

AMCP MANAGED CARE PHARMACY

Workforce Survey 2025



PREFACE

One of the defining characteristics of managed care is the remarkable diversity in the roles and responsibilities pharmacists hold within their organizations. A career in this field offers pharmacists a wide range of opportunities, encompassing different levels of direct patient and provider engagement, leadership opportunities, specialized practice areas, and secondary functions.

While this diversity is alluring, it also presents challenges in comprehensively analyzing the managed care pharmacy workforce. The variability in roles and organizational structures has contributed to a significant gap in workforce data.

To address this need, AMCP developed this first-of-its-kind report focused on the managed care pharmacy workforce. The objectives of this report are threefold: to describe the composition of the workforce, to serve as a valuable resource for individuals and organizations, and to capture pharmacists' perspectives on key workforce-related issues.

The findings presented in this report are based on responses to a comprehensive survey conducted in 2025, which explored three primary areas:

1. Individual and Organizational Demographics and Job Functions
2. Compensation Information
3. Professional Satisfaction

The 2025 Managed Care Pharmacy Workforce Report represents a significant step toward a deeper understanding of the managed care pharmacy landscape.

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RESEARCH HIGHLIGHTS



ADDITIONAL TRAINING

Approximately 50% of respondents completed some form of post-graduate residency or fellowship training, and almost 30% had earned an additional Masters level or above degree.



BOARD CERTIFICATION

Just over 25% of respondents indicated they are board certified, with only approximately one-third of those seeking board certification as part of their role.



JOB FUNCTIONS

The most common primary job functions for pharmacists working in health plans or PBMs are:

- “Clinical Programs & Services” (24.1%)
- “Formulary/Drug Use Management” (19%); and
- “Account Management/Client Services/Sales” (12.3%)



PROFESSIONAL STATUS

Most respondents consider themselves pharmacists because of the work they do (65%) or because they have a pharmacy degree regardless of their licensure status (28.3%). Nearly one-fifth of respondents (17.3%) report not needing a pharmacy degree for the role they are currently in.



BASE SALARY

More than half (53.8%) of responses indicated a salary range between \$140,001 and \$200,000, with industry salaries skewing higher than other fields.



COMPENSATION SATISFACTION

While 64.3% of respondents report being “very satisfied” or “satisfied” with their base salary, a slightly greater share—68.7%—report satisfaction with their overall compensation package.



PROFESSIONAL SATISFACTION

Managed care pharmacists report high workplace satisfaction.

- Just over half of respondents (53.6%) indicate the statement “I feel happy at work” is “Very True” or “Completely True.”
- Only 10% and 12.4% report feeling physically or emotionally exhausted at work, respectively.
- Interpersonal disengagement is also infrequently reported, with only 1.4% feeling less empathetic or less connected with their patients, and only 3.4% feeling less connected with their colleagues.



WORK ACTIVITIES

Managed care pharmacists report a high level of autonomy (an overall rating of 4.19 on a scale of 1 to 5), but are more neutral on whether staffing levels are sufficient (overall rating of 3.02).



WORK-LIFE BALANCE

Over 8-in-10 respondents (83.9%) noted they had “Complete Control” or “Significant Control” over their ability to choose the dates of their paid time off (PTO), and 73.5% responded similarly that they had the ability to take PTO on short notice. Almost 7-in-10 (69.8%) shared that they had “Complete Control” or “Significant Control” over their ability to take time away during the work day.

Methods

Timeline

AMCP developed the Managed Care Pharmacy Workforce Survey for distribution in early 2025. The project timeline is outlined below.

- Feedback from internal and external stakeholders was collected between November 2024 and January 2025.
- Two focus groups with a total of 11 pharmacists were held on February 10, 2025 to gain feedback on various aspects of the survey.
- The initial survey was sent on February 19, 2025 to 18,577 individuals (6,128 AMCP members).
- A reminder email was sent on March 19, 2025 to 18,572 individuals (approximately the same number of AMCP members)
- The survey closed on April 8, 2025 at 9 AM EST.

Screeners Survey

A screener survey was conducted to narrow the targeted population to those with a health care degree working full-time, part-time, or in an independent contractor role within a health plan, pharmacy benefit manager (PBM), industry/pharmaceutical manufacturer (henceforth referred to simply as “industry”), academia, or consulting setting.

