't put in a substantial amount of extra hours this would not be a safe environment to practice pharmacy. There should be an elaboration in the statute regarding what is considered safe staffing levels (I.e., minimum number of pharmacist/tech hours per prescription volume). Also, pharmacy managers at [REDACTED] are required to work 84 hours on the bench bi-weekly. With the increase of 7 hours biweekly compared to most pharmacies, coupled with the need to stay extra to keep up with the workload, I am getting burned out and am concerned that if something doesn't change this will impact my work and the work of other pharmacy managers

At best, yes. As of late, virtually never.

As of recently, and due to a massive business increase, I feel pharmacy conditions for safe and competent care are eroding.

We never feel "safe". There is not even a safe place to go in the pharmacy in the event of an active shooter. There are too many distractions, in the name of 'accessibility to the pharmacist', in the retail setting. Too many 'corporate programs' required that do not have a direct effect on patient interaction. I know they have a 'direct effect' on the bottom line but take away from time for direct interaction with patients.

Two years ago, I would have said yes. Right now, the situation is worse than I have ever seen it. The pressure to do everything at warp speed and do 10 things at once is so great it's impossible not to give in to it at times. They used to give us 1 tech hour for every 13 prescriptions we did, now our new "algorithm" that determines our staffing help will have us get one tech for every 22-26 prescriptions. And that's on top of doing up to 24 immunizations a day. Never any RPH overlap. Not enough time to follow safety and COVID related protocols, not enough for adequate clinical review of therapies, not enough for proper compliance with state regulations (constantly falling behind on CS inventory etc), not enough time for thorough follow up with providers when needed.

Not enough help, too many demands, workload too great to deliver high quality comprehensive pharmacy services

There is no designated/enforced break for pharmacists. I am exhausted, hungry and frustrated after every single shift

Many interruptions

When the pharmacy volume increases in September and October and people come in for flu shots, I don't think the working conditions are safe. There are too many demands on the pharmacist to fill prescriptions, do flu shots and properly counsel patients.

Typically staffing is too minimal to handle high volume time periods and there is not adequate time to spend the desired amount of time counseling patients. Especially during flu shot season, I just feel rushed to complete the next flu shot or prescription to quickly move on to the next in line.

It is total chaos, and corporate has unreal expectations disguising certain requirements as way of improving patient outcomes, but all they do is reduce the already tragically understaffed technician hours available to help fulfill our patients' needs

There continues to be less staffing and more tasks and responsibilities.

Not every day is terrible but over the last year, my company has cut so many hours, both RPh and tech, that I feel the work situation is not safe. There are many days where I leave work praying to God that I didn't make a mistake because the work pace is so fast and unsafe. I'm not the manager, yet I routinely come in early and stay late without being paid because I want to make sure everything gets done and I respect my partners. This flu shot season has been just plain brutal. I recently worked a 13 hr shift on a Monday in a store that normally fills 400-425 rx's on a Monday. I don't mind working the long shift at all, but this day turned into a 14+ hr day from hell with a 1 hr commute each way. I was the only pharmacist and I did 68 vaccinations between 830am and 6pm. I couldn't really verify any prescriptions and it took me over 3 hrs to eat my lunch. Finally, my lead tech said that's enough, and we just told people we ran out of flu shots for the day. I probably left over 200 rx's unfinished. During flu shot season, we really need a 2nd pharmacist to focus on vaccinations.

Most [REDACTED] locations in Vermont are severely understaffed. Many pharmacy technicians are underpaid and overworked and therefore end up finding employment elsewhere. This causes pharmacists to not only do the work that they need to do, but also the work of a technician. While understaffed, there is increasing pressure to complete a long list of daily tasks all while watching out for company metrics. The focus has gone away from focusing on the safety and health of our patients and more towards cranking out as many prescriptions as possible.

There is currently a drive to provide services above and beyond the capabilities afforded by staffing models. You are always running to catch up, hardly have time for quality patient care, never reach corporate goals and expectations because they are set so high leaving drug-drug interaction reviews and quality patient interventions to be skimmed over or ignored in order to keep your head above water. It is impossible to provide the services with the hours allotted without potential harm to yourself or your community.

It certainly depends on the seasonality of workflow and the amount of competent employees staffed. But for the most part working conditions are unsafe due to corporate and customer pressure on filling orders fast with less pharmacy staff.

Trying to fit vaccinations covid testing and filling prescriptions mtm can make for a stressful day

Again, after my job change yes, I feel safe. At [REDACTED] I NEVER felt safe. No breaks, moving at max speed every day for entire shifts over multiple days, a terrible computer system, and many other problems I have actively tried to block out.

As long as I'm not given too many shifts in a row, my conditions are compatible.

From my personal experience, 9 times out of 10 a mistake happens when a pharmacist is backed up and rushing their checking routine. Flu shot season requires a pharmacist to be away from the bench for 5-7 minutes at a time, over and over throughout the workday. This certainly can effect the urgency in which prescriptions are being checked because the pharmacist is almost always "playing catch up."

We are so short staffed on a technician level that it has led to the pharmacist doing 75% if data entry, along with 50% of failed adjudicated claims on top of 100% of final verification. Now add on top of that MTM requirements, vaccinations, adherence programs the quest for profits us going to get someone hurt.

Ever increasing workload and demand of employer and patients require too much of an individual pharmacist. Pharmacist are expected to reach numerous and various goals while filling prescriptions and managing the pharmacy department (often with ever decreasing technician hours).

<p>Too busy, too many distractions, too many daily mandatory tasks for one pharmacist, very high stress &amp; exhaustion, company thinks can keep cutting hours while adding more and more and business keeps growing</p>
<p>With the overall business model getting ever tighter- safety is definitely being tested. We strive to maintain the utmost safety and professionalism, however, there are days, many days that we plain and simple need more help. Pharmacy cannot be all about the bottom line- it must also be about high quality safe environment for both staff and patients. Even with the increase in highly trained, certified techs, the ultimate responsibility lies on the shoulders of pharmacists who work extremely long hours without much down time and who are constantly interrupted.</p>
<p>We are forced to do more than what is possible safely. I am constantly behind Due to lack of staffing and no matter How hard or efficiently me or my partner work we cannot catch up. It's only a matter of time before a mistake is made due to the speed at which we have to work. I have approximately 10 seconds to perform data entry verification and maybe 5 seconds to perform product verification or else we fall behind</p>
<p>depends on the day. I think the ratio of techs to pharmacists needs to increase.</p>
<p>I can't say never, but almost never is closer than sometimes.</p>
<p>We are so understaffed and under more pressure to accomplish the same amount of work with less time and help. Recently I have been filling over 400 prescriptions a day with only 2 technicians plus administering a ridiculous amount of flu shots. That is certainly not a safe rate. I don't even have enough time to safely check VPMS when filling controls.</p>
<p>The amount of distractions in pharmacy today are quite overwhelming. Phone calls and patient questions interrupt pharmacists constantly.</p>
<p>It seems most of our stores are chronically understaffed, with ever increasing demands from corporate, limiting our ability to provide quality service and care</p>
<p>During this busy flu shot season we are flying through the prescription process way too quickly</p>
<p>The inclusion of immunizations in workflow (with no appointments) and tendency for patients to expect immunizations and prescriptions to be completed within 15 -20 minutes contributes to an unsafe environment.</p>
<p>We are short staffed, and it results in a stressful work environment.</p>
<p>Even during a rare lull of foot traffic and phones ringing, there's a huge backlog of work/tasks. When a person is running, they can't be expected to sprint all day.</p>
<p>The increasing duties required by the pharmacists by my company do not come with increased technician hours in the budget, or pharmacist overlap</p>
<p>Even when corporate says we are "fully staffed" we still often don't have enough technician and pharmacist hours to safely complete all the tasks properly and safely (dispense medications, vaccinate, mtm, etc.).</p>
<p>Some days are better than others, but for the most part, I feel I am not able to perform my job as a pharmacist safely due to the many pressures and distractions that I currently face. I am constantly interrupted during my prescription verification duties to complete non-pharmacist tasks. I often times feel like my attention is being pulled in several different directions and I am not able to focus properly on the tasks that actually require my pharmacist training.</p>
<p>Staff model works at my supermarket. Staffing not safe when I worked for chain retail ie [REDACTED]</p>
<p>Depending on staff/management some pharmacies are well put together, but others are a catastrophe</p>
<p>There should be a law dictating a certain number of technician hours per #scripts.</p>

Too busy and short staffed. More duties always added. Most recently now doing COVID testing. Impossible to safely check Rxs with added workload. Not in the best interest of customers-even though it's a "convenience".

Safely filling scripts seems secondary. It is more important for us to push out as many scripts as possible and give as many shots as we can. New system blocks push other shots (pneumonia/shingles) on patients that may be eligible. We get in trouble for not selling enough of these even though most of the patients are not eligible as they have already had them through their doctors. The company pushes in a way that they would rather see us sell the shots rather than doing our duty to determine if the patient needs or is eligible for the other vaccinations.

Most of the time

Flu season is so busy and with only 1 pharmacist on and the demand to fill the number of narcotic prescriptions, it doesn't always feel safe. But have to meet the metrics

Physical safety: Anytime you step foot into a doctor office or hospital the temperature is taken, but anyone can waltz into a retail chain and do as they please. The pharmacy is a healthcare facility yet it is not treated as such. An acrylic shield isn't protecting me or the patient-- and its defiantly not protecting all the people that ignore and move around them. Mental safety: Being a retail pharmacist is not for everyone. It takes a certain kind of person to do such a meticulous job correctly and efficiently. Unfortunately, these \$\$ driven corporate companies continue to cut and cut and CUT hours despite the # of scripts that just go up and up and UP. Lack of regulation on script/tech ratios is driving pharmacists to work faster, make more mistakes, and get days behind in scripts. No technology will fix this. Mandatory tech hours based on prescription volume will. Can you help us?

Retail pharmacy is a very harried, stressful environment. Working alone, without a technician, which happens every day due to budgeted tech hours, forces us to juggle customers, phone calls, drive thru lanes, immunizations, insurance calls, and so on. It's easy to lose focus with so many distractions.

These big retail companies are running us into the ground. They are trying to get the most out of each person, while putting the health and safety of the citizens of Vermont at risk. We run with a skeleton crew because they do not give us enough technician hours to do all the daily tasks. Most days we have 1 pharmacist and 1 technician doing upwards to 200 prescriptions, immunizations, phone calls, doctor calls, transfers, inventory tasks, MTM services and counseling. There are multiple times per day that I feel myself worrying about making a mistake or rushing through something for the sake of getting something else done, when I wish I could have spent more time or called the doctor or counseled the patient. We are forced to gloss over important things in order to try to finish others. For example, inventory tasks although they seem unimportant, are very important to keeping a pharmacy running. If we dispense an expired medication because we haven't had time to pull outdates in 3 months, that is detrimental to a patient's health and well-being. There needs to be adequate staffing in order to ensure that all tasks can be completed without running us all into the ground or forcing staff to work after close off the clock.

Chain pharmacies are severely understaffed. I believe we should have a 1:1 (pharmacist: tech) ratio at ALL times

Minimum staffing, work overload, long hours

The Board of Pharmacy is designed to protect the public, not the profession of pharmacy or its constituents. However, in neglecting to protect its own, the Board further neglects its intended purpose: To ensure the safety of the public.

We have been understaffed since May/June due to corporate staffing cuts, and technicians leaving following the cuts. The cuts were supposedly due to covid profit issues; however, we maintained our script count throughout the pandemic and have continued as we were at 400 to 500 prescriptions daily.

Obligated pharmacist overlap would help deliver a higher quality of care and prevent fatigue that comes with working 12 hours.

High prescription volume, aging population, heavy administrative burden from all levels (state, federal, corporate), outdated laws and regulations, underpaid technicians, immunizations, chronic understaffing etc.

Not enough technician help. Need extra pharmacists for flu season

Typically, they are however during flu season they are not. We are stretched too thin.

I feel corporate does a good job, but the customers are RIDICULOUS! You give a 30 minute wait and it's a temper tantrum at the register actual tears from grown humans! No one wants to wait! And in the kids the of a pandemic it's over the top crazy! I am now a personal shopper. I spend more time on the phone grabbing items that's have nothing to do with pharmacy than anything else to them personally bring to their car when they arrive! I and ALL for customer service but our profession has ZERO respect! I also feel we are doing vaccines (averaging 40 plus daily now and covid testing) which are above our scope of practice. This should be done in a medical practice NOT a pharmacy. I can't be expected to type prescriptions check them answer phones be a personal shopper vaccinate run a register and covid test without making a mistake!!!! A doctor doesn't do even 10% of what I just listed nor does the nurse. We are expected to do WAY too much in a short amount of time and not make a mistake!!!!

Only when we are bombarded with irregular patient volume is it tight

Not enough technician help leads to the pharmacist being the only eyes on every step of the pharmacy filling system. 12 hours with no break is giving pharmacists fatigue.

I put in 90 minutes off the clock to start my day well. By noon I am falling behind. I could stay late and still have hours of work but by that time I can barely function. I get one tech for 8-9 hours and fill over 200 rx's and have orders to put away. I have to run to all stations. Our pharmacy has a great layout if you have a team of 3 or more techs. When you are alone (at least 2+ hours daily) I am running in circles and putting in 3x more steps to fill one prescription.

Hour cuts on both technicians and pharmacists, as well as increased work load required by the company have led to occasional points that could be considered as not safe/competent pharmacy cares (increased risk for medication errors, lack of time to give to patients, etc.).

It's a shame the board has allowed pharmacists to work in these conditions for so long. Patient care is seriously at risk and prescription errors are just being dismissed at companies such as cvs and walgreens. It's impossible to accurately check for drug interactions and the appropriateness of drug usage when the pharmacy is severely understaffed at [REDACTED].

We are still human beings and need breaks without being penalized for taking them the penalty being that we have to stay longer at end of day to finish the work. It's impossible on most days to take break and be able to accomplish all the required work

Almost always, but there will always be instances where I look back and wish I had another minute to review some of that last rush.

Not with [REDACTED] - more business than ever absorbing independents, tech hours continuously cut, more services are being offered. It has become very dangerous, all pharmacists for [REDACTED] are overworked and we can barely keep all of our stores open for our patients. Terrible work conditions. I'd leave if I could.

We need more technician help. Especially the large chain pharmacies have cut hours to the bare minimum. And more and more is asked if the pharmacist. It's not safe.

Chain company doesn't provide realistic time to eat. We don't close for lunch. They say they won't stop us from eating. But in taking a break we end up being an hour plus behind in which case I have to stay after close to clean up unpaid and I already work unpaid a lot just to catch up. So, I do not take a real break. Just sometimes snack while working. Sometimes not even able to manage that. Tech budget is extremely tight. Example of a Typical day is 11 hours of pharmacist and 10 hours of 1 tech and we will do a little over 200 scripts.



Always short staffed. Increased demands. Constant expectations for metrics, vaccines, covid testing, clearing register blocks. Can barely go to the bathroom or eat during 12 hour shifts. Forced increase of working hours amongst [REDACTED] managers for same pay. Extremely unfair conditions driving many of us to consider career changes.

Some days the 25 mins I get to sit down are enough to get through the day, other days one 25min break is nowhere near enough and I do worry about the fatigue of my day affecting my work. We are also very understaffed overall with technician work hours.

The pressure to meet metrics and help the constant influx customers while also ensuring prescription safety and accuracy is extremely daunting. Doing over 300 prescriptions on top of 50 flu shots in one day being the only pharmacist and one technician is so anxiety provoking and flat out not safe.

Very often, stores are very short handed for the amount of script volume expected. Some situations include pharmacists doing "double-duty" such as verifying scripts via "tele-pharmacy" while also checking scripts for a store that they are present in that date.

Worst working conditions due to oversupply of pharmacists. Corporates know they can replace us very easily, so provide little to no tech help and expect us to meet their metrics at the cost of our health and safety of patients.

During flu season, doing flu shots and now doing Covid testing, it is getting hard with decreased staffing to be able to perform ours jobs at a safe level.

we are consistently understaffed. The pandemic and increased demand due to vaccines has made it hard to be able to do our job

Almost never. Usually very understaffed

There is currently a lot of pressure to perform a certain amount of work and not enough hands to do the work. Working conditions seem to have been developed with a business focus in mind rather than a "safe and competent" focus. Automation definitely does help though.

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Appendix A: Blank OPR 2020 Pharmacy Survey

Appendix B: PowerPoint Presentation for Vermont Board of Pharmacy October 2020

Appendix C: Vermont Pharmacist Responses to the Survey Without Narratives

Appendix D: Narrative Responses to Questions 9, 11, 12, 19, 24, and 25

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Complete survey responses available on request



## Office of Professional Regulation Survey: Pharmacists

Thank you for participating in this anonymous survey. Your feedback is important.

**In 2019, a national consensus conference of pharmacy organizations recommended that state boards of pharmacy survey pharmacists to assess wellbeing and patient safety. As the Vermont Board of Pharmacy prepares to update its administrative rules, the Board has taken that recommendation to heart. We hope you might find time to share your thoughts and experiences by responding to the anonymous, twenty-five question survey below.**

**To share comments not accommodated in the survey, pharmacists also are welcome to write [sos.opr.comments@vermont.gov](mailto:sos.opr.comments@vermont.gov), or to join a virtual board meeting.**

## Office of Professional Regulation Survey: Pharmacists

1. Do you currently work in Vermont as a licensed pharmacist?

- Yes  
 No

2. What is your age?

- 18-24  45-54  
 25-34  55-64  
 35-44  65+

3. For how many total years have you worked as a pharmacist, whether in Vermont or elsewhere?

4. In which pharmacy setting do you practice?

- Retail – independent  
 Retail – chain  
 Retail – other (i.e. long-term care pharmacy, mail order pharmacy, other)  
 Hospital  
 Manufacturing or Wholesale Drug Outlet  
 Compounding pharmacy  
 Home Infusion pharmacy  
 Nuclear pharmacy  
 503B outsourcing facility

5. What title best describes your current role?

- Staff pharmacist  
 Management with regular staffing duties (management of other pharmacists as well as techs)  
 Management with minimal to no staffing duties

6. Have you ever served as a designated pharmacy manager?

Yes

No

7. If you answered yes to question 6, for how many years have you served as a pharmacy manager?

Not Applicable

10 - 14

0 - 4

15 - 19

5 - 9

20 or More

## Office of Professional Regulation Survey: Pharmacists

Please answer questions 8 through 25 based upon your current pharmacist role and practice setting.

8. How long is your typical shift?

- Less than 8 hours
- 8 hours
- 10 hours
- More than 10 hours

9. In practice, how often do you actually take a meal or rest break in each eight-hour shift?

- Always
- Sometimes
- Never

Please Elaborate

10. How long is your typical rest or meal break?

- At least 30 minutes
- 15 to 29 minutes
- 5 to 14 minutes
- Less than 5 minutes/No Meal Break

Please Elaborate

11. In your opinion, are working conditions compatible with the provision of safe and competent pharmacy care?

- Always
- Sometimes
- Never

Please Elaborate

12. In the past five years, have you left or considered leaving a pharmacy position because of patient safety concerns?

- No
- Yes

Please Elaborate

13. Do you know what a quality assurance program is?

- Yes
- No

Other (please specify)

14. If you answered yes to the previous question, does your workplace have a quality assurance program?

- No/Not Applicable
- Yes

If yes, do you feel it effectively improves patient safety? How could it be improved?

15. Please select the best description of the scope of duties delegated to pharmacy technicians in your workplace

- Technicians perform tasks that should be reserved for pharmacists
- Delegation is about right
- Pharmacists are obligated to perform tasks that can and should be delegated to technicians

Please Elaborate

16. How important are the following factors to patient safety?

	Not Important	Somewhat Important	Important	Very Important	Essential
Ability to delegate to technicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to rest and refocus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information technology and computer systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management of workflow, in terms of prescription volume	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An effective continuous improvement program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please Elaborate (optional)

17. Is there a factor we have not asked about that belongs on this list?



18. When working a shift for 8 or more hours, what percentage of your shift are you the sole pharmacist on-duty?

- 0 to 25%
- 26 to 50%
- 51 to 75%
- 76 to 99%
- 100%

Please Elaborate

19. In your workplace, do you feel that the number of pharmacists typically on duty:

- Is excessive and wasteful
- Is consistently adequate to provide safe care
- Is sometimes adequate to provide safe care
- Is rarely adequate to provide safe care
- Is dangerous to the public

Please Elaborate

20. How many prescriptions are processed in a typical week at the pharmacy where you work?

21. How many other pharmacists are on duty most of your working hours?

22. How many technicians are on duty most of your working hours?

23. In your opinion, indicate the adequacy of the technician to pharmacists ratio in your workplace.

- Too many
- About right
- Too few

Please Elaborate

24. In a 5-day work week, how often do you work before or after your scheduled shift in order to complete necessary work?

- Always (5/5 days)
- Frequently (4/5 days)
- Sometimes (3/5 days)
- Rarely (1 to 2/5 days)
- Never (0/5 days)

Please Elaborate

25. Do you have specific concerns not addressed in this survey, or other recommendations to improve Vermont pharmacy regulation?

- No
- Yes

# Pharmacist Survey Results

October 29, 2020

Carrie Phillips, MS, PharmD  
Executive Officer of Pharmacy  
Office of Professional Regulation



*Why?*

- ***Trends brought to BOP from OPR's inspectors***
  - Lack of pharmacist overlap
  - Limitations of pharmacy systems
  
- ***Representative Tom Stevens' proposed 2017/2018 Bill***
  - H.445 An act relating to work conditions in the practice of pharmacy

## “Enhancing Well-being and Resilience Among the Pharmacist Workforce: A National Consensus Conference”

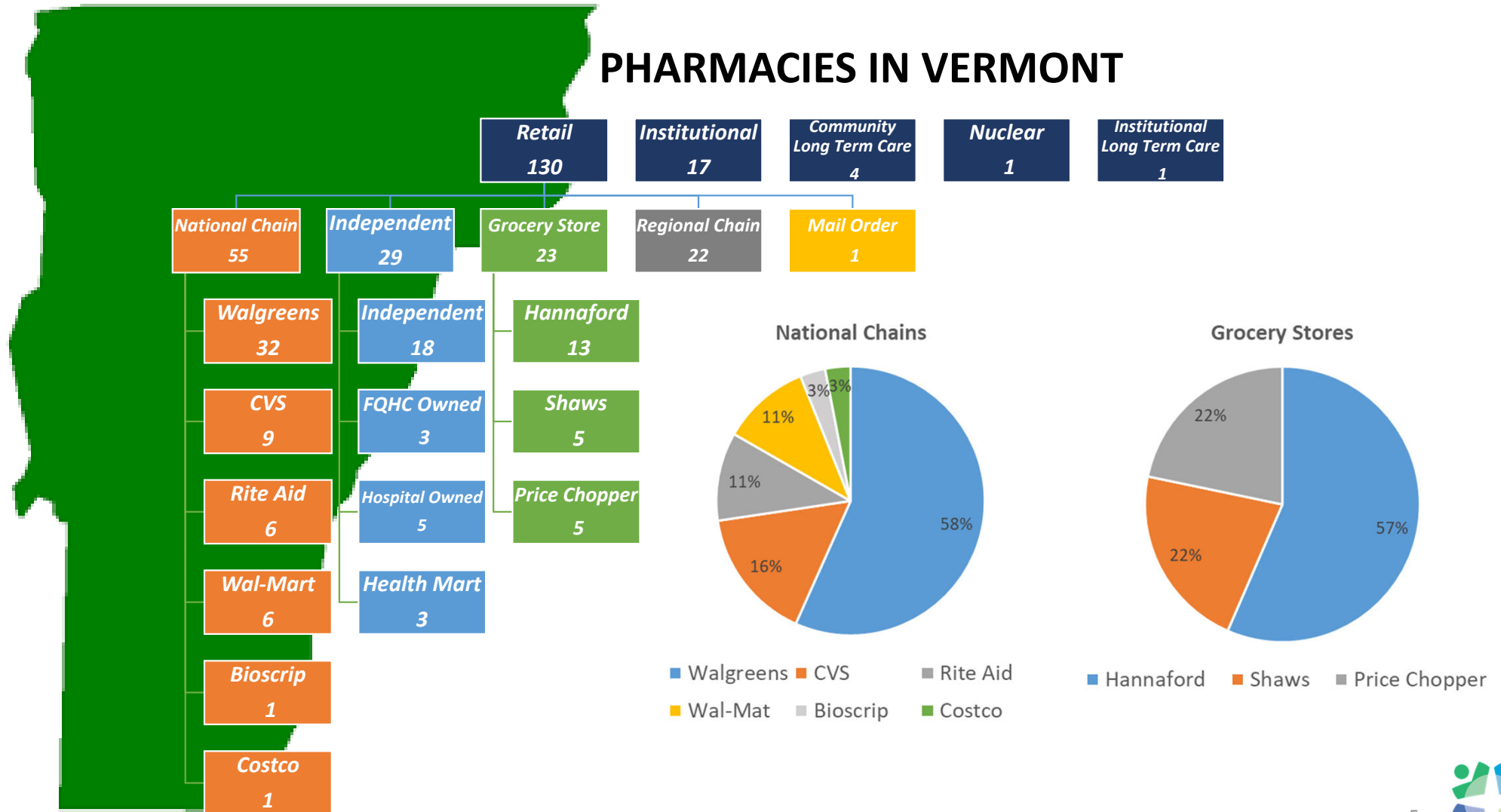
### Objectives of the consensus conference were to:

- Evaluate factors that contribute to well-being and resilience at the individual, organizational, and profession levels.
- Develop strategies that could improve pharmacist well-being and resilience and decrease moral distress within individuals, managers, organizations, and the profession.
- Identify and prioritize strategies that will drive change and fuel improvements in well-being and resilience.
- Develop actionable recommendations that guide organizations and individuals in implementing positive change.

