

Utah Pharmacist Workforce Report 2026



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Executive summary

The 2024 pharmacist survey had a large increase in the number of respondents compared to previous years. The average age of pharmacists in Utah is slightly older than the national average. Many aspects of the pharmacist workforce appear healthy, such as graduate retention rates, future pharmacist employment plans, job postings, and more.

Key findings

- **The most common workplace for pharmacist respondents is large chain pharmacies** with hospitals being the second most common workplace setting.
- **The average age of pharmacist respondents in Utah is slightly higher than the national average**, with Utah's average being 46 compared to the national average of 42.
- **Most pharmacist respondents received their qualifying degree in Utah** showing a positive retention rate of pharmacists educated within the state.
- **Over half of pharmacist respondents indicated not having precepted within the last two years**, and 45% indicated a desire to precept in the future.
- **Most pharmacist respondents indicate plans to continue working as they are**, indicating a healthy continuation of the current workforce.
- **Older pharmacists show plans to decrease hours to a more part-time role**, opening spaces for new pharmacist graduates, which also remain steady.
- **Pharmacist job postings are forecasted to remain steady with a slight increase**, showing plans of a healthy workforce for new graduates.



Introduction

The Utah Health Workforce Information Center (HWIC, <https://hwic.utah.gov/>), was created in 2022 through HB176 (<https://le.utah.gov/~2022/bills/static/HB0176.html>) and is a key entity in the state's efforts to gather and analyze healthcare workforce data. This legislation also established the Health Workforce Advisory Council (HWAC), which offers strategic guidance and oversight on policies and initiatives designed to strengthen the state's healthcare workforce across all sectors.

The Department of Professional Licensing (DOPL), responsible for licensing healthcare professionals in Utah, is now required to include optional workforce survey questions as part of the licensing process. These survey questions, known as the Utah Cross-Profession Minimum Data Set (UCPMDS), were developed by the HWAC in 2023. The surveys help inform decisions regarding workforce supply, employment trends and demand, and options for training and education. Data collected from the DOPL surveys will help the HWAC in health workforce planning and make data-driven recommendations for Utah.

The HWAC provides information and recommendations to support the growth and strengthening of Utah's health workforce. Chaired by Heather Borski, Assistant Deputy Commissioner, Community Health & Well-Being, of the Department of Health and Human Services, the Council includes fourteen additional members representing both state and private organizations.

Background

Pharmacists in Utah are essential healthcare professionals dedicated to optimizing medication therapy and improving the overall health and well-being of the community. Their duties include reviewing and dispensing prescriptions, counseling patients on proper drug usage and potential side effects, administering immunizations, and managing complex medication regimens. Pharmacists often serve as leaders within their practice, supervising pharmacy technicians and interns to ensure coordinated and efficient service. They are guided by the Utah Pharmacy Practice Act and rely on scientific knowledge and clinical judgment to provide safe and effective care.

To become a pharmacist in Utah, individuals must typically complete relevant undergraduate prerequisite coursework or a Bachelor's degree followed by graduation from an accredited college or school of pharmacy, earning a Doctor of Pharmacy (PharmD) degree. For those pursuing specialized roles, such as clinical specialists in hospitals, oncology, or pediatrics, completing an additional post-graduate residency or fellowship program is often required.

After graduation, aspiring pharmacists must pass the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) before



applying for a license through the Utah Division of Professional Licensing (DOPL), which includes a background check. To maintain their license, pharmacists are required to complete continuing education every two years, ensuring they stay up to date with current best practices and advancements in the pharmaceutical field.

Utah pharmacist workforce in context

The table below compares key characteristics of Utah's pharmacist workforce to national averages. It highlights differences in wages, employment density, age, and gender distribution. Understanding these comparisons helps identify areas in which Utah's pharmacist workforce aligns with or differs from broader trends.

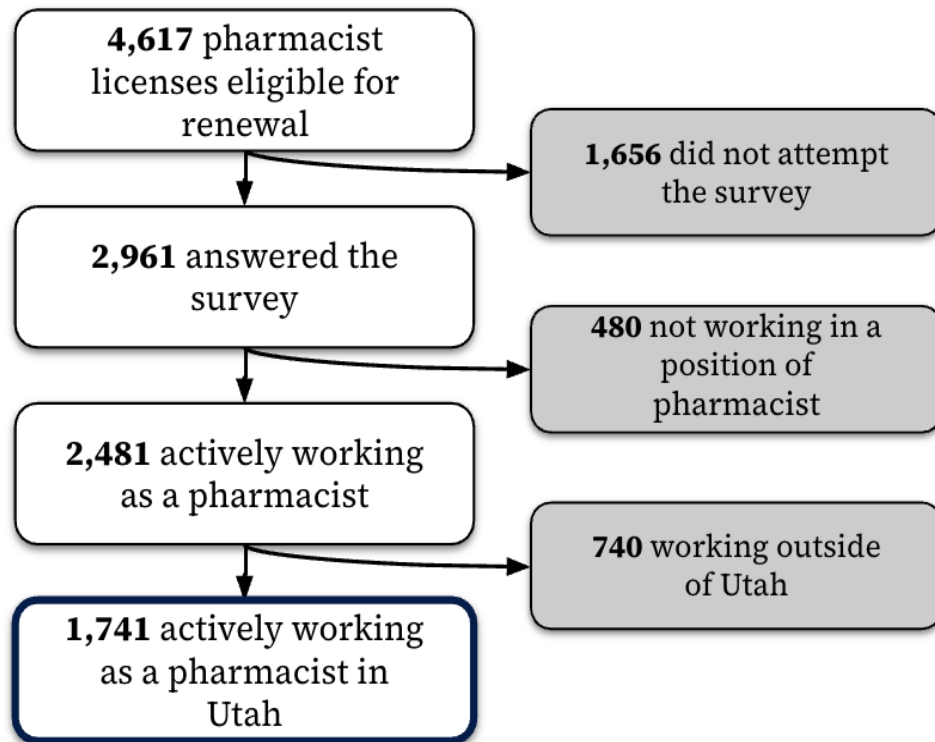
Table 1. Comparison of Utah pharmacist workforce to national averages

Measure	National average	Utah
Average pharmacist wage	\$140,920	\$138,140
Pharmacists per 1,000 jobs	2.1	1.6
Average pharmacist age	42	46
Gender distribution (female)	61%	46%



Methods

DOPL Survey



All practitioners who were eligible for online renewal were offered the survey during their license renewal process and participation in the survey was voluntary. These types of sampling designs are often referred to as convenience samples or non-probability samples. Providers who chose to respond to the survey may not be representative of the entire workforce. Therefore, the statistical analysis included in this report only represents individuals who participated in the survey and does not attempt to make inferences about the entire population. Comprehensive unit and item non-response rates are also provided to guide interpretation of the results, see Appendix A. Additional limitations that provide important context for subsequent report information will be included on an as-needed basis.

DOPL data preparation and analysis

Once the renewal period closes, DOPL sends a secure CSV file with all the responses to HWIC. Quality checks are performed including how to evaluate duplicate respondents records, questions with multiple responses, and null-type values. Only responses from participants who replied to a question



and provided a valid license number are included in the analysis. It was observed that invalid license numbers can introduce bias, as the missing data might represent a distinct group that could potentially skew results. Pharmacists whose license expired during the previous two years were eligible for online renewal and were invited to participate in the survey. DOPL reported that 4617 pharmacists were sent a renewal link and survey invitation. Of those, 2961 responded to at least one survey question and provided a valid license number.

Other data sources

While the focus of this analysis is on the pharmacist DOPL survey, supplemental data are also used to help contextualize the survey results and provide deeper insights into the pharmacist workforce in Utah. The other data sources used in this report are Unemployment Insurance (UI), National Plan and Provider Enumeration System (NPPES), and IPEDS education data.

UI analysis is based on data captured through the Utah Department of Workforce Services' Unemployment Insurance program. Employers pay unemployment taxes based on the wages earned by their employees. A data sharing agreement is in place that allows the HWIC to request data for individuals found in healthcare workforce professional licenses.

Unemployment Insurance data has limitations. Notably the data contains an industry code and employer name but does not specify geographic area, job title, or scope of work performed by the individual. The data indicates a provider was employed in a healthcare-related industry based on the North American Industry Classification System (NAICS) code, which all start with "62". In addition, self-employed healthcare workers like those in private practice do not report their wages since they do not pay into the Utah unemployment insurance program.

The NPPES serves as the national system designed to assign unique identifiers to health care providers and health plans who apply for a National Provider Identifier (NPI). NPIs are being used across the health care industry and government health care programs for billing purposes. Some of its limitations include that most professionals who don't bill for services don't keep their information up to date or have not provided information at all.

Graduation counts and the number of programs come from the Integrated Postsecondary Education Data System (IPEDS) Graduates data. Urban Institute Education Data Portal (UIEDP) API directory: <https://educationdata.urban.org/documentation/colleges.html#ipeds-awards-by6-digit-cip-code>. Help wanted online data is provided by DWS to track job postings. Data is received as needed to report on specific health workforce professions based on SOC (Standard Occupational Classification) codes.



Use caution when you interpret **all** 2020 data. The COVID-19 pandemic caused significant disruptions in healthcare staffing, hiring patterns, and workforce demand that may not reflect typical trends.

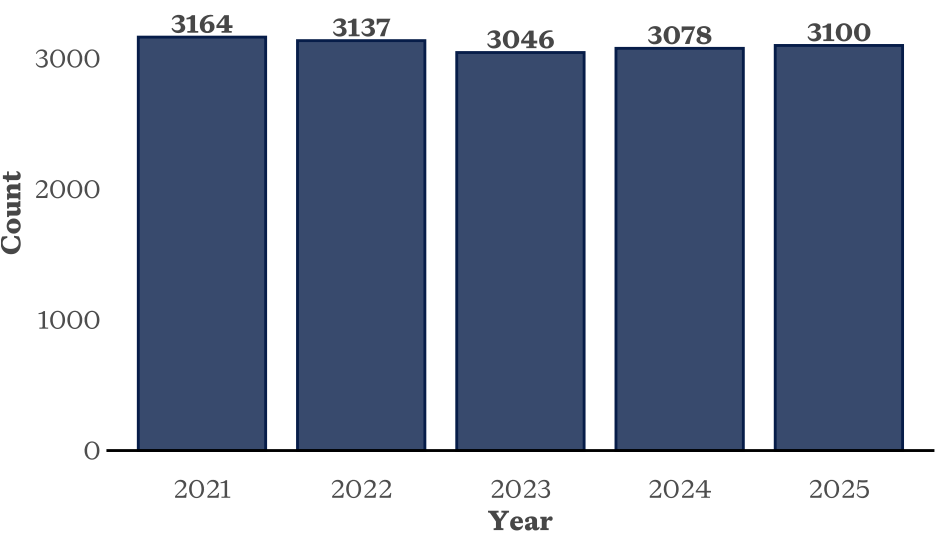


Results

Licensed and active workforce

Pharmacists renewing their licenses and those whose license expired within the previous two years were invited to participate in a completely voluntary survey upon renewal of their license. Of those, 64.13% responded to at least one survey question and provided a valid license number that matched pharmacist licenses from DOPL’s database view.

