

Establishment of a Pharmacy School at Texas A&M University - Kingsville

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March 21, 2001

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A black and white photograph of a cloudy sky. The clouds are scattered and vary in density, with some areas appearing brighter where light breaks through. At the bottom of the image, there is a dark silhouette of a building with a prominent, rounded, domed roof. The overall tone is somber and atmospheric.

HB 1640

***Establishing a pharmacy school at
Texas A&M University-
Kingsville***

Carnegie Classification Institutions of Higher Education

- ***Doctoral/Research Extensive***
- ***Doctoral/Research Intensive***
- ***Master's Comprehensive I***
- ***Master's Comprehensive II***
- ***Baccalaureate - Liberal Arts***
- ***Baccalaureate - General***

Carnegie Classification

South Texas Institutions of Higher Education

<i>Classification</i>	<i>Institution</i>
Doctoral/Research Extensive	None
Doctoral/Research Intensive	Texas A&M University- Kingsville
Master's Comprehensive I	TAMIU, TAMU-CC, UTB, UTPA, UTSA, St. Mary's, UIW
Master's Comprehensive II	None

Do we need a new pharmacy school in South Texas?

- TWC projects 430 job openings for pharmacists per year until 2008**
- Four state pharmacy schools are producing 315 pharmacists per year**
- State Ratio-79.6 per 100,000**
- South Texas Ratio-55.8 per 100,000**
- “Pharmacist can write their own ticket” , USA Today, March 15, 2001**



Abstract:

Most graduates choose jobs in retail pharmacies because the pay is better. "In retail, salaries start at about \$75,000 for new graduates. Cars, signing bonuses and tuition reimbursement are also offered," says Robert Colmery Jr., vice president of Allied Consulting, a recruitment firm that helped place 252 pharmacists last year. Starting salaries at hospitals generally range from \$67,000 to \$72,000, Colmery says.

GRAPHIC, B/W, Quin Tian, USA TODAY, Source: American Association of Colleges of Pharmacies (Line graph); PHOTOS, B/W, Mark Williams for USA TODAY (2); Recent grad: [Karen Moody], seen with technician Robert Melendez, took a job at Las Colinas Pharmacy. Drug interaction: Moody works with a customer. She likes the independent pharmacy because "You get to do more things. It isn't just count-and-pour."

Full Text:

Copyright USA Today Information Network Mar 15, 2001

Karen Moody had her choice of jobs when she graduated last May. Some employers offered signing bonuses. Others were giving BMWs to new hires. Salaries started at about \$75,000 a year.

Forget computer programming. The jobs and money are in dispensing drugs: Moody is a pharmacist.

"Salaries are probably the highest they've ever been," says Moody, 26.

The salaries and the perks are driven by one thing: The demand for pharmacists exceeds the supply.

"It's pretty bad," says David Davis, director of pharmacy at Port Huron Hospital, which has openings for three pharmacists. "It could take us 3 months to a year to fill those spots."

The demand for pharmacists comes as the number of prescriptions written has soared from 1.9 billion in 1992 to 3.1 billion last year - - and is expected to reach 4 billion in 2004. At the same time, the number of graduates from pharmacy schools has leveled off, and applications are up only slightly.

That combination worries some policy experts, who say the workplace shortage could mean patients get shortchanged, or worse, hurt.

For one thing, pharmacists have less time to counsel patients about their medications. Additionally, job stress and longer hours could result in "fatigue-related factors that increase the potential for medication error," says a report issued in December by the U.S. Department of Health and Human Services.

Yet few statistics exist on dispensing errors. Reporting is voluntary, and most states don't keep track.

"There's no data we're aware of that says the shortage is affecting or increasing the number of medication errors," says Paul Riches, legislative analyst for the California Board of Pharmacy. "Largely that's because there's no good data on that in general."

Overwork and errors

Still, errors do occur. Last year, for example, a 5-year-old Virginia boy died after a pharmacy prepared a bed-wetting medication at five times the prescribed dosage. A technician, who was helping the pharmacist, apparently typed a wrong number into a computer. The pharmacist did not catch the error.

While not commenting on the specific Virginia case, pharmacists agree that overwork can be a problem.

"The more work you do, the more likely you are to make an error," says Tom Van Hassel, director of pharmacy at Yuma Regional Medical Center in Yuma, Ariz.

Despite the workload, Van Hassel says the main reason for errors remains the look-alike packaging and sound-alike names of many drugs, combined with the fragmented health system that often means patients' medical records are not available to pharmacists.

"We have to have some way of sharing information," says Van Hassel. "So that if you get a prescription filled at one pharmacy, it would show what you got last week at another pharmacy."

Solutions to the shortage range from increasing enrollment in pharmacy schools to decreasing the amount of routine paperwork required of pharmacists by insurers. Allowing pharmacies to hire more certified technicians, who in most states can fill prescriptions under a pharmacist's supervision, is supported by the pharmacy industry. California officials, for example, are considering new rules to allow one pharmacist to oversee two technicians. Currently the ratio is 1-to-1.

Changes in packaging could also help. For example, antibiotics that need to be taken in a specific dosage for 10 days could be packaged that way at the factory, says Phil Schneider of the National Chain Drug Store Association.

Insurers could help by standardizing their prescription benefit cards and including on them more of the information pharmacies need to process claims.

"It sounds simple, but every little thing you can do to make it more efficient reduces workload and adds to the time pharmacists can spend with patients," Schneider says.

The federal report on the pharmacist shortage says that dealing with insurers takes up an estimated 10% to 20% of a pharmacist's time.