- **Fifty consensus recommendations**, for boards of pharmacy, pharmacy professional associations, pharmacy employers, pharmacy managers and schools of pharmacy, arose from the conference
  - among them is the **dissemination of workforce surveys assessing pharmacist well-being and patient safety.**



# PHARMACIES IN VERMONT

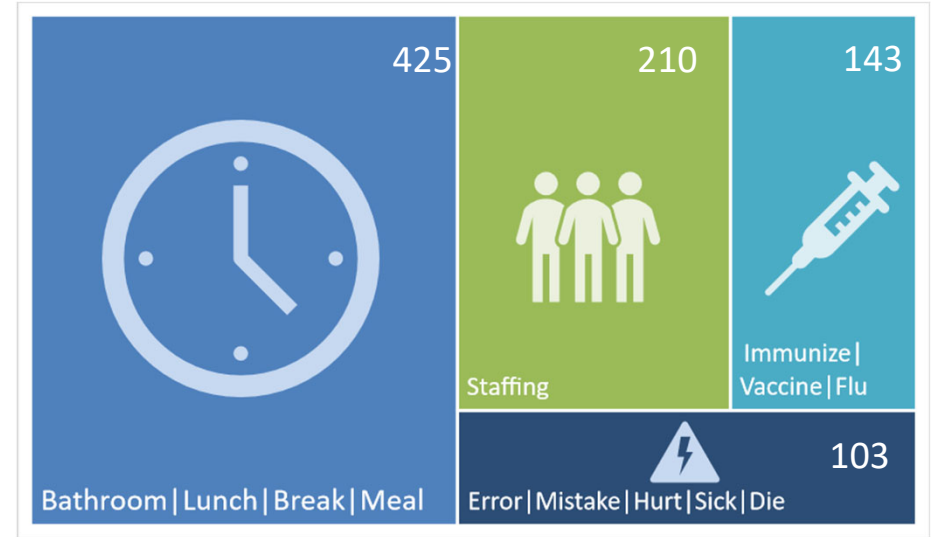


Note: Vermont pharmacy counts as of 10/28/2020

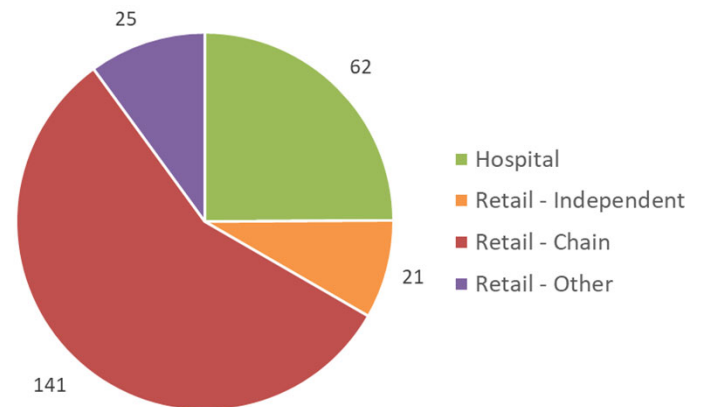


Question	Hospital	Retail-Independent	Retail-Chain	Retail-Other
Length of Shift	✓		✓	
Meal Break			✓	✓
Pharmacy Technician Staffing	✓		✓	
Delegation of Duties	✓		✓	
Sole Pharmacist	✓		✓	
Before/After Work Hours		✓	✓	
Patient Safety- Adequacy of # Pharmacist on Duty	✓		✓	
Patient Safety- Working Conditions	✓		✓	
Patient Safety- Resignation	✓		✓	

Key: ✓ Favorable Result    ✓ Unfavorable Result



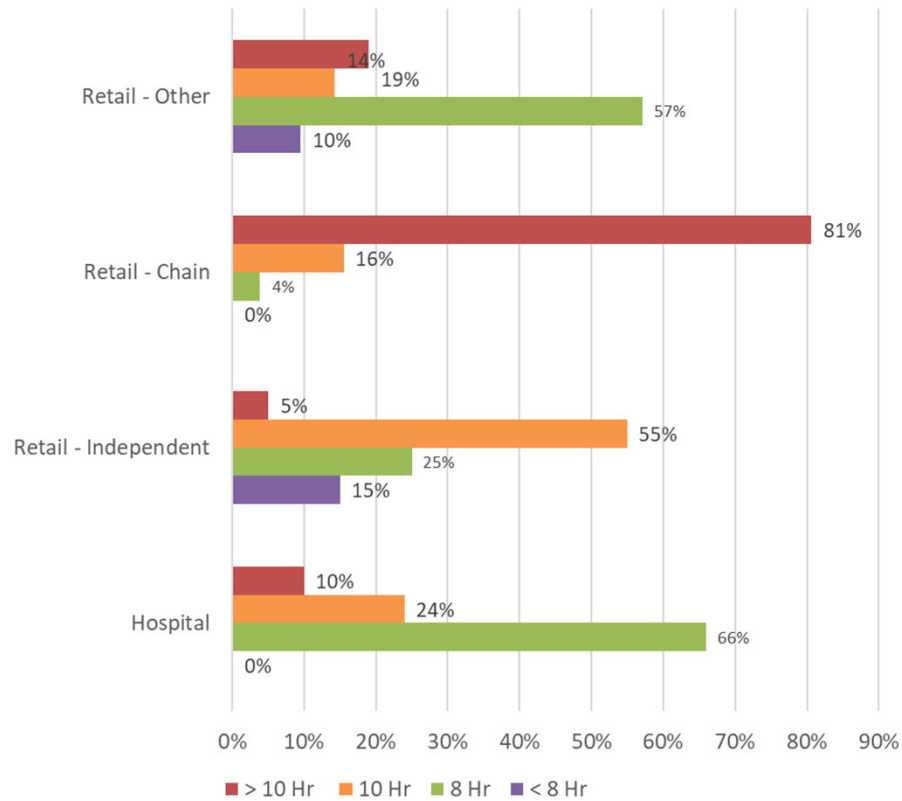
Survey Results by Pharmacist Setting



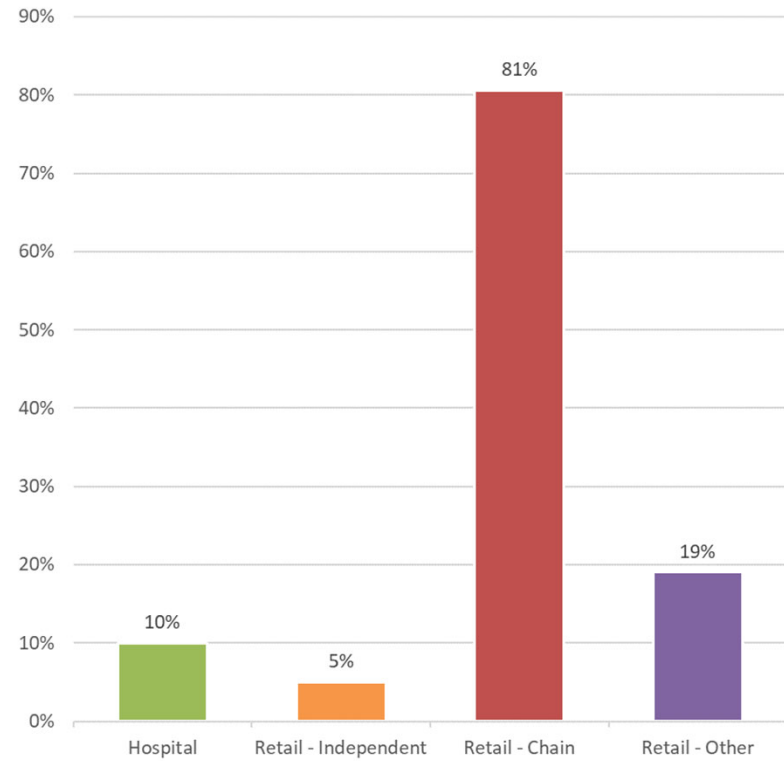


# Length of Shift

## Typical Length of Shift

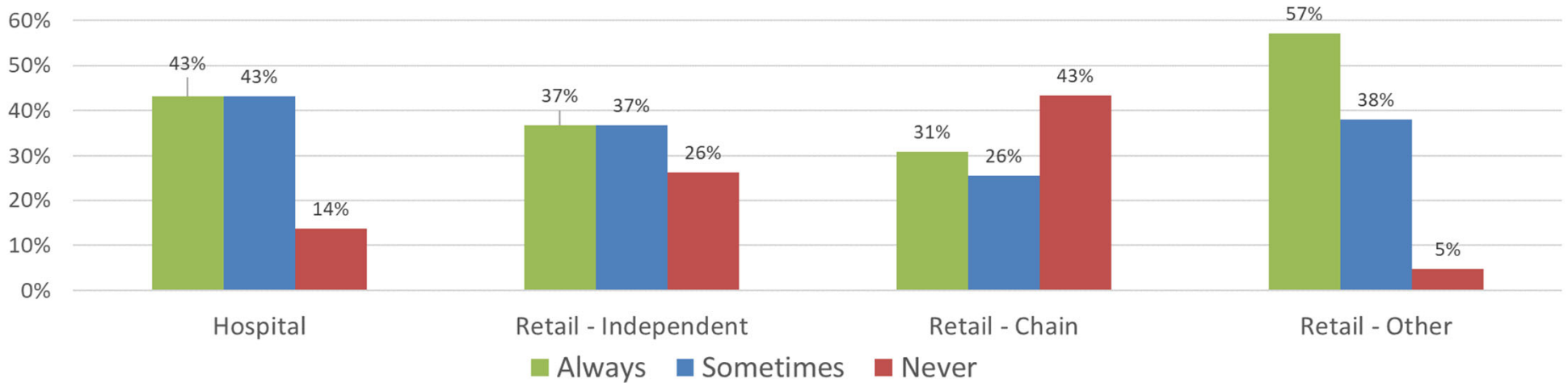


## >10 Hour Shift

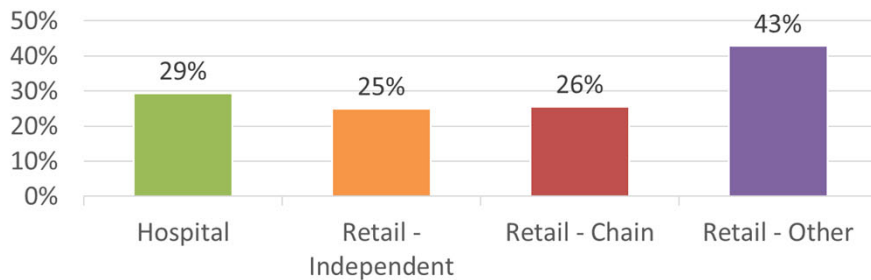


# Meal Breaks

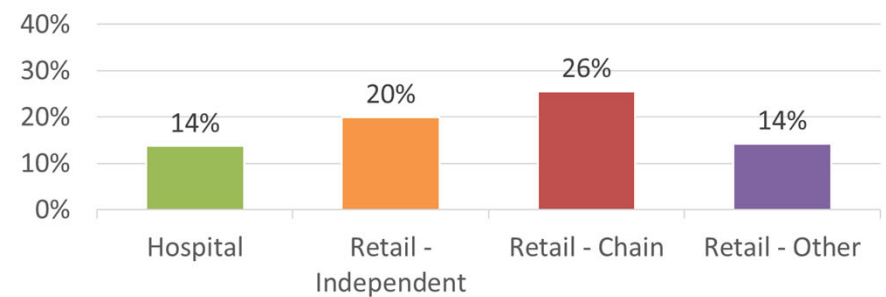
*In practice, how often do you actually take a meal or rest break in each eight-hour shift?*



## 30 Minute Break



## <5 Minutes/No Break

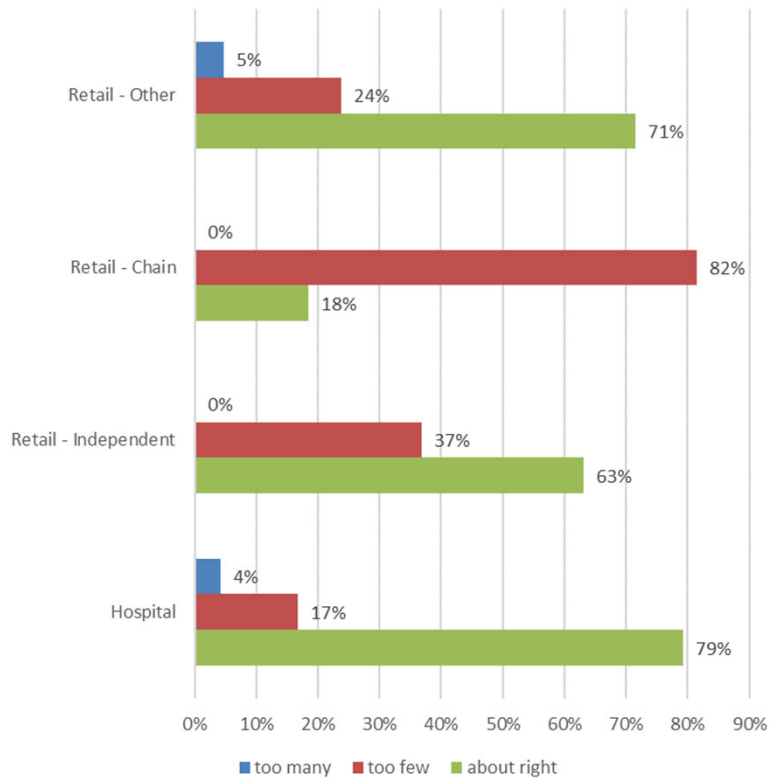


**REGULATORY STANDARD: Pursuant to Administrative Rule 9.21(b): No pharmacist shall work more than 8 hours without a meal/rest break.**

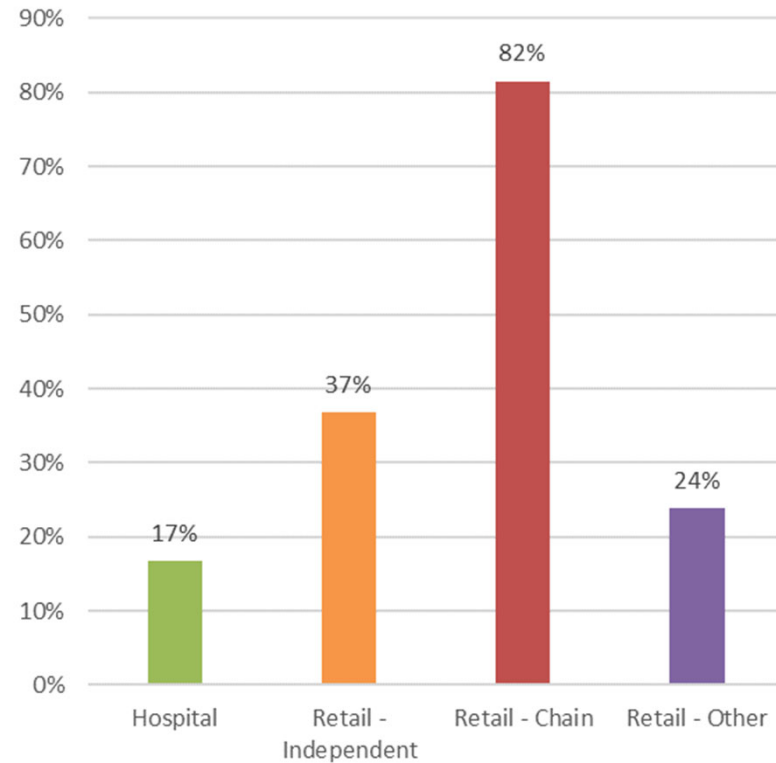


# Pharmacy Technicians

Adequacy of the technician to pharmacist ratio

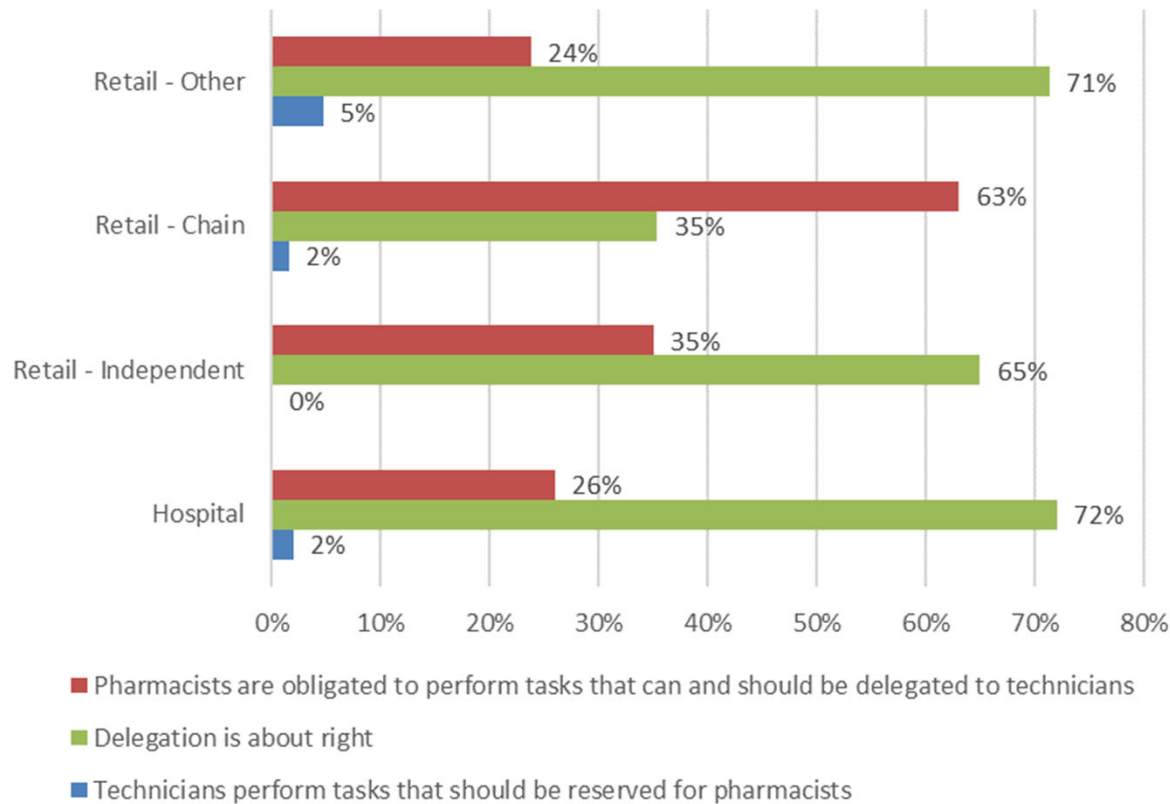


Too Few technicians

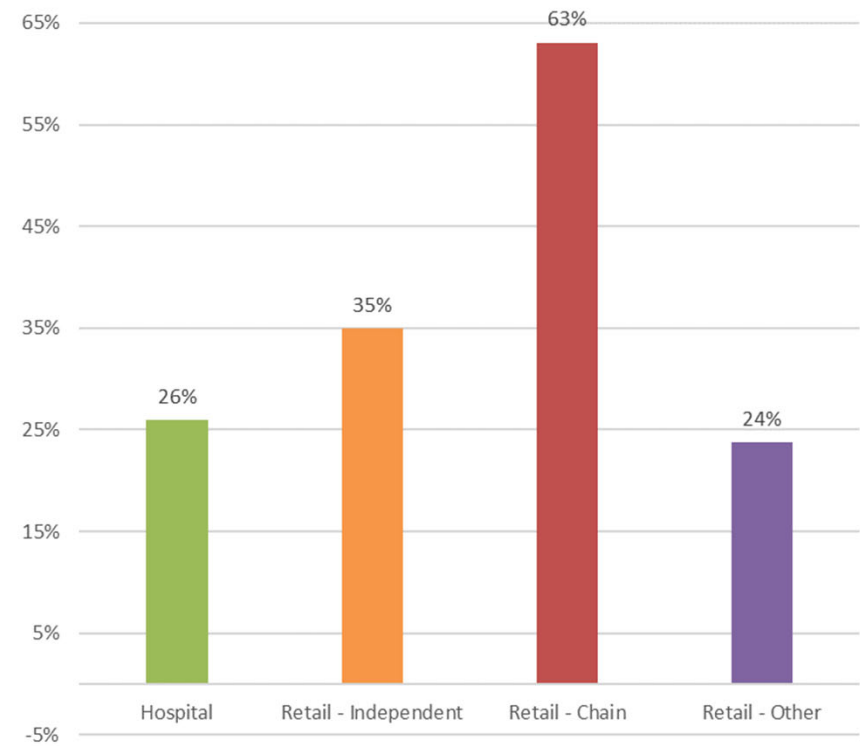


# Delegation of Technician Duties

## Suitability of Delegation

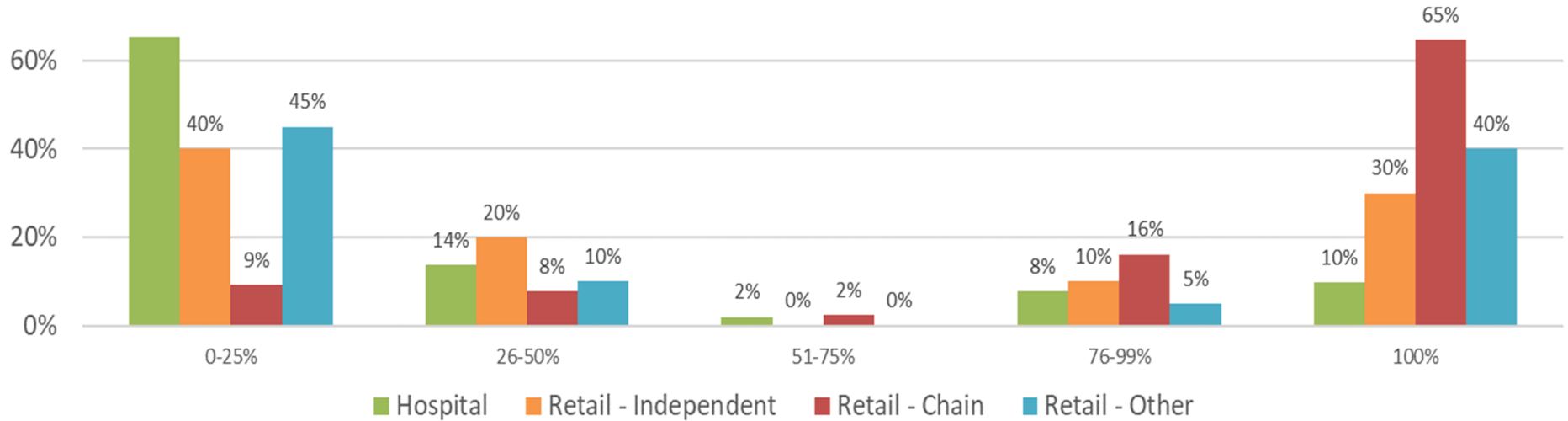


## Pharmacists obligated to perform tasks that should be delegated to Techs

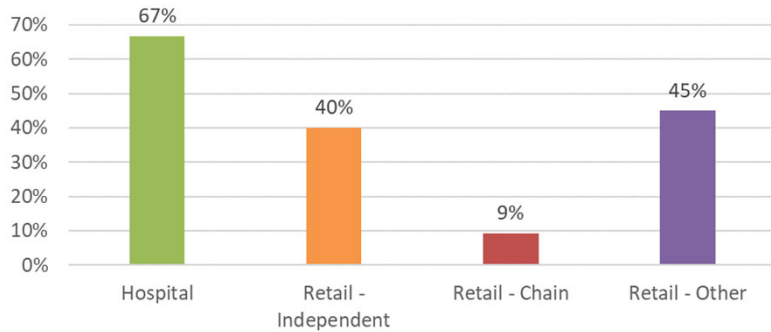


# Sole Pharmacist on Duty

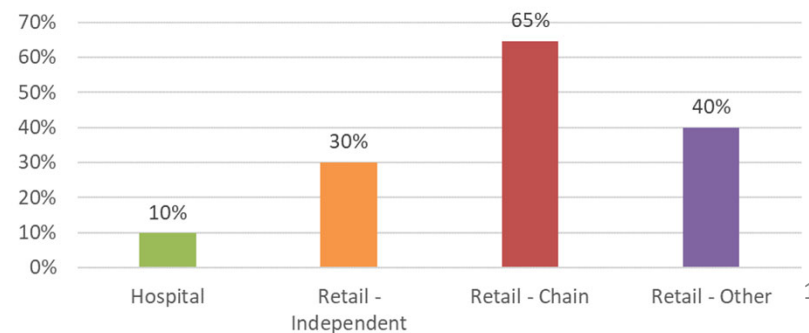
When working a shift for 8 or more hours, what percentage of your shift are you the sole pharmacist on-duty?