Figure 1. Count of pharmacists with wages
Pharmacists with wages remain steady



Unemployment insurance data, DWS, 2024

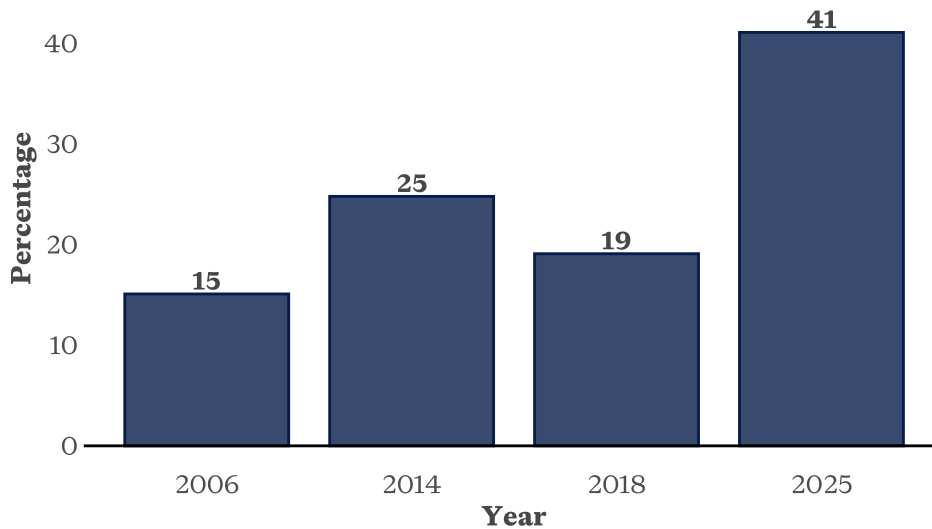
License name	NPPES license count
Pharmacist	1,636
Total	1,636

The National Plan and Provider Enumeration System (NPPES) serves as the national system designed to assign unique identifiers to health care providers and health plans who apply for the National Provider Identifier (NPI). NPIs are being used across the health care industry and government health care programs.



Figure 2. Pharmacist survey responses

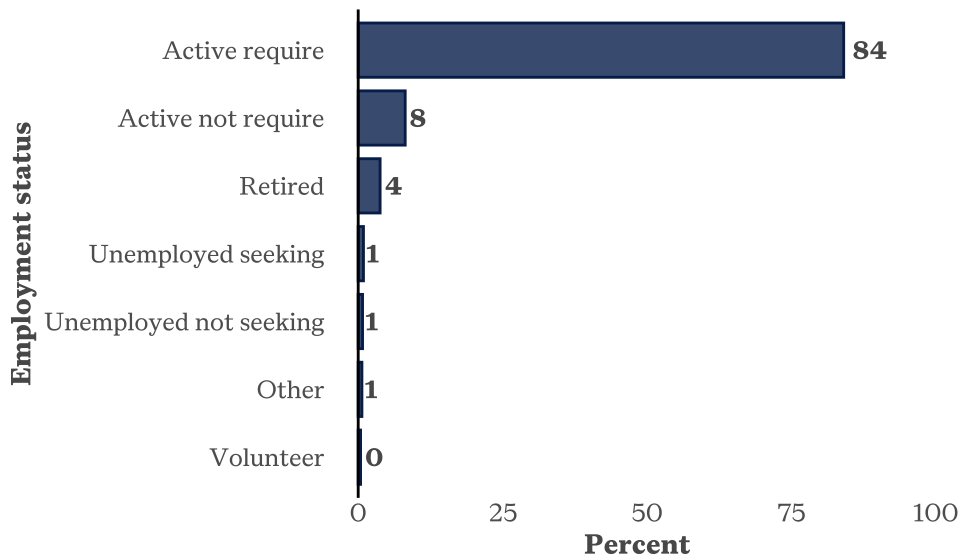
Pharmacist survey responses were the highest recorded



Pharmacist workforce surveys, Utah

Figure 3. Pharmacist employment status

Most pharmacist respondents are working in a position that requires their license



Pharmacist workforce survey, Utah, 2024

Response options were modified for the presentation of the chart. What is displayed as “Active require” appeared on the survey as “Actively working in a position that requires this license”. “Active

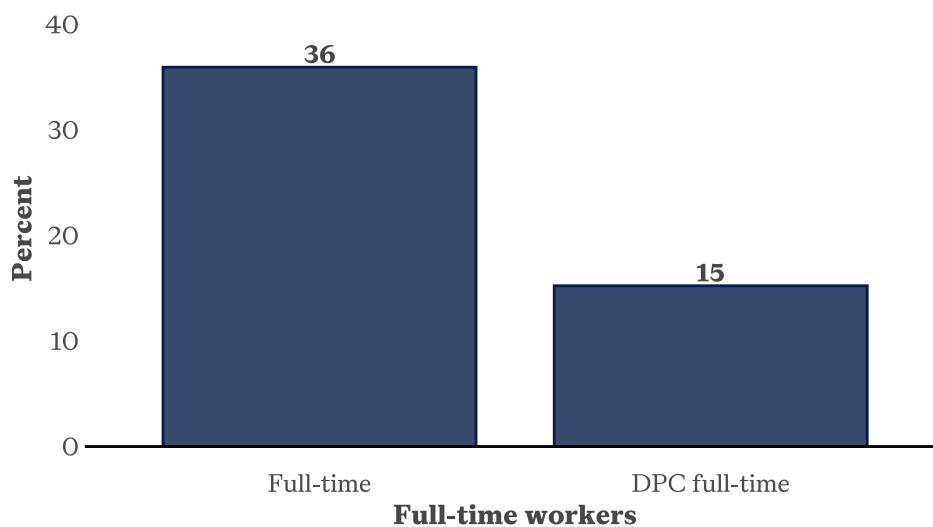


not require” appeared on the survey as “Actively working in a position in the field of pharmacy that does not require this license”. “Unemployed seeking” appeared on the survey as “Unemployed and seeking work that requires this license”. “Unemployed not seeking” appeared on the survey as “Unemployed and not seeking work that requires this license”. “Active not in pharmacy” appeared on the survey as “Actively working in a position in a field other than pharmacy”.

Full-time, full-time equivalence (FTE), and direct patient care

To better estimate the supply of pharmacists in the workforce, full-time workers, direct patient care (DPC), and full-time equivalence (FTE) estimates are illustrated below.

Figure 4. Pharmacist respondent full time status



Pharmacist workforce survey, Utah, 2024 (primary practice)

Table 2. FTE count by county

County	FTE Count	FTE per 100k
Beaver	4	55
Box Elder	15	24
Cache	47	33
Carbon	11	53
Daggett	0	0



County	FTE Count	FTE per 100k
Davis	138	37
Duchesne	10	50
Emery	3	30
Garfield	5	97
Grand	6	61
Iron	20	30
Juab	7	55
Kane	3	36
Millard	6	44
Morgan	2	15
Piute	0	0
Rich	1	37
Salt Lake	811	66
San Juan	11	74
Sanpete	10	33
Sevier	9	41
Summit	17	39
Tooele	20	25
Uintah	13	36
Utah	207	28
Wasatch	6	16
Washington	87	44
Wayne	2	79
Weber	110	41

Pharmacist workforce survey, Utah, 2024; Kem C. Gardner Policy Institute, Utah, 2024



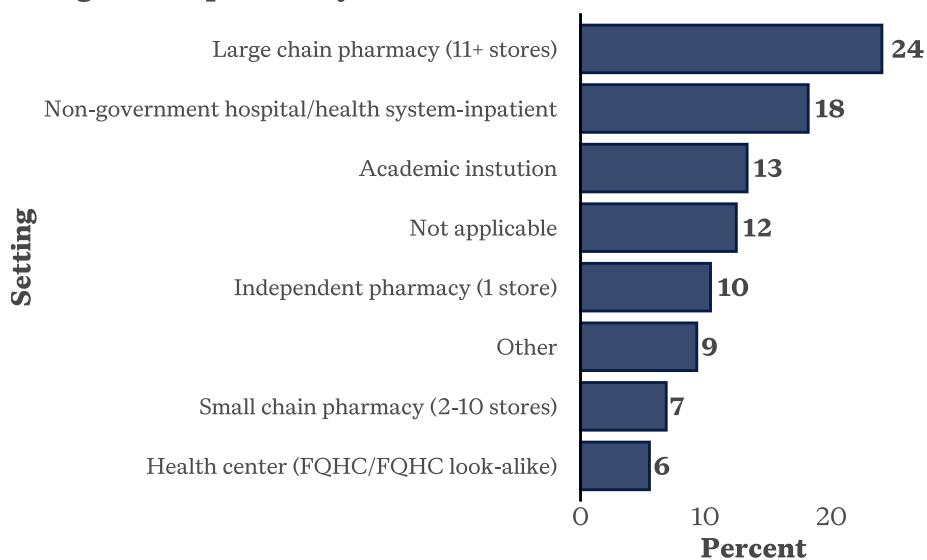
Table 2 estimates the count of FTE respondents by county. The count includes both primary and secondary practice locations. FTE was determined by converting responses into numeric values based on the midway point of the response option. Primary and secondary locations were then combined and grouped by county. Hours worked were then summed by each county and divided by 38.5, which is the midway point for the lowest full-time response option.