A total of 609 responses were received, of which 163 were disqualified based on their responses to the screener questions. Fourteen additional records who met the screening criteria were identified as duplicates and were removed. Through one-on-one discussions the direct survey link was shared with five individuals who were initially disqualified, leaving a final possible sample size for the full survey at 437 (Figure 1).

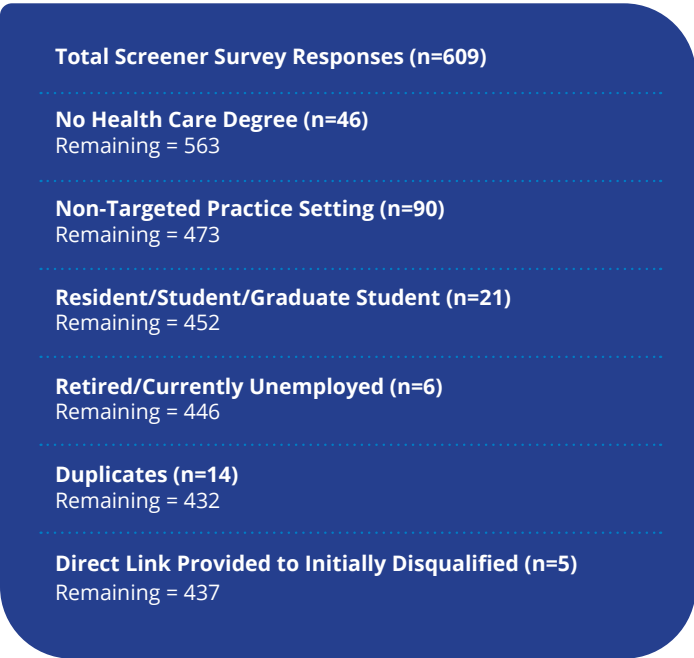
Full Survey

A total of 329 responses to the full survey were received (75.3% of those who passed the screener survey). This excludes those who only partially completed the survey.

Seven responses to the full survey were identified as duplicates. For these responses, only the first response was accepted. Three responses were identified as pharmacy residents, which were not the intended target of the survey, and were also removed. No responses were received from retired or currently unemployed individuals who were also specifically not included in the survey.

This led to a total analyzable population of 319. Nearly 95% of these respondents (301/319) were pharmacists. This will be the focus of the report moving forward.

Figure 1. Screener Survey Waterfall Diagram



SECTION 2.

Individual Demographics

Individual demographics were collected from the 301 survey responses received from pharmacists who met the inclusion criteria and completed the entire survey.

Figure 2. Gender Demographics (n=301)

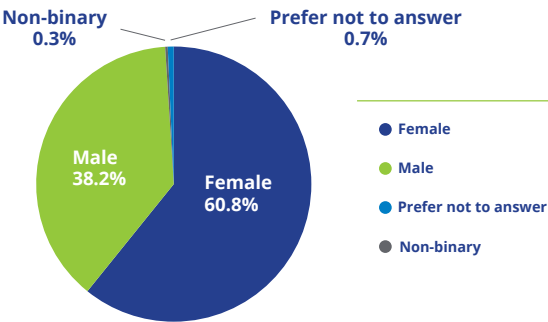


Figure 4. Geographic Region (n=301)