## 0 - 25% of the time

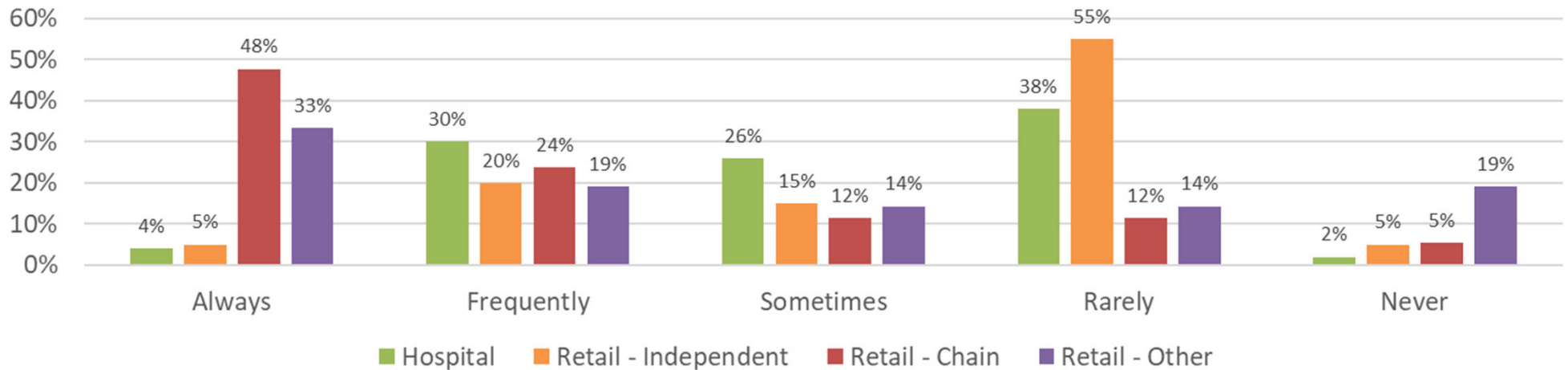


## 100% of the time

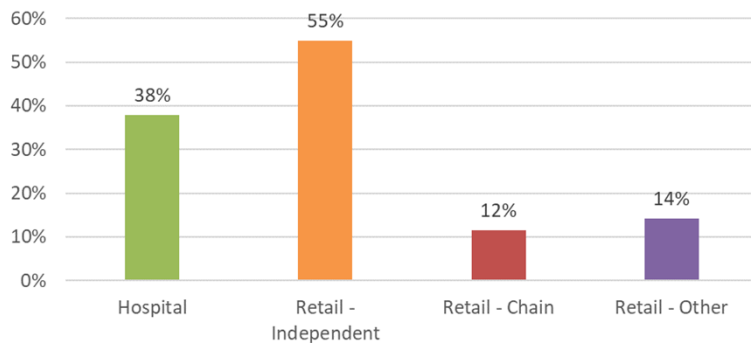


# Before or After Work Hours

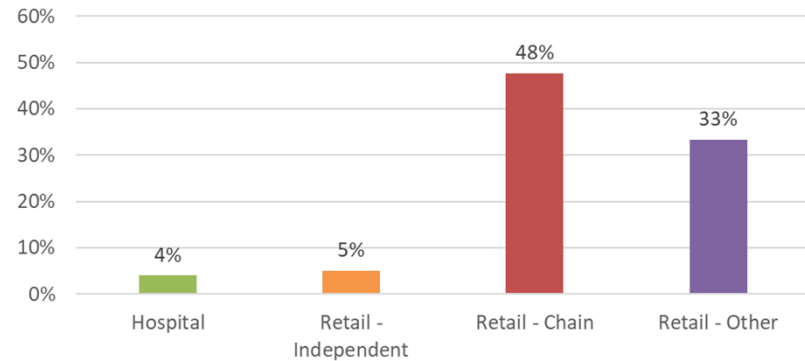
*In a 5-day work week, how often do you work before or after your scheduled shift in order to complete necessary work?*



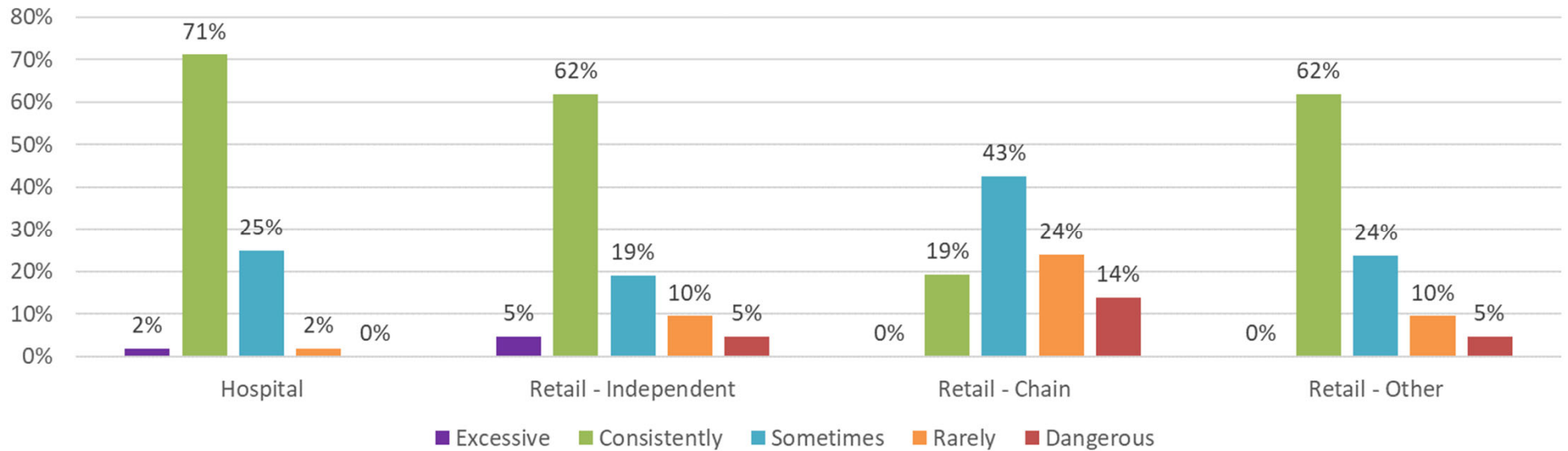
**Rarely**



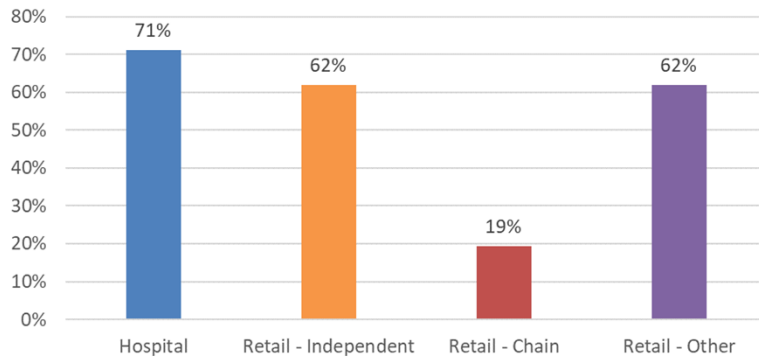
**Always**



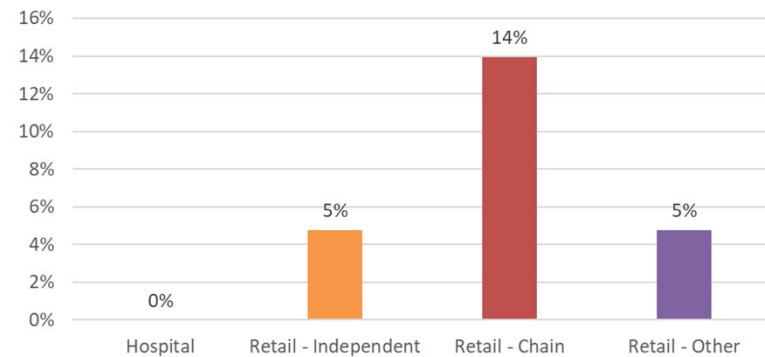
# Number of Pharmacists on Duty Adequate to Provide Safe Patient Care



## Consistent

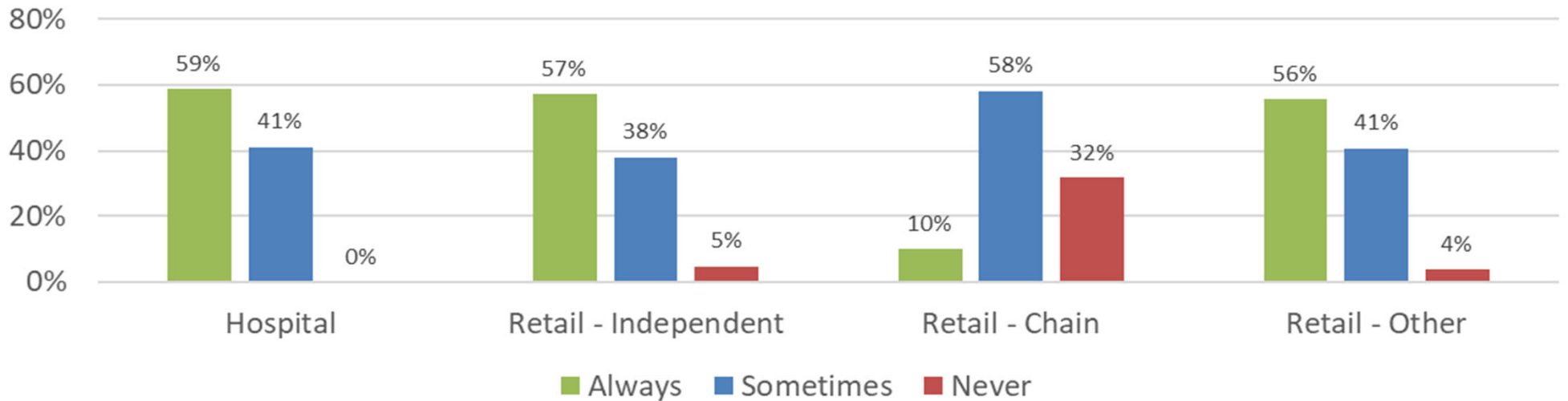


## Dangerous

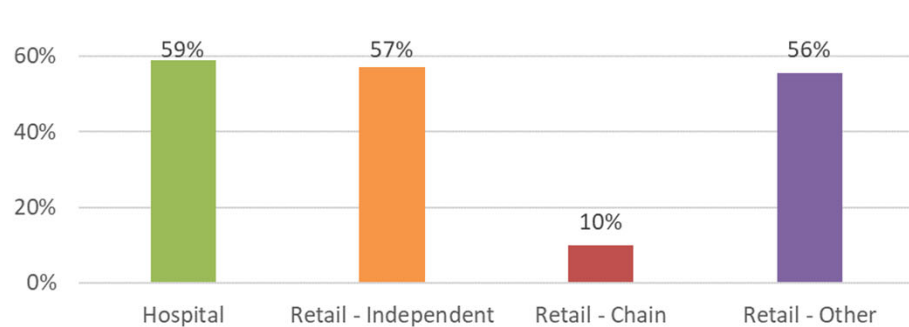


# Working Conditions and Patient Safety

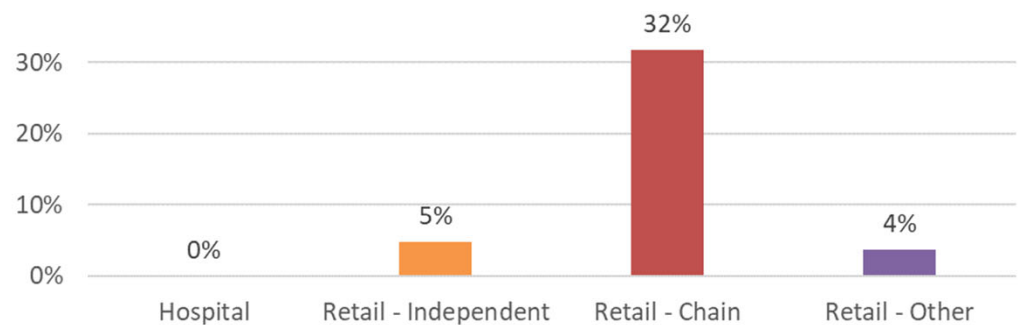
*Are working conditions compatible with competent/safe pharmacy care?*



**Always**

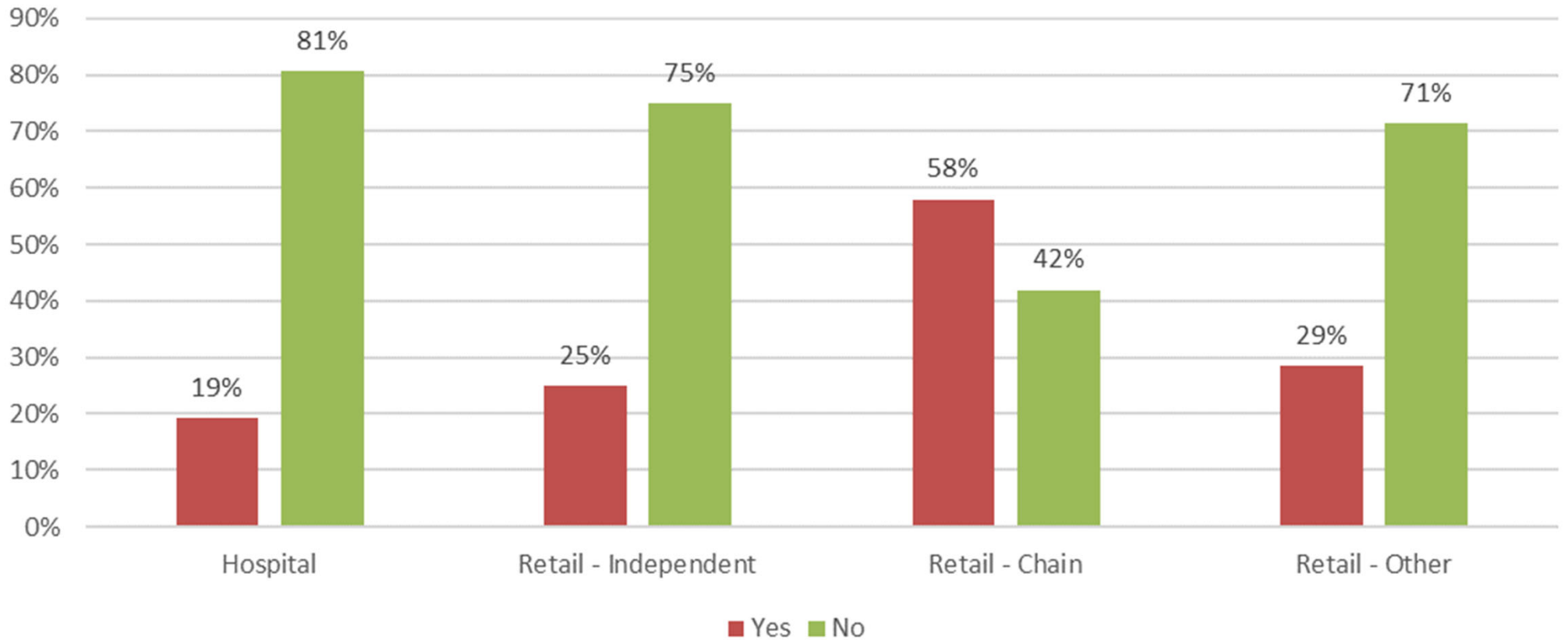


**Never**





# Considered Leaving Position Due to Patient Safety Concern



## *Next Steps*

*Rule Making*

*Additional Surveys*

*Pharmacy technicians*

*Drill-down, setting-specific*

*Legislation*

*Enforcement*

# Rule Making

- Illinois

- <https://www.idfpr.com/PROFS/Meetings/Reports/Collaborative%20Pharmaceutical%20Task%20Force%20Report%2010%2011%202019.pdf>
- <https://www.ilga.gov/legislation/publicacts/101/PDF/101-0621.pdf>

- California – 9/25/20 “No Pharmacist Left Alone”

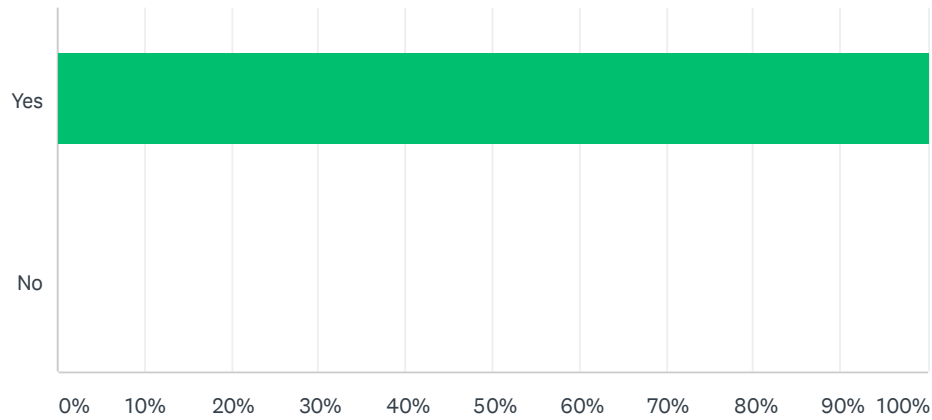
- [https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201720180SB1442](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB1442)

- Collaborate with other Boards of Pharmacy

- NABP EO Interactive Forum – Canadian and US Boards have shared their efforts and want to coordinate efforts to highlight this widespread issue that needs national/federal-level attention

## Q1 Do you currently work in Vermont as a licensed pharmacist?

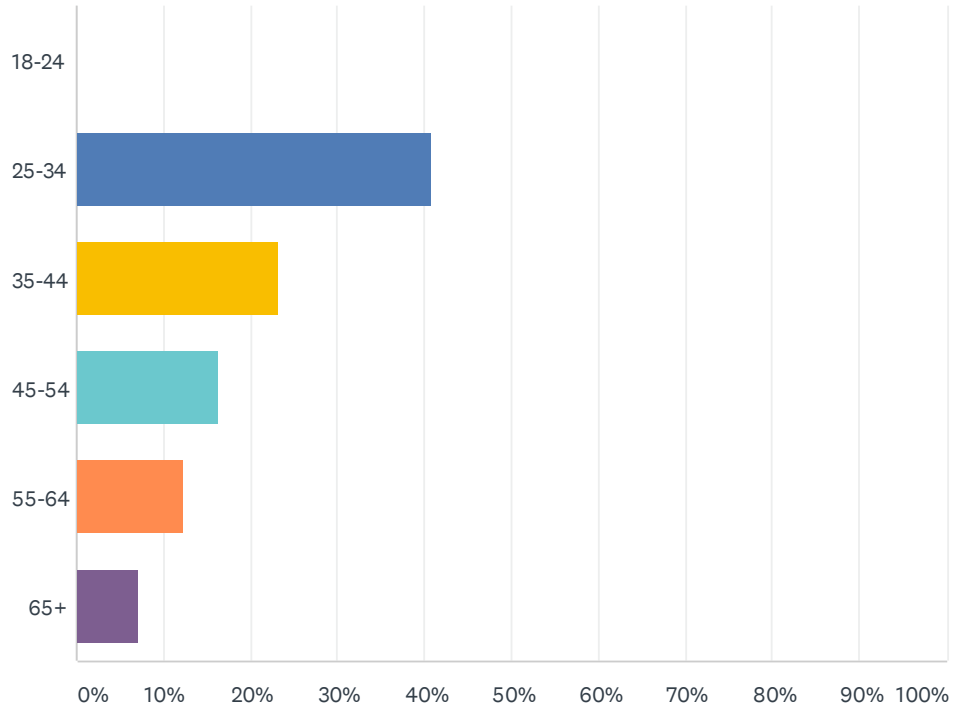
Answered: 251 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	251
No	0.00%	0
TOTAL		251

## Q2 What is your age?

Answered: 250 Skipped: 1



ANSWER CHOICES	RESPONSES
18-24	0.00% 0
25-34	40.80% 102
35-44	23.20% 58
45-54	16.40% 41
55-64	12.40% 31
65+	7.20% 18
<b>TOTAL</b>	<b>250</b>

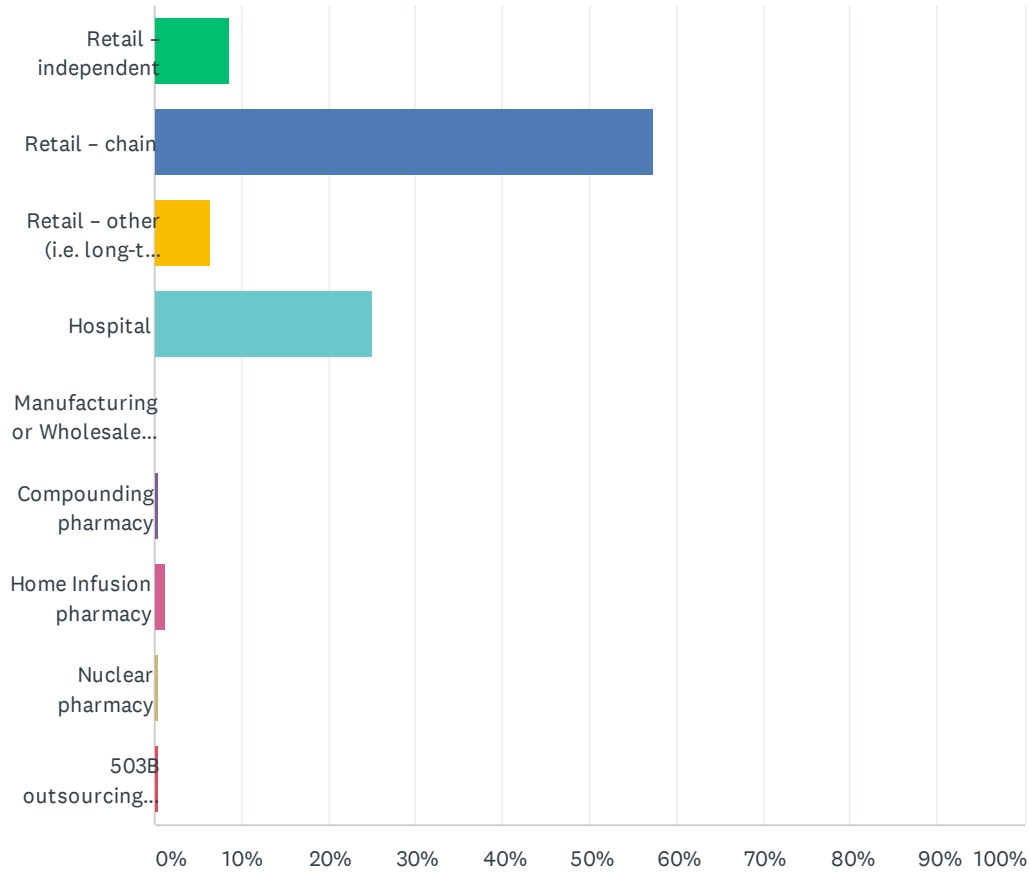
Q3 For how many total years have you worked as a pharmacist, whether in Vermont or elsewhere?

Answered: 249 Skipped: 2

Question calls for a personalized or narrative response.  
Responses are available upon request.

## Q4 In which pharmacy setting do you practice?

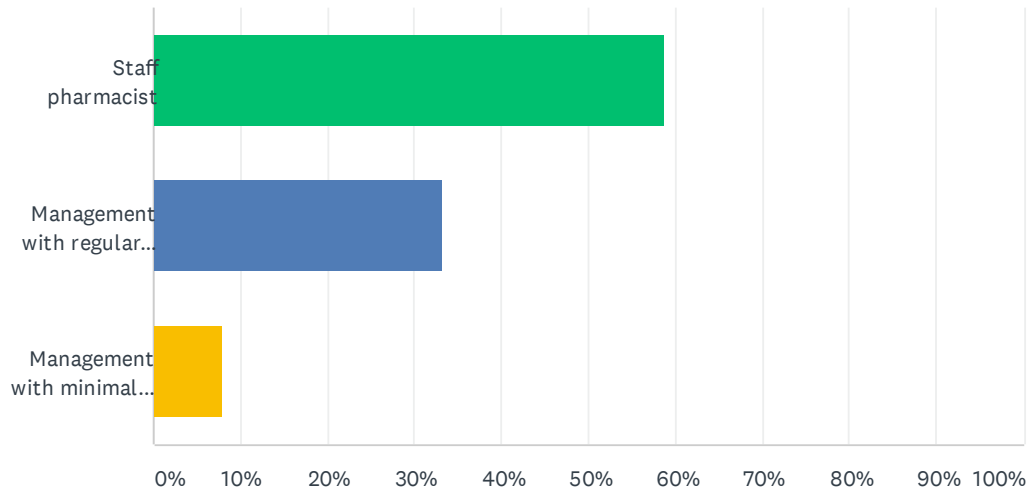
Answered: 246 Skipped: 5



ANSWER CHOICES	RESPONSES	
Retail – independent	8.54%	21
Retail – chain	57.32%	141
Retail – other (i.e. long-term care pharmacy, mail order pharmacy, other)	6.50%	16
Hospital	25.20%	62
Manufacturing or Wholesale Drug Outlet	0.00%	0
Compounding pharmacy	0.41%	1
Home Infusion pharmacy	1.22%	3
Nuclear pharmacy	0.41%	1
503B outsourcing facility	0.41%	1
<b>TOTAL</b>		<b>246</b>

## Q5 What title best describes your current role?

Answered: 250 Skipped: 1

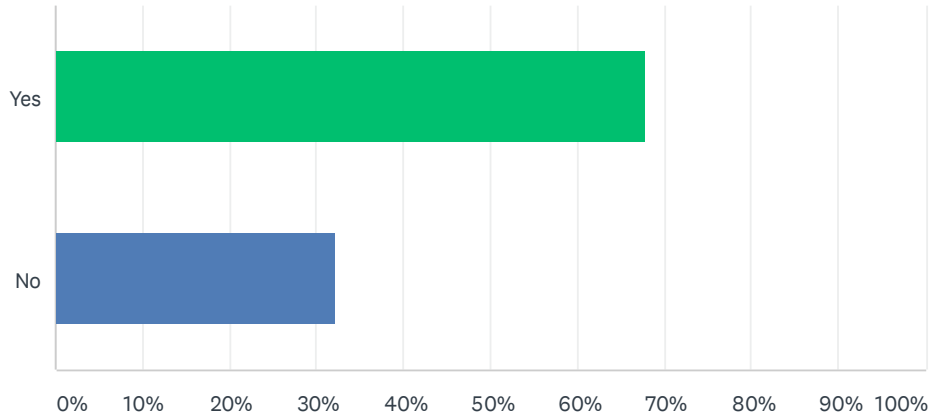


ANSWER CHOICES	RESPONSES	
Staff pharmacist	58.80%	147
Management with regular staffing duties (management of other pharmacists as well as techs)	33.20%	83
Management with minimal to no staffing duties	8.00%	20
<b>TOTAL</b>		<b>250</b>



## Q6 Have you ever served as a designated pharmacy manager?

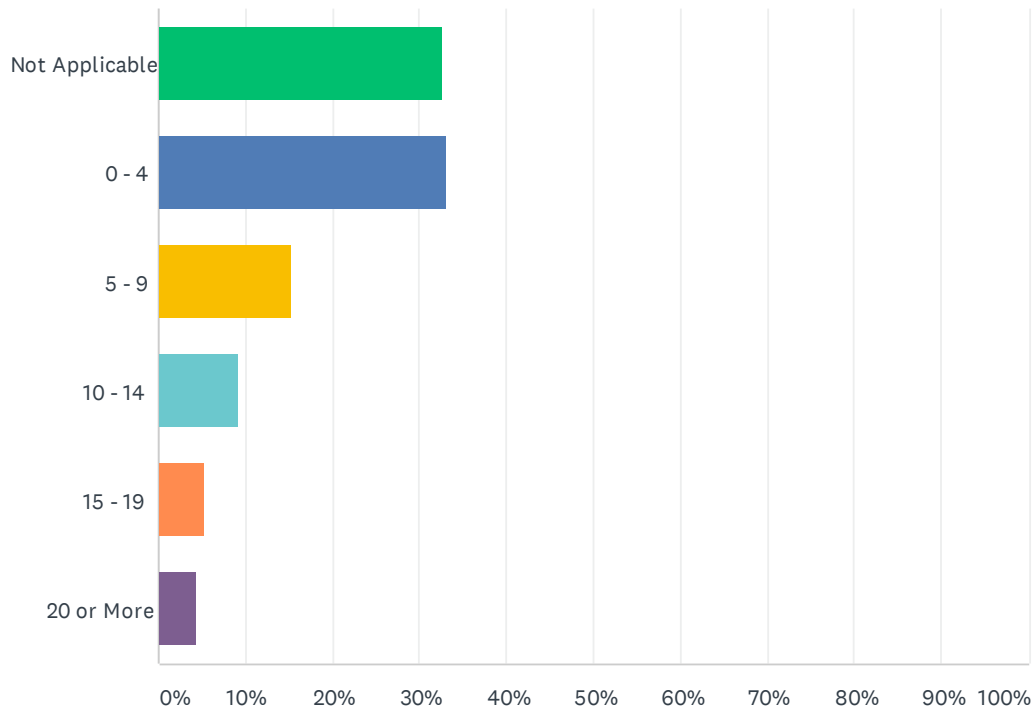
Answered: 251 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	67.73%	170
No	32.27%	81
TOTAL		251