Practice characteristics

This section includes practitioner survey response information on practices where they provide services, such as setting type and geographic distribution

Setting

Figure 5. Pharmacist primary practice setting
The most common respondent primary practice setting was a large chain pharmacy

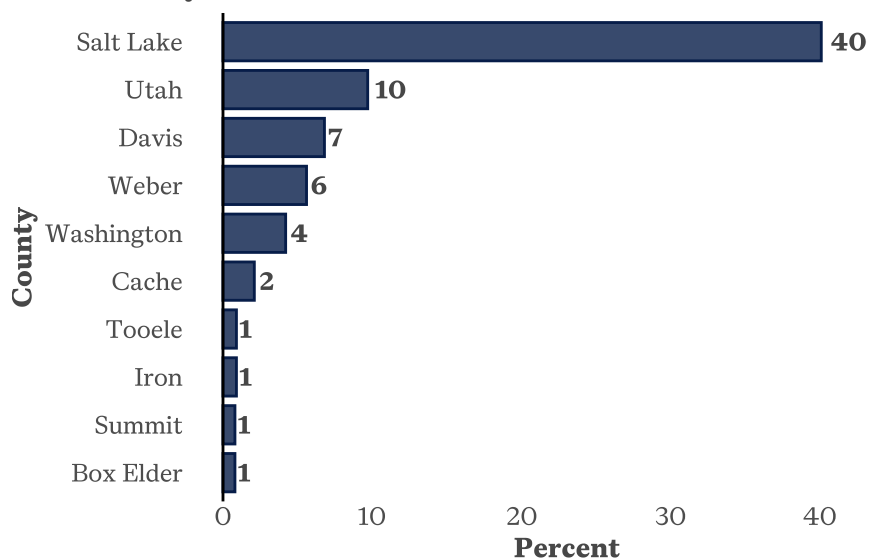


Pharmacist workforce survey, Utah, 2024



Geographic distribution

Figure 6. Pharmacist respondents by county
The largest percentage of respondents practice in Salt Lake County



Pharmacist workforce survey, Utah, 2024

County name	Pharmacists per 100k residents
Beaver	55
Box Elder	29
Cache	34
Carbon	53
Daggett	0
Davis	41
Duchesne	50
Emery	30
Garfield	97
Grand	81
Iron	32

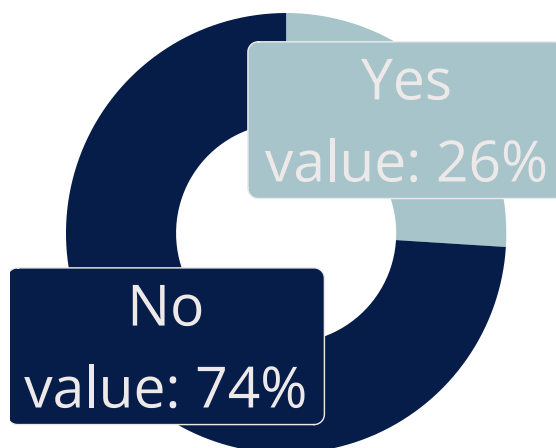


County name	Pharmacists per 100k residents
Juab	55
Kane	48
Millard	52
Morgan	15
Piute	0
Rich	37
Salt Lake	73
San Juan	74
Sanpete	40
Sevier	45
Summit	39
Tooele	26
Uintah	36
Utah	30
Wasatch	16
Washington	47
Wayne	79
Weber	46

All but five Utah counties are considered rural. However, about 75% of the state’s estimated population lives in those five counties, and those counties will generally be disproportionately represented by counts. While this is necessary to get an understanding of the state’s distribution of providers, it is limited in terms of controlling for the population. The “Providers per 100k population” map uses the ratio of responding providers to county population rather than the percentage of responding providers for the value to better account for differences in population. While geographic features like distance and terrain still need to be considered, this additional statistic can better represent providers in relation to the relevant patient population.



Figure 7. Pharmacist telehealth services
Almost 3/4 of respondents indicated they don't provide telehealth services



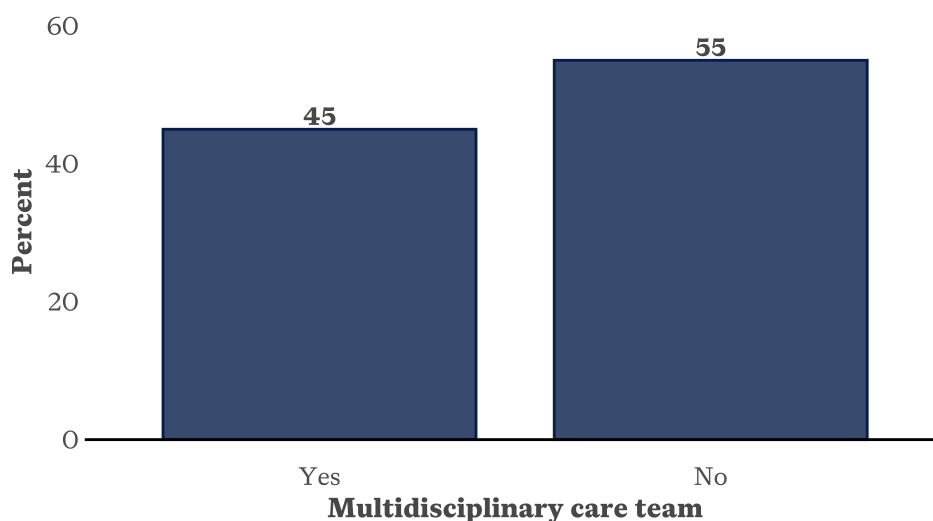
Pharmacist workforce survey, Utah, 2024

The ratio for responding pharmacists working hours versus hours spent providing telehealth services was found to be **31:4**. This means that the average pharmacist respondent works an average of around 31 hours a week and provides an average of 4 hours of telehealth a week. Note that these are averages due to the responses being in range format (i.e., “21-24 hours worked a week”, etc.)

Multidisciplinary care team

Figure 8. Pharmacist respondents working in a multidisciplinary care team

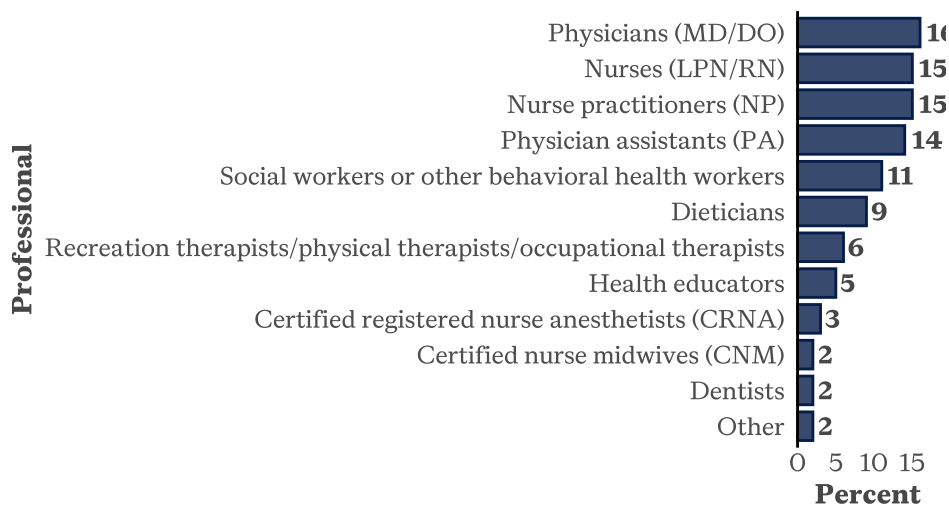
45% of respondents work on multidisciplinary care teams



Pharmacist workforce survey, Utah, 2024

Figure 9. Pharmacist respondents professionals worked with on multidisciplinary teams

Most common was physicians



Pharmacist workforce survey, Utah, 2024

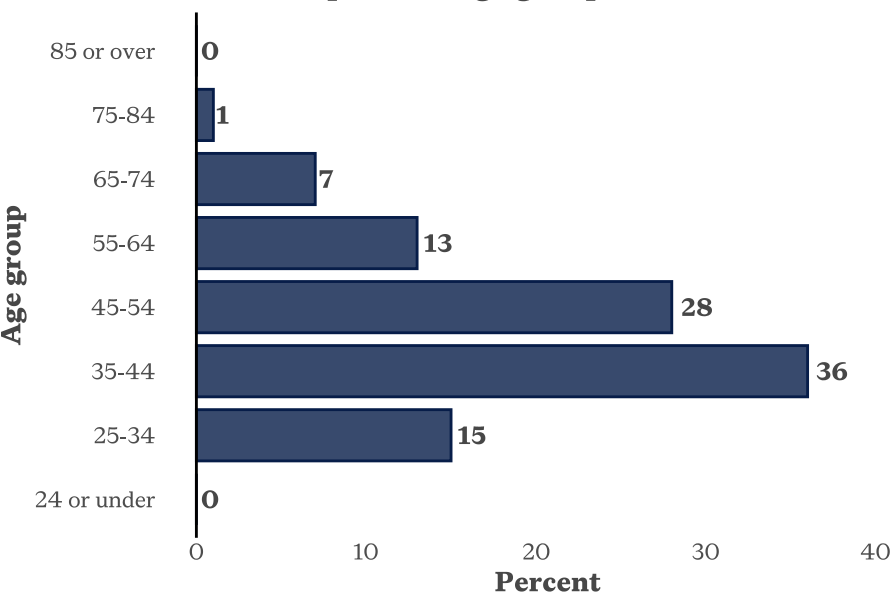


Demographics

The following section includes practitioner survey response information on demographic information such as age, race/ethnicity, and sex/gender.

Age

Figure 10. Pharmacist age
The most common respondent age group is 35-44



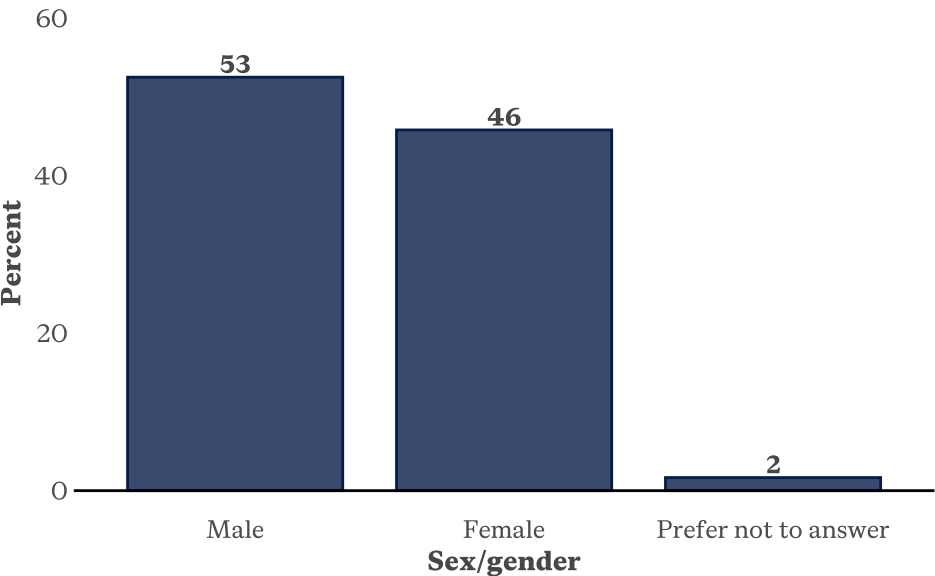
Pharmacist workforce survey, Utah, 2024

Age data comes from DOPL and not from the survey data. Age is calculated from determining if the day of the birth date is before the date the survey was made available. The average age of pharmacists in Utah is 46.



Sex and gender

Figure 11. Pharmacist sex
53% of respondents are male

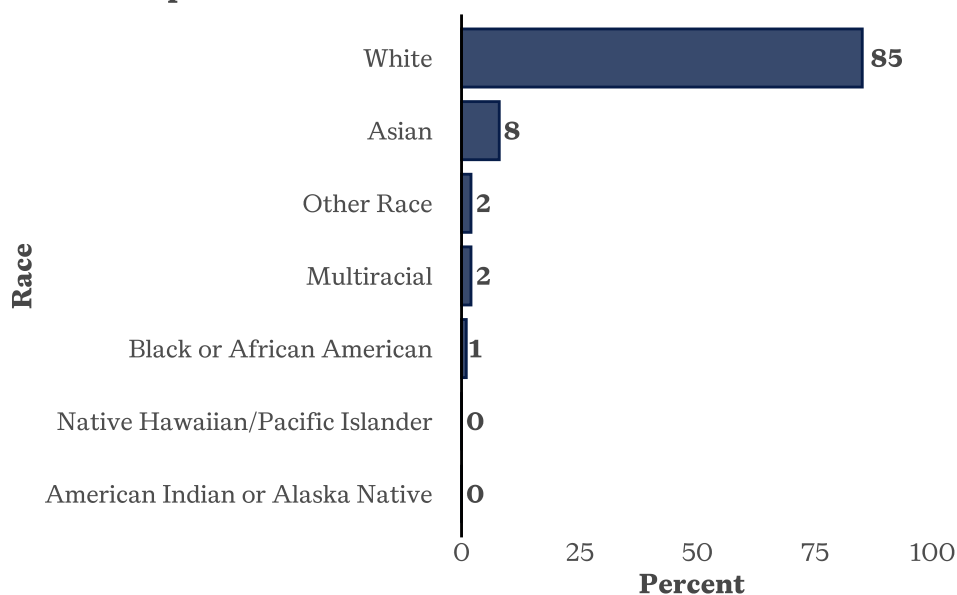


Pharmacist workforce survey, Utah, 2024



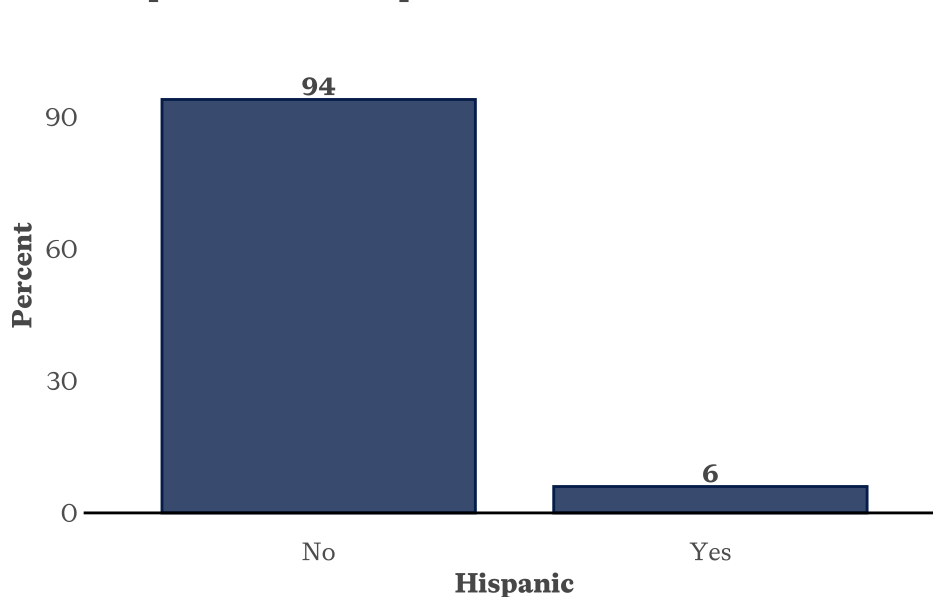
Race and ethnicity

Figure 12. Pharmacist race
85% of respondents are White



Pharmacist workforce survey, Utah, 2024

Figure 13. Pharmacist ethnicity
6% of respondents are Hispanic



Pharmacist workforce survey, Utah, 2024



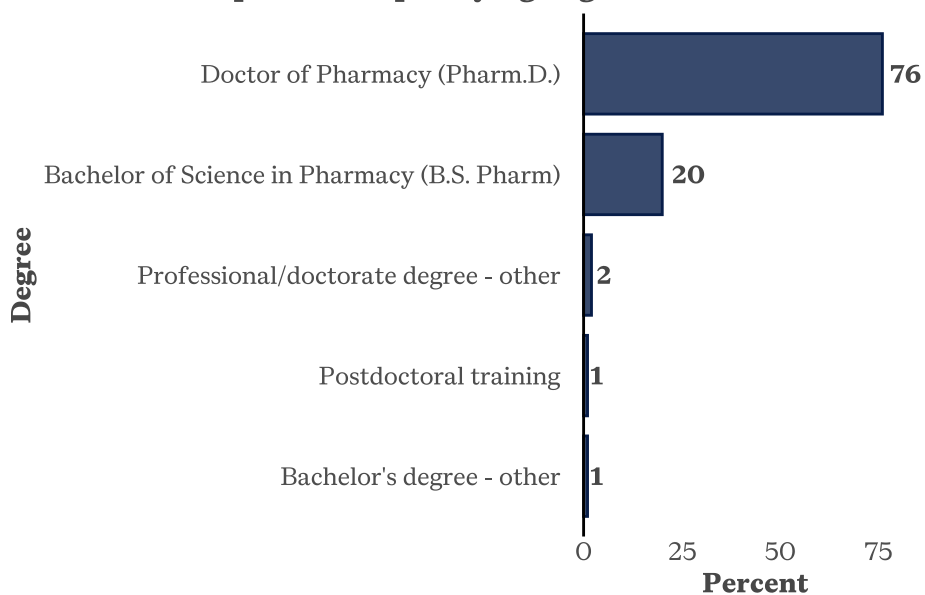
“Multiracial” did not appear as a response option but was created for this report by counting respondents who selected multiple racial options.

Education

This section includes practitioner survey response information on education information, including qualifying education and highest education.

Qualifying education

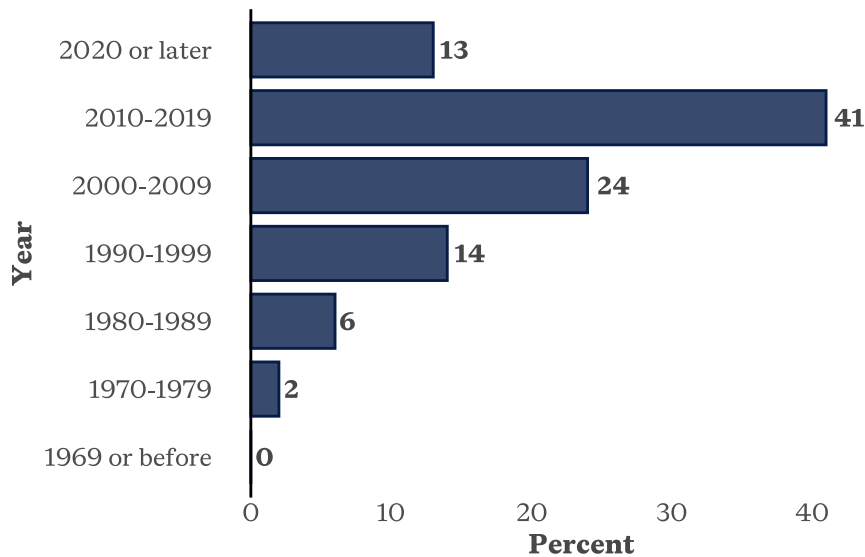
Figure 14. Pharmacist qualifying degree
Over 3/4 of respondents' qualifying degree was Pharm.D.



Pharmacist workforce survey, Utah, 2024

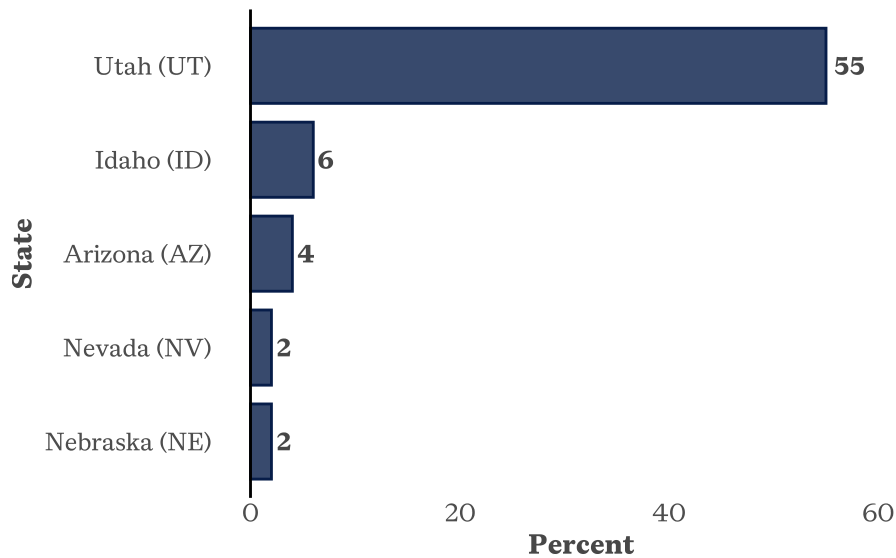


Figure 15. Pharmacist qualifying degree year
The most common qualifying degree year among respondents was 2010-2019



Pharmacist workforce survey, Utah, 2024

Figure 16. Pharmacist qualifying degree state
Over half of respondents obtained their qualifying degree in Utah

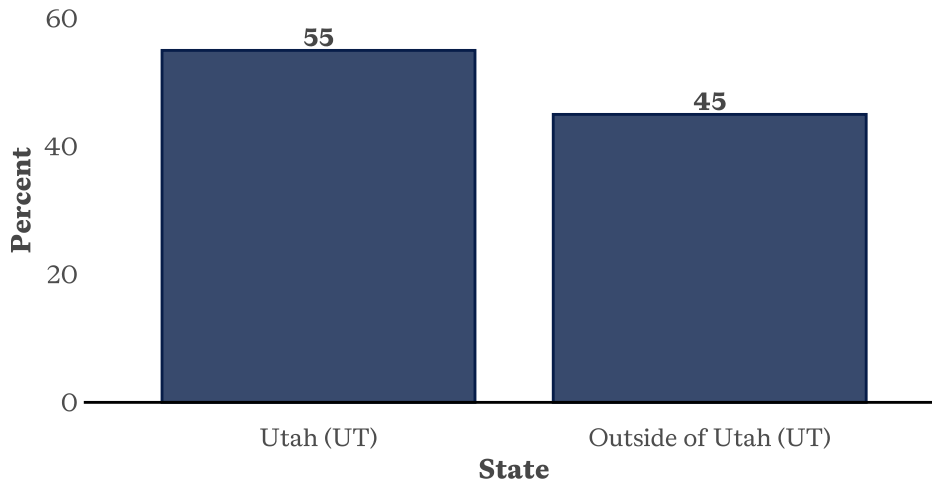


Pharmacist workforce survey, Utah, 2024



Figure 17. Pharmacist qualifying degree inside/outside of Utah

More pharmacist respondents obtained their qualifying degree in Utah versus other states

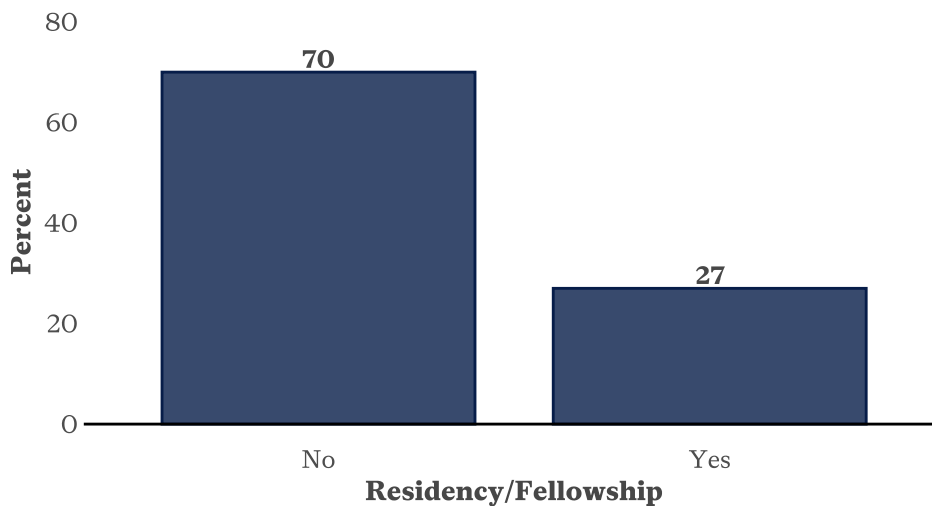


Pharmacist workforce survey, Utah, 2024

Residency/fellowship programs

Figure 18. Pharmacist respondent residency or fellowship completion

Most pharmacist respondents did not complete a residency or fellowship

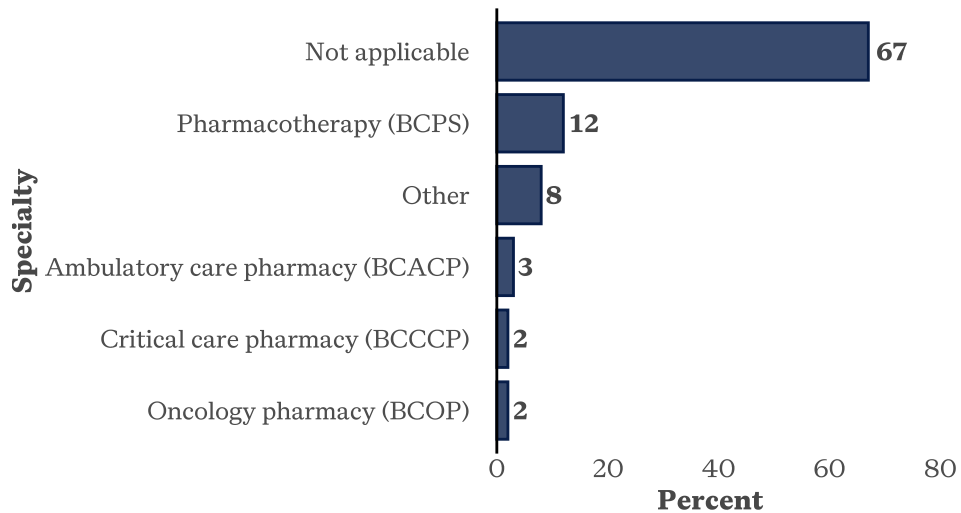


Pharmacist workforce survey, Utah, 2024



Figure 19. Pharmacist respondents additional specialty certifications

Most pharmacist respondents don't have additional certifications



Pharmacist workforce survey, Utah, 2024

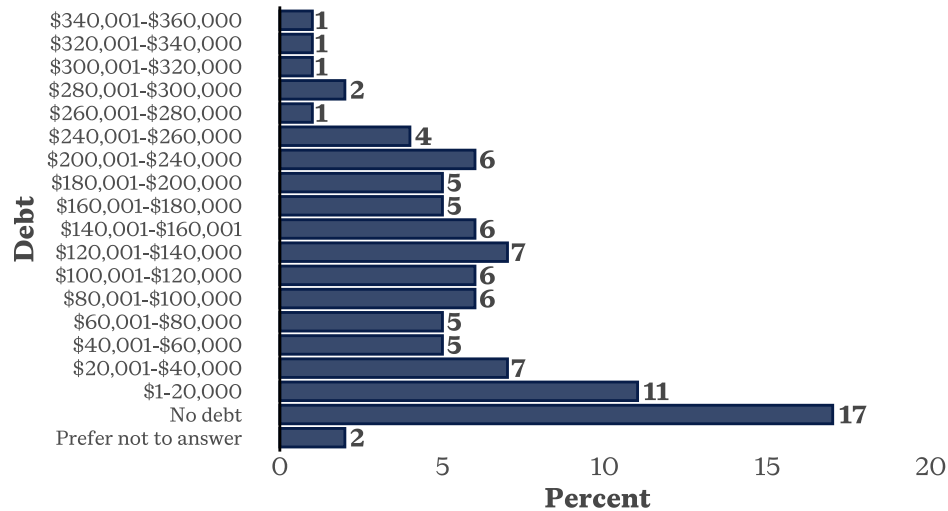
Education debt

This section includes practitioner survey response information on educational debt.



Figure 20. Pharmacist respondent educational debt

Over half of respondents indicated their debt being below \$100,000 at the time of graduation



Pharmacist workforce survey, Utah, 2024

Employment characteristics

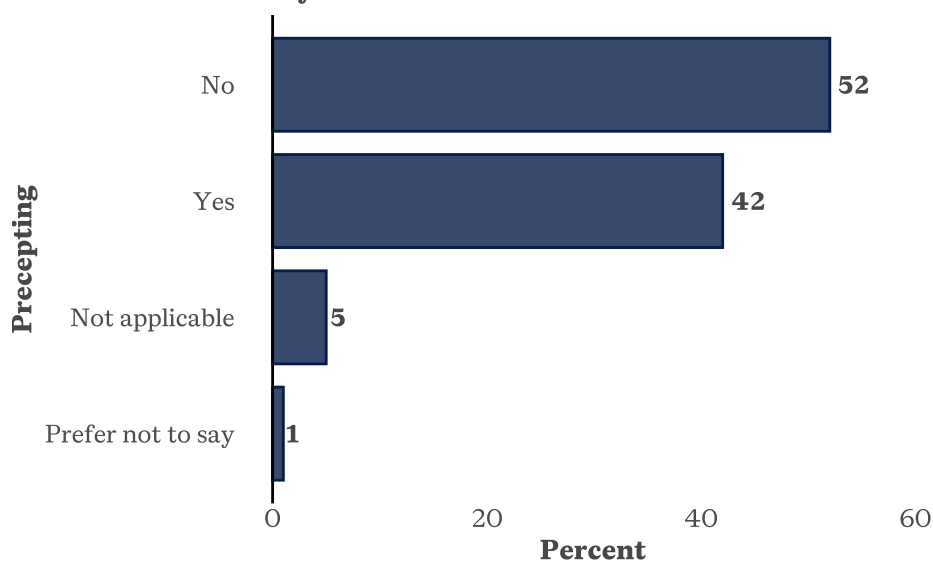
This section includes practitioner survey response information on their employment such as specialty, role, telehealth hours, precepting status, and patient types.



Precepting

Figure 21. Pharmacist precepting

About half of respondents indicated having not precepted within the last two years



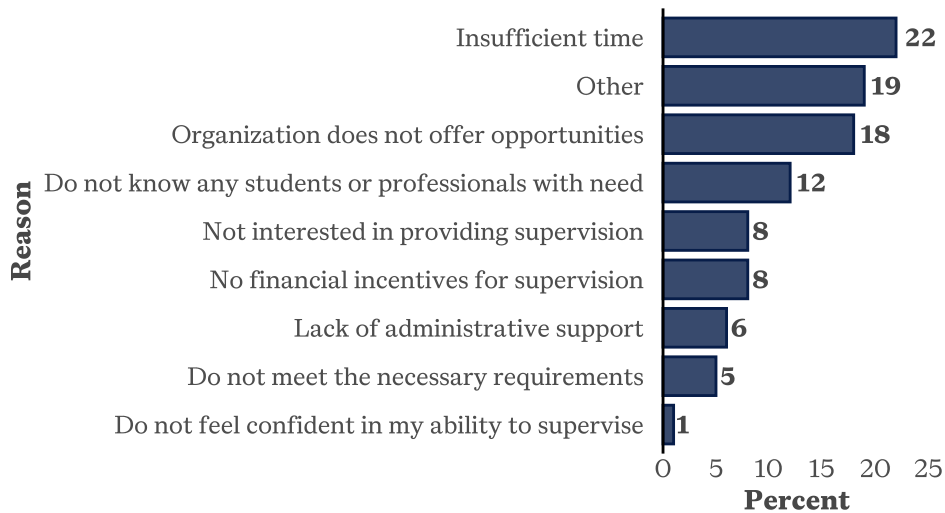
Pharmacist workforce survey, Utah, 2024

Precepting refers to pharmacist providers mentoring, teaching, or instructing a student or new staff member. The chart above shows the percentage of responding pharmacist providers precepting excluding those who responded with “prefer not to say” and grouping those who selected “not applicable” with those who selected “no”.



Figure 22. Pharmacist respondents reasons for not precepting

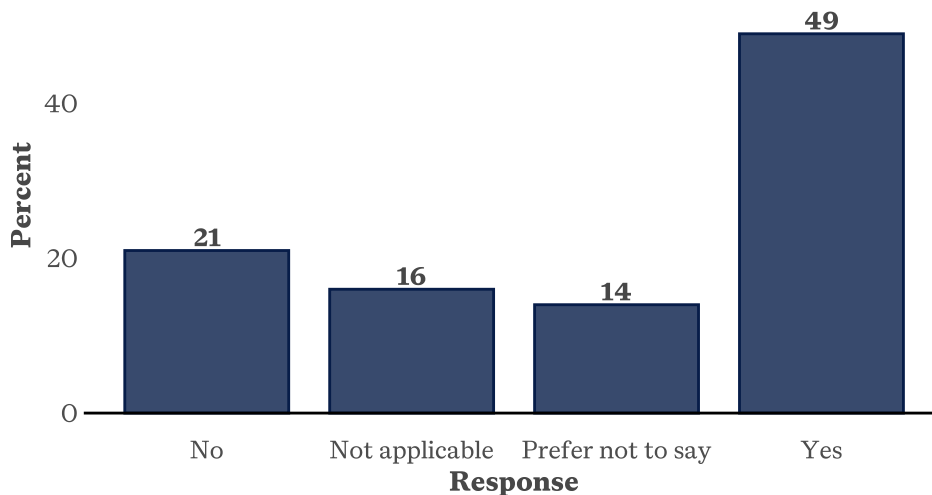
Of the respondents who did not precept, the most common reason was not enough time



Pharmacist workforce survey, Utah, 2024

Figure 23. Pharmacist respondents wanting to precept in the future

Almost half of respondents would like to precept in the future



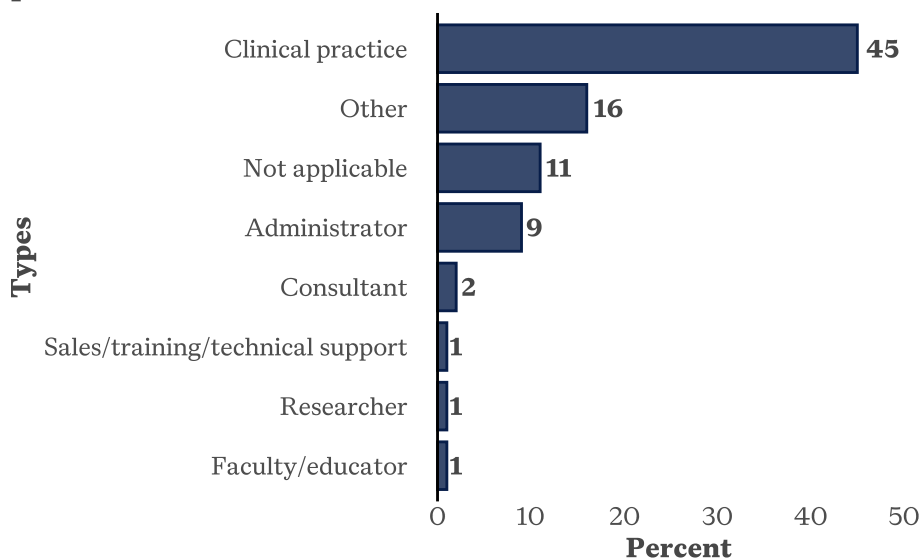
Pharmacist workforce survey, Utah, 2024



Role and employment type

Figure 24. Pharmacist primary role types

The most common role type among respondents was clinical practice



Pharmacist workforce survey, Utah, 2024

“Multiple” did not appear as a response option on the survey but was constructed for this report by counting respondents who selected multiple response options.

Income

Year	Pharmacist count	Employer count	Total wages	Average wage (mean)
2021	3,164	550	\$ 353,026,581	\$ 111,576.04
2022	3,137	559	\$ 364,187,501	\$ 116,094.20
2023	3,046	530	\$ 384,852,456	\$ 126,346.83
2024	3,078	538	\$ 413,243,822	\$ 134,257.25
2025	3,100	556	\$ 442,152,092	\$ 142,629.71

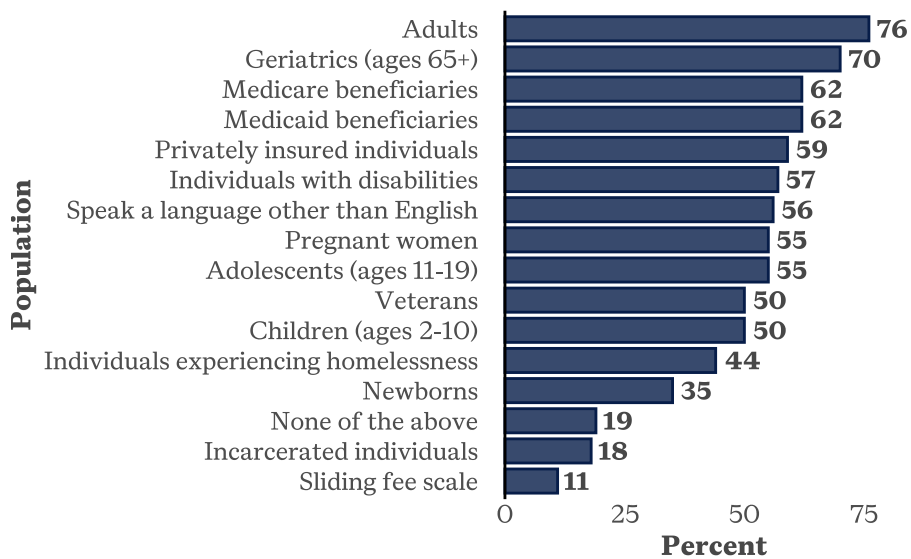
Income data including employment and wages comes from matching pharmacist providers from DOPL data to unemployment insurance (UI) data from DWS. “Pharmacist Count” are of distinct pharmacist providers while “Employer Count” are of distinct employers of pharmacist providers. “Total Wages” are the sum of pharmacist provider wages while “Average wage” is the mean



pharmacist provider wage. The average pharmacist wage from UI data increased **27.8%** from 2021 to 2025.

Patient characteristics

Figure 25. Pharmacist patient populations
Respondents indicated serving many different patient populations



Pharmacist workforce survey, Utah, 2024

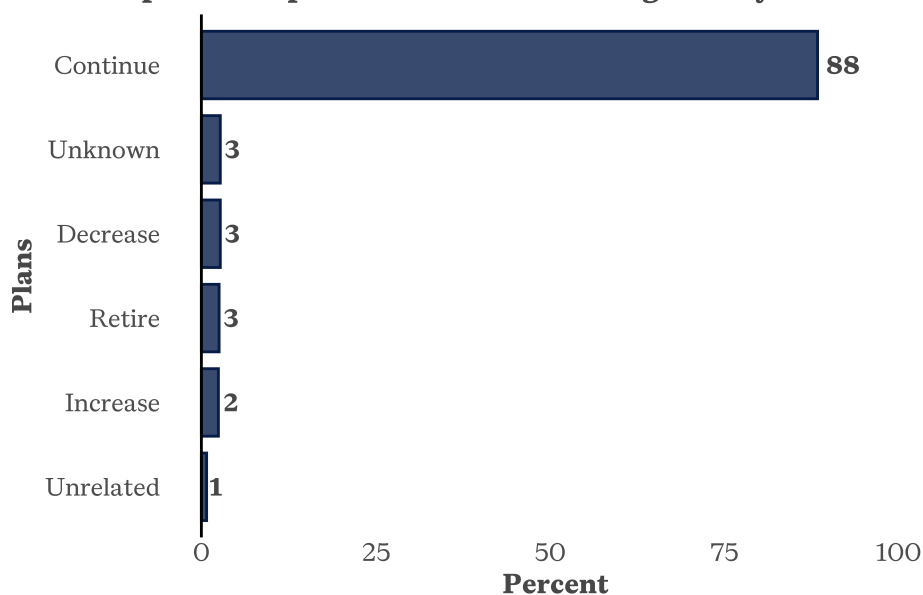
Future employment

This section includes practitioner survey response information on employment intentions, including employment plans for the next two years, anticipated changes in hours worked (change in FTE status), and projections.



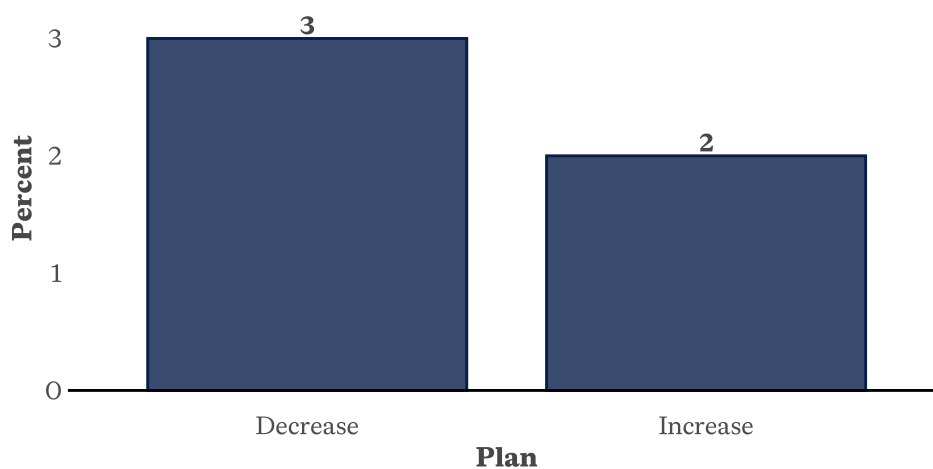
Two-year employment intentions

Figure 26. Pharmacist employment plans
Most respondents plan to continue working as they are



Pharmacist workforce survey, Utah, 2024

Figure 27. Pharmacist plans to increase vs decrease
Of those planning to change hours, slightly more respondents are planning to decrease

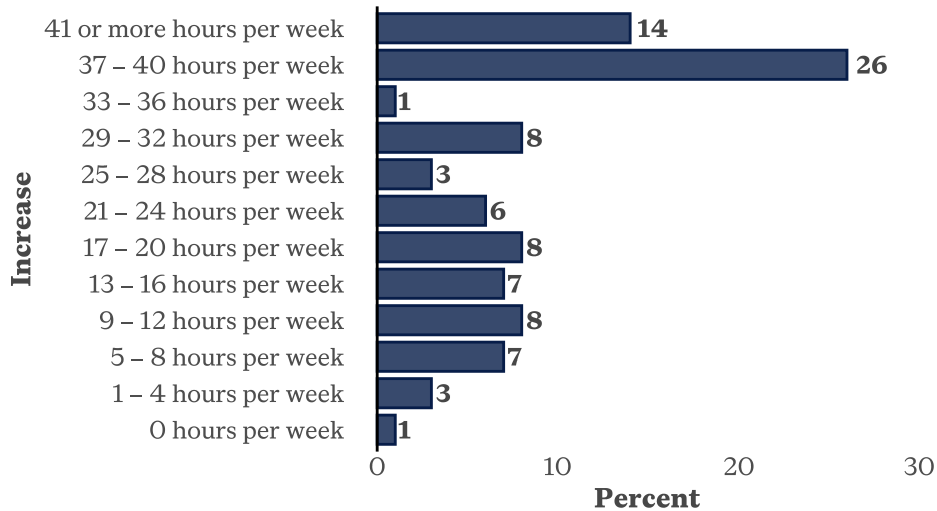


Pharmacist workforce survey, Utah, 2024



Figure 28. Pharmacist respondents plan to increase hours

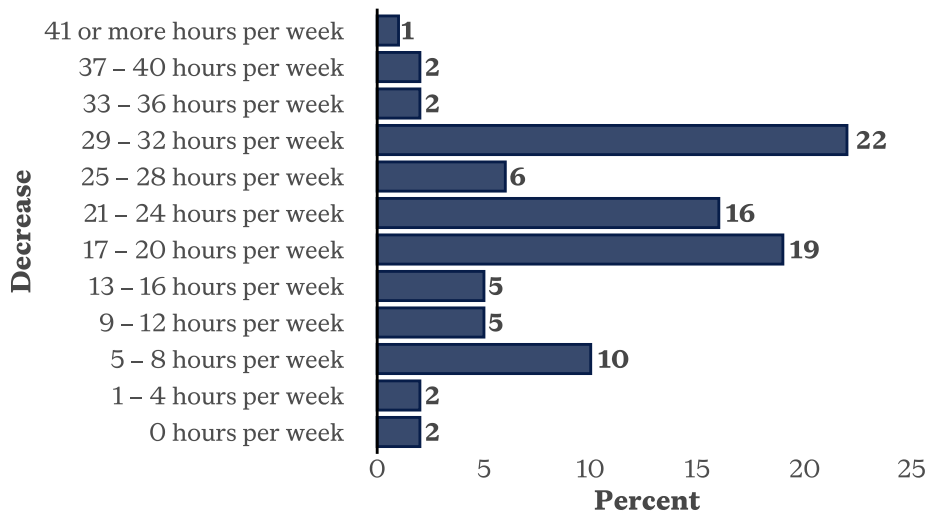
Of the respondents planning to increase hours, the most common option was 37 – 40 hours per week