"That's what we do all day -- jump through these hoops, get put on hold, fax this, dial that 800 number," says John Gelinas, owner of the Chimes Pharmacy in Berkeley, Calif. "All that for the \$2 the insurer pays you that doesn't cover your costs anyway."

Perks for new hires

Those hassles affect hiring.

As a selling point, hospitals trying to lure new grads point out that their pharmacists don't have to deal with insurers. They also have more opportunity to work with patients and doctors.

But hospitals are competing for pharmacists against retail pharmacies and mail-order houses, both of which generally pay more and offer perks to new workers, such as high-end leased cars.

"That's the disparity facing graduates," says Van Hassel at the Yuma hospital. "Do I want a job as a clinical pharmacist in a hospital or make the big bucks and work in retail?"

Most graduates choose jobs in retail pharmacies because the pay is better. "In retail, salaries start at about \$75,000 for new graduates. Cars, signing bonuses and tuition reimbursement are also offered," says Robert Colmery Jr., vice president of Allied Consulting, a recruitment firm that helped place 252

pharmacists last year. Starting salaries at hospitals generally range from \$67,000 to \$72,000, Colmery says.

Pharmacists spend 4 years earning their degree, plus 2 or more years in college-level studies before pharmacy school. There are 82 colleges of pharmacy in the USA, which last year enrolled 34,481 students and graduated 7,260, says Susan Meyer, senior vice president of the American Association of Colleges of Pharmacy. Female graduates outnumber men almost 2-to-1.

"It's a great career for women," says Moody. Salaries are good, she says, and part-time work also is lucrative. After starting a family, many women pharmacists choose to work part-time.

For employers, that's posing some new challenges.

"We have two pharmacists now who work for us part time," says Davis at Port Huron. "I'm probably headed for a lot of part-time people."

When she graduated from the University of Texas at Austin, Moody says, she considered working for one of the large retail chains, which were offering various perks to new hires. But she opted to forgo the BMW and the big signing bonus to work for an independent pharmacy in Irvine, Texas.

The salary is comparable, she says, but the lure for her was being able to do medicine compounding, which means custom tailoring medications for people and pets. Plus the pharmacists at her store interact more with patients, doing cholesterol and bone-density testing.

"The independents have better working conditions," says Moody. "You get to do more things. It isn't just count-and-pour, lick-and-stick."

[Illustration]

GRAPHIC, B/W, Quin Tian, USA TODAY, Source: American Association of Colleges of Pharmacies (Line graph); PHOTOS, B/W, Mark Williams for USA TODAY (2); Caption: Recent grad: Karen Moody, seen with technician Robert Melendez, took a job at Las Colinas Pharmacy. Drug interaction: Moody works with a customer. She likes the independent pharmacy because "You get to do more things. It isn't just count-and-pour."

Sub Title: [FINAL Edition]

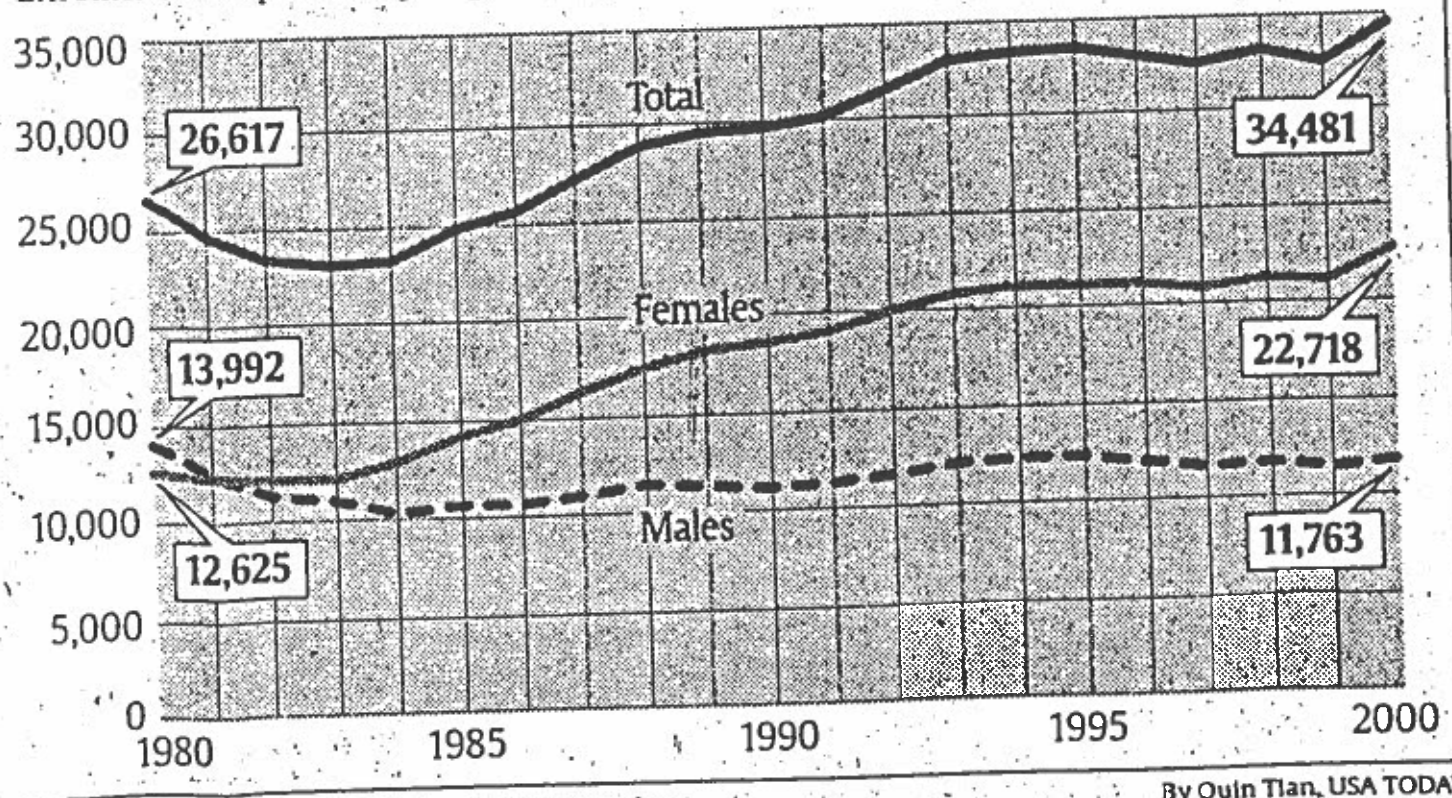
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Pharmacy enrollments