## Q7 If you answered yes to question 6, for how many years have you served as a pharmacy manager?

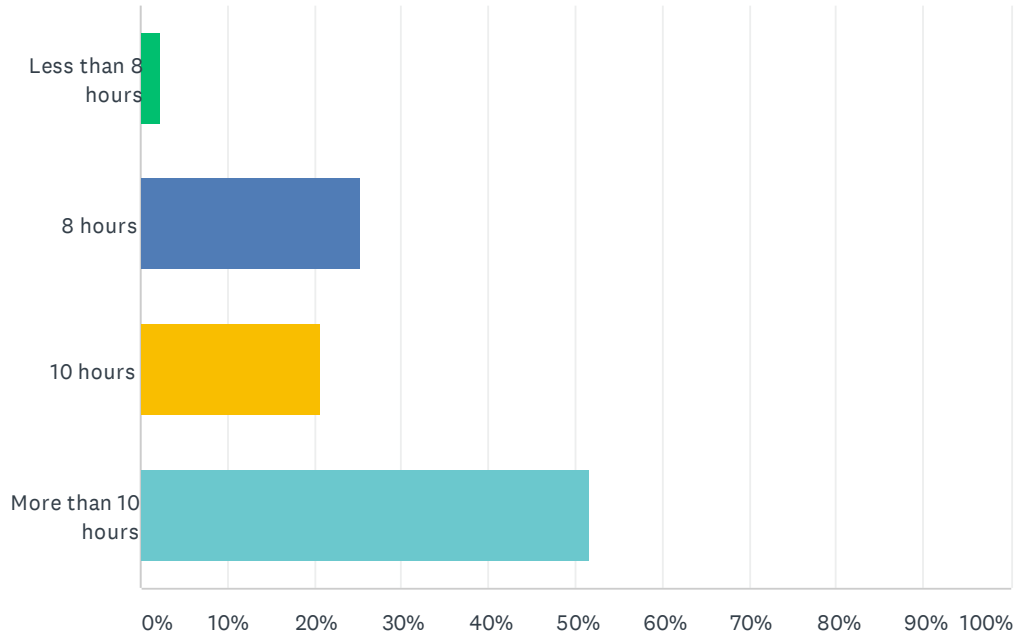
Answered: 248 Skipped: 3



ANSWER CHOICES	RESPONSES	
Not Applicable	32.66%	81
0 - 4	33.06%	82
5 - 9	15.32%	38
10 - 14	9.27%	23
15 - 19	5.24%	13
20 or More	4.44%	11
<b>TOTAL</b>		<b>248</b>

## Q8 How long is your typical shift?

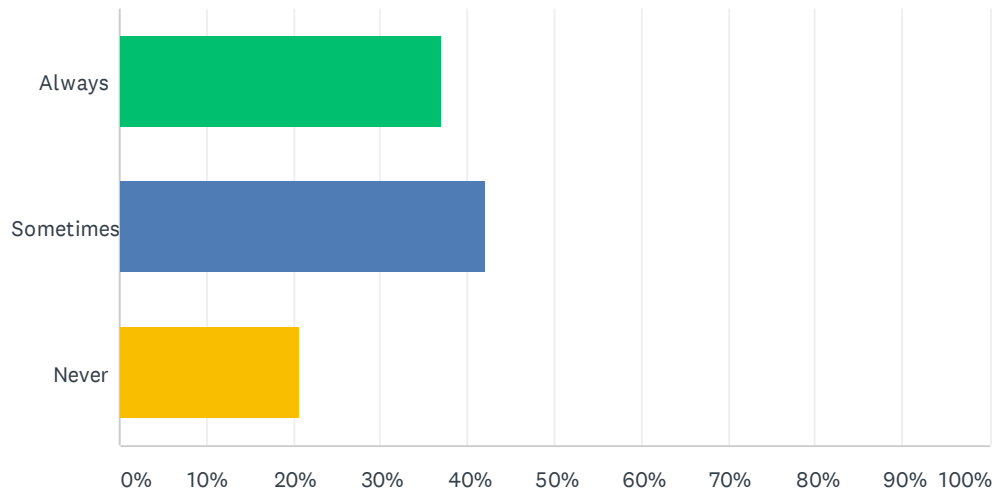
Answered: 221 Skipped: 30



ANSWER CHOICES	RESPONSES	
Less than 8 hours	2.26%	5
8 hours	25.34%	56
10 hours	20.81%	46
More than 10 hours	51.58%	114
<b>TOTAL</b>		<b>221</b>

### Q9 In practice, how often do you actually take a meal or rest break in each eight-hour shift?

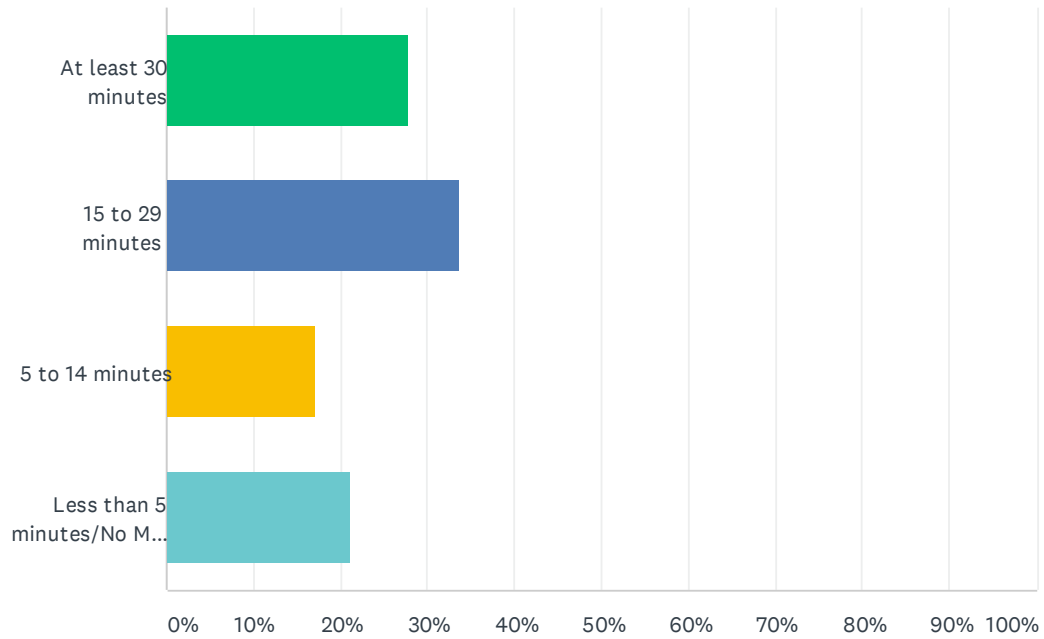
Answered: 221 Skipped: 30



ANSWER CHOICES	RESPONSES	
Always	37.10%	82
Sometimes	42.08%	93
Never	20.81%	46
TOTAL		221

## Q10 How long is your typical rest or meal break?

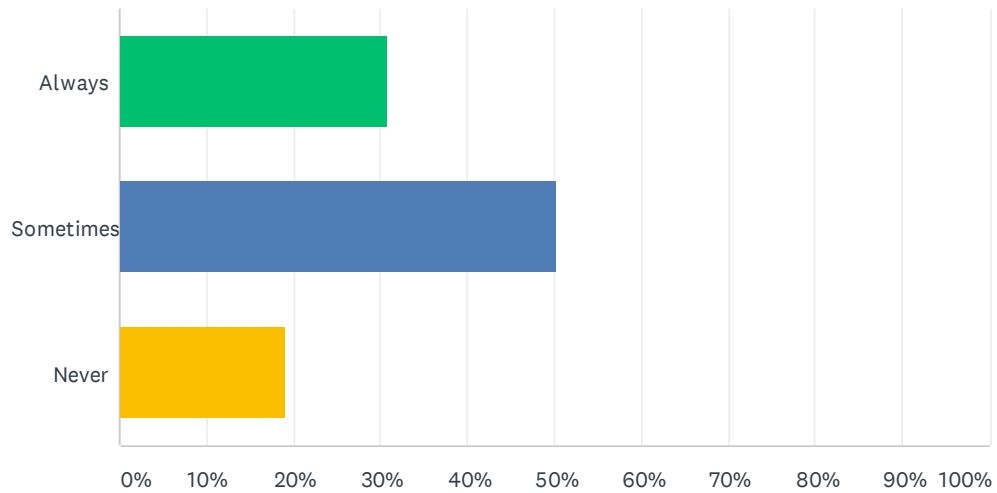
Answered: 222 Skipped: 29



ANSWER CHOICES	RESPONSES	
At least 30 minutes	27.93%	62
15 to 29 minutes	33.78%	75
5 to 14 minutes	17.12%	38
Less than 5 minutes/No Meal Break	21.17%	47
<b>TOTAL</b>		<b>222</b>

## Q11 In your opinion, are working conditions compatible with the provision of safe and competent pharmacy care?

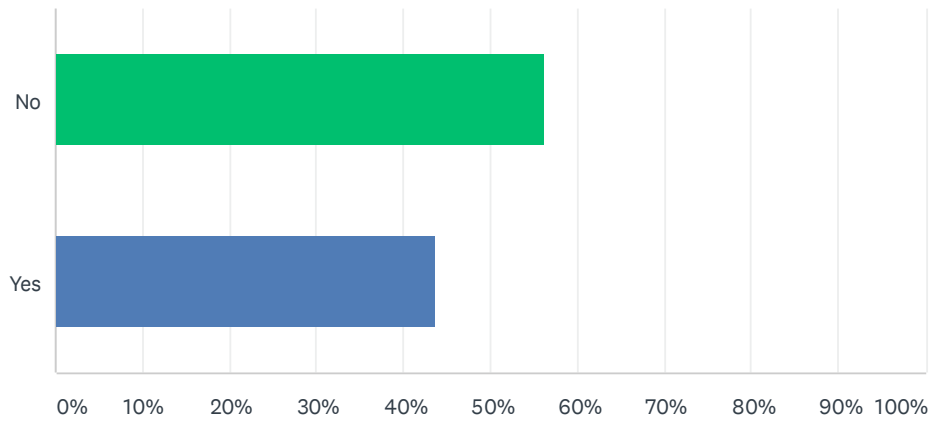
Answered: 221 Skipped: 30



ANSWER CHOICES	RESPONSES	
Always	30.77%	68
Sometimes	50.23%	111
Never	19.00%	42
TOTAL		221

## Q12 In the past five years, have you left or considered leaving a pharmacy position because of patient safety concerns?

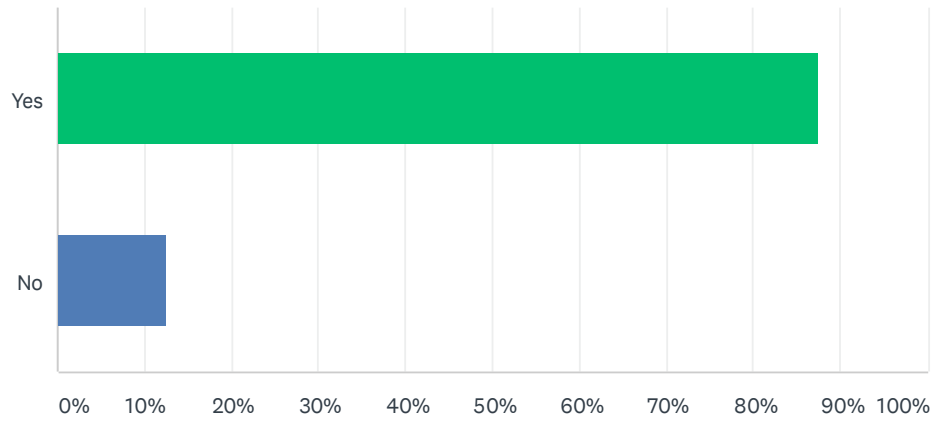
Answered: 222 Skipped: 29



ANSWER CHOICES		RESPONSES	
No		56.31%	125
Yes		43.69%	97
TOTAL	TOTAL		222

### Q13 Do you know what a quality assurance program is?

Answered: 222 Skipped: 29

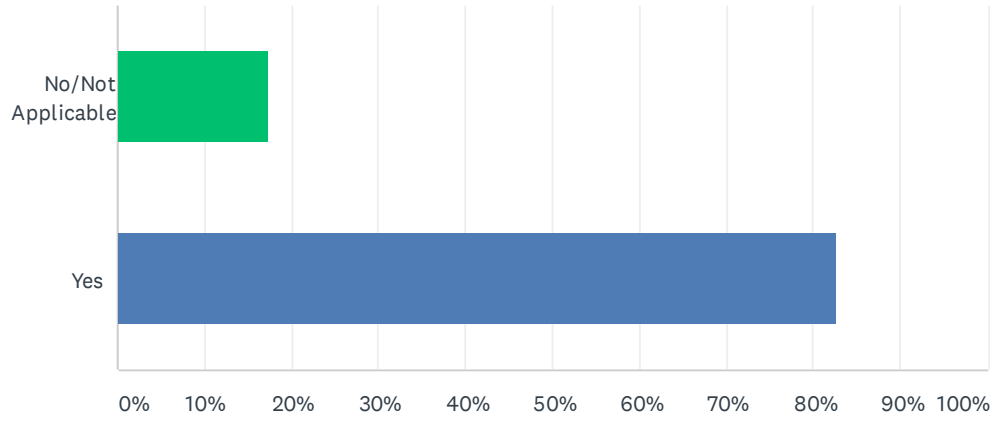


ANSWER CHOICES	RESPONSES	
Yes	87.39%	194
No	12.61%	28
TOTAL		222



### Q14 If you answered yes to the previous question, does your workplace have a quality assurance program?

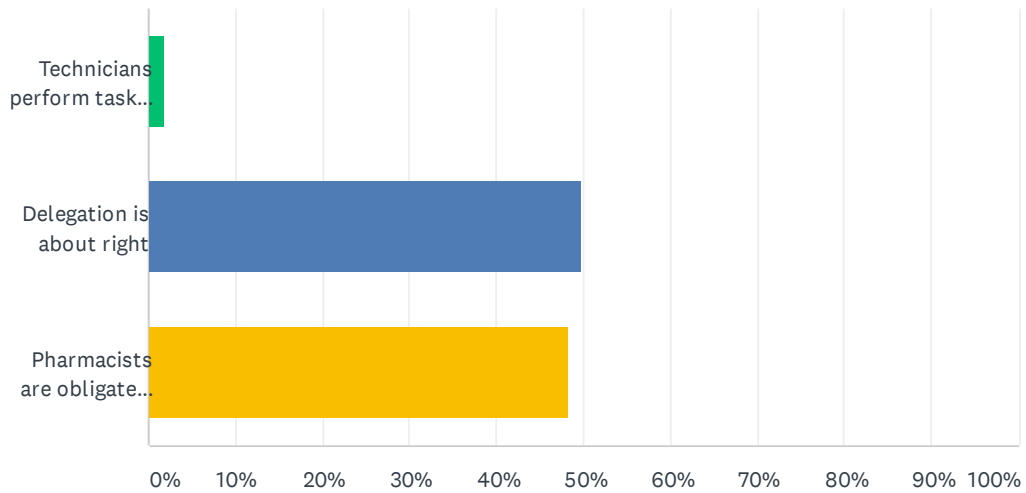
Answered: 218 Skipped: 33



ANSWER CHOICES	RESPONSES	
No/Not Applicable	17.43%	38
Yes	82.57%	180
TOTAL		218

## Q15 Please select the best description of the scope of duties delegated to pharmacy technicians in your workplace

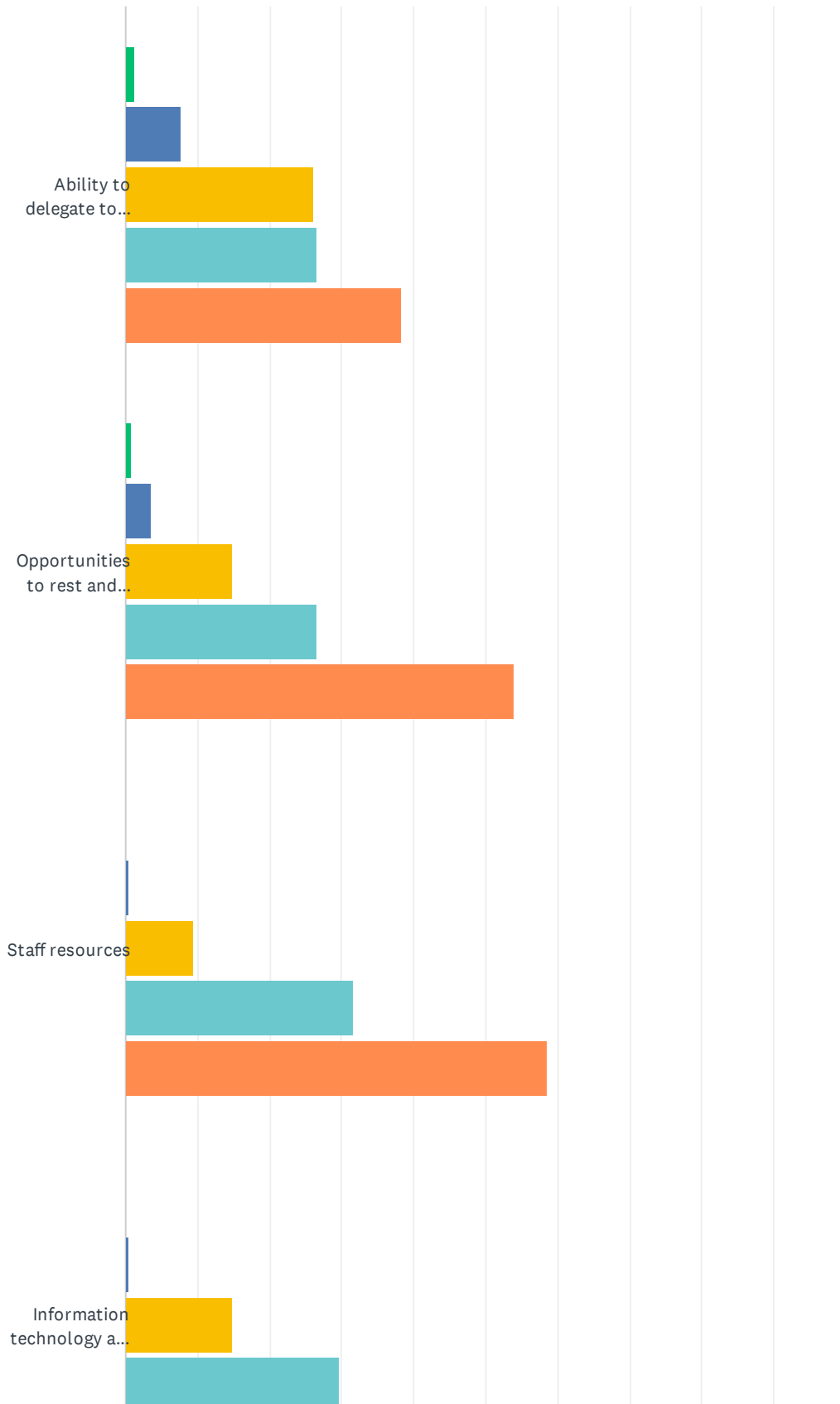
Answered: 221 Skipped: 30



ANSWER CHOICES	RESPONSES	
Technicians perform tasks that should be reserved for pharmacists	1.81%	4
Delegation is about right	49.77%	110
Pharmacists are obligated to perform tasks that can and should be delegated to technicians	48.42%	107
TOTAL		221

# Q16 How important are the following factors to patient safety?

Answered: 222 Skipped: 29



## Office of Professional Regulation Survey: Pharmacists



	NOT IMPORTANT	SOMEWHAT IMPORTANT	IMPORTANT	VERY IMPORTANT	ESSENTIAL	TOTAL	WEIGHTED AVERAGE
Ability to delegate to technicians	1.35% 3	7.66% 17	26.13% 58	26.58% 59	38.29% 85	222	3.93
Opportunities to rest and refocus	0.90% 2	3.60% 8	14.86% 33	26.58% 59	54.05% 120	222	4.29
Staff resources	0.00% 0	0.45% 1	9.46% 21	31.53% 70	58.56% 130	222	4.48
Information technology and computer systems	0.00% 0	0.45% 1	14.86% 33	29.73% 66	54.95% 122	222	4.39
Management of workflow, in terms of prescription volume	0.00% 0	1.35% 3	9.91% 22	35.59% 79	53.15% 118	222	4.41
An effective continuous improvement program	0.00% 0	6.33% 14	23.98% 53	34.39% 76	35.29% 78	221	3.99

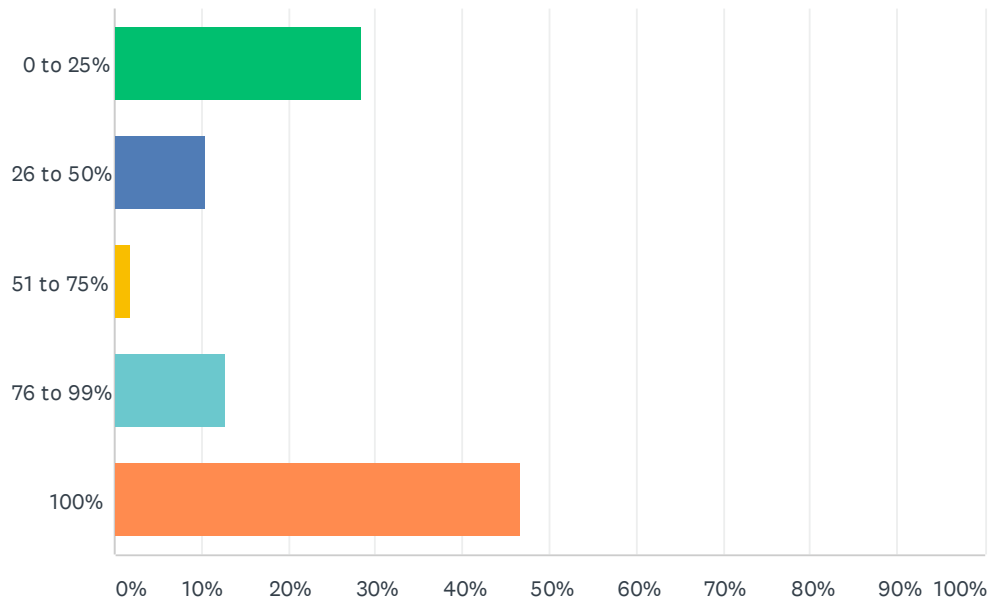
Q17 Is there a factor we have not asked about that belongs on this list?

Answered: 149 Skipped: 102

Question calls for a personalized or narrative response.  
Responses are available upon request.

### Q18 When working a shift for 8 or more hours, what percentage of your shift are you the sole pharmacist on-duty?

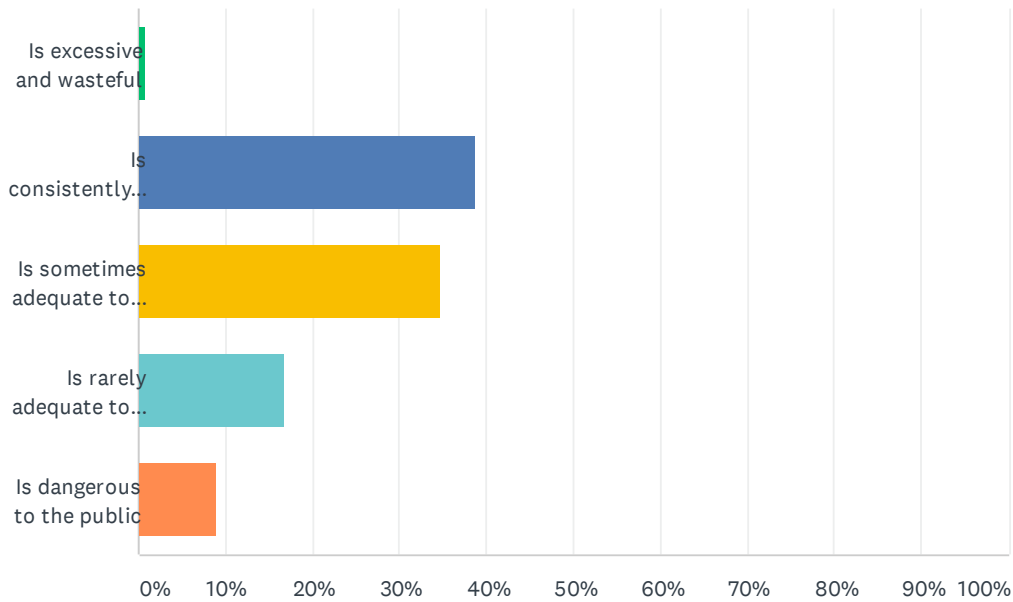
Answered: 221 Skipped: 30



ANSWER CHOICES	RESPONSES	
0 to 25%	28.51%	63
26 to 50%	10.41%	23
51 to 75%	1.81%	4
76 to 99%	12.67%	28
100%	46.61%	103
<b>TOTAL</b>		<b>221</b>

## Q19 In your workplace, do you feel that the number of pharmacists typically on duty:

Answered: 222 Skipped: 29



ANSWER CHOICES	RESPONSES	
Is excessive and wasteful	0.90%	2
Is consistently adequate to provide safe care	38.74%	86
Is sometimes adequate to provide safe care	34.68%	77
Is rarely adequate to provide safe care	16.67%	37
Is dangerous to the public	9.01%	20
TOTAL		222

Q20 How many prescriptions are processed in a typical week at the pharmacy where you work?

Answered: 206 Skipped: 45

Question calls for a personalized or narrative response.  
Responses are available upon request.



Q21 How many other pharmacists are on duty most of your working hours?

Answered: 217 Skipped: 34

Question calls for a personalized or narrative response.  
Responses are available upon request.

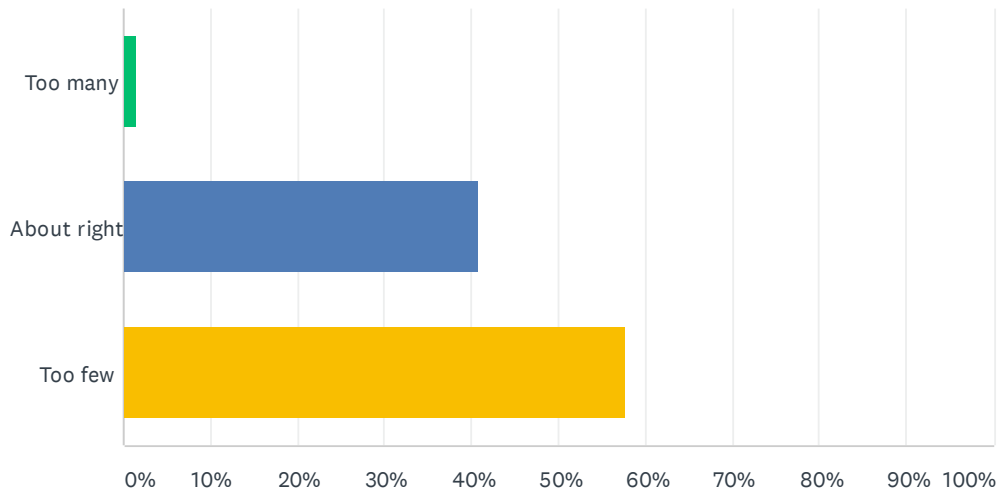
Q22 How many technicians are on duty most of your working hours?