Pharmacist workforce survey, Utah, 2024

Figure 29. Pharmacist respondents plan to decrease hours

Of the respondents planning to decrease hours, the most common option was 29 – 32 hours per week



Pharmacist workforce survey, Utah, 2024

% increase hours plans by age



	25-34	35-44	45-54	55-64	65-74	75-84
1 – 4 hours per week	0.00	4.00	0.00	0.00	20.00	0.00
5 – 8 hours per week	0.00	12.00	11.11	0.00	0.00	0.00
9 – 12 hours per week	0.00	8.00	11.11	20.00	0.00	100.00
13 – 16 hours per week	0.00	8.00	5.56	0.00	40.00	0.00
17 – 20 hours per week	0.00	8.00	0.00	40.00	40.00	0.00
21 – 24 hours per week	8.33	8.00	5.56	0.00	0.00	0.00
25 – 28 hours per week	0.00	0.00	11.11	0.00	0.00	0.00
29 – 32 hours per week	0.00	16.00	11.11	0.00	0.00	0.00
33 – 36 hours per week	0.00	0.00	5.56	0.00	0.00	0.00
37 – 40 hours per week	75.00	24.00	16.67	20.00	0.00	0.00
41 or more hours per week	16.67	12.00	22.22	20.00	0.00	0.00

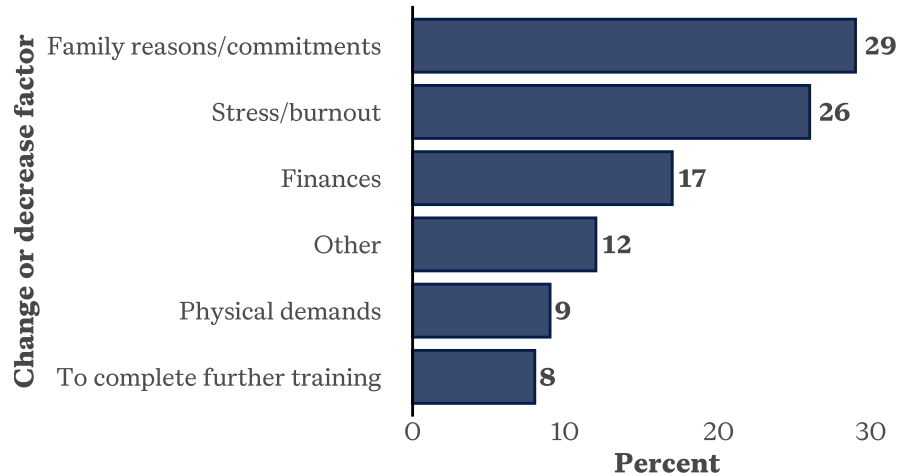
% decrease hours plans by age

	25-34	35-44	45-54	55-64	65-74
1 – 4 hours per week	8.33	0.00	4.76	0.00	0.00
5 – 8 hours per week	8.33	5.26	9.52	20.00	14.29
9 – 12 hours per week	16.67	0.00	4.76	0.00	14.29
13 – 16 hours per week	0.00	10.53	4.76	0.00	14.29
17 – 20 hours per week	16.67	15.79	14.29	40.00	14.29
21 – 24 hours per week	16.67	10.53	23.81	13.33	28.57
25 – 28 hours per week	8.33	5.26	4.76	13.33	0.00
29 – 32 hours per week	8.33	42.11	28.57	13.33	14.29
33 – 36 hours per week	8.33	5.26	0.00	0.00	0.00
37 – 40 hours per week	8.33	5.26	0.00	0.00	0.00
41 or more hours per week	0.00	0.00	4.76	0.00	0.00



Figure 30. Pharmacist respondents factors related to changes or reduction in hours

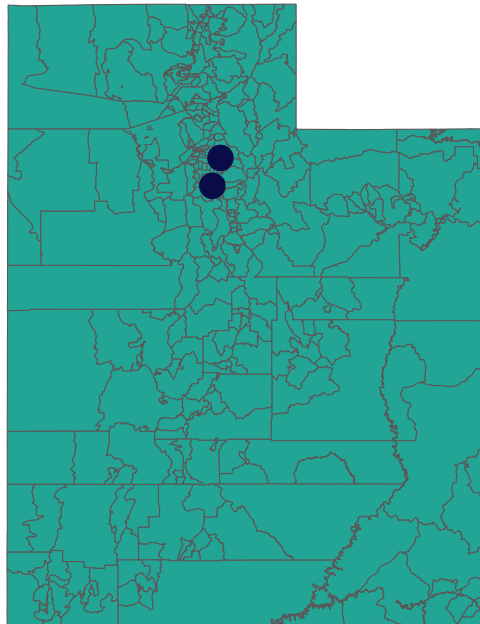
Of the respondents planning to change or decrease hours, family commitments and stress/burnout were the most common



Pharmacist workforce survey, Utah, 2024

Programs

Pharmacist academic locations

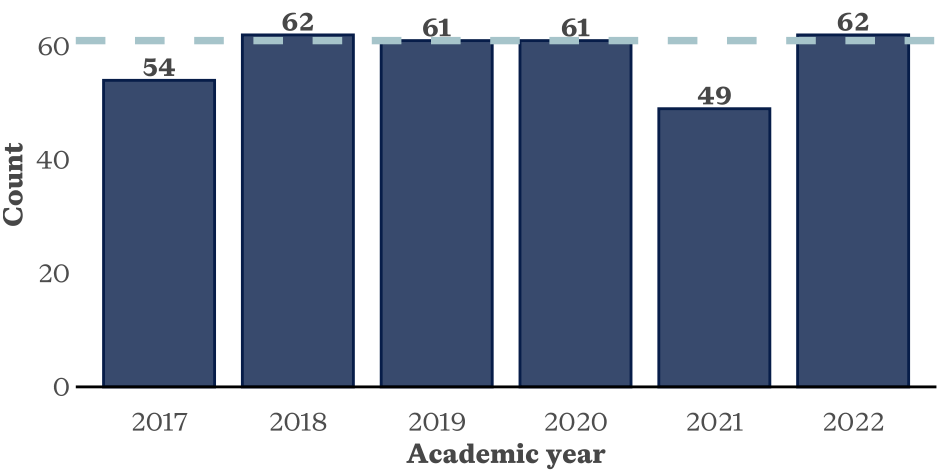


County	School count	Program count
Salt Lake	2	2

Graduates

Figure 31. Pharmacist graduates by academic year

Recent pharmacist graduates data shows a steady number of graduates



IPEDS graduates data, Utah, 2024

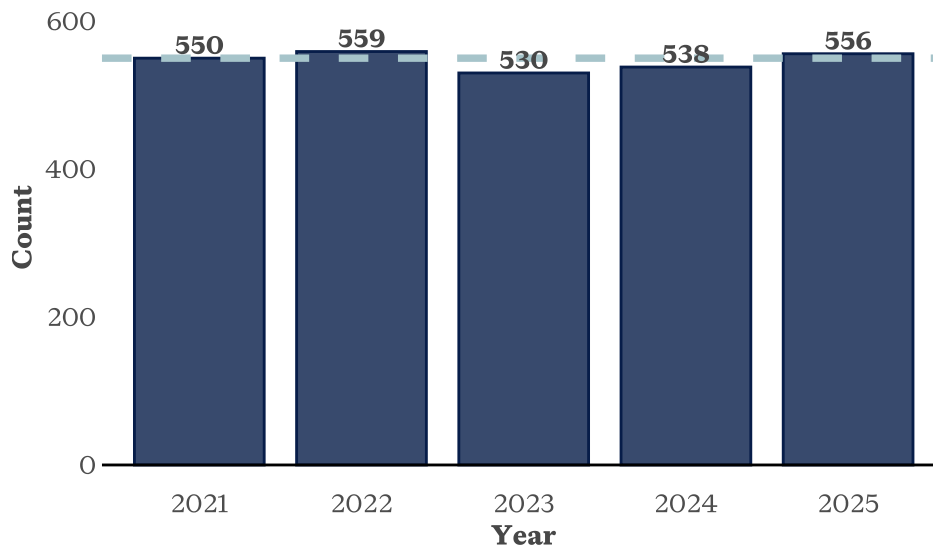
The chart above displays pharmacist graduates derived from medicine Classification of Instructional Programs or CIP code completions by academic year. Data comes from Integrated Postsecondary Education Data System (IPEDS), via Education Data Portal v. 0.22.0, Urban Institute, under ODC Attribution License. 2023 provisional data files from the IPEDS Data Center, were accessed November 2024.



Workforce indicators

This section includes workforce indicators and Help Wanted Online data.

Figure 32. Pharmacist employer count
Pharmacist employers appear to be steady



UI data, Utah, 2026

Help wanted online job postings

Data comes from DWS Help Wanted Online Job Postings. Job postings are received as monthly counts of unique listings. For the purposes of this report, those counts are used to calculate quarterly averages. Advertised wages are averages of wages specified in monthly job postings and are used for the following forecasting.

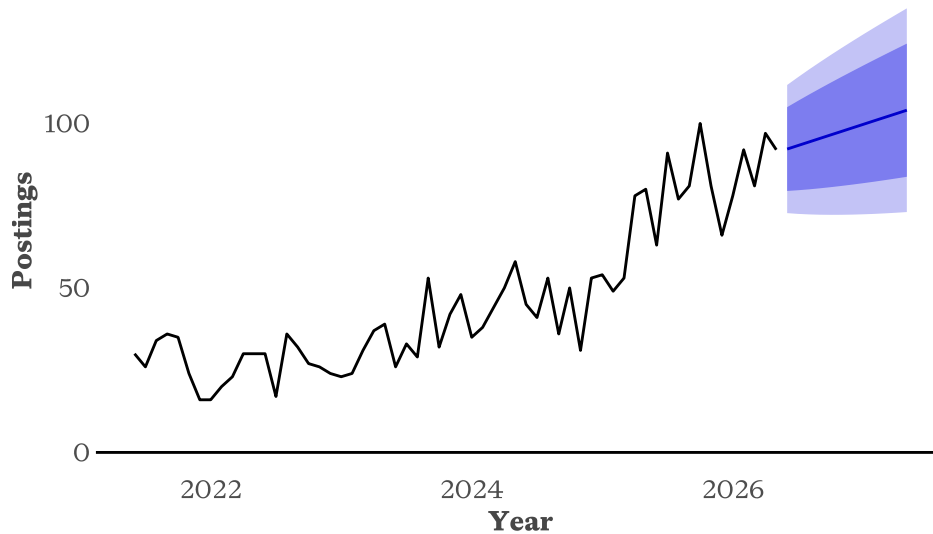
Averages or means are based on monthly distinct counts of job postings. Displaying values of means rather than the sum of counts was decided because there was a perceived higher risk of inflating counts through summing due to the possibility of including duplicates which is avoided by taking the mean. While it is possible that the same job is listed in different months the mean would avoid compounding its representation while the sum would not.