Enrollments in pharmacy degree programs:



Source: American Association of Colleges of Pharmacies

By Quin Tlan, USA TODAY

Will a new pharmacy school address this shortage?

- **South Texas community colleges & universities have approximately 200 students in the pre-pharmacy pipeline**
- **Studies show that students will practice their chosen profession in the geographic region where they completed their academic studies**
- **Geographic accessibility will enable South Texas students to consider the pharmacy profession**

Does TAMU-Kingsville have the foundation to support a pharmacy school?

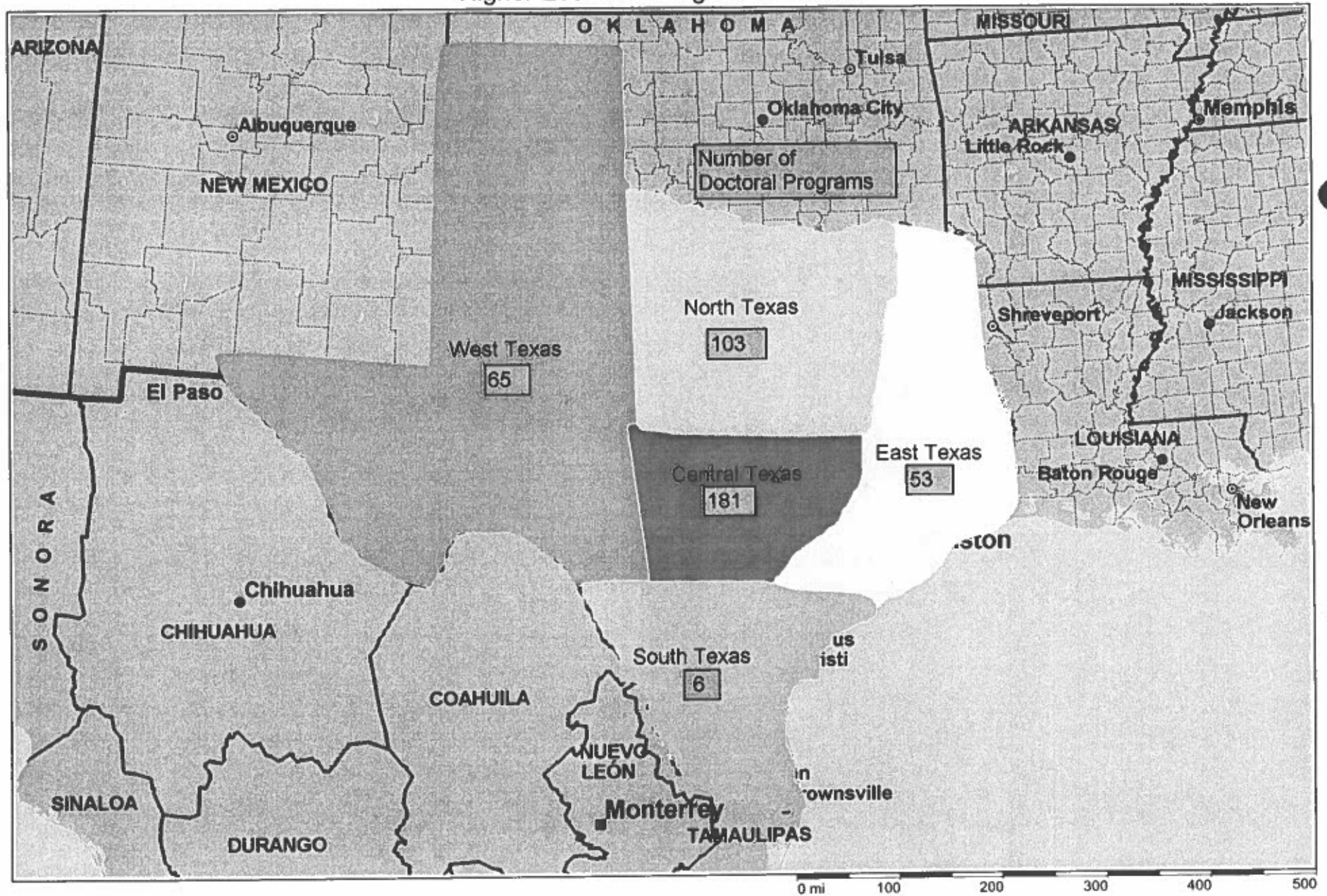
- **TAMU-Kingsville can, at present, provide 5 semesters of the 12 semester PharmD curriculum with our current course offerings**
- **TAMU-Kingsville has strong programs in Chemistry(ACS approved program) and Biology with over 500 undergraduate majors**
- **TAMU-Kingsville has established research partnerships with the pharmaceutical industry**