Answered: 217 Skipped: 34

Question calls for a personalized or narrative response.  
Responses are available upon request.

## Q23 In your opinion, indicate the adequacy of the technician to pharmacists ratio in your workplace.

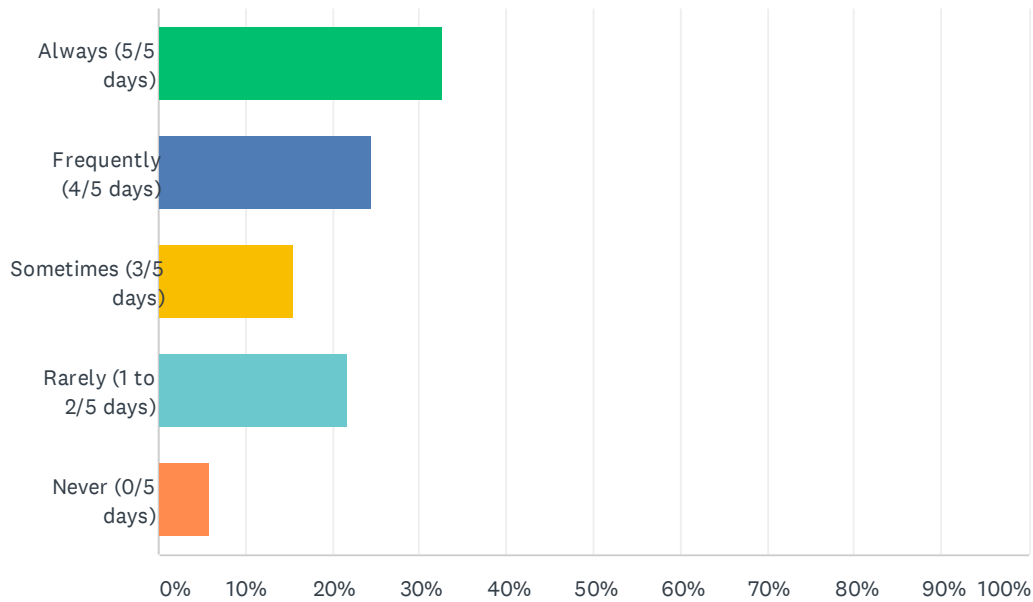
Answered: 218 Skipped: 33



ANSWER CHOICES		RESPONSES	
Too many		1.38%	3
About right		40.83%	89
Too few		57.80%	126
TOTAL			218

## Q24 In a 5-day work week, how often do you work before or after your scheduled shift in order to complete necessary work?

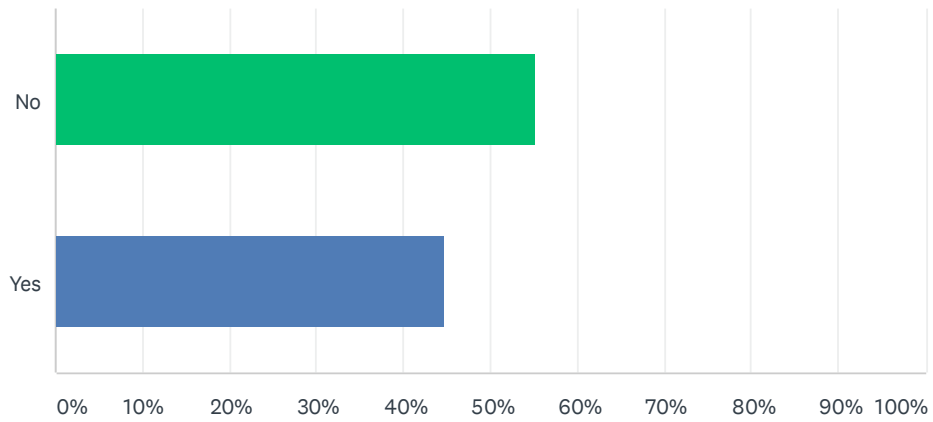
Answered: 221 Skipped: 30



ANSWER CHOICES	RESPONSES	
Always (5/5 days)	32.58%	72
Frequently (4/5 days)	24.43%	54
Sometimes (3/5 days)	15.38%	34
Rarely (1 to 2/5 days)	21.72%	48
Never (0/5 days)	5.88%	13
TOTAL		221

## Q25 Do you have specific concerns not addressed in this survey, or other recommendations to improve Vermont pharmacy regulation?

Answered: 219 Skipped: 32



ANSWER CHOICES	RESPONSES	
No	55.25%	121
Yes	44.75%	98
TOTAL		219

# Appendix D

## RETAIL-CHAIN

In practice, how often do you actually take a meal or rest break in each eight-hour shift?	In your opinion, are working conditions compatible with the provision of safe and competent pharmacy care?	In the past five years, have you left or considered leaving a pharmacy position because of patient safety concerns?	In your workplace, do you feel that the number of pharmacists typically on duty:	In a 5-day work week, how often do you work before or after your scheduled shift in order to complete necessary work?	Do you have specific concerns not addressed in this survey, or other recommendations to improve Vermont pharmacy regulation?
Please Elaborate	Please Elaborate	Please Elaborate	Please Elaborate	Please Elaborate	Yes
Prior to my pregnancy, I never had the opportunity to take a meal or bathroom break. During my pregnancy, I could maybe fit in a granola bar and one quick bathroom break towards the end of the night. I could put up a lunch sign but that doesn't stop patients and doctors from needing me. Because the pharmacy is physically still in operation, offices and patients expect you to be available. At certain point, the stress of the prescriptions on the screen and the ongoing calls/patients coming in causes the day to speed on by along with the meal you were supposed to take and your appetite.	The expectation for pharmacies now is to multitask. While I believe it's important to be able to multitask, it is dangerous for pharmacists to be forced to consistently due to little help, no nutrition in them, never ending metrics...	It is no different from chain to chain, store to store. I could change, for example, from retail to hospital but I didn't go to school to work in a hospital. I love retail and being the neighborhood pharmacist.			I was always a proponent of expanding the role of a pharmacist but with each passing year I find more and more is expected of myself with no adequate resources or time to do so. The BOP can't control what our companies expects of us but the BOP can put into law contingencies to promote a setting where it's pharmacists can create positive patient outcomes. Pharmacists are the most accessible healthcare professionals but it was come to a point where this extreme accessibility may in turn cause patient harm as we are forced to do so much at once.
It's alway peculiar that customers always seem to be most needy just before our break time. If busy, choice may be, take a break and end up staying late.				Just recently there has been an increase of unexpected business and not enough help to meet demands. The need to finish before leaving becomes essential. Due to covid, going in early to disinfect prior to shift	
I used to take my lunch break, but now we are always behind I use the half an hour to fill, or put the order away, try to help the technicians out so we can MAYBE catch up	Short staffing, when I was hired in my store we had 7-8technicians and a cashiers. Right now I have the hour allotment for 4 technicians. We have lost some business but not half of it. It just means I am also a technician. I visual the scrip, I am in putting, doing resolutions, counting, counseling. While my technicians try to manage the customers in line for pick up and on the phone.	Unfortunately I have, however I know that no matter where I go it is all the same. I feel fortunate in my job because I have 4 techs (still sad and understaffed) but there are many others in worse situations.	If we are supposed to counsel, we need two pharmacist. I don't have the time to counsel, vaccinate and ensure the every prescription is 100%. So what do you chose to not do?	I should be 5/5, however I usually say I want to go home to my family at a reasonable time for one night	Please set a limit to how many prescriptions we as pharmacist can fill in a day, or solo. More technicians, means they can give us more tasks. Still not solving our problem of Safty. Look at the Emily jerry case, what happened and the results of it. I don't want to be that pharmacist, errors are so costly to our patients and our mental health as pharmacist. I have given amoxicillin instead azithromycin and it still eats at me, poor little boy was sick longer. I can't imagine making a worse mistake.
We are granted 30 minutes if we are working 9 hours or more. I choose not to take it because if I do I come back 30 minutes behind with multiple calls to make back to customers or doctors and then vaccinations. It also puts me even farther behind in scripts.	There are so many distractions. The technician to pharmacist ratio does not allow the pharmacist to be a pharmacist, in Vermont. Vaccination season makes our job even harder. Some days I am expected to fill 500 scripts, do 70 vaccinations and take all doctor calls and patient counseling with 25 technician hours during a 13 hour shift.	I will always try to NEVER compromise patient safety. However, this means most nights I stay late and come in early on my own time to make up the difference.	I will never compromise work I complete but it may require the customer waiting for me to get the correct product out. Then I sat late to finish the rest of the work.	I will never compromise how I check prescriptions or deny vaccinations....so I make up the time I spend to do the job correctly after we close or before we open the next day.	I just really hope you can help fight the corporate America. Since the closings of several independent pharmacies we have added workload of trying to take on these closures. All my customers, old and new, deserve my full attention and right now there is not enough of me to go around. Please help. Thank you for doing this survey.
█ does not accommodate us to enjoy a meal, they need to close the pharmacy for 30 mins each day like other chains. I am wondering if you can mandate a 30 min closure once daily	we are being pushed to our max, with little tech help I am constantly running and checking rxs as fast as I can, and always doing 2 things at once. we need █ to increase our tech hours.	everyday I worry about hurting someone. I almost left █ last year to go to a UVM specialty pharmacy because of the unsafe working conditions	the number oh pharmacists is not the issue, we need more tech support		we need at least a 2:1 ratio and mandate a 30 minute closure for lunch
Taking a lunch makes an already excessive workload that much more difficult. A pile of people will be waiting for me when I get back, many times they are usually unhappy about that, so I just eat while I work	Some stores don't have the staffing for the volume. It can put lots of pressure on the pharmacist to go faster to meet company goals and reduce the number of angry customers, this is not safe sometimes when under such pressure.	There are particular stores, such as St. Albans █, which I do not want to work at again. My regular location is manageable and I don't want to leave. The job market is tight anyway so I need that job	Yup.		Hold companies accountable for the dangerous situations pharmacists are put in. Look at █ and █ Grocery stores and █ don't have these problems the way the chains do.
Depending on work flow I may get my full lunch. However, some days especially during busy seasons (flu) I may have to work thru my lunch in order to keep up with work flow. Also I will regularly get interrupted by both providers and patients. I have and my technicians have been yelled at by angry providers and patients that they have to wait or have to call back because I am on lunch. I am also a breastfeeding mother that has to pump at work which is almost next to impossible to be able to walk away from the bench for that long. I should be pumping 3 times a day but am only able to manage to pull myself away twice if I'm lucky.	Some days I am able to work safely. Other days are almost impossible.		During normal seasons I feel we are adequate but during busy seasons (flu) it can be busy enough to warrant a second pharmacist to just give vaccinations all day.	I rarely have to stay late, however I work VERY VERY hard during the day and that's where I skip lunch, and must do technician work and wear all hats in order to not have to stay late. If I didn't do those things I would have to stay late in the sometimes to frequently range.	I have 1 concern that wasn't addressed. I feel that from a cultural stand point our patients can have unrealistic expectations as to what is reasonable. An example when a patients stating " why isn't my prescription ready? I watched my doctor send in the prescription on the computer and he said it would be ready by the time I got here" when it's only been 10 minutes since the prescription arrived. That pressure from patients is not helpful to keeping an work environment that is conducive for patient safety. I also have some ideas for potential solutions! Mandatory pharmacy closure for pharmacist lunch unless other pharmacist coverage is provided. implement small breaks where the pharmacy doesn't close, but perhaps the pharmacist is allowed to walk away for 10 minutes to walk around the parking lot or sit down during over 8 hour shifts. Mandatory pharmacy technician and clerks per pharmacist and volume of average prescription. Increasing pharmacist/technician/ hours and compensation requirements during busy seasons i.e. flu or new state mandates (COVID testing) etc.

<p>We are assigned a 1/2 hour meal slot, but sometimes due to staffing or phone calls, business at the counter, etc, we do not get this entire 30 minute break. Customers also frequently complain if the pharmacist is at lunch, therefore we take our meal breaks at the same time each day, to try to accommodate them.</p>	<p>I do not always feel that we are adequately staffed in terms of technician help. There are hours when I work by myself, which is usually okay, but occasionally I get behind and feel pressured to hurry by customers. I don't think that I give in usually, but having someone harassing the pharmacist about hurrying isn't helpful nor safe. Our chain has recently cut technician staffing models, and I do not feel that we are adequately staffed during vaccine season especially. We used to receive "time" in our day to do vaccines, now each prescription counts as the same "time" for staffing, despite the fact that vaccines take at least 3-4 times as long as a regular prescription, usually longer.</p>		<p>Mostly, in my workplace, we are adequately staffed, however others in my chain are not always.</p>	<p>I often come in to clean up after floater pharmacists, and sometimes early when I know it's going to be a busy day, so as not to put more stress on myself. My partner stays almost daily, even if it's just for 15 minutes, it shouldn't be necessary.</p>	
<p>it is an option but the job piles up and with pharmacist doing vaccination, you are pulled in many directions and the company would not even sanction appointment procedure, they prefer walked in</p>		<p>its about the need for support or additional staff</p>		<p>always 1- 2 hours after the pharmacy closes in order to catch up and obviously not paid since it is considered salaried</p>	
<p>I get a half hour lunch but being chronically short staffed I work through my lunch more than half of the time.</p>	<p>something needs to be done about minimum staffing requirements and the amount of extra services that are expected of pharmacists.</p>		<p>It would be adequate most of the time if we had enough tech help. When we are consistently 2 techs short the pharmacist is doing many tasks that a tech should be doing.</p>	<p>It has gotten a little better with some newer technology but I use to work late sometimes up to 3 hours to get the work done.</p>	
<p>Due to staffing shortages, increased prescription volume and recent cuts to hours of operation I feel like there's no option but to work through lunch at this point. The lack of staffing is further compounded by an incredibly busy flu vaccine season. Since the pharmacy remains open during the lunch break I don't feel morally right with leaving my technician by herself for my lunch. I think the pharmacy should be required to fully shut down for lunch break.</p>	<p>I ensure that pharmacy is being practiced safely but unfortunately this means that there are substantial delays in prescription processing. Often this means patients may not get a prescription until several days after we receive them it. I prioritize urgent medications such as antibiotics. I also have to skip many of my breaks and stay up to 2 extra unpaid hours daily to make up for the lack of staffing. If I had prescriptions ready on time and didn't put in a substantial amount of extra hours this would not be a safe environment to practice pharmacy. There should be an elaboration in the statute regarding what is considered safe staffing levels (i.e., minimum number of pharmacist/tech hours per prescription volume). Also pharmacy managers at [redacted] are required to work 84 hours on the bench bi-weekly. With the increase of 7 hours biweekly compared to most pharmacies, coupled with the need to stay extra to keep up with the workload, I am getting burned out and am concerned that if something doesn't change this will impact my work and the work of other pharmacy managers</p>	<p>I have considered leaving ever since [redacted] acquired [redacted]. They've made substantial staffing cuts despite an increase in prescription volume. They also require us to do many unnecessary tasks focused on metrics that distract us from the primary focus of patient care.</p>	<p>During flu vaccine season it is not reasonable for a pharmacist to check the same volume of prescriptions. Vaccines take a substantial amount of time from the bench. Two pharmacists should be on to facilitate vaccines</p>	<p>I usually come in an hour early and stay 20-60 minutes after my shift and frequently skip lunch. On Sundays I typically stay 3 to 4 extra hours to catch up on managerial tasks and filling prescriptions from earlier in the week</p>	<p>A pharmacy district manager should be required to be a pharmacist. My district manager doesn't understand how a pharmacy runs and also lacks comprehension of pharmacy law. This results in a lack of support and recommendations that are incompatible with pharmacy practice. [redacted] also has a very impractical way to bill secondary insurance. This means that there are often delays in prescriptions and also prescriptions that aren't billed through the secondary plan by mistake. Many patients with dual insurance are elderly and/or disabled and may not understand that their prescription isn't being billed properly.</p>
<p>It wasn't until earlier this year that I started actually taking a 30 minute break. It was actually done because we needed to force our technician to take a break, but it now occurs. Prior to this it virtually never happened.</p>	<p>At best, yes. As of late, virtually never.</p>	<p>I have not left my position but I have strongly considered seeking alternative employment. Although I thought "I've wanted to leave for self-preservation," I realized the issues actually arise due to me trying my best to never compromise patient safety, and this sometimes conflicts with the sheer number of tasks I need to accomplish.</p>	<p>Up until recently, I only really worked in my home store. I would say in most cases, in my home store, only one pharmacist is needed. Due to structural changes, I've now been working at nearby stores once every couple weeks. It's been in these stores, with the flu season in full effect, that it has felt nearly impossible to fulfil all of my work duties in a safe, timely manner.</p>	<p>Currently it's been a bit more, closer to all the time, but outside of flu season/this pandemic, I am normally able to get out of work on time without needing to go in too early.</p>	<p>I appreciate the opportunity to answer this survey, and hope the results can lead to some meaningful change to working conditions. It has gotten to the point where I legitimately feel like organizational changes are being made to upset employees in an attempt to get people to quit. I haven't figured out why they would want all of their employees to quit, I just can't understand the rationale for some of the decision-making going on.</p>
<p>Normally, I would take a meal break however lately, it has become difficult to justify it due to massively increased business. Sometimes I gobble a protein bar in the consultation room though.</p>	<p>As of recently, and due to a massive business increase, I feel pharmacy conditions for safe and competent care are eroding.</p>	<p>I want to work in an environment where I have time to attend to each patients needs properly and right now, that is truly impossible.</p>	<p>Before the increase in business, one pharmacist was sufficient. But now that is just not the case. 2 are needed as one is almost always preoccupied with flu shots and phone calls, and the other focuses on filing prescriptions. Unfortunately, this is rarely the case as of late, that there is adequate staffing of pharmacists.</p>	<p>Patients are coming to the pharmacy non-stop right now, right up until the gate closes. So even after the last has left, there is still quite a mess to clean up (putting away stock bottles, taking out trash, filing paperwork, etc). All of these things would normally happen over the course of the day, however we are currently too busy to afford such luxuries. And to leave them behind for the next pharmacist would be inconsiderate, as they also will be too busy to complete these tasks in a timely manner. I am not paid for this extra time spent. I do it as a courtesy to those who will work that store after me.</p>	<p>I am concerned that the recent buyout of local pharmacies was done too rapidly to safely accommodate patient care, and that this rapidness may have violated state pharmacy laws. It has let to a great suffering from patients and pharmacists alike. I think you should survey pharmacists about their workload and ask if they think the amount of tasks/Rx their given to complete on a daily basis are reasonable considering their level of support (# of technicians, resources, etc). At this time, I would certainly say that is not the case for many of us. Please help us.</p>
<p>Usually do but at least once weekly I am interrupted and must return to bench during assigned lunch break.</p>	<p>We never feel "safe". There is not even a safe place to go in the pharmacy in the event of an active shooter. There are too many distractions, in the name of 'accessibility to the pharmacist', in the retail setting. Too many 'corporate programs' required that do not have a direct effect on patient interaction. I know they have a 'direct effect' on the bottom line but take away from time for direct interaction with patients.</p>			<p>Corporate does not allow you to be in the site after hours so I leave each day knowing the necessary work is NEVER completed.</p>	<p>There should be regulation regarding how many scripts (and now immunizations) one pharmacist can humanely and safely do in a shift. We are being pulled in too many directions for a single pharmacist setting any more.</p>

Staffing situation is so dire and skewed towards being understaffed I almost never take a break. If I do (maybe once a month) it's out of sheer desperation and solely so I can get through the shift without having a complete panic attack.	Two years ago I would have said yes. Right now the situation is worse than I have ever seen it. The pressure to do everything at warp speed and do 10 things at once is so great it's impossible not to give in to it at times. They used to give us 1 tech hour for every 13 prescriptions we did, now our new "algorithm" that determines our staffing help will have us get one tech for every 22-26 prescriptions. And that's on top of doing up to 24 immunizations a day. Never any RPH overlap. Not enough time to follow safety and COVID related protocols, not enough for adequate clinical review of therapies, not enough for proper compliance with state regulations (constantly falling behind on CS inventory etc), not enough time for thorough follow up with providers when needed.	Every single day.			Do you have all day? I could write a novel. Has anyone from the board walked through a [redacted] lately? A [redacted]? How about during flu season. Come see the stress on our faces, come see our techs on the verge of panic attacks. Pharmacies should be staffed and run so that they can handle their workload. Not so the pharmacist goes home every night and prays that they don't make a mistake. I had a conversation with my peers the other day about purchasing additional liability insurance because we all feel it's a question of 'when' not 'if.' That's not okay. I shouldn't have to make the decision to not take a break because I know it's time I'm going to have to stay late to catch up. I shouldn't get mastitis from failing to pump for my newborn baby often enough because some corporate algorithm won't take into account the pharmacist is a nursing mother. We need the board to take a stand and not let the corporations take complete advantage to maximize profits margins with the health and wellbeing of Vermonters caught in the crosshairs. Please help.
since flu season began there is barely time to take a bathroom break or to drink a sip of water. Meals are not an option work load does not allow for it	Not enough help, too many demands, work load too great to deliver high quality comprehensive pharmacy services	i stepped down from position of pharmacy manager to take on position of floater staff pharmacist			Pharmacies should have a minimum staff requirement based on volume and demands. Increasing our immunization age range without mandating sufficient staffing is increasing pharmacists work load to a dangerous level.
I have never taken a lunch break	There is no designated/enforced break for pharmacists. I am exhausted, hungry and frustrated after every single shift	Administering a record number of immunizations on top of normal workflow is almost impossible	Doing 100% of the work will lead to errors. It's only a matter of time.		The incorporation of pediatric immunizations will be detrimental to the health of every pharmacist
I always take my 30 min. Lunch	Many interruptions			I go in 30 minutes early when I open the store to prepare for the day. I rarely stay after the shift ends.	
There is always too much work to do. I try to take 15 minutes for a meal but it usually ends up being 5 minutes. On Saturday or Sunday I can take a rest break but during the week, it is impossible.	When the pharmacy volume increases in September and October and people come in for flu shots, I don't think the working conditions are safe. There are too many demands on the pharmacist to fill prescriptions, do flu shots and properly counsel patients.	I love working as a pharmacist and I understand the business needs of the large chains but there has to be a better way to operate safely.			
Our pharmacy has a posted meal break time for pharmacist but the pharmacy does not close and I am frequently interrupted by either doctor calls or patient questions that the tech on staff can not answer. I often find it too busy after returning from lunch that I tend to eat quickly and get back to work as quick as possible to prevent a backlog of work.	Typically staffing is too minimal to handle high volume time periods and there is not adequate time to spend the desired amount of time counseling patients. Especially during flu shot season, I just feel rushed to complete the next flu shot or prescription to quickly move on to the next in line.	I left [redacted] pharmacy because the prescription volume required of one pharmacist I felt was beginning to jeopardize patient safety.			As the board considers broadening the scope or responsibilities of retail pharmacists (ie. child immunizations, testing for COVID, etc) it is important to consider the current workload at most chain retail pharmacies. While retail pharmacies provide an easily accessible healthcare site for the general public it is not feasible to continue to increase pharmacist workload and responsibility without making a concerted effort to provide adequate staffing to complete such tasks. Any attempt to add additional responsibility without acknowledging the current overwhelming workload will only further increase the potential for adverse patient outcomes.
	It is total chaos, and corporate has unreal expectations disguising certain requirements as way of improving patient outcomes, but all they do is reduce the already tragically understaffed technician hours available to help fulfill our patients' needs	In the last 4 months the equipment/software used in my store has catastrophically failed several times. 1. Both leaflet printers broke rendering us unable to fill scripts, to which the help desk said "we will send someone out when we can". This left me needing to makeshift a printer out of components of the 3 broken printers in the store. 2. Our label makers wouldn't work with our fill stations. This was a significant issue that lead to us not being able to barcode scan bottles to produce labels, and sent us back to the dark ages of visual NDA verification. Doing 300 scripts a day, this is totally unsafe and bypassing a prominent safety feature. They were broken for 7 days before being fixed. It wasn't till I sent an email to my boss explaining my concern for patient safety that someone finally came to fix them. 3. Our phones were completely down for 7 days. We couldn't receive calls or make outgoing calls or check voicemail. We were told it was a known issue and they were working on it. This put unnecessary risk in higher risk populations for exposure to COVID because they would have to come in	I'd say it's more likely between the dangers and rarely adequate to provide safe care level. With flu shots it's impossible, I routinely say I feel like I'm going to have a heart attack or stroke at work. I feel obligated to always give my best effort and to help my patients as much as I can, but there are times I have to tell someone I can't give them a shot that day because it's so busy and chaotic. There are times I should be telling patients I can't give them a shot or it will be a long wait, but don't because of fear from corporate.	Once you start staying late you won't stop and corporate would expect it.	
Usually a 1/2 hour lunch break during an 11 hour shift				I show up to work 20-30 minutes prior to my shift. I have always done this and it is my way of organizing my day. As for staying late, it depends on my day. It rarely happens that I stay to finish work.	
I have time to take break to eat maybe on one shift every 2 weeks. Otherwise I don't eat or take one minute to eat something small while doing tasks.	There continues to be less staffing and more tasks and responsibilities.	Increased workload with consistent staff cuts has made me concerned with the pharmacy quality.			Pharmacies are overwhelmed this year with flu vaccines. Many/ most doctors offices aren't giving them this year and the influx of extra people with minimal help is dangerous.