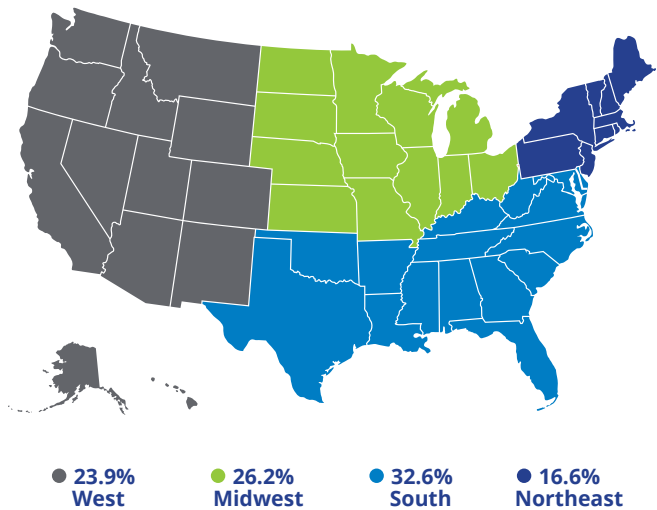
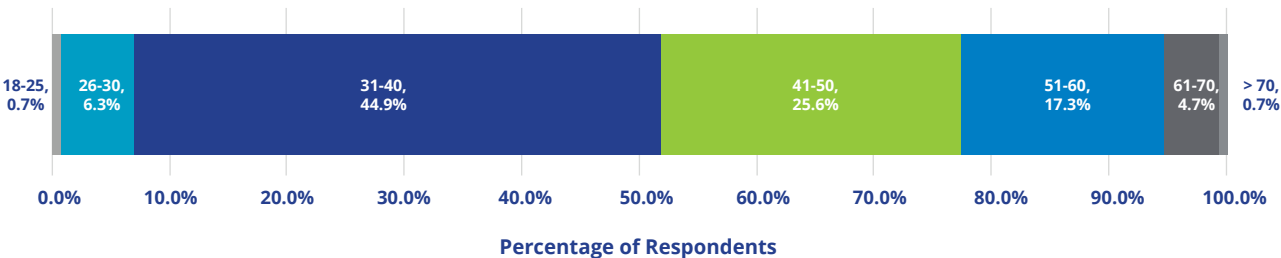


Figure 3. Age Demographics (n=301)



* Percentages sum to greater than 100% due to rounding

More females than males participated in the survey as shown in **Figure 2**. The two most selected races were “White or European” (64.8% of respondents) and “Asian or Asian American” (22.3%). Black/Afro-Caribbean/African American made up the next largest percentage at 4.3%, while other races were selected 3% or less of the time.

Approximately 7-in-10 respondents are what may be considered “mid-career,” aged between 31-50 years, with 51-60 being the next most frequently selected choice (**Figure 3**). 42.5% of respondents reported 6-15 years since having graduated from pharmacy school, with

another 17.3% having graduated 16-20 years ago. The next most common responses were more than 30 years prior (13.6%) and 5 or fewer years prior (11.3%).

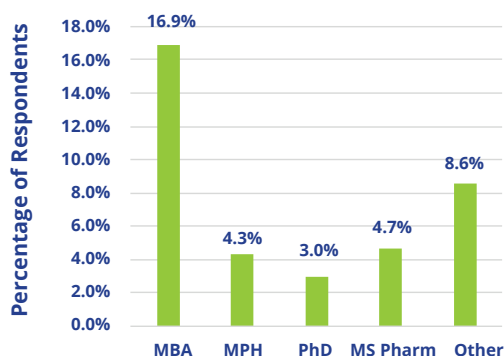
The survey dataset was geographically diverse (**Figure 4**). Geographic regions were adopted from the 2024 National Pharmacist Workforce Study (Table 1.3.2).¹ Just over half of respondents reside in the suburbs of major metropolitan areas (50.2%), with the next largest subset living within major metropolitan areas themselves (27.2%). One-fifth (19.9%) of respondents live in smaller cities or towns, with very few (2.7%) living in rural areas.

Post-Graduate Training

Advanced education and training beyond a pharmacy degree is common for managed care pharmacists.

The most commonly reported additional degree held by those with a BPharm or PharmD was an MBA (Figure 5). Other degrees were reported less frequently. Overall, 29.2% of respondents had at least one additional masters-level or above degree in addition to their BPharm or PharmD.

Figure 5. Additional Degrees (n=301)



Approximately half of respondents (50.8%) had completed post-graduate training, which primarily included completing a managed care, community-based, hospital-based (general) post-graduate year 1 (PGY1) residency, specialized PGY2 residency, or industry fellowship (Figure 6). The most common type of post-graduate training completed was a managed care PGY1 residency, followed by a general PGY1 residency (Figure 7).