Faculty Recruitment

- **Over the past two years, new faculty have been brought in at competitive, market-driven salaries**

Higher Education Regions of Texas



**REGIONAL COMPARISON
FACULTY SALARIES
FY 2000**

INSTITUTIONS	DOCTORAL PROGRAMS	NUMBER OF FACULTY*	AVERAGE SALARIES
WEST			
West Texas A&M University		150	\$47,569
Texas Tech University	56	801	\$61,888
Angelo State University		153	\$50,433
Sul Ross State University		71	\$53,174
Sul Ross State University Rio Grande College		21	\$47,429
The University of Texas at El Paso	9	386	\$52,944
The University of Texas of the Permian Basin		70	\$49,164
REGIONAL	65	1,652	\$56,340
NORTH			
The University of Texas at Dallas	12	250	\$72,420
The University of Texas at Arlington	20	499	\$58,851
Tarleton State University	1	146	\$48,809
Texas A&M University-Commerce	9	167	\$52,578
Midwestern State University		133	\$53,187
University of North Texas	44	647	\$58,725
Texas Woman's University	20	284	\$50,288
REGIONAL	106	2,126	\$57,728
EAST			
The University of Texas at Tyler		121	\$50,654
Texas A&M University at Galveston		36	\$55,674
Prairie View A&M University		161	\$46,230
Texas A&M University-Texarkana		25	\$56,009
University of Houston	38	818	\$66,751
University of Houston-Clear Lake		166	\$60,546
University of Houston-Downtown		155	\$48,676
University of Houston-Victoria		32	\$52,732
Stephen F. Austin State University	2	352	\$48,425
Texas Southern University	4	213	\$48,965
Lamar University-Beaumont	6	231	\$49,996
Sam Houston State University	3	317	\$51,961
REGIONAL	53	2,627	\$55,713
CENTRAL			
The University of Texas at Austin	90	1,616	\$74,150
Southwest Texas State University	2	514	\$53,187
The University of Texas at San Antonio	3	372	\$55,942
Texas A&M University	86	1,554	\$70,192
REGIONAL	181	4,056	\$68,307
SOUTH			
The University of Texas-Pan American	2	275	\$52,819
The University of Texas at Brownsville		104	\$48,582
Texas A&M University-Corpus Christi	1	191	\$51,033
Texas A&M University-Kingsville	3	214	\$48,536
Texas A&M International University		104	\$50,629
REGIONAL	6	888	\$50,650
STATE			
STATE	411	11,349	\$60,286

* Faculty numbers and average salaries for top three Ranks

Data from: **Average Faculty Salary Reported on CBM008, Universities FY2000**

<http://www.thecb.state.tx.us/divisions/finance/finance.htm>



TEXAS A&M
UNIVERSITY
KINGSVILLE

DEPARTMENT OF CHEMISTRY
MSC 161 • KINGSVILLE, TEXAS 78363-8202
PHONE 361/593-2914 • FAX 361/593-3597

The Honorable Irma Rangel
The Texas House of Representatives
District 35
P. O. Box 2910
Austin, Texas 78768

February 7, 2001

Representative Rangel:

President Cisneros has informed me of your great efforts to bring a school of pharmacy to South Texas, and he has asked that I assist you in any way possible. It will be an honor to play a part in helping you create a school of pharmacy at Texas A&M-Kingsville, and I want to assure you that I will be at your disposal in this matter.

The current direction of pharmacy education is toward the entry-level doctor of pharmacy degree. The program consists of a minimum of two years of prepharmacy courses that Texas A&M-Kingsville has been offering for many years. This is followed by four years in a professional program at an accredited college of pharmacy. The first three years of the professional program are mostly didactic education, including the basic biomedical sciences, the basic pharmaceutical sciences, and the preclinical pharmacy sciences along with advanced general education courses.

Our current course offering easily could be tailored to address the didactic education, including a basic or advanced biomedical science program. The university's departments of chemistry and biology are very strong and are divested in the biomedical sciences. The department of chemistry is accredited by the American Chemical Society and was fortunate to recruit a new faculty member who currently holds 19 patents in the pharmaceutical industry. The department of biology has a long and successful heritage in obtaining numerous grants for biomedical research and in training students to pursue a graduate degree. The biology department recently has recruited two new faculty members in the area of biomedical sciences.

The last year of the doctor of pharmacy program is the clinical year, which requires significant exposure to medical and pharmaceutical specialty areas. In order to achieve this, we will need to develop partnerships with hospitals and clinics in the Coastal Bend, Rio Grande Valley and the San Antonio area.

Currently, we have 17 students in our prepharmacy program. I feel confident that we could obtain a class of 50 students for a doctor of pharmacy program without difficulty, and I firmly believe that developing such a program would be beneficial to the South Texas region and its citizens. I stand ready to assist you in assuring that this program reaches fruition at Texas A&M-Kingsville.

Sincerely,

Mauro E. Castro, PhD
Professor and Chair
Department of Chemistry
Texas A&M University-Kingsville



TEXAS A&M
UNIVERSITY
KINGSVILLE

DEPARTMENT OF CHEMISTRY
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The Honorable Irma Rangel
The Texas House of Representatives
District 35
P. O. Box 2910
Austin, Texas 78768

February 14, 2001

Representative Rangel:

The following budgetary prediction is based on the pharmacy school at Texas Tech University, which operates the newest pharmacy school in the state. The numbers that are exemplified here are those of a fully staffed program. Naturally the start-up cost will be lower until all positions are filled. President Cisneros informs me that the building cost will be determined by state officials in Austin. Therefore the budget excludes any building cost. If for any reason we need to determine building cost please let us know and we will pursue that.