we are told to take a break, but its not worth it because you get so far behind in a busy store. Then you are playing catch up and could end up staying past your shift (unpaid) to get everything done so you dont leave a mess for your partner the next day. During flu shot season it is impossible to take a break. You're lucky if you can sneak in a bathroom break.	Not every day is terrible but over the last year, my company has cut so many hours, both RPh and tech, that I feel the work situation is not safe. There are many days where I leave work praying to God that I didnt make a mistake because the work pace os so fast and unsafe. Im not the manager, yet I routinely come in early and stay late without being paid because I want to make sure everything gets done and I respect my partners. This flu shot season has been just plain brutal. I recently worked a 13 hr shift on a monday in a store that normally fills 400-425 rxs on a monday. I don't mind working the long shift at all, but this day turned into a 14+ hr day from hell with a 1 hr commute each way. I was the only pharmacist and I did 68 vaccinations between 830am and 6pm. I couldnt really verify any prescriptions and it took me over 3 hrs to eat my lunch. Finally, my lead tech said thats enough, and we just told people we ran out of flu shots for the day. I probably left over 200 rxs unfinished. During flu shot season, we really need a 2nd pharmacist to focus on vaccinations.	I have considered leaving but I cant because I have a family to support and RPh jobs are scarce in VT. I consider myself lucky to have a job near my home.		Always go in 30 mins early when I open and always stay between 30 and 90 mins at the end of every shift. I rarely get to leave work on time.	make our pharmacies safer by ensuring we have adequate staffing. Thank you for caring enough to prepare this survey.
Usually there is so much to get done I don't have time to take the break					
If I do take a 30 minute meal break, I am often interrupted. During the fall, [redacted] wants to update patient allergy and health condition information. While this is important to do, prescriptions cannot be sold until the pharmacist clears off a block at the register to ensure that these updates were made. Therefore, during my lunch break I am often interrupted to clear these blocks because otherwise customers have to wait to have their prescriptions rung out. The pharmacy is often understaffed due to a shortage of technicians and therefore I often do not take a break and end up eat while standing up and checking prescriptions.	Most [redacted] locations in Vermont are severely understaffed. Many pharmacy technicians are underpaid and overworked and therefore end up finding employment elsewhere. This causes pharmacists to not only do the work that they need to do, but also the work of a technician. While understaffed, there is increasing pressure to complete a long list of daily tasks all while watching out for company metrics. The focus has gone away from focusing on the safety and health of our patients and more towards cranking out as many prescriptions as possible.		There is very little overlap for pharmacists at [redacted]. Many pharmacy budgets have been cut and therefore, there is little to no pharmacist overlap. Many staff pharmacist hours, myself included, have been drastically cut.	I almost always arrive 30 to 60 minutes early in order to get a jump start on the daily tasks that are expected and almost always stay 30 to 60 minutes after closing to finish up tasks. Lately there has been no ability to actually finish all tasks and all prescriptions, but due to the front store closing time, I must leave with work unfinished.	The only way pharmacists are going to be guaranteed to take their 30 minute lunch breaks are if there is a regulation that the pharmacy must close during that time. Otherwise, pharmacists will rarely ever get to take an uninterrupted break and get continually burned out and exhausted. There should also be a regulation that the pharmacist can never be left to work alone. Working alone without technician or at very minimum pharmacy cashier support is dangerous to the public health. Having to juggle too many things at once creates situations where pharmacists have to rush checking prescriptions which can lead to careless mistakes. I became a pharmacist to help people and to make sure that they are safe and lately it feels that I am working in a fast food restaurant instead of a pharmacy.
too busy to stop and when I do get a break I'm in the office doing paperwork	There is currently a drive to provide services above and beyond the capabilities afforded by staffing models. You are always running to catch up, hardly have time for quality patient care, never reach corporate goals and expectations because they are set so high leaving drug drug interaction reviews and quality patient interventions to be skimmed over or ignored in order to keep your head above water. It is impossible to provide the services with the hours allotted without potential harm to yourself or your community.	with a heavy heart for my community, I just quit my position of 20 years. Taking some time off to figure out what's next		324 hours off the clock in the last calendar year	vaccination of children under the age of 12 would be a great burden placed on the already overworked and over stressed Pharmacy team. It also takes the children out of the Doctors office where early detection of healthcare concerns would be detected and addressed.
Less than once per week will there be enough time to take a meal break					
Sometimes I will use the lunch time to resolve a hard issue or make phone calls since it will be the only quiet uninterrupted time I get. I might not get a break but it will significantly help my workflow for the rest of the day.	It certainly depends on the seasonality of workflow and the amount of competent employees staffed. But for the most part working conditions are unsafe due to corporate and customer pressure on filling orders fast with less pharmacy staff.	Same answer. It certainly depends on the seasonality of workflow and the amount of competent employees staffed. But for the most part working conditions are unsafe due to corporate and customer pressure on filling orders fast with less pharmacy staff.	Very inconsistent throughout all settings. Some retail pharmacies might have decent pharmacist coverage, but most don't and it has become dangerous to work at. Some hospital pharmacies where my spouse has worked at there are too many pharmacists and it is excessive and wasteful. I don't understand the wide gap.	Literally always.	No real actions have taken place in the past decade to change the pharmacy environment consistently for the better. This is due to a mixture of: customer lack of understanding and speedy demands, lack of support from medical community, corporate oversight and lack of corporate accountability without risking personnel backlash, lack of support from board of pharmacy and state government, more work and expanded pharmacist duties without expansion of time to execute the duties, too many new rules/regulations without support (like quality assurance without extra time to execute), insufficient job stability due to high supply of pharmacist but not many new positions (creates an environment where some are willing to work for low pay and work a lot of non-scheduled hours, and those that don't get worse performance reports).
Every shift we are required to take a 30 minute meal break	Trying to fit vaccinations covid testing and filling prescriptions mtm can make for a stressful day	Covid has made the workplace much more difficult. It takes longer to perform certain tasks because of sanitation and lack of personnel who are willing to work during these difficult times			I have concerns about vaccinating children in the pharmacy. I think that it should remain at the pediatricians office because they have adequate rooms to handle those who don't want to be vaccinated and act out. Most pharmacies es May perform vaccinations in an area of their waiting rooms that partially petitioned off.

I recently changed from [redacted] to [redacted]. Before changing companies I had never taken a lunch break since being licensed	Again, after my job change yes I feel safe. At [redacted] I NEVER felt safe. No breaks, moving at max speed every day for entire shifts over multiple days, a terrible computer system, and many other problems I have actively tried to block out.	The main reason I left [redacted] was patient safety, and honestly fear that I might get sued over an error due to the unsafe conditions.	Overlap is applied where needed. But I have felt in many situations with [redacted] I had a technician shortage which caused unsafe conditions.	I show up 30 minutes early to all solo shifts. This is because I like to start off slow in the morning and get everything situated. I do not come in this early because I feel like it is a necessity, it just makes my day better	Larger chains need to be forced to hire more technicians or add pharmacists to staffing to make things safer. I can not stress enough how unsafe the conditions I left were. Phones constantly rang and we actively ignored them daily just to get work done in the store. Currently most [redacted] in the state are a nightmare to get in touch with (Barre and Newport definitely need to be examined closely).
Rarely					
I feel the pharmacies should be told to close down during these periods so they are forced to take a lunch. I take my lunch but many do not do to guilt. to busy with shots and scripts.			When it's busy you can only do so much in a day. I feel that if I didn't pace myself it sets you up for error.		
At my previous company, when I could, and only meal breaks. At my current company, I always take a meal break.	As long as I'm not given too many shifts in a row, my conditions are compatible.				
					At least 2 technicians should be on for 1 pharmacist at all times
We have a window set aside to take lunch from 1:30-2:00, per the new regulations set forth by the BOP 5 or so years ago,. Unfortunately we are often too busy and backed up to take that time. I usually will sit down for about 5-7 minutes to eat my lunch quickly and get back to work. I have never taken a full 30 minute lunch despite corporate setting aside that time. Until pharmacies are required to close the gates for 30 minutes, I think most pharmacists in busy stores (1 pharmacist doing 250+ a day) will not take the break.	From my personal experience, 9 times out of 10 a mistake happens when a pharmacist is backed up and rushing their checking routine. Flu shot season requires a pharmacist to be away from the bench for 5-7 minutes at a time, over and over throughout the workday. This certainly can effect the urgency in which prescriptions are being checked because the pharmacist is almost always "playing catch up."			There is not enough time in the day to do the clerical things required by both corporate and the state...monthly C2 counts, quarterly control cycle counts, inventory cycle counts, inventory transfers to other stores, return to stock of product that has sat in the bin over 14 days, recalls, covid-19 paperwork preparation, filing flu shot forms, etc...the only way these things get done are getting to work early or staying late (sometimes both)	As stated above I think patient safety would improve tremendously if pharmacies were forced to close their gates and roll their phones over for 30 minutes. This is the only way pharmacists will actually take a break despite what retail corporations tell you. I believe very little has changed since the 30 min lunch requirement was passed years ago because there is no enforcement. Sure corporate now tells you to take a lunch, but they also tell the techs to tell patients that you are available if needed. What is even the point then? In a customer service based industry if a patient is standing at the counter demanding their antibiotic that the doctor just sent over, what choice do my staff have but to request my assistance. In a store when your doing 250 scripts a day this happens daily. There is no avoiding it so even attempting to take a lunch is completely futile.
It's the law and it allows for some decompression time. It is imperative that pharmacists take a break.	We are so short staffed on a technician level that it has lead to the pharmacist doing 75% if data entry, along with 50% of failed adjudicated claims on top of 100% of final verification. Now add on top of that MTM requirements, vaccinations, adherence programs the quest for profits us going to get someone hurt.	Almost weekly I question my decision to stay in this profession. It's only a matter of time before an egregious error is made because we are stretched so thin		If I don't it'll just like up the next day. It's like being in a sinking canoe and having to bail out using a dosing syringe	I hope the board takes this opportunity to actually improve patient safety in a responsible manner and not looking out for the best interest of stock holders.
Half hour meal breaks are technically offered, but I will fall too far behind on the workload and new prescriptions cannot be sold to patient without pharmacist there.	Ever increasing work load and demand of employer and patients require too much of an individual pharmacist. Pharmacist are expected to reach numerous and various goals while filling prescriptions and managing the pharmacy department (often with ever decreasing technician hours).			Often need to go in early just so when the pharmacy opens we are not automatically behind in work.	Pharmacists are routinely overworked at the potential detriment to their patients. Employers are expect pharmacist to deliver pharmaceutical care, fill prescriptions, immunize, manage the pharmacy department and staff along with almost countless other duties the employer expects (inventory management, promotion of various programs, etc.)
		Overworked and not enough help		I have a life outside work. I could easily work an extra few hours every day to complete tasks but I'm not getting paid to do that. So things remain unfinished	
	Too busy, too many distractions, too many daily mandatory tasks for one pharmacist, very high stress & exhaustion, company thinks can keep cutting hours while adding more and more and business keeps growing				Guidelines for the amount of tasks per day to a pharmacist ratio so we can actually properly take care of patients and give them true help; mandated tech hours to a ratio of fills that is reasonable to safely fill. Everything really needs to slow down And more staffing implemented instead of rush rush which leads to customers not even asking questions or talking to us or us flying through so fast we miss the connection and concerns and details of counseling and patients needs...Sometimes the chaos creates the whole big picture missed let alone the details, and then misunderstandings occur along with lowered pharmaceutical care and outcomes.
I rarely take breaks, if I get to have lunch, I am still doing data entry to try to keep up on the days tasks. Mandated closure for lunch would work better, as then all staff would take lunch at the same time and we would operate more efficiently.	With the overall business model getting ever tighter- safety is definitely being tested. We strive to maintain the utmost safety and professionalism, however, there are days , many days that we plain and simple need more help. Pharmacy cannot be all about the bottom line- it must also be about high quality safe environment for both staff and patients. Even with the increase in highly trained, certified techs, the ultimate responsibility lies on the shoulders of pharmacists who work extremely long hours without much down time and who are constantly interrupted.	I had a new tech give an unlabeled stock bottle full of medication to a patient. Luckily, the patient returned it, but this could have been devastating.	One pharmacist would be fine if we had techs at all stations in our work flow, but our new staffing model limits us to 2 maybe 3 techs at any given time		

My store at [redacted] is constantly understaffed and in order to attempt to keep up with the demand I have to go 11-12 hours without stopping to eat, rest, or sometimes use the restroom	We are forced to do more than what is possible safely. I am constantly behind due to lack of staffing and no matter how hard or efficiently me or my partner work we cannot catch up. It's only a matter of time before a mistake is made due to the speed at which we have to work. I have approximately 10 seconds to perform data entry verification and maybe 5 seconds to perform product verification or else we fall behind			It's an unspoken rule at [redacted] that pharmacists and managers are supposed to work when they are not scheduled in order to keep up with demand	
some days are too busy to sit down and take a break. I would rather snack and work than have to stay an hour after work to make up for my lunch break.	depends on the day. I think the ratio of techs to pharmacists needs to increase.	understaffing is a major issue. corporate metrics are unreasonable and unreachable. With high goals, low staff, and fast-paced environment, I can guarantee that mistakes will happen.	During flu season, another pharmacist should be there giving shots solely. The shots should be scheduled, and the second pharmacist could be there for a half day giving them. Its hard for 1 pharmacist to fill 200+ prescriptions and give shots throughout the day.	There are at least 30 more prescriptions to be entered and filled at the end of my shift. I do not want to leave it for the next day for the other pharmacist to walk into, so I complete it before I go home. It usually takes me about 1 to 2 hours to do by myself depending on the day.	Pharmacists should be paid hourly and overtime, period. Make a law to make it so pharmacists cannot be salaried. I am highly considering going back to school to get a new career. These work conditions are not safe for the patient or for the pharmacist. With the surplus of new pharmacy graduates, companies are willing to drop you like a dime to hire a new grad for lower pay. I feel expendable and not safe. New graduates obviously will make more mistakes than experienced pharmacists. I voice these concerns because I care.
Pharmacy closes for 30 minutes every day					There should be a RPh to volume ratio
	There is a huge issue with adequate staffing in the retail pharmacy setting. Pharmacists are expected to do more and more with less and less help. We're there morning to night (12+ hours a day on average) and we are expected to work with 2 techs. It's absolutely ridiculous. Add on the fact that people can walk in whenever they choose to get vaccinated, we are openly accessible all day for questions, the phones don't stop ringing, etc. it's a mess!	For both patient safety concerns and for my own well-being. This profession and its trajectory is anything but setting us up for a happy, healthy, fulfilling lifestyle. It's grueling with little to no empathy from the top. It's all about the dollar bills for corporate at the end of the day.	There are times, especially recently with a local pharmacy closing, that the need for midday overlap would be crucial to provide safe and effective patient care.		There needs to be a mandated, 30 minutes lunch hour when the GATE IS CLOSED. It is absolutely ridiculous that we are expected to be work 12-hour work days without an actual lunch. Without a mandated gate closure for lunch, it is an excuse for customers to completely ignore the "signage" that the pharmacist is at lunch, complain about it, and disrespect the 30 mins a day we have to nourish ourselves and gain some energy. It's downright unethical in my opinion. Why this wasn't part of normal operating procedures from day 1 is beyond me. Close the gate!
In an 11 hour shift I take approximately 15 minutes, often interrupted, to eat a lunch and run to the bathroom if I'm lucky. There are more days than not when I end up "holding it" my whole shift.	I can't say never, but almost never is closer than sometimes.	It wasn't in Vermont, but it was a major reason I left that position to come back here. I worked for a [redacted] pharmacy, which [redacted] bought. The difference in patient safety was stark, but no [redacted] employee I talk to in Vermont is surprised by my experiences.			I wouldn't mind a law on the books we could point to regarding the early filling of controlled medications.
The business is too busy and significantly understaffed to stop and eat. It is nearly impossible to eat when the gates are open and patients are not understanding of poor staffing. There's a lot of pressure from corporate to make all customers happy regardless of the circumstances. I lost 5 lbs over the course of this year's flu season from inability to stop and eat lunch and increasing pressure to administer as many flu shots possible.	We are so understaffed and under more pressure to accomplish the same amount of work with less time and help. Recently I have been filling over 400 prescriptions a day with only 2 technicians plus administering a ridiculous amount of flu shots. That is certainly not a safe rate. I don't even have enough time to safely check VPMS when filling controls.	I regularly think about how the environment is not safe and is going to lead to mistakes and potentially harm patients. I regularly think about how I have only been in the field for 4 years and cannot see myself working under these conditions long-term. It is not safe for the patients or myself.		Most recent pay period I worked 105 hours. Current pay period I am already at 95 hours.	Specifically meal break. Currently I give all my employees rotating meal breaks; however, that often leaves us short help. If we were forced by law to shut the gates all my staff would be able to take an adequate 30 minute break at the same time. This would allow us to remain staffed during all operating hours and receive the lawful break. We need the state to enforce gate closure. We also need more pressure from the state to pay technicians an adequate salary. These technicians have so much on the job training in the medical field and deserve to be paid higher than a cashier. There is a statewide shortage of technicians and it is incredibly difficult to find good help and then keep good help. Overall we need help. We need to protect the pharmacist. Too often we are taken for granted and put into stressful situations that jeopardize both our own and our patient's health. We need change.
	The amount of distractions in pharmacy today are quite overwhelming. Phone calls and patient questions interrupt pharmacists constantly.				Vaccinations are an important part of our profession, however walk ins create a big disruption to our work flow and can lead to increased pressure on pharmacists to keep up. Appointment models would be safer, more organized and more professional.

	It seems most of our stores are chronically understaffed, with ever increasing demands from corporate, limiting our ability to provide quality service and care			Typically stay 30-45 minutes after closing to catch things up for the next day and address managerial tasks and corporate communications/checklists	Our company recently let go most if not all part time pharmacists leading to a staffing shortage; they then continually call upon those of us already forced into 42 hour work weeks to pick up additional shifts to avoid further store closures; with all of the above concerns this leads to poor work/life balance, and subpar patient care as a result. They've also driven down our salaries and threaten that any change in position, i.e. stepping down from pharmacy manager to staff or float, would shift an already deflated salary down below initial offers I personally received as a new grad with minimal experience 8 years ago. Leaves the sense that there is minimal value to 8 years of retail experience, including customer service, management development, and guiding a team thru a major company transition during a pandemic. The fear is this company, now the biggest player, will be setting the tone for the state. I went in to pharmacy because I viewed it as a family friendly career path but it has changed drastically in the last decade with increasing demands and minimal returns.
Depends on if I am working with or without a technician...most days I eat a quick snack in the pharmacy and am usually interrupted during that short time for customer needs	During this busy flu shot season we are flying through the prescription process way too quickly	I am now experiencing my hardest days as a pharmacist, feeling pushed and pulled in many different directions, becomes overwhelming	We as pharmacists are over extended in this new era of patient care, we are doing more as pharmacists that ever before with immunizations, Medicare star ratings and patient compliance, managed care plans	I always arrive early to get setup for the day and I usually stay after closing to clean up after the day	
					I like the 12 hour shifts so I would not want a regulation that restricted the shift length. My main concern is tech hours...they always want us to do more with less.
	The inclusion of immunizations in workflow (with no appointments) and tendency for patients to expect immunizations and prescriptions to be completed within 15 -20 minutes contributes to an unsafe environment.	As indicated above			I understand access to immunizations but I believe there should be a scheduled time separate from filling prescriptions.
					Vaccinations should be available only when 2 pharmacists are working
We lose for 1/2 hour for lunch every day regardless of length of shift.	We are short staffed and it results in a stressful work environment.		Technician staffing is more important than having another RPh.	Sometimes stay late to fill patients scripts.	
It is not possible to take a break. The staffing is far to low. If and when I eat, it is standing up and one bite every several minutes. There's barely time to hydrate myself.	Even during a rare lull of foot traffic and phones ringing, there's a huge backlog of work/tasks. When a person is running, they can't be expected to sprint all day.	Staffing levels continue to drop as the workload increases. The faster and more frantic the work environment, the more likely it is to make mistakes. The company does not care. Oh, they may give lip service to the concept of patient safety, but their actions say otherwise.	Typically it's rarely adequate, but it's crossing the line to dangerous more and more often. I certainly consider patients waiting around because there is only a pharmacist on duty to be dangerous. How can one person cover 7 or 8 stations and 5+ phone lines simultaneously without errors? Is it Cray busy all the time? No, but it often is and can be for hours.	Program not accepting comments.	Poor design of survey is making me repeat entries. Wasting my time.
Staffing does not allow for it in a realistic way to be able to get everything done and take a lunch break.	The increasing duties required by the pharmacists by my company do not come with increased technician hours in the budget, or pharmacist overlap	I am actively seeking employment at another non-chain retail setting or a hospital because the demands of the pharmacist at my chain are stressful and I worry I'll make an error		We usually have to come in early and stay late to get things done. This is unpaid time because our company says we should be able to get everything done within opening hours	There should be a designated script count to technician/pharmacist hour ratio. Something that corporations have to follow. Not a tech to pharmacist ratio- something that is determined by volume. Also, I do not think a pharmacist should have to be alone while the pharmacy is open, for safety reasons. There should always be a technician on, even just so we could go to the bathroom. I am pumping breast milk and can't realistically do that because it would require leaving the pharmacy unattended when I'm budgeted 4 hours of technician help on a 13 hour day.
	Even when corporate says we are "fully staffed" we still often don't have enough technician and pharmacist hours to safely complete all the tasks properly and safely (dispense medications, vaccinate, mtm, etc.).	Management questioned why we weren't meeting certain metrics and I told them because it didn't feel safe and that errors were going to happen. They had a meeting with the pharmacy manager and basically told us that everyone else was doing it and we needed to as well.			
Although we are required by law to have a meal break, the company has not actually staffed us appropriately to take said break. I invested \$500 of my own money in a breast pump that I could wear while working for my second child because even though I was allowed to pump with my first child, actually taking the time to pump was practically impossible.	Some days are better than others, but for the most part, I feel I am not able to perform my job as a pharmacist safely due to the many pressures and distractions that I currently face. I am constantly interrupted during my prescription verification duties to complete non-pharmacist tasks. I often times feel like my attention is being pulled in several different directions and I am not able to focus properly on the tasks that actually require my pharmacist training.	My store has recently been selected as a pilot store for a new virtual verification process. Since the implementation of this program, I have seriously considered leaving my position. I feel that I truly am not in control of the prescriptions that I am verifying and have felt that patient safety is at risk. This system is supposed to "free up" the pharmacist to focus on other tasks (aka immunizations that make the company money), but the company has not adequately staffed the pharmacy to make this program work. This leaves the pharmacist still multi-tasking to the extreme while giving up the physical verification step, trusting that the computer and technician have done all the safe guards that would have been completed by the pharmacist.	The majority of the the time, a single pharmacist is adequate, as long as there is proper pharmacy technician support. Although corporate rarely allocates or allows for adequate technician help. We are constantly "losing tech hours", working with skeleton crews. When one technician calls out the entire house of cards falls. Add in the extra time for immunizations required of the pharmacist and the situation becomes chaotic at best and dangerous at its worst.	There is not enough time in the scheduled hours to get the necessary work done. We consistently work "unpaid" hours just to keep our heads above water. Although, recently, we are drowning. I am truly scared that when a COVID vaccine is approved, we will not be able to safely manage the added demand as we are already barely hanging on during this current flu shot season.	The Vermont Board of Pharmacy needs to seriously evaluate the staffing situation in retail pharmacies. Corporate is making decisions to run our stores on skeleton budgets that are creating an unsafe work environment. I worry daily that I will make a mistake that may harm one of my patients, not due to lack of training or to carelessness, but due to a chaotic work environment that spreads the pharmacist too thin. I know I am not alone in feeling that we are at a breaking point and that without real systemic change, our profession and our patients will suffer greatly.
Now always. In the past never.					

30 min lunch 2 to 2:30	Staff model works at my supermarket. Staffing not safe when I worked for chain retail ie [REDACTED]	I did before making switch from retail to grocery			More closely look at staffing and safety of conditions at chains like [REDACTED]s and [REDACTED] these stores operate on skeleton crews and are expected to pump out Rx all day.
Depending on the technician staff that I am working with and the state of the pharmacy taking a 30 minute break will only make things exponentially worse and isn't worth taking that short breather. The most useful kind of rest break would be the ability to partially close the pharmacy for an hour in the middle of the day in order to redirect work efforts towards catching up/solving problems that require a multi-step solution.	Depending on staff/management some pharmacies are well put together but others are a catastrophe	In all fairness I have multiple years as an intern in a few different pharmacies but only recently started being the pharmacist but the structure of the typical retail chain is set up to try and meet metrics and allow the patients to basically bully the pharmacist without allowing for proper support or time to achieve true safe patient care. The pharmacist is placed in a position to be a patient complaints shouting board and not a setting where they are able to properly focus on correctly dispensing prescriptions as intended or helping answer medication related questions.	With the typical expectations of a retail pharmacist it feels like you are required to rush through steps on dispensing that deserve more attention in order to meet the demands of workflow. If there was at least a little overlap with a second pharmacist it would give at least one of them the opportunity to help solve more difficult problems or catch up on backed up work.	in order to not start on the wrong foot or end a day that will hinder the next days work flow showing up earlier and staying later than scheduled feels almost required a good portion of the time.	
Depends on technician help and script volume	There should be a law dictating a certain number of technician hours per #scripts.	Many times	It would be if we were given adequate tech help.	Not enough time for a pharmacist to do everything without adequate tech assistance.	
retail pharmacy	Too busy and short staffed. More duties always added. Most recently now doing COVID testing. Impossible to safely check Rx's with added workload. Not in the best interest of customers-even though it's a "convenience".	Responsibilities and duties are always increasing with less resources. Many medical procedures that should be done at MD office are now being pawned onto pharmacists. So unsafe and unrealistic. Pharmacists are "stuck" in their current positions because of high student loan debt and poor job outlook because of new Pharmacy Schools opening every day...			Pharmacists need to do what they're trained to do. We spend a lot of time and money to get educated and we run cash registers and perform LNA duties all while trying to squeeze in pharmacist time with a less than adequate tech staff. No other profession is abused this way. Unacceptable.
We are allowed to have meal breaks as stated by the rules but since the pharmacy gate remains open and phones are still on, it seems like it's not worth taking a break for the amount of complaints and work there is to deal with when coming back from break. Three-five years ago I would take a break but in the last two years and especially in the last 6 months, staffing and the gate being open has not allowed for breaks.		Especially in the last month since acquiring two pharmacies and 7 days notice of this happening, I feel that the patients are at an incredibly high risk for an error occurring. Immunizations mixed with the increased volume (179% increase to be exact within ONE week) mixed with trying to meet customer demands mixed with corporate demands has pharmacists and pharmacy technicians spread too thin. Also, since we have not been appropriately staffed, the current staff is burnt out and even one pharmacy staff member has given a two weeks notice with no desire to work in these conditions. This now leaves ONE pharmacist and ONE technician for 300-400 prescriptions a day, PLUS immunizations. Each day I leave work feeling it's impossible that I haven't made a mistake. The current retail pharmacy setting (at least being employed by corporations) is a disgrace to the pharmacy profession.	The amount of time required to focus and multitask with less than adequate technician help and no breaks is dangerous to the public.	Since buying out a pharmacy, I have come in early and stayed late every single shift and still have not caught up.	Make a law requiring a certain technician to pharmacist ratio. Require gate closing for pharmacist meal break. Do not allow pharmacists to immunize children; immunizing children in a retail setting with everything else going on is incredibly unsafe for children and other patients. Require more pharmacist overlap for certain prescription volume.
During shifts we are 'allowed' to take a 30 minute meal break during our 11-12 hour shift but it is discouraged. Although there is a message on the phones stating that the pharmacist is on break, blocks at the register continue (that only a pharmacist can clear), and the company still allows flu appointments to be made, thus making an actual break impossible. I am lucky to be able to use the restroom a couple times a shift. Meal breaks never happen, occasionally I am able to eat a handful of a snack when I am about to pass out before continuing back to work.	Safely filling scripts seems secondary. It is more important for us to push out as many scripts as possible and give as many shots as we can. New system blocks push other shots (pneumonia/shingles) on patients that may be eligible. We get in trouble for not selling enough of these even though most of the patients are not eligible as they have already had them through their doctors. The company pushes in a way that they would rather see us sell the shots rather than doing our duty to determine if the patient needs or is eligible for the other vaccinations.	Almost daily, in the past few months I have considered leaving my job due to conditions and fear that eventually all of the pressure will lead to a mistake that will harm a patient. I have also caught many mistakes of other more experienced pharmacists making mistakes due to exhaustion from the intense working conditions with drastically decreased staff and increased workload. However, due to these same staff and salary cuts I feel that I am trapped in my position and just do my best to avoid mistakes and errors.	Pharmacists are stretched too thin and not able to fully commit to any one task. Between the normal working of the pharmacy, vaccinations, clearing blocks set in at the register, and other mandated tasks by the company the pharmacist is usually left ragged by the end of a shift. Even with enough technicians, during peak vaccination season there should be more pharmacists. A single pharmacist processing over 200 scripts with 15+ shots is not enough and is not safe.	I always work at least 1-2 hours extra (unpaid) around every shift. This is on top of the fact that I am not able to take breaks during my shift. I have even worked up to 16 hours, while only 12 hours were paid.	Vaccinations of children and even adults being pushed during this pandemic when we do not have adequate areas. My consult room where we are expected to give vaccinations is an unventilated closet that is approximately 4'x6'. The lack of ventilation combined with the inability to properly clean due to lack of time and equipment makes giving these vaccinations unsafe. There should be daily limits set in place so that companies cannot push for increased number of vaccinations on top of high script counts making it impossible to keep up to adequately disinfect the areas to keep it safe for our patients
Our company designates a set time for pharmacist meal break	Most of the time				
Meal break is offered - but I choose not to take it. The thought of being away from the pharmacy for 30 minutes while the pharmacy stays open, makes me feel like it isn't worth taking a break. The mess that I would come back to after 30 minutes just isn't worth it. If the pharmacy was required to CLOSE for lunch, it would give me and the techs the opportunity to take a true lunch break.		Very busy pharmacy with hardly any staff working. Mistakes are happening.			
We have a half hour to take lunch, but the customer is always right, and when they show up at 1:30 begging you to fill their suboxone because they have to be to work in 10 minutes... we can't extend our lunch break on the other end.	Flu season is so busy and with only 1 pharmacist on and the demand to fill the number of narcotic prescriptions, it doesn't always feel safe. But have to meet the metrics			Typically an hour on either side of the shift	Bathroom accessibility/breaks

While corporate chain pharmacies (e.g., etc) "say" that pharmacists can take a lunch-- the system is designed such that a break is NOT possible. The only way that this will ever be changed is by a state law that mandates a pharmacy to close for X amount of time at the same time every day. Non-uniformity of breaks doesn't work with patients, staff, or workflow. Retail pharmacists barely can take a bathroom break, never mind a food/brain break. (which is pretty important to overall well-being). Breaks are also important to prevent a lot of the disease states we see so frequently.. psychological & physical. We work hard and dont stop for 8,9,10,11,12 hours a day. Pharmacist cannot even leave the pharmacy to purchase a lunch if they forgot-- in a standard working environment this is not normal. We have nobody to depend on for protection, corporate chains are \$ driven but you know what isn't? Our tiny state regulatory body that can PROTECT and SOLVE this issue that has been a problem ever since the big chains became 90% of the pharmacies that exist in this state. In my	Physical safety: Anytime you step foot into a doctor office or hospital the temperature is taken, but anyone can waltz into a retail chain and do as they please. The pharmacy is a healthcare facility yet it is not treated as such. An acrylic shield isn't protecting me or the patient-- and its defiantly not protecting all the people that ignore and move around them. Mental safety: Being a retail pharmacist is not for everyone. It takes a certain kind of person to do such a meticulous job correctly and efficiently. Unfortunately, these \$\$ driven corporate companies continue to cut and cut and CUT hours despite the # of scripts that just go up and up and UP. Lack of regulation on script/tech ratios is driving pharmacists to work faster, make more mistakes, and get days behind in scripts. No technology will fix this. Mandatory tech hours based on prescription volume will. Can you help us?	The lack of help and support hours causes so much unnecessary damage to patients. Wrong drugs, wrong quantities, wrong directions, controlled substances being filled early month after month and never thoroughly looked into because who has the time? A VPMS query takes at minimum 3 minutes. Do you know how vital 3 minutes is to a pharmacist? No time to do these important things is resulting in a broken system that harms the patients		There needs to be transparency in how many hours pharmacist ACTUALLY work. Its unfair that salaried pharmacist dont punch a clock too so that all their hours can be recorded. I went to work 2 hours before we opened and stayed an hour late. 3 hours i was working without stopping but no compensation. In California pharmacists get paid extra to work over 40 hours a week. Why do pharmacist in California actually get to be compensated for the extra hours they put in but we dont? This is a major system flaw that can be CHANGED by the BOP.	i have many other concerns, but now after my 14 hour work shift and this survey i have nothing left in me.
There is no time or accommodation to take a break. The phones keep ringing, the customers keep coming.	Retail pharmacy is a very harried, stressful environment. Working alone, without a technician, which happens every day due to budgeted tech hours, forces us to juggle customers, phone calls, drive thru lanes, immunizations, insurance calls, and so on. It's easy to lose focus with so many distractions.	I have worked for the same company for my entire career and always do my very best to make sure their safety is my priority. I will say that the work burden put on pharmacists has increased tremendously and we are asked to do it with less help.	During flu season, we can give 40-50 shots in a day without any extra pharmacist help. That is unacceptable	I usually arrive 2 hours before and stay anywhere from 1 to 4 hours after my shift.	I would recommend a mandate that pharmacy's close for lunch at a specific time. Phones should stop ringing and gates should close. The pharmacist should be allowed to leave the building and get some fresh air to refocus and rest.
					The big chain pharmacies need to be held accountable. The budgets are too restrictive on technician help.
We are told that we are allowed to take a meal break, but the system is not set up for it, there is no way to tell the computers that we have stepped away for a meal because prescriptions still come in and have promised times during our lunch, the phones keep ringing, and we would be expected to come off our lunch to do a waiter or a flu shot. The company does not support us at all in taking a break. There are some days that I work 8, 9 or 12 hour shifts that I do not stop for those 12 hours and eat on the go if possible. In basically every other profession, you get a mental break or at least appropriate time to sit and eat and use the restroom. Unless there is a mandated shut down for a 30 minute lunch, the company will not allow us to take an actual break. It puts patient safety at risk and increases burn out in pharmacists.	These big retail companies are running us into the ground. They are trying to get the most out of each person, while putting the health and safety of the citizens of Vermont at risk. We run with a skeleton crew because they do not give us enough technician hours to do all the daily tasks. Most days we have 1 pharmacist and 1 technician doing upwards to 200 prescriptions, immunizations, phone calls, doctor calls, transfers, inventory tasks, MTM services and counseling. There are multiple times per day that I feel myself worrying about making a mistake or rushing through something for the sake of getting something else done, when I wish I could have spent more time or called the doctor or counseled the patient. We are forced to gloss over important things in order to try to finish others. For example, inventory tasks although they seem unimportant, are very important to keeping a pharmacy running. If we dispense an expired medication because we haven't had time to pull outdates in 3 months, that is detrimental to a patient's health and well being. There needs to be adequate staffing	In the last few years, the staffing issues have become dire. Everyone is always short handed because we are not given technician hours and it forces us to do things that we would not do if we had more time. For example a drug interaction that I would like to call the doctor about and discuss I end up putting through and just letting the patient know what might happen, or have them follow up with the doctor. We have had mistakes occur that could have been prevented had we not been rushing around so much. This could be prevented with technician to prescription ratios or mandatory pharmacist overlap time during the day.	We are given no overlap and barely any technician help, which means I am running around all day constantly with no time to rest and refocus and no time to really focus myself on any major issues. It is dangerous and it is how mistakes are made. These mistakes can be the difference between life and death for a patient. Its insane how these companies we work for have been allowed to staff us at the level we are staffed at with our Board of Pharmacy barely even noticing or caring how strained we are. I would love to be the pharmacist I thought I would be when I graduated, but I am not able to give my fellow Vermonters that level of care because of the staffing issues.	Our company expects us to do inventory, regulatory, continuing education and clinical work all during our shift while we are filling regular prescriptions, providing immunizations and counseling patients. It is simply impossible to do all of this within our shift so most pharmacists end up staying late or coming in early to get things done that we would not otherwise get done. One of my friends who is a pharmacist gets paid for 40 hours of work per week and actually works closer to 70 hours per week with how many she goes in extra. Its unbelievable what has been allowed.	We need a mandatory lunch break to rest and refocus, we need mandatory technician hours to prescription ratios, and we need pharmacist overlap to preform clinical and regulatory duties as our profession evolves. Without these, we will become robots and a safety concern to the citizens of Vermont. I would love the opportunity to be the pharmacist I know I can be for my patients, if given the appropriate circumstances. Please bring change! We are begging you for help!!
Typically I do take it (even though it backs up work) but with flu shots it's nearly impossible	Chain pharmacies are severely understaffed. I believe we should have a 1:1 (pharmacist : tech) ratio at ALL times	Almost every day I leave anxious wondering if I made an error due to too many distractions at once and not enough staff	We have no pharmacist overlap unless you do a large amount of prescriptions. Very apparent during flu season now the pharmacist is doing TOO much alone	Less earlier in the year but have worked about 20+ hours per week over time without compensation	
	Minimum staffing , work overload, long hours				
Retail pharmacy.	The Board of Pharmacy is designed to protect the public, not the profession of pharmacy or its constituents. However, in neglecting to protect its own, the Board further neglects its intended purpose: To ensure the safety of the public.	The Board of Pharmacy was generally unreachable, and unconcerned -when prompted.		Working "off the clock" is not allowed.	Please create an anonymous portal where pharmacists, cashiers, and technicians can voice their concerns.
I'm able to do bathroom breaks once in a while, typically after holding it for multiple hours, but even though I have a "designated" meal break time from 1:30 to 2pm, we don't have the staffing to accommodate a break and aren't allowed to close the pharmacy, thus making it impossible to take one.	We have been understaffed since may/June due to corporate staffing cuts, and technicians leaving following the cuts. The cuts were supposedly due to covid profit issues, however we maintained our script count throughout the pandemic and have continued as we were at 400 to 500 prescriptions daily.	I feel unable to maintain the current pace and like I'm sacrificing safety of prescriptions by pumping them out the door fast enough to meet demands. Most days the pharmacist is doing the full job of a technician on top of pharmacist duties to get by.	for any store doing over 400 prescriptions, expecting a single pharmacist to be able to perform thorough and effective qa and checking of bottles and not have potential patient threatening errors is impossible when understaffed at all times. Just trying to effectively check that many prescriptions in a 12 hour shift is a stretch. That's 55 seconds per prescription for both checking data entry and product checking, assuming no breaks, no counseling, no doctor calls, no re-entry, and only doing 400 rx's.	I always go in 30 minutes early, and typically stay the extra hour at the end of the night after we close to finish and straighten up for the next day.	
We are encouraged to take breaks, the conditions of my work setting make it impossible to take lunch in an uninterrupted manner. Regulations allowing pharmacies to close for 30 min would help tremendously.	Obligated pharmacist overlap would help delivery a higher quality of care and prevent fatigue that comes with working 12 hours.				
I don't care how busy it is, the half hour break (in a 12 hour work day) is the only bit of rest I get in a shift, and I try to take every second of it.	High prescription volume, aging population, heavy administrative burden from all levels (state, federal, corporate), outdated laws and regulations, underpaid technicians, immunizations, chronic understaffing etc.	I often think about leaving the field altogether. And it is sad, because if carefully and thoughtfully organized, retail pharmacy could be such a nice profession.	As above, when you offer walk-in immunizations to everybody, there should be two pharmacists on duty at all times.	I always start early to accomplish as much as I can before constantly being pulled in every direction for the next 12 hours.	The challenging circumstances of pharmacy practice, especially in the retail setting, have been known and denounced for years by pharmacists and even by prestigious news outlets, and nothing has been done about it. With the surplus of pharmacists all over the country, this shouldn't be.

					The board of pharmacy is meant to protect the public. They are not pursuing issues with large chains such as ██████ for reasons unknown. They fired half their pharmacists, then proceeded to be understaffed or unable to open stores. Their reasoning is inconsistent with a chain that claims billions in profits. The board of pharmacy continues to let them proceed with business as usual. It appears there are zero repercussions for these large chains. The board is also allowing PBMs to do whatever they please, running independents out of business. It would seem that the board should have more ability to control these issues, otherwise what is your purpose? Survey after survey, resulting in zero effort. The big chains now have district managers with zero pharmacy experience, harassing pharmacists about immunization quotas, or pushing clinical decisions. The board needs to step up and make changes or we will become beholden to corporate interests more than we already are.
Not a true break. Might sit for 5 minutes to eat really quick	Not enough technician help. Need extra pharmacists for flu season				
	Typically they are however during flu season they are not. We are stretched too thin.		I think the number of pharmacists is okay, but the support staff is not.		
When there is overlap I can take a break on a weekend there's absolutely no way. If I walk away to warm up a frozen meal (3minutes) I am paged at least 3 times for a customer question or a doctor calling in an emergency rx. There is no break time when there is no overlap at all whatsoever. And if you walk away for more than 5 minutes interrupted or not you come back to a mess!!!!	I feel corporate does a good job but the customers are RIDICULOUS! You give a 30 minute wait And it's a temper tantrum at The register actual tears from grown humans! No one wants wait! And in the kids the of a pandemic it's over the top crazy! I am now a personal shopper. I spend more time on the phone grabbing items that's have nothing to do with pharmacy then anything else to them personally bring to their car when they arrive! I and ALL for customer service but our profession has ZERO respect! I also feel we are doing vaccines (averaging 40 plus daily now and covid testing) which are above our scope of practice. This should be done in a medical practice NOT a pharmacy. I can't be expected to type prescriptions check them answer phones be a personal shopper vaccinate run a register and covid test without making a mistake!!!! A doctor doesn't do even 10% of what I just listed nor does the nurse. We are expected to do WAY to much in a short amount of time and not make a mistake!!!!	I LOVE retail pharmacy but with the increased volume, lack of people wanting to work for minimum wage (techs WHY DO WE PAY TECHS minimum wage when they can go to work at MCD for 15\$ an hour and expect them to value their jobs) and additional practices that should be completed at the offices (covid testing vaccinations MTM part D comparisons) it's so easy to make a mistake!!!! How pharmacists haven't killed numerous people with the current working conditions is beyond me!!!	Most of the time I find it adequate but we have a bigger issue with techs so without a second pharmacist we would be screwed. I most of the time am a tech all day to compensate .....waste of pay for the company frustrating for me and annoying for the 2nd Rph who now is the sole RPH for the day.	I come at least 30 minutes before my shift and usually stay at least 15 if not 30 after. Especially during flu season SO MUCH PAPERWORK. I like the silence before the day starts behind uninterrupted by the phone or customers I can accomplish a lot. I wish our first hour was was with no customers and just filling RXs and doing paperwork getting meds all together for same day pick up calling offices for clarification etc.	I think time away would be amazing but it creates a mess when you return. A closed pharmacy lunch break would be best. No phones ringing no customers coming in completely close up shop at 1 reopen at 130 so everyone can walk away rejuvenate and come back clear headed!
		Chain pharmacies have put unrealistic output standards on pharmacist while cutting back staffing. There are days where I am totally overwhelmed and stressed out. Ultimately, this is not safe for patients.			Answered by question 17
I take a 30 minute lunch break every day, pharmacy stays open	Only when we are bombarded with irregular patient volume is it tight	I left ██████ because it was torturous to my health and sanity but not from a particular safety concern		I come in 15-20 minutes early every day to get a jump on the queues and use the bathroom	It is commonplace (at the most popular retail chains) to not fill all pharmacist shifts for vacations in stores where there is overlap (ex. A 3 rph store where 1 is on vacation-the shift of the one on vacation may not be filled). That is not okay. ██████ also recently laid off a bunch of workforce to supposedly rehire then at a 'new hire' rate. Also not okay. Having worked at ██████, I can say first hand it is an absolutely terrible place to work day in day out. You get about half the help you actually need. Around the time I left, we were doing over 1000 scripts per week, and we being given 40-50 hours per week. Not even a steady enough amount to keep a regular staff beyond 1-2 people employed. Many days I'd be completely alone, expected to give flu shots, ring registers, answer phone calls, tend a drive through, all while filling scripts and trying not to make errors. I'd force a sandwich down my throat around 3-4pm most days, and I was lucky to get it all in one sitting without an interruption of some sort. Some days we'd get 340b deliveries, typically very large, that had to be put away. Once per week you'd have
Since March, I rarely get a lunch break because we have been overwhelming busy and short staffed and therefore unable to take a break.	Not enough technician help leads to the pharmacist being the only eyes on every step of the pharmacy filling system. 12 hours with no break is giving pharmacists fatigue.		We have 1 pharmacist on duty.		
it is getting harder to take a break when pharmacy is open					work life balance
		Every day		At least 1 full hour after every shift	Please take some initiative to stop Corporate slavery in our profession

If I were to take a lunch break, the day is harder. The phones do not stop ringing. [redacted] does not want us to close the pharmacy when the pharmacist goes to lunch. We do not have a designated time or a message on the phone saying that we may take a lunch. Customers are very confused and disappointed if they are told they can not pick up their prescription because it is a first fill. It is super difficult for the tech to handle everything while I take a lunch. I dread when my tech goes on break, it has to be 5x worse for them, if I take a break!	I put in 90 minutes off the clock to start my day well. By noon I am falling behind. I could stay late and still have hours of work but by that time I can barely function. I get one tech for 8-9 hours and fill over 200 rx's and have orders to put away. I have to run to all stations. Our pharmacy has a great layout if you have a team of 3 or more techs. When you are alone (at least 2+ hours daily) I am running in circles and putting in 3x more steps to fill one prescription.	When I am sick, have a migraine or can barely walk at the end of my weekend. I am ready to walk out the door and never come back. I do NOT have enough tech help to do my job as thoroughly as I would like. Every year it has gotten worse. We fill 50% or more prescriptions with less tech help and open 2 hours less per day than we did 2 years ago. At this current time I feel the company I am working for ([redacted]) is encouraging to cut corners whenever possible	I am in a store that does a reasonable amount of prescriptions for 1 pharmacist to handle. The problem is that I DO NOT HAVE ENOUGH TECH HELP. It is hard to perform my duties when I am answering all the phone calls, putting away orders and ringing register.	It would be extremely miserable to be playing catchup in the first 5 minutes I am open. My blood pressure goes up, anxiety, head ache and increased heart rate once I am behind. I go in 90 early to have a smooth start of the day. I don't take a lunch because I would fall behind sooner. Also, because we close earlier I can not complete everything. I stay late when I am not working the next day. If I am working the next day I will go in even earlier (I am much more productive in the morning).	Force companies to post a sign that the pharmacy will be closed for a lunch. Have the phones turn off or have a message the pharmacy is closed for lunch. Set regulations for a minimum amount of tech hours the pharmacy should have for a certain amount of prescriptions filled.
Pharmacy closes daily from 2-2:30		Insufficient staffing and recently cut hours at the busiest time of year has really been difficult managing volume		Many times when I leave on time there is still additional work needing to be done	
		450 scripts in one day with staffing of 2 full and 1 part time tech. Cooperate is truly making this worse every month. The current staffing model puts patients at risk on a daily basis. There must be maximum daily script counts for a certain ratio of pharmacist. Cooperate is continually making it so one pharmacist is all you will ever see in the pharmacy.			
I am able to take a 30 minute meal break during about 90% of my shifts. During flu vaccination season I often am too busy to break from the pharmacy.	Hour cuts on both technicians and pharmacists, as well as increased work load required by the company have lead to occasional points that could be considered as not safe/competent pharmacy cares (increased risk for medication errors, lack of time to give to patients, etc.).	Never left, but considering new path of the profession outside of the community setting. I feel very discouraged with the way this profession (particularly community pharmacy) is heading; it is not geared toward being patient-centered, but rather profit-centered.	At my particular pharmacy location, one pharmacist on duty throughout the day is sufficient for about 75% of the time. However, during flu vaccination season, only one pharmacist on duty throughout the day is LARGELY understaffed.	Like previously elaborated on, this is much more severe during flu vaccination season over other parts of the year.	
Chain pharmacies such as [redacted] and [redacted] SEVERELY understaffed retail pharmacies. There is no possible way to take a break at all or stop working without angering customers, abandoning the pharmacy, or receiving retaliation from corporate including write ups and termination.	Its a shame the board has allowed pharmacists to work in these conditions for so long. Patient care is seriously at risk and prescription errors are just being dismissed at companies such as [redacted] and [redacted] its impossible to accurately check for drug interactions and the appropriateness of drug usage when the pharmacy is severely understaffed at [redacted].	I worked at [redacted] and could not keep up with the impossible work load working alone. Vaccine errors happened all the time, prescriptions were just deleted because we had no time to complete them. Even after calling the board to report this absolutely nothing was done to help the situation. I had to leave that company for another company with forced meal breaks (closing the gates for a meal break).	One pharmacist doing hundreds or prescriptions and vaccines in an 11 hour shift with no breaks is dangerous. I'm seriously worried for the safety of minors now that we are being forced by corporate to do child vaccines.	Corporate companies will try to get as much hours as possible out of a salaried employee. I refuse to bend to that belief that they can keep cutting hours in the pharmacy at [redacted] and expecting pharmacists to work extra for free.	It would be appropriate for the board of pharmacy to actually listen and address the concerns of the Vermont pharmacists. Patient safety is at risk and patient frustration is at a high lately. [redacted] and [redacted] seriously need to be kept in check.
Most of my 25 minute break is a working break as I eat and work	We are still human beings and need breaks without being penalized for taking them the penalty being that we have to stay longer at end of day to finish the work. It's impossible on most days to take break and be able to accomplish all the required work				Enforce the laws and regulations that currently exist. And hold the employers accountable to a greater extent than the pharmacist. These days pharmacists have little say if they want to have a job and a livelihood in their Chosen profession. You should understand that pharmacists will not speak out freely regarding work conditions and patient safety for fear of losing job and/or being blacklisted. I am only communicating this because of the promise of anonymity
I worked 12 hour shifts at a major chain for 20 years before being allowed a lunch break. Since breaks were mandated, I take a lunch break, no matter what.	Almost always, but there will always be instances where I look back and wish I had another minute to review some of that last rush.				
Pharmacy is closed for 30 minutes for meal break.					[redacted] and [redacted] pharmacist need help from board of pharmacy.
Maybe every other shift if I can	Not with [redacted] - more business than ever absorbing independents, tech hours continuously cut, more services are being offered. It has become very dangerous, all pharmacists for [redacted] are overworked and we can barely keep all of our stores open for our patients. Terrible work conditions. I'd leave if I could.	As soon as conversion from [redacted] to [redacted] happened, [redacted] has no regard for patient or employee safety. They do not even fully close/sanitize stores after a confirmed COVID case.	If there were more technicians it would be adequate - but still could use overlap occasionally.	I would work more but the company will not pay over time and doesn't seem to care about its employees, so I no longer stay late as often.	Need to establish minimum script volume:pharmacist/tech ratios to ensure proper patient care and safety
Except on weekends when I only work 8 hours	We need more technician help. Especially the large chain pharmacies have cut hours to the bare minimum. And more and more is asked if the pharmacist. It's not safe.	I left [redacted] because it got to be too much.	Especially during flu season it would be nice to have somebody else with a pharmacy license to help	I'm lucky that I'm able to get all of my work accomplished in my 12 or eight hour shift	
Chain company doesn't provide realistic time to eat. We don't close for lunch. They say they won't stop us from eating. But in taking a break we end up being an hour plus behind in which case I have to stay after close to clean up unpaid and I already work unpaid a lot just to catch up. So I do not take a real break. Just sometimes snack while working. Sometimes not even able to manage that. Tech budget is extremely tight. Example of a Typical day is 11 hours of pharmacist and 10 hours of 1 tech and we will do a little over 200 scripts.	Chain company doesn't provide realistic time to eat. We don't close for lunch. They say they won't stop us from eating. But in taking a break we end up being an hour plus behind in which case I have to stay after close to clean up unpaid and I already work unpaid a lot just to catch up. So I do not take a real break. Just sometimes snack while working. Sometimes not even able to manage that. Tech budget is extremely tight. Example of a Typical day is 11 hours of pharmacist and 10 hours of 1 tech and we will do a little over 200 scripts.	I'm lucky that I'm really fast compared to other pharmacists so I manage and have already decided personally that working a couple hours free per shift and not taking lunch is part of the job if I decide to stay but I know a lot of my colleagues suffer a lot worse than described above especially those in the big chains which comprises a majority of the retail market so switching jobs won't really make a difference if it's to another chain.	I don't think I necessarily need more pharmacist help. I need to be allowed by company to have more technician help. Tech help is minimal so on top of pharmacist duty Which I have to complete quickly I spend 30% of my time doing tech duties because if I don't we don't finish our workflow.	Will work 2 hours extra on average for every shift	Pharmacy should be forced to shut down for lunch. There should be a reasonable minimum amount of techs/pharmacist budgeted per weekly script count
never a scheduled time for me to even go to the bathroom at [redacted] Drugs		Too many prescriptions and demands...not nearly enough help. Corporate keeps piling on responsibilities	WAY to much to do for one pharmacist.....OUTLAW drive thru windows! this is the biggest source of potential distraction		Look at NH!



New register blocks for allergy updates make it nearly impossible plus increase demand with vaccines	Always short staffed. Increased demands. Constant expectations for metrics, vaccines, covid testing, clearing register blocks. Can barely go to the bathroom or eat during 12 hour shifts. Forced increase of working hours amongst managers for same pay. Extremely unfair conditions driving many of us to consider career changes.	Inability to safely check scripts with all of the other expectations. Many days spend working alone trying to maintain a safety of pharmacy while trying to sprint to the bathroom or give vaccines in another room. Constant pulling of pharmacist for consultations, clearing of register blocks, vaccines and covid testing.			Covid testing should not be pulling staff out of already thinly stretched stores. We get no extra compensation for this risk and it's not reasonable to add completing testing onto our daily task list. Pharmacies should also not be able to force us to work more hours after the conversion to [REDACTED] [REDACTED] also refuses to let managers give hours to staff pharmacists. Managers are expected to work 84 hours biweekly when our contract with [REDACTED] was for 77. Many of us have 1 day off per week as a result and are having to come in on days off to help or complete tasks that we can't get to during the week. Our staff pharmacists want more hours and we want less. We should be allowed to work this out between pharmacy partners within a store so that our hours are more balanced.
	Some days the 25 mins I get to sit down are enough to get through the day, other days one 25min break is no where near enough and I do worry about the fatigue of my day affecting my work. We are also very understaffed overall with technician work hours.	My student loans are massive and I would not be able to find another job that pays well enough to make those monthly payments. Once those loans are payed off it may be a different story as this current work environment/metrics expectations is not sustainable for either the well-being of the pharmacist, supporting staff, or the patient.	Again it's not the number of pharmacist, it's the number and quality of the support staff. Technicians need to be elevated in respect, their job should be a career path, not just a stepping stone that anyone off the street should be ex elected to perform.	At least 20mins before and after my shift as well often throughout my meal break.	Pharmacy technicians are the most important and biggest contribution to pharmacist job satisfaction, job performance and patient safety. When technician hours are cut everyone suffers. Mandate change to give pharmacists adequate support staff and patient safety outcomes will follow, it's really that simple.
We don't have enough help for me to actually sit and eat for 30 minutes- especially during flu season. We are not able to close for lunch. If I did sit and eat, I would be leaving one technician constantly at the register with no one to answer the phone or help with filling/back up at the register.	The pressure to meet metrics and help the constant influx customers while also ensuring prescription safety and accuracy is extremely daunting. Doing over 300 prescriptions on top of 50 flu shots in one day being the only pharmacist and one technician is so anxiety provoking and flat out not safe.	Considered leaving, but student loan debt is too high. Retail pharmacy stress is real.			Assign a specific pharmacist to technician ratio for number of prescriptions processed
Sometimes I take a 30 minute lunch break. But sometimes during busy immunization seasons, this is not possible.	Very often, stores are very short handed for the amount of script volume expected. Some situations include pharmacists doing "double-duty" such as verifying scripts via "tele-pharmacy" while also checking scripts for a store that they are present in that date.	I have not done so because this is my job, so I power through it. But there are definitely days, where I am overwhelmed by the tasks I'm expected to complete, with the amount of help provided.	It can depend on the time of year. But especially during flu-shot season, there are days where extra pharmacist hours could be beneficial to patient safety.		
Corporate system is set up in a way where we have no time for lunch break and even when trying to have lunch break with every rx pick up we have to come out to consult patient. Uninterrupted break of 30 minutes happens every 6 months and we mark that day as a lucky day.	Worst working conditions due to over supply of pharmacists. Corporates know they can replace us very easily, so provide little to no tech help and expect us to meet their metrics at the cost of our health and safety of patients.	We run registers, take calls, do immunizations, do drive thru with no or little tech help. The pharmacy open hours are further being cut without more tech help, and they keep adding more tasks. At a time there would be a customer at inside register, drive thru and in immunization rooms and the phone never stops. Don't know how to concentrate in this environment.	Some store require an overlap of RPH and to save money corporates don't provide that.	We just have to leave work for next day if we don't finish it by staying late after scheduled hrs. Even our body gives up after this stress.	Please make a regulation that will specify how many techs must be there do certain no. If rxs per hr. The greedy corporations are beyond limit these days. Also, Pharmacy Schools pump out of new graduates need to be controlled in order to keep the profession in better condition. If I am not mistaken Dentists Association or Board had to take these steps to control over supply of dentists and save the profession at some point in the past. We should come up with something like that. Thanks
	During flu season, doing flu shots and now doing Covid testing, it is getting hard with decreased staffing to be able to perform ours jobs at a safe level.	Yes to much duties put on a pharmacist or staff to be able to fill prescriptions safe and to be able to perform our job.			I feel that PBM reimbursement and Chain drug store under regulations has created a environment that make for cutting more and more hours year after year and having more and more responsibility. I feel something needs to happen with both of these or the industry is going to become a unsafe and scary place of work.
2-2:30 almost every shift except for the short staffed days. One lunch break for 12 hours					Most staff RPH and SPs are salaries. We do not get paid for the extra hours we work beyond the business hours. The amt of tasks requires extra hours to complete. We are so being used and wasted so much due to the overwhelmed amt of work tasks given. Poor wellbeing for All staffs and patients
if there are patients to help we often do not have time to take a break or close for lunch	we are consistently understaffed. The pandemic and increased demand due to vaccines has made it hard to be able to do our job	understaffed and overworked. Corporate keeps cutting tech hours and hours of operation			when you ask for prescription total it is a useless number. There is a massive difference between picking, processing and administration of a vaccine compared to filling a prescription. New prescriptions versus refills should also be taken into consideration. A new prescription may require much more time compared to a refill. The increased number of prior authorizations should also be considered. And MTM activities.
We are unable to close, pharmacist is unable to leave the bench due to staffing limitations, even if we could there is no place in or adjacent to the pharmacy for us to take a break. Most days I don't even have time to take a bathroom break let alone eat anything		We are dangerously short staffed and are unable to find appropriate tech help. Flu shots are seen as a corporate cash cow and we are expected to drop all prescriptions and immunize immediately which puts patients in danger on an hourly basis		2 extra unpaid hours every day	Please mandate lunch break closings, mandate tech hours as a ratio of techs per prescription rather than techs per pharmacist because that will just keep us with 1 pharmacist and not enough techs. Mandatory 8 or 10 hour maximum pharmacist shifts would be nice but isn't likely
Almost never a 30 minute break, sometimes not using the bathroom for many hours	Almost never. Usually very understaffed	Not feeling like safety is priority in current position	It may seem more appropriate if the number of technicians fully trained were adequate		The level of staffing is unsafe in this work environment for patients and pharmacy employees

<p>I try to designate some time of day to chill out and break for maybe 30-45 min. Most of the time it is later at night. I really wish I could leave the pharmacy to get food or go for a walk outside, but rules dictate that I cannot. Our chain dictates the break be at a certain time, but the amount of work sometimes does not always allow us to.</p>	<p>There is currently a lot of pressure to perform a certain amount of work and not enough hands to do the work. Working conditions seem to have been developed with a business focus in mind rather than a "safe and competent" focus. Automation definitely does help though.</p>	<p>At times I feel compelled to be comfortable with drug interactions that I deem unsafe, but the history of the patient (which I may or may not have seen before). Benzos, opiates and ADD/ADHD medications are over prescribed and too many patients are dependent on them....this is particularly true in vulnerable low-income patients. This definitely needs to be looked at on case by case basis by an independent agency.</p>	<p>The culture where the focus is on profit (ie prescription volume) is leading to a rushed product, which is ultimately unsafe for everyone workers and patients included. This needs to change.</p>	<p>Compensation also does not reflect this.</p>	<p>I believe pharmacists should have more leeway when it comes to offering emergency prescriptions for emergent items. I believe we ought to be able to offer medications for albuterol inhalers and epipens as emergency only. Just the same as we do for Narcan.</p>
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**RETAIL - INDEPENDENT**

In practice, how often do you actually take a meal or rest break in each eight-hour shift?	In your opinion, are working conditions compatible with the provision of safe and competent pharmacy care?	In the past five years, have you left or considered leaving a pharmacy position because of patient safety concerns?	In your workplace, do you feel that the number of pharmacists typically on duty:	In a 5-day work week, how often do you work before or after your scheduled shift in order to complete necessary work?	Do you have specific concerns not addressed in this survey, or other recommendations to improve Vermont pharmacy regulation?
Please Elaborate	Please Elaborate	Please Elaborate	Please Elaborate	Please Elaborate	Yes
I get caught up and forget					
Usually eat and work at same time				Late call in refill to complete	At this point none
	Speaking for the retail setting I am thankful for my specific location because we have multiple pharmacists that are working however in most retail pharmacies one pharmacist is managing everything which is completely unsafe and I refuse to work under those conditions which is why I chose to accept the position I am in to protect myself, my license and my patients.				
most days can sit down for lunch but always 'on' if needed	very infrequently feel harried	I did 10 years ago	during some predictable busy times we could use 2 RPh's on duty	can typically finish	
		Demands/burdens of ancillary tasks seemed to take priority while working at large chain. With only one pharmacist in duty, it was not possible to carry out immunization/mtm/etc and safely fill prescriptions			
	Lack of pharmacy techs (nationally registered or not) put a huge stress on filling rx's	There are days that I find myself moving too quickly to fill rx's and need to stop myself and refocus on my job			Help make tech wages higher as to get more people interested in it. They are the driving force behind any pharmacy
					have practical regulations
Take a 1/2 hour lunch break					
					I am very uncomfortable with the authorization by the HHS for pharmacists to administer pediatric vaccines. I feel as though this should require additional training and collaborative agreements with local pediatricians.

		The market competition drives companies to reduce pharmacists on duty and their support staff, while adding outreach tasks the the rx team and other programs to have an edge over the competitors.	What's there to elaborate?		Limit the number of prescriptions an Rph can verify in a day (240 seems appropriate) or average per hour (20-22 prescriptions). 1 rph shall not work alone nor have more than 3 techs as support. If the prescription volume grows above the limit, additional Rph hours are necessary, and the ratio of 1:3 between rph and techs shall remain, proportionally. Such ratios shall account for the sole purpose of dispensing medications. Outreach programs, marketing, managing should require extra hours for execution of duties.
I think in the community retail setting it is very difficult to provide a service for the public that would cause a disruption of services for a time period every day. Many customers squeeze errands in their day during their lunch hour which may or may not coincide with the pharmacy lunch hour. I think all retail pharmacists should have the opportunity to have a lunch break and can fit it in without having it mandated by the Board Of Pharmacy.		Mainly because with the advent of EMR and e-prescriptions there are more and more errors than I have ever seen in my career and these errors are not documented so corrective action never occurs and quality improvement on the Provider side never occurs.	We are always available and accessible to patients and Providers which actually matters. The Pharmacy is the most accessible healthcare profession for patients. We actually answer the phone and speak to you and are very reliable community resources (if we choose to be). That model is slowly being replaced with impersonal technology and PBM's and low reimbursement and DIR fees make it impossible to staff properly, but Vermont ignores this problem	Take pride in your profession and your colleagues, finish the days work.	PBM regulation, why does Vermont allow PBM's to make BILLIONS in profits every year while our insurance companies raise Vermonters premium rates and don't allow transparency of allowing Pharmacists to remain harmless from retaliation from the PBM's so we can tell the real story to real Vermonters. This has become one of the "dirtiest" businesses' I have ever seen.
	No. Payment from PBMs are so low that adequate staffing is not available. Work demands increase as people/patients/prescribers expect us to do more but PBMs keep lowering reimbursement. Will there be any independent pharmacies left in twenty-four months?	(Again) Rx volume and expectations have increased (along with insurance regs/rules) but payment has decreased. I don't have enough time on my lunch break right now to go into all of this.			Bring back the newsletter (printed form). Give examples of how the law/rules should be applied. Regulate PBMs; testify before the Senate & House H&W Committees that we are in danger of losing both profession and patient freedom of choice for pharmacies. Remind pharmacists, especially new grads, they have a friend at the BofP.

	<p>The amount of tasks pharmacists are expected to complete are sometimes outrageous. The increased demand for vaccines is becoming a huge problem. There is not always enough time to safely check scripts.</p>				<p>Giving vaccines to children in a pharmacy is unsafe and ridiculous</p>
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**HOSPITAL**

In practice, how often do you actually take a meal or rest break in each eight-hour shift?	In your opinion, are working conditions compatible with the provision of safe and competent pharmacy care?	In the past five years, have you left or considered leaving a pharmacy position because of patient safety concerns?	In your workplace, do you feel that the number of pharmacists typically on duty:	In a 5-day work week, how often do you work before or after your scheduled shift in order to complete necessary work?	Do you have specific concerns not addressed in this survey, or other recommendations to improve Vermont pharmacy regulation?
Please Elaborate	Please Elaborate	Please Elaborate	Please Elaborate	Please Elaborate	Yes
Usually eat and work. work thru lunch					
While we are scheduled for 8.5-hr (8 actual hrs plus 30 min lunch) and are encouraged to take 30 min lunch, most pharmacists work through and rarely takes a full lunch break.					
work-load demands, lack of adequate coverage & interruptions	lack of policies and procedures for consistency and accuracy; short-staffed, enabling of travelers' errors due to desperate short staffing and inadequate training and inexperienced managers; lack of accountability leading to very poor ethics	currently job hunting and awaiting new job offer	Due to extraordinary decline in patient census the excessive and wasteful expense of pharmacists and technicians (& hours of operation unchanged) borders on criminal theft of the CMMS, and State reimbursements for Feb-Sept 2020. Small rise in census past 2 wks—but excess RPhs are truly unethical costs this yr.		Sorry to have to say this...The recent inspection by Vt. BOP was a joke. I was not present but my colleagues stories about it were horrifying —about the disregard to actual inspection review of any operations. I also think Basic CPR/AED should be required for Licensure and renewal ( regardless of immunization status and credit hours to renew be valued for total hours for re-licensure; In addition, vaccinations revised for influenza vaccine to children 14 and up at least; Definitely get more accountability for managers—RPh managers should be required to carry additional CE in staffing relations & management competency principles (as that responsibility includes oversees working conditions, training & quality); Seriously consider random drug screening for managers! The Vt. Board's Executive Director has displayed questionable conflicts of interest with upper management personnel and her attitude toward loosening oversight by managers in the current statute is ethically wrong—In this day and age of
	Most days it is ok since I am at my desk working on things				
		I have left previous positions due to patient safety concerns. I chose my current position because I felt that management prioritized patient safety.	Our day shift is well-staffed. Our evenings, weekends, and holidays are understaffed. It's nice that almost everyone can celebrate the holiday but there is a safety gap because of it.		
I have the opportunity to take a break but I prefer to work through break times so as to stay focused and make the work day pass faster.					
Always eat a meal, although it may be at my desk.	I am often the only pharmacist in the hospital, so I don't consider that safe.	I like the small hospital I work at. It's frustrating that we don't have better staffing. Work loads can range from heavy to really light and I realize it is hard to staff for the two extremes and control costs			
Most days I eat at my desk during a meeting. Try to get out and walk for a break but only occurs 1-2x/week					
Usually always					
Usually just eat at my desk while working					
				N.A. - part-time only	
Depends on where I am staffing that day. In certain staffing roles, lunch is required and even staffed or supported. In other areas, lunch is suggested but not formally supported	Too many patients and too little staff	The job is too busy, not enough staff for the number of patients we have to provide care for			
Lunches are generally taken at my desk while working					
			My understanding is that our staffing ratios are below comparable hospitals of our size		Continue/develop regulations that allow pharmacists to practice at the top of one's license. Maintain collaborative practice regulations that allow maximum participation and flexibility by pharmacists, especially in clinical pharmacy practice. Avoid overly prescriptive protocols and leave the specific decisions about collaboration between a pharmacist and provider.
30 MIN LUNCH DAILY		When I worked at [redacted] there wasn't enough help, [redacted] wanted their pharmacist to do everything This is NOT the case at the hospital- retail pharmacies are dangerous!			I left [redacted] because of the stress and tasks they wanted their pharmacist to do just to make money. We should be staffed with enough technicians and PHARMACIST to help us-give vaccinations, COVID swab, check prescriptions, call doctor offices, counsel patients. I am much happier working inpatient hospital pharmacy and I feel like I can help my patients better because I have more time to focus and time to rest. Retail chains need to be better regulated-pharmacist to tech ratios and prescriptions to pharmacist ratios and mandatory rest breaks.
We eat at our workstations					
usually eat while working					

		Retail environment was not a safe environment for preventing errors. Corporate offices reduce hours for technicians and pharmacists to force more prescriptions with less oversight/time to use clinical knowledge.	In my last two positions in retail I would have said it is rarely adequate to provide safe care. My first retail job was doing 300 daily and my second was doing 120 scripts a day average. There are so many other tasks required that prescription count alone can't factor in.		
Often easier to work through than fall behind					
I walk to get coffee (about 10 minutes) but eat at my desk while working	all shifts have multiple staff on-site. 6 hours of overnight have been single pharmacist, but pace is a little slower. We are in the process of implementing 2 pharmacists during overnight shift.	no elaboration needed		I am management, so of course I always work more than the 8 hour shift on the job description.	
					The USP guidelines are hard. They don't take into account that not all compounders, especially small hospitals, do not make IV's in batches with extended BUDs. We want to put our pt's safety first, but we should not be treated like a 503B.
I'm the only pharmacist in the department after 6pm when I work second shift (> 1/2 my scheduled ours) so I eat at my workstation so I can verify orders and answer phones.			we are often short staffed for techs. Depending on the patient census, the central pharmacy can over staffed with pharmacists or adequate.	I generally stay late to communicate unresolved issues and complete clinical or organizations tasks I didn't have time to work on during my shift. Frequently the second shift tech and I stay late to dispense meds for patients admitted in the last half hour of our shift.	
Usually will eat lunch while working. If there is time may go for a 10 minute walk.			With the increase in hospital volume we could use another pharmacist working on each shift		
Don't have a designated break but able to leave desk and grab lunch. Always eat while continuing work. Can't leave staffing assignment for more than 10 min at a time without missing orders/calls etc	Depending on what assignment I am staffing I feel ok walking away for a few minutes to grab a drink/food. However, certain assignments, dates/times etc do not. Definitely understaffed for what is expected/required/desired by pharmacy services	I love what I do too much - but I have sought alternative positions		Depends what assignment I am covering	In our situation, heavily relies on upper management understanding resources pharmacy needs. Since we aren't billable, people often forget us since we aren't billing services. Often left out of descriptions of who takes care of patients, etc.
I work night shift 11pm to 7am and do not receive a meal break as I am the only pharmacist on duty	Could use a second pharmacist on night shift. Many times the speed at which I need to work results in errors	No my hospital has a safe reporting system and other ways to communicate issues plus where else would I go? It is my understanding that the profession is stressed regardless of work settings		Many pharmacist do not come to work on time this results in not being able to give report, review the work and leave on time.	In this survey for question #20 I do not have that information so I entered 0 consider allowing for more options for those of us who do not get that information.
Not more than 30 minutes					
	USUALLY, BUT NOT ALWAYS				
	Definitely risk patient care in the name of making the hospital money				
This is in the hospital setting				I am a salaried manager so often work a 10-12 hour administrative day. When staffing, I rarely need to work more than my assigned hours.	
I always make time to eat. Sometimes it isn't designated time away from the computer but I always eat.	I love my workplace. I am very fortunate to work at UVMHC.				
Depending on the amount of work, I am sometimes able to step away for a meal break. Otherwise I will typically eat at my desk while I work.					
		Not in my current position but previous position that was outpatient and inpatient based			
30 min lunch break					
		Prior to become a full time pharmacist at a hospital, I worked many years in busy retail settings. Almost every position I have held as a community pharmacist I ultimately left because of patient safety concerns.			In a retail setting, Profit driven tasks often take precedent over tasks that improve patient outcomes. There is a dollar sign attached to any meaningful medication therapy management tasks. Ordering expensive prescription items are often delayed due to corporate restrictions. Patients who don't pick up their medications due to cost are rarely ever reported to their PCP. So, it may take the primary weeks or months to discover the patient never picked up a certain medication due to high cost of at all. The pharmacist is almost always inundated with work and other demands in front of them to make such meaningful follow ups to patients providers. If insurance doesn't cover something, the pharmacist may not necessarily follow up on it or the brand new 18 year old technician might not have the skill to know to let the pharmacist know that something wasn't billed correctly and let the patient walk away and that's the end of that interaction. I could go on... retail pharmacist are overworked and understaffed and technicians are underpaid
	It is difficult to take breaks so I can be completely focused on patient care				

<p>I schedule a break on my calendar. It is rare that I work a day without a lunch break</p>			<p>There are opportunities to expand the scope of pharmacy services to facilitate patient safety (e.g. transition of care), which would require additional resources.</p>	<p>Non-patient care responsibilities</p>	<p>-White bagging is a huge problem (patient safety and operational efficiency). Clarification is needed for what a final dispensed product should be. -Improve ability of technicians to do more independent work through technology implementation -Require pharmacists/technicians to complete medication histories for high-risk admitted patients (California requirement) -Require a hospital pharmacist as a board of pharmacy member -Further clarify pharmacy intern duties. There is a disparity of what constitutes an intern for community practice versus hospital based practice. Does a pharmacy intern need to be registered as a technician in addition to their intern registration in both settings? -The current age restriction on immunizations is a hindrance to patient care. This should be lowered to 14 years to be more contemporary. -I would like to see a clear and simple process for hospital pharmacies to safely dispense bulk medications home with the patient (e.g. insulin pens and inhalers) to reduce</p>
<p>I never have time to take 30 minutes for lunch. I generally have enough time to go to the cafeteria to buy lunch and eat as I work. I occasionally have so much work that I am unable to stop for a meal.</p>		<p>I will never consider working for chain retail again. Tech staffing levels are dangerously low. Working chain retail I generally didn't have time to go to the bathroom, much less eat a meal during a 12 hour shift.</p>			
<p>I rarely take a lunch break, but I really could. Patient care would be impacted, but my supervisor and hospital culture would support me in this. It is my choice.</p>	<p>Almost always. We have been understaffed, but have just been approved for a new full-time position. This should resolve the rare too-hectic situations.</p>	<p>I left [redacted] in Florida because of this just over 5 years ago.</p>	<p>This should change soon. We have been very recently approved for a new full-time pharmacist and are in the hiring process. This should put us in the "constantly adequate" category.</p>	<p>Usually 15 minutes, sometime as much as an hour after shift.</p>	<p>There weren't any questions about pharmacist wellbeing.</p>
<p>It is rare that I do not get a 30 minute meal or rest break at lunch. (Maybe 1-2x every 2 weeks or so). This is due to an amazing pharmacy team we have always willing to cover one another. We have a unique situation where the hospital pharmacists can cover for the retail establishment across the street and vice versa, as we are all cross trained.</p>	<p>In the retail environment, some pharmacy technicians (those certified included) seem to lack competency.</p>				



**RETAIL - OTHER**

In practice, how often do you actually take a meal or rest break in each eight-hour shift?	In your opinion, are working conditions compatible with the provision of safe and competent pharmacy care?	In the past five years, have you left or considered leaving a pharmacy position because of patient safety concerns?	In your workplace, do you feel that the number of pharmacists typically on duty:	In a 5-day work week, how often do you work before or after your scheduled shift in order to complete necessary work?	Do you have specific concerns not addressed in this survey, or other recommendations to improve Vermont pharmacy regulation?	
Please Elaborate	Please Elaborate	Please Elaborate	Please Elaborate	Please Elaborate	Yes	
I try to take at least 10 mins each day to sit down and eat but some times it's just too busy to stop. I would say that I take a break 80% of the time.	At my pharmacy, yes. We are fairly autonomous and corporate is very supportive.	I have been very fortunate to work for companies that value their patients AND employees. I'll never work for a retail chain again.	I have been able to staff more than upper management would like and support the extra RPH hours with improved patient satisfaction scores and fewer errors.		This is a great survey and very much needed to support our retail chain pharmacists. Those conditions are NOT safe.	
I'm the only pharmacist so I usually sit down to eat but get up to finish verifying a rx or counsel a patient or take a dr call or whatever.	In general I think things are safe but everyone is expecting things be done quickly including patient and prescribers. This pressure to be fast always add some risk. Also as pharmacist are asked to do more like vaccinations, mtm, often with less help things could very easily hit a tipping point and no longer be safe. I think many chains are at this point of getting unsafe or very close to it. Also not getting proper time to eat, stay hydrated and take care of oneself during the day can add some risk.		There are times I feel overwhelmed and rushed.		Technicians need to be paid better to attract and keep better talent. They have almost as difficult a job as pharmacist and are not paid very well to do it.	
		Yes, when I worked for a chain pharmacy				
80% of the time I bet a brake	My practice site has 3-5 pharmacist working					
I've held multiple pharmacist positions and in pharmacies where we have no help and don't close the pharmacy for a break it's almost impossible to take a lunch.	At this point in pharmacy where it's busy in the community and with flu season all pharmacies that i have worked in are overwhelmed and understaffed.	Working with [REDACTED] made me almost not want to be a pharmacist anymore	In the busy pharmacies that I've worked in with little to no help and working in a pharmacy when we will process 350+ prescriptions a day with one pharmacist and little tech help. I found it often that I felt I was not performing my job in the best way possible due to trying to keep up with volume		I think that all pharmacies should be evaluated for safety especially in covid times. I've worked in multiple pharmacies where I've felt performing my job was unsafe and felt overwhelmed and horrible in regards to patient safety which is my primary focus	
Weekday practice has staffing to allow business to function without impacting patient care. Weekend is staffed with 1 pharmacist, so the break may be 1 or 2 10 to 15 minute breaks.					Not a patient safety issue, but I would suggest doing away with the archaic need to have a printed report of RX's filled signed by the pharmacist. It is a waste of paper and space.	

<p>I am a clinical consulting and academic pharmacist. My hours are flexible but numerous and I rarely get a chance to actually take a lunch break</p>	<p>I work at my own pace. I do not see this with my retail colleagues though in my experience</p>	<p>I have a good experience. Again, I have serious concerns about my retail colleagues.</p>	<p>There is a lack of consistent staffing and dwindling overlap and technician hours. This is a travesty. I see more and more errors from my end at the clinic side that is solely due to poor training /high tech turnover and not enough pharmacist oversight to be able to provide the care that patients deserve and pharmacist are qualified to give.</p>	<p>Flexible schedule, but need to work long hours. This is an incredibly important question. I hear many of my colleagues work off the clock hours per week to meet their goals. This is wage theft, yet there are no safeguards in place to protect these pharmacist from giving thousands of dollars to a work place in unpaid labor to make up work that was unattainable to being with.</p>	<p>Vermont pharmacists and pharmacists across the country are increasingly being asked to do more clinical and dispensing duties with fewer resources. This creates a dangerous environment for patients and liability for the pharmacists. These errors are often brought about by metrics and demands for performance that chains place on the stores (and these chains take no responsibility for their part in the errors) that demean the role of the pharmacist to a set of numbers. The ability to perform new clinical responsibilities is often exciting and welcome. Unfortunately, the lack of adequate reimbursement mechanisms for them just means that the prescription count metrics increase while the services offerings increase, yet no or less than proportional support staff increase happens. The Board of Pharmacy is in a position to make Vermont a very attractive place for</p>
<p>30 minute meal break for each 8 hour shift</p>					