Forecasting job postings



Figure 33. Pharmacist job postings

Pharmacist job postings are projected to continue being steady and slightly increase



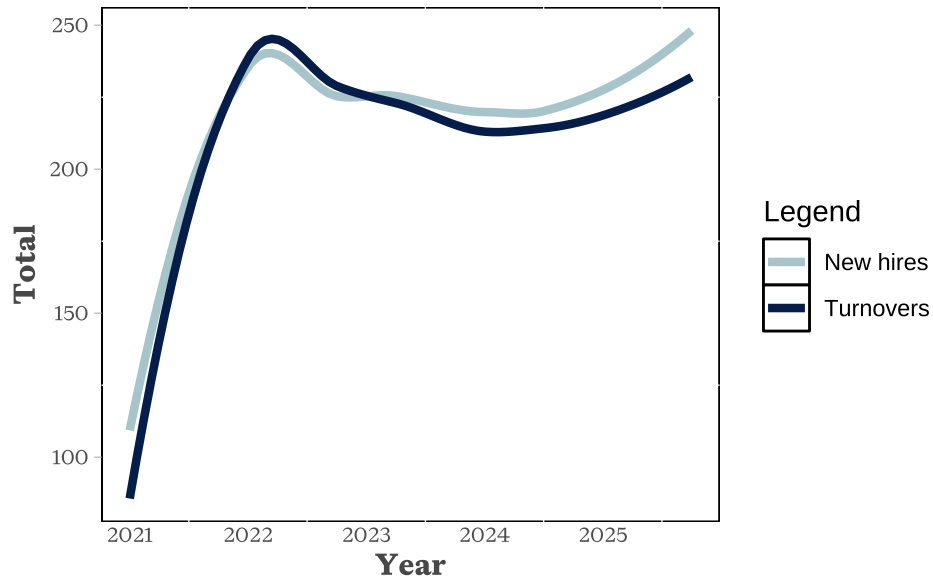
Conference Board–Lightcast Help Wanted OnLine data

Projections are done using a multi-layer perceptron (MLP) which is a low-level neural network. This architecture is the baseline for many common AI applications today. Grey lines show the various simulations run by the neural network, while the blue line is the averaged prediction over the next year, giving us the most likely scenario. Simulated predictions like these are healthy estimates of future projections, but they should not be taken as concrete truth as unpredictable factors are in play (such as the COVID-19 pandemic).



Figure 34. Turnovers and new hires

Hires and turnovers have matched each other over the last years



Data may not capture self-employed provider job change counts.

Unemployment insurance data workforce activity

Unemployment insurance data is used to determine the general yearly trend of job growth and loss. Jobs “Added” are counts of new hires while “Loss” are counts of providers leaving a specific job or employment. The “Net” is simply the sum of the “Added” and “Loss” aggregates.

Year	Added	Loss	Net
2021	773	722	51
2022	923	942	-19
2023	872	851	21
2024	873	867	6
2025	941	899	42

A major limitation to unemployment insurance data is that not all practitioners are captured in the data such as those working in a self-employed practice.



NAICS group	2021	2022	2023	2024	2025
Ambulatory Health Care Services	169	171	226	230	233
Hospitals	865	831	835	813	823
Nursing and Residential Care Facilities	16	10	10	9	11
Social Assistance	18	21	23	20	19



Discussion

The 2024 Utah Pharmacist Workforce Survey offers critical insights into the supply, geographic distribution, and career intentions of licensed pharmacists across the state. The data reflects a structural supply that is largely stable, characterized by strong local educational retention (55% trained in-state) and high career continuation rates (88% maintaining active practice levels over the next two years).

However, key structural nuances require strategic policy consideration. Utah pharmacists average 46 years of age—four years older than the national benchmark—with late-career cohorts indicating planned reductions in FTE hours. This generational transition is offset by stable graduate outputs from Utah pharmacy programs (~62 graduates annually) and steady demand projections in online job listings.

Practice distribution highlights potential workforce strain in rural regions, with urban centers like Salt Lake County accounting for a disproportionate share of total FTE capacity. Furthermore, while 49% of pharmacists express a willingness to precept, clinical capacity constraints and time limitations remain key barriers. Addressing these preceptorship bottlenecks will be essential to supporting experiential education and maintaining a resilient pharmacy pipeline in Utah.

Limitations

While these findings offer valuable insights, they should be interpreted in light of several limitations. The data are drawn from a voluntary survey administered during license renewal, with an average response rate of about 50%, which may not fully represent the entire pharmacist workforce. Because the survey is neither a complete census nor a statistically valid random sample, results generalized to all pharmacists in Utah must be interpreted with caution. Additionally, license counts from the DOPL include all individuals holding an active license but do not confirm whether the licensee is currently practicing, practicing in Utah, or working in a pharmacist role. All employment and demographic information is self-reported, which introduces the potential for misclassification, recall bias, and error. Finally, the data represent a single point in time and do not reflect changes in the workforce that may occur after data collection. Despite these limitations, the report offers a meaningful starting point for understanding Utah's pharmacist workforce.

Regarding job posting data: Job postings are a leading indicator in current demand, but the relationship to actual employment growth varies, as current postings may not reflect future business conditions. Job postings do not easily equate into net job growth. Job postings may only be needed to



replace staff turnover. Not all hirings are publicly posted. Not all job postings lead to hiring. Some postings remain online long after hiring is complete. Companies may post jobs to build candidate pipelines or for market testing of recruitment and salary expectations. These can sometimes be referenced as “ghost jobs.” The existence of ghost jobs is one reason many are cautious about using online job postings to estimate future employment growth. A large number of postings can make the labor market look stronger than actual hiring activity.

Appendix A

DOPL supply survey

Questions were asked about the practitioners’ Utah status, practice characteristics, demographics, employment plans, and patient population types. The survey can be found online at:<https://ruralhealth.utah.gov/wp-content/uploads/2024-Pharmacist-survey-Final.pdf>

Objectives

The HWAC has developed and adopted, with support from the Data Subcommittee, the Utah Cross-Profession Minimum Data Set (UCPMDS). The UCPMDS is the underlying set of questions covering the highest priority data elements needed for health workforce planning throughout Utah.

Seven national healthcare regulatory organizations worked with Veritas Health Solutions, a consultant in health workforce data, policy, and planning, to create the UCPMDS. The UCPMDS intends to standardize certain information captured from various health professions to support within-profession and between-profession analyses to better inform health policies and strategies. The UCPMDS serves as a fundamental data system, upon which individual profession-specific tools are being developed and implemented into the re-licensure process.

Profession-specific surveys are being created for all licensed health professions. They are optional and are being implemented into the application process through the Division of Professional Licensing.

Target population

All DOPL pharmacist related licenses were included in the license renewal process.



Response rates

Observing the count of eligible practitioners provided by DOPL, the survey response rate was about 64.1%. The following item response rates are based on those who provided a valid license number and responded to at least one question rather than those who were eligible to receive the survey. These rates may be slightly higher than the response rates provided throughout the analysis as those excluded not applicable items.

Number	Text	%
1	What is your sex?	99.86
2	What is your race? Mark one or more boxes.	99.63
3	Are you of Hispanic, Latina/o, or Spanish origin?	99.63
4	What type of degree/credential first qualified you for this license?	99.36
5	What year did you complete the education program/degree that first qualified you for the license?	99.66
6	Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed.)	99.70
7	In which city & country did you education program/degree that first qualified you for this license?	1.11
8	What is your employment status?	99.73
9	Did you complete a residency or fellowship?	99.63
10	If you have completed a residency, in which specialty was your residency program? Select not applicable if you did not complete a residency.	26.11
11	If you have completed a fellowship, in which specialty was your fellowship program? Select not applicable if you did not complete a fellowship.	20.94
12	What best describes your employment plans for the next 2 years?	99.63
13	Indicate any factors related to plans for field change or reduction in hours. Select all that apply.	4.66



Number	Text	%
14	If you indicated you plan to increase or decrease hours in a field related to this license in the next 2 years, please estimate the total number of hours per week you expect to work after the change. If this does not apply, please select not applicable.	4.83
15	Indicate any additional specialty certification you have received. Select not applicable if this does not apply.	87.30
16	Of the hours per week spent in direct patient care, estimate the average number of hours per week delivering patient care via telehealth.	99.29
17	Please indicate the population groups to which you provide clinical services. Please check all that apply.	98.41
18	What is your primary practice location? If this does not apply, please enter "N/A".	91.49
19	Which of the following best describes your current employment arrangement at your principal practice location?	98.24
20	Please identify the roles/title(s) that most closely corresponds to your primary employment/practice type.	98.08
21	Which of following best describes the practice setting at your primary practice location? If this does not apply, please select "not applicable."	96.56
22	Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "not applicable." Does not include time on call.	96.56
23	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select "not applicable."	97.64
24	What is your secondary practice location? If this does not apply, please enter "N/A".	79.13
25	Which of the following best describes your current employment arrangement at your secondary practice location?	77.31
26	Please identify the role/title(s) that most closely corresponds to your secondary employment/practice type.	76.06



Number	Text	%
27	Which of the following best describe the practice setting at your secondary practice location? If this does not apply, please select "not applicable."	70.25
28	Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select "not applicable." Does not include time on call.	67.11
29	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. If this does not apply, please select "not applicable."	66.87
30	Have you mentored/precepted students within the last 2 years?	97.91
31	If you indicated that you mentor/precept students. How many students have you precepted in the last 2 years?	40.63
32	If you have not mentored/precepted students within the last 2 years, what are your reasons for not choosing to do so?	83.05
33	Would you like to precept in the future?	96.59
34	Please mark the amount of educational debt you had AT THE TIME OF GRADUATION (excluding any non-education debt).	97.37
35	Do you work in a multidisciplinary care team?	98.04
36	If yes, which healthcare professionals do you work with?	43.47



References

Job posting data: Lightcast data as Conference Board–Lightcast Help Wanted OnLine data provided by the Department of Workforce Services

Contact information

Jordan Miller jordanmiller@utah.gov
Department of Health and Human Services
Multi-Agency State Office Building
195 North 1950 West
Salt Lake City, Utah
84116
Phone: 801-538-9375