Administratively, the college of pharmacy will consist of a dean with assistant deans for Student Services, Clinical Affairs, and Student Outcome Assessment. Academically, the program is divided between the Department of Pharmacy Practice and the Department of Pharmacy Science. Within the Department of Pharmaceutical Sciences, positions include the chair, a vice-chair of Basic Pharmaceutical Sciences 13 FTE faculty, and a vice-chair of Pharmacy Administration with 2 FTE faculty. The Department of Pharmacy Practice is divide into three areas, each headed by a chief. The Chief of Critical Care will supervise 12 faculty/practitioners, the Chief of Primary Care supervise 11 faculty/practitioners, and the Chief of Community Pharmacy Practice will supervise two community pharmacy faculty/practitioners.

In addition to the College of Pharmacy, a Ph.D. program associated with the pharmacy program can be established. This will enable faculty to conduct research and attract external funding. We are in the process of establishing collaborative programs with several leading pharmaceutical companies (e.g., Bristol-Myers Squibb, Dannier Chemicals, Cambridge Laboratories and Merck) whereby our research students will be involved in identifying and solving process related problems and issues of mutual interest. This involves synthesizing initial quantities of drug candidates using existing-routes as well as improving the existing synthesis, possibly following a completely different strategy from medicinal routes so that it can be scaled up for commercial production.

Sincerely,

Mauro E. Castro, PhD
Professor and Chair
Department of Chemistry
Texas A&M University-Kingsville

encl. Budget

Best Guess at budget for Pharmacy College
Based upon Texas Tech Pharmacy School

Personnel Budget:

	Annually fully staffed
Dean's Office	\$713,496
Pharmaceutical Services	\$1,272,436
Pharmacy Practice	\$1,356,143
Total Personnel	\$3,342,075

Operating Budget:

	Annually fully operational
Dean's Office	\$151,041
Pharmaceutical Services	\$252,694
Pharmacy Practice	\$454,684
Total Recurring Expenses	\$858,419
Total Non-recurring Expenses	\$148,500
Total Operating	\$1,865,338

Ancillary Support: Library

Start-up cost	recurring cost
\$385,000	115,000



The Texas A&M University System Health Science Center

Office of the President

1716 Briarcrest Drive, Suite 705
1364 TAMU
Bryan, Texas 77802-2794
979 458-0800 • fax 979 458-0813

MAR 26 2001

March 23, 2001

The Honorable Irma Rangel
Texas House of Representatives
P. O. Box 2910
Austin, TX 78768-2910

Dear Representative Rangel:

As you know, the 76th Legislature created and funded the Coastal Bend Health Education Center (CBHEC) within The Texas A&M University System Health Science Center. We certainly appreciate your support for creation of CBHEC in that session. The goal of CBHEC is to improve the health of the citizens in the Coastal Bend area of Texas and to increase educational opportunities in the health professions in the area. We believe that CBHEC will be extremely helpful to you and to Texas A&M University-Kingsville in its pursuit of approval to establish a school of pharmacy. I want to assure you that the A&M System Health Science Center and, in particular, CBHEC will provide assistance to TAMU-Kingsville and to you in helping to gain approval and, ultimately, to establish the pharmacy school. We believe our initial help will be most useful in working with TAMU-Kingsville and with the numerous clinical contacts of CBHEC to determine and define clinical rotation opportunities for students within the school of pharmacy. The Director of CBHEC, Dr. Juan Castro, is well acquainted with the clinical institutions in the area. Further, he has succeeded in guiding them to work together on common issues such as continuing education for physicians and nurses, and for patient diabetes education.

I want to assure you of the support and the help of the A&M System Health Science Center and CBHEC in this matter. Further, Dr. Castro will forward to you, in the very near future, a more detailed description of exactly how we view the Health Science Center and CBHEC in assisting you and TAMU-Kingsville.

Best regards and thank you for all you do for Texas.

Sincerely,

A handwritten signature in cursive script, reading "J S Cole", is written over the typed name.

James S. Cole, D.D.S.
Interim President

cc: Mr. Marc Cisneros
Dr. Juan Castro
Dr. Leo Sayavedra
Mr. Michael O'Quinn



The Texas A&M University System Health Science Center

Coastal Bend Health Education Center

6300 Ocean Drive • Natural Resources Center, Suite 3500
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Coastal Bend Health Education Center

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Kingsville, Texas 78363-8202
361 593-2705 • fax 361 593-2368

APR 02 2001

March 26, 2001

The Honorable Irma Rangel
Chairman, Texas House Higher Education Committee
P.O. Box 2910
Austin, Texas 78768

Dear Representative Irma Rangel,

The Coastal Bend Health Education Center under the auspices of the Texas A&M University System Health Science Center fully supports House Bill 1640 which calls for the creation of a pharmacy school on the campus of Texas A&M University - Kingsville.

Since CBHEC was first approved by the last legislature, a pharmacy school has been on our list of programs needed for the Coastal Bend area. We will assist you in making your proposal to the legislature as solid and as well founded as possible.

I recently discussed House Bill 1640 with administrators from the CHRISTUS-Spohn Health Care System and they have offered their facilities as potential sites for pharmacy training. They have hospitals in four different counties in the Coastal Bend and thus the opportunity for pharmacy students to have a well-rounded education, and exposure in both urban and rural hospitals.

I also discussed House Bill 1640 with the president of the Coastal Bend Pharmacy Association. This association includes membership of pharmacists from seven counties in the Coastal Bend. They have also pledged support for the creation of a pharmacy school at Texas A&M University - Kingsville.

I will be working diligently with other organizations such as Eckerd's and Walgreen's Pharmacies in obtaining regional support to have them as clinical training sites. Also, Driscoll Children's Hospital will be approached, as they will be essential in the training of pharmacists.



The Texas A&M University System Health Science Center

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There are no doubts that a new pharmacy school is much needed in Texas. However, as you know, we must convince the legislature that the new pharmacy school needs to be built in the Coastal Bend Area. In the last decade, we have noticed a decline in the number of Hispanic students graduating from pharmacy school. Texas A&M University at Kingsville, with a pharmacy school, will not only be able to graduate more pharmacists for Texas, but also will be a perfectly accessible place where students of Hispanic descent can pursue a career in pharmacy.

Please do not hesitate to contact me at your convenience to further discuss our support and assistance to House Bill 1640. I will continue finding other entities that can play an important role in developing the new pharmacy school on the campus of Texas A&M University - Kingsville.

I will be visiting Austin on Wednesday, March 28th, for "Capitol Salute". Our medical delegation will be meeting with some of our regional legislators from 8:30 to 11:00 a.m. I hope I can meet with you then.

Respectfully,

A handwritten signature in black ink, appearing to read "Juan F. Castro", is written over a horizontal line.

Juan F. Castro, M.D., M.B.A.

Director, Coastal Bend Health Education Center

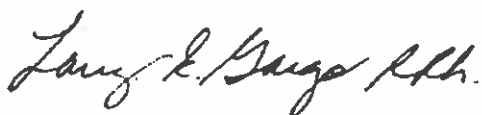
Cc : Dr. Elvin Smith
General Marc Cisneros

March 30, 2001

Dear Honorable State Representative Irma Rangel,

I am faxing this information to you in hopes that it may be of some assistance to you in consideration of the Pharmacy Ed bill presently being considered for Texas A&M-Kingsville. You may already have this information, but in case you don't, here it is. There is a groundswell of support and excitement by a large number of pharmacist and physicians in the Kingsville and Coastal Bend area who are very pleased to see this legislation being brought up for consideration. I also wish to convey to you that there are a number of pharmacist and physicians who are willing to come up and testify before any committee in support of this legislation. If I can be of any further assistance to you on this matter please feel free to contact me or Dr. Toby Garcia. Thank you again for all your efforts and support for programs that help the needs of the Coastal Bend area.

Respectfully yours,



Larry E. Garza, R.Ph
1610 Santa Maria
Kingsville, Texas
(361)-595-1915 - Home
(361)-595-4716 - Work

P. S. I have also conveyed concerns to your legislative personnel regarding support for HB406 & SB543 & HB1088 respectively. Again I remain at your disposal should you have any questions or concerns in regards to these bills.

Licenced Preceptorships South Texas Counties

County	Number of Preceptorships
Aransas	1
Atascosa	2
Bandera	0
Bee	5
Bexar	125
Brooks	0
Calhoun	1
Cameron	26
Comal	6
Dimmit	0
Frio	0
Goliad	0
Guadalupe	5
Hidalgo	3
Jim Hogg	0
Jim Wells	3
Kleberg	4
LaSalle	0
Medina	1
Nueces	56
Refugio	1
San Patricio	10
Starr	1
Uvalde	0
Victoria	6
Webb	1
TOTAL COUNT	257

Pharmacists now can write their own ticket Salaries start at \$75,000 and some new hires get BMWs as prescription boom fuels demand

USA Today; Arlington, Va.; Mar 15, 2001; Julie Appleby;

Abstract:

Solutions to the shortage range from increasing enrollment in pharmacy schools to decreasing the amount of routine paperwork required of pharmacists by insurers. Allowing pharmacies to hire more certified technicians, who in most states can fill prescriptions under a pharmacist's supervision, is supported by the pharmacy industry. California officials, for example, are considering new rules to allow one pharmacist to oversee two technicians. Currently the ratio is 1-to-1.

Most graduates choose jobs in retail pharmacies because the pay is better. "In retail, salaries start at about \$75,000 for new graduates. Cars, signing bonuses and tuition reimbursement are also offered," says Robert Colmery Jr., vice president of Allied Consulting, a recruitment firm that helped place 252 pharmacists last year. Starting salaries at hospitals generally range from \$67,000 to \$72,000, Colmery says.

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"We have to have some way of sharing information," says Van Hassel. "So that if you get a prescription filled at one pharmacy, it would show what you got last week at another pharmacy."

Solutions to the shortage range from increasing enrollment in pharmacy schools to decreasing the amount of routine paperwork required of pharmacists by insurers. Allowing pharmacies to hire more certified technicians, who in most states can fill prescriptions under a pharmacist's supervision, is supported by the pharmacy industry. California officials, for example, are considering new rules to allow one pharmacist to oversee two technicians. Currently the ratio is 1-to-1.

Changes in packaging could also help. For example, antibiotics that need to be taken in a specific dosage for 10 days could be packaged that way at the factory, says Phil Schneider of the National Chain Drug Store Association.

Insurers could help by standardizing their prescription benefit cards and including on them more of the information pharmacies need to process claims.

"It sounds simple, but every little thing you can do to make it more efficient reduces workload and adds to the time pharmacists can spend with patients," Schneider says.

The federal report on the pharmacist shortage says that dealing with insurers takes up an estimated 10% to 20% of a pharmacist's time.

"That's what we do all day -- jump through these hoops, get put on hold, fax this, dial that 800 number," says John Gelinas, owner of the Chimes Pharmacy in Berkeley, Calif. "All that for the \$2 the insurer pays you that doesn't cover your costs anyway."

Perks for new hires

Those hassles affect hiring.

As a selling point, hospitals trying to lure new grads point out that their pharmacists don't have to deal with insurers. They also have more opportunity to work with patients and doctors.

But hospitals are competing for pharmacists against retail pharmacies and mail-order houses, both of which generally pay more and offer perks to new workers, such as high-end leased cars.

"That's the disparity facing graduates," says Van Hassel at the Yuma hospital. "Do I want a job as a clinical pharmacist in a hospital or make the big bucks and work in retail?"

Most graduates choose jobs in retail pharmacies because the pay is better. "In retail, salaries start at about \$75,000 for new graduates. Cars, signing bonuses and tuition reimbursement are also offered," says Robert Colmery Jr., vice president of Allied Consulting, a recruitment firm that helped place 252

pharmacists last year. Starting salaries at hospitals generally range from \$67,000 to \$72,000, Colmery says.

Pharmacists spend 4 years earning their degree, plus 2 or more years in college-level studies before pharmacy school. There are 82 colleges of pharmacy in the USA, which last year enrolled 34,481 students and graduated 7,260, says Susan Meyer, senior vice president of the American Association of Colleges of Pharmacy. Female graduates outnumber men almost 2-to-1.

"It's a great career for women," says Moody. Salaries are good, she says, and part-time work also is lucrative. After starting a family, many women pharmacists choose to work part-time.

For employers, that's posing some new challenges.

"We have two pharmacists now who work for us part time," says Davis at Port Huron. "I'm probably headed for a lot of part-time people."

When she graduated from the University of Texas at Austin, Moody says, she considered working for one of the large retail chains, which were offering various perks to new hires. But she opted to forgo the BMW and the big signing bonus to work for an independent pharmacy in Irvine, Texas.

The salary is comparable, she says, but the lure for her was being able to do medicine compounding, which means custom tailoring medications for people and pets. Plus the pharmacists at her store interact more with patients, doing cholesterol and bone-density testing.

"The independents have better working conditions," says Moody. "You get to do more things. It isn't just count-and-pour, lick-and-stick."

[Illustration]

GRAPHIC, B/W, Quin Tian, USA TODAY, Source: American Association of Colleges of Pharmacies (Line graph); PHOTOS, B/W, Mark Williams for USA TODAY (2); Caption: Recent grad: Karen Moody, seen with technician Robert Melendez, took a job at Las Colinas Pharmacy. Drug interaction: Moody works with a customer. She likes the independent pharmacy because "You get to do more things. It isn't just count-and-pour."

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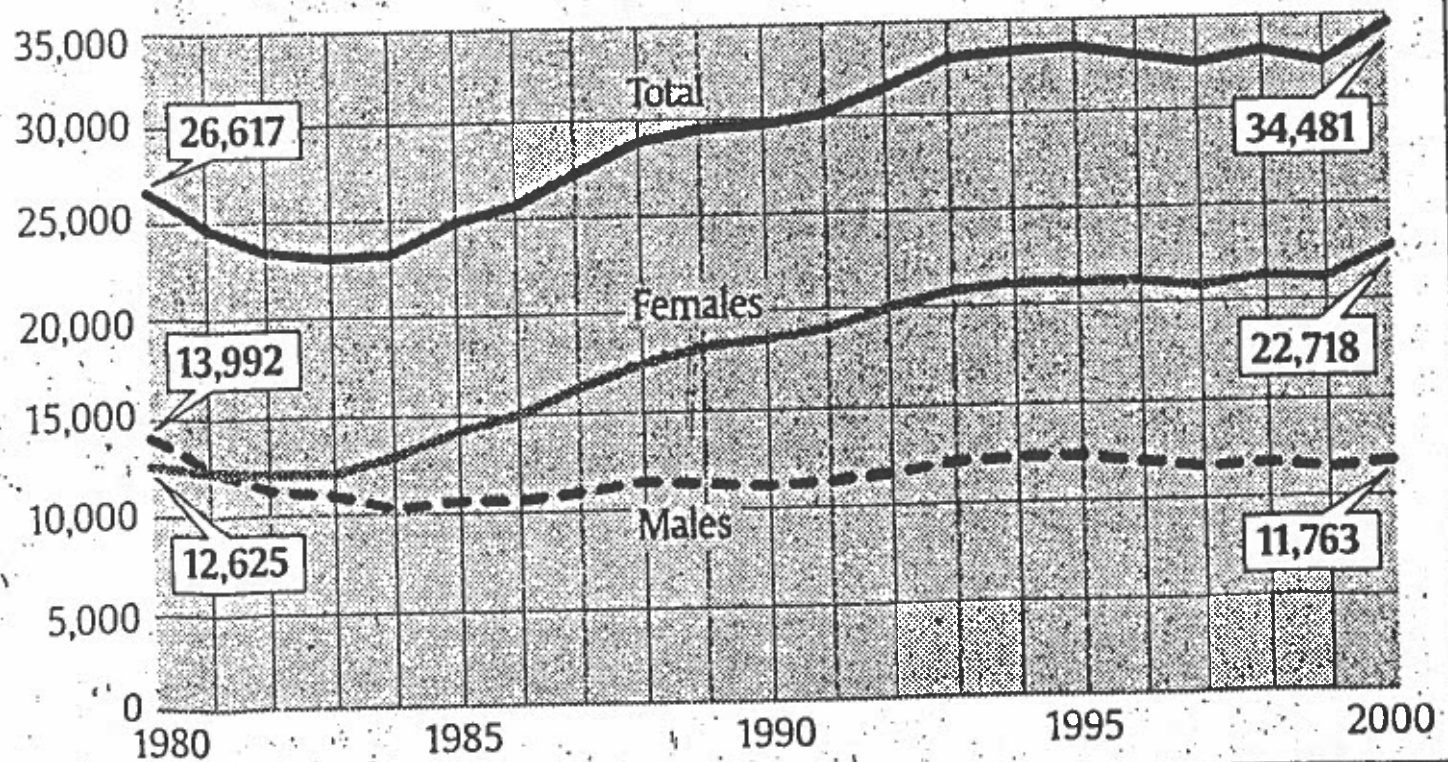
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Pharmacy enrollments

Enrollments in pharmacy degree programs:



Source: American Association of Colleges of Pharmacies

By Quin Tlan, USA TODAY

Pharmacists
Texas Border Counties and the State, 1999

County Name	Population	Providers	Population to Provider Ratio
Bexar	1,360,411	1,090	1,248
Cameron	328,158	147	2,232
El Paso	755,339	301	2,509
Hidalgo	528,300	227	2,327
Nueces	315,965	218	1,449
San Patricio	67,988	33	2,060
Webb	182,195	66	2,761
URBAN TOTAL	3,538,356	2,082	1,699
Atascosa	36,915	18	2,051
Bandera	13,915	13	1,070
Brewster	10,814	8	1,352
Brooks	8,959	5	1,792
Crockett	4,310	3	1,437
Culberson	4,101	2	2,051
Dimmit	11,251	4	2,813
Duval	14,676	5	2,935
Edwards	2,497	0	0
Frio	16,456	7	2,351
Hudspeth	3,347	0	0
Jeff Davis	2,184	0	0
Jim Hogg	6,290	0	0
Jim Wells	39,837	24	1,660
Kenedy	520	0	0
Kerr	41,958	42	999
Kimble	4,121	3	1,374
Kinney	3,341	2	1,671
Kleberg	32,089	20	1,604
La Salle	6,408	3	2,136
Live Oak	10,026	4	2,507
McMullen	866	0	0
Maverick	44,277	9	4,920
Medina	34,164	16	2,135
Pecos	17,617	5	3,523
Presidio	8,502	1	8,502
Real	2,518	3	839
Reeves	17,050	6	2,842
Starr	61,722	8	7,715
Sutton	4,506	1	4,506
Terrell	1,522	0	0
Uvalde	25,872	15	1,725
Val Verde	44,190	11	4,017
Willacy	19,915	4	4,979
Zapata	12,866	2	6,433
Zavala	13,745	3	4,582
RURAL TOTAL	583,347	247	2,362
BORDER COUNTY TOTAL	4,121,703	2,329	1,770
REMAINDER OF STATE	15,873,725	12,602	1,260
TEXAS	19,995,428	14,931	1,339

Source: Texas State Board of Pharmacy, 1999.

Pharm.D Headcount Enrollment by Ethnicity

Texas Southern University

	Fall-1999	Fall-1998	Fall-1997	Fall-1996
WHITE/NON-HISPANIC	2	2	1	1
BLACK/NON-HISPANIC	20	42	31	10
HISPANIC	2	2	2	0
ASIAN OR PACIFIC ISLANDER	1	3	5	3
INTERNATIONAL	0	1	4	1
TOTAL	25	50	43	15

The Univ. of Texas at Austin

	Fall-1999	Fall-1998	Fall-1997	Fall-1996
WHITE/NON-HISPANIC	103	81	77	23
BLACK/NON-HISPANIC	4	6	7	4
HISPANIC	29	9	10	2
ASIAN OR PACIFIC ISLANDER	56	36	25	6
AMERICAN INDIAN OR ALASKAN NATIVE	1	1	0	0
INTERNATIONAL	2	3	4	1
TOTAL	195	136	123	36

University of Houston

	Fall-1999	Fall-1998	Fall-1997	Fall-1996
WHITE/NON-HISPANIC	36	17	16	11
BLACK/NON-HISPANIC	0	0	0	0
HISPANIC	6	3	1	1
ASIAN OR PACIFIC ISLANDER	37	11	8	7
AMERICAN INDIAN OR ALASKAN NATIVE	0	0	0	0
INTERNATIONAL	2	0	0	0
NOT REPORTED	13	0	0	0
TOTAL	94	31	25	19

Texas Tech University HSC School of Pharmacy

	Fall-1999	Fall-1998	Fall-1997	Fall-1996
WHITE/NON-HISPANIC	181	130	89	43
BLACK/NON-HISPANIC	3	3	2	2
HISPANIC	26	19	13	8
ASIAN OR PACIFIC ISLANDER	38	31	18	10
AMERICAN INDIAN OR ALASKAN NATIVE	2	2	2	2
INTERNATIONAL	4	0	0	0
NOT REPORTED	1	0	0	0
TOTAL	255	185	124	63

**Fall 2000 Enrollment in Pharmacy (PharmD) by Ethnicity, by Gender
Texas Public Universities**

	<u>White</u>	<u>Black</u>	<u>Hispanic</u>	<u>Asian</u>	<u>Indian</u>	<u>Internat'l</u>	<u>Unknown</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>
TEXAS SOUTHERN UNIVERSITY	6	74	11	15	0	7	0	113	35	78
U. OF TEXAS AT AUSTIN	124	7	40	60	0	3	0	234	73	161
UNIVERSITY OF HOUSTON	31	4	11	52	1	1	9	109	35	74
TEXAS TECH UNIV. HSC	202	4	47	50	2	3	2	310	142	168
TOTAL	363	89	109	177	3	14	11	766	285	481