

Research Methodology

The initial Glaxo Pathway Evaluation Program Pharmacy Specialty Survey was conducted in 1988 as the first national pharmacy career planning survey. The program was updated every 3 to 5 years to provide up-to-date information on specific practice environments. The program was transferred to the American Pharmacists Association (APhA) in 2001. The first APhA Career Pathway Evaluation Program Pharmacist Profile Survey was implemented in 2002.

In the fall of 2024 and spring of 2025, APhA completed the most recent survey to date, using a web-based data collection technique. Individuals, professional associations, and specialty groups were contacted and provided a link to the updated survey. In addition, broadcast (e.g., newsletters, website information) and invitations were used for recruiting survey respondents. Invitations were extended to participants from late 2024 through May 2025. A total of 1,921 survey forms were completed on the host site.

Researchers at the University of Wyoming School of Pharmacy in Laramie, WY, in collaboration with APhA education and professional affairs departments, conducted data retrieval, data cleaning, data recoding, and data processing for this survey. Data analysis included descriptive statistics, chi-square analysis, and analysis of variance (ANOVA). Descriptive summaries, from both quantitative and qualitative data, were completed for each career setting and are included in each of the profiles. Qualitative data were also leveraged for trend analysis of responses and are included in the career profiles.

When utilizing these data, some of the limitations of the research should be kept in mind. As is the case in most surveys, a non-response bias could exist. Those who did not respond to the survey might have characteristics that are different from the responders. Although great effort was made to identify pharmacists in a variety of pharmacy settings for this study, the lists were neither mutually exclusive nor exhaustive.

Respondents self-reported the career setting that best fits their practice environment and activities. Some settings provided the opportunity to distinguish management from staff roles, which are provided as separate profiles. The researcher's protocol established a minimum of 30 responses for any of the profiles to provide statistical significance to differences and broad applicability. Each of the 27 career profiles provides information on the aggregate background of the respondents.

Respondent Career Profiles

- Academia
- Academia (Administration)
- Academia (Clinical Practice)
- Academia (Pharmacy Practice)
- Academia (Social and Administrative Sciences)
- Ambulatory Care
- Association Management
- Community Chain
- Community Chain (Clinical Practice)
- Community Chain (Corporate)
- Community Chain (Management)
- Community Independent
- Community Independent (Management)
- Community Independent (Owner)
- Consultant (Senior Care/Long-Term Care)
- Federal/Government
- Federal/Government (Clinical Practice)
- Federal/Government (Management)
- Health System
- Health System (Clinical Practice)
- Health System (Director)
- Health System (Management)
- Managed Care/Payer
- Pharmaceutical Industry
- Pharmaceutical Industry (Management)
- Pharmaceutical Industry (Medical Science Liaison)
- Specialty