Figure 6. Residency/Fellowship Completed (n=301)

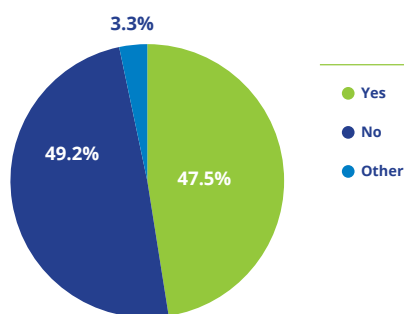
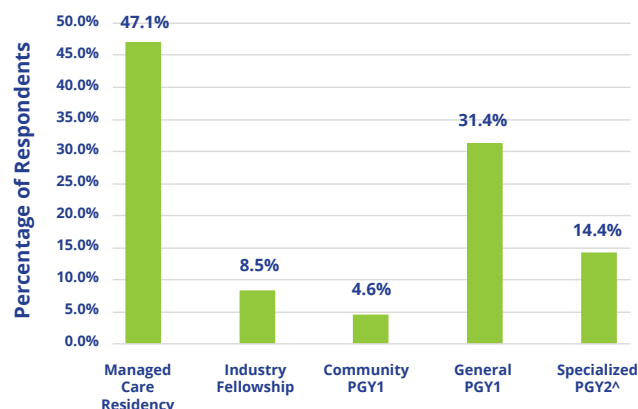


Figure 7. Type of Post-Graduate Training Completed (n=153*)



* Based on the 153 respondents who reported completing some form of post-graduate training. Respondents were able to select more than one type of post-graduate training completed, which is why the total percentage sums to greater than 100%.

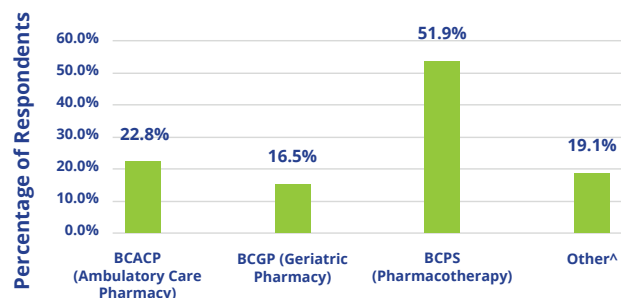
^ Six respondents who completed a specialized PGY2 did not note any other completed residencies/fellowships. It is likely that the number of managed care, community-based, hospital-based (general) PGY1 is slightly underreported for this reason.

Board Certification

One-in-four pharmacists within managed care are board certified.

Just over one-quarter of respondents noted that they had earned board certification in at least one specialty, with 8 respondents having earned board certification in two specialties (Figure 8). The most common board certifications attained include Board Certified Pharmacotherapy Specialist (BCPS) and Board Certified Ambulatory Care Pharmacists (BCACP).

Figure 8. Board Certification Earned (n=79*)

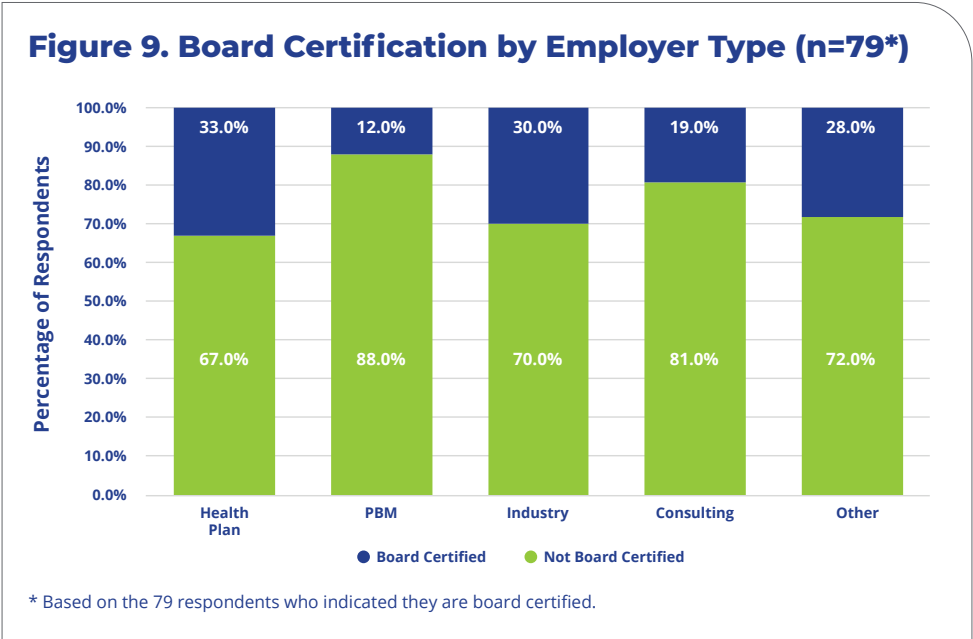


* Based on the 79 respondents who reported that they had earned board certification. Respondents were able to select more than one type of board certification achieved, which is why the total percentage of board certifications achieved is greater than 100%.

^ Other consisted of BCCCP (Critical Care Pharmacy; n=1), BCIDP (Infectious Disease Pharmacy; n=1), BCMTMS (Medication Therapy Management Specialist; n=1), BCOP (Oncology Pharmacy; n=4), BCPP (Psychiatric Pharmacy; n=2), BCMAS (Medical Affairs Specialist; n=2), HIV Pharmacist certification through the American Academy of HIV Medicine (AAHIVP; n=1), and Certified Pharmacy Specialist (CPS; n=3).

Respondents who are board certified were asked if they had sought board certification as part of their role within managed care. This was true for 32.9% of the 79 respondents who are board certified.

The breakdown by employer type of those who are board certified is shown in **Figure 9**.



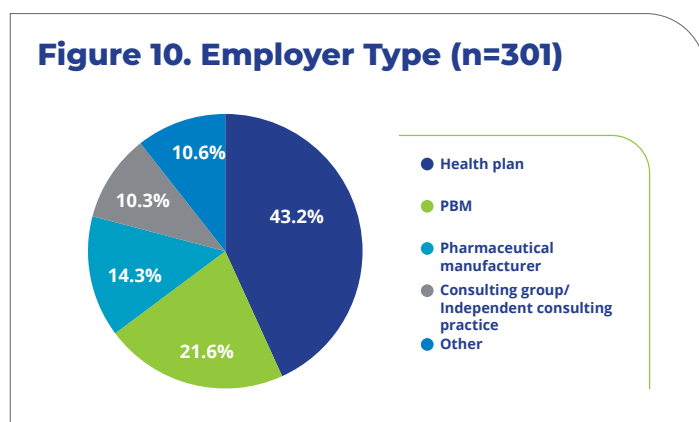
SECTION 3.

Organizational Demographics

Respondents were asked to provide demographic information about their organizations.

Employer Type

The most common employer type reported was health plan, followed by PBM (Figure 10). Employer types that made up less than 10% of the overall responses were categorized together as “Other,” which represented academic institutions (n=14), third party vendors (n=1), and those who selected “Other” on the survey (n=17).



Additional Organizational Demographics for Health Plans and PBMs

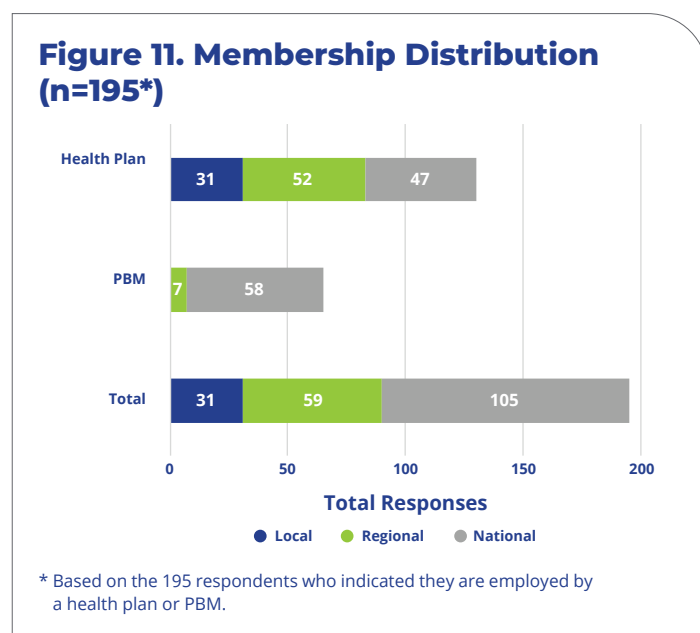
Health plans represented in the sample vary in size, membership distribution, and other demographics, while PBMs are larger, less diverse, and almost exclusively represent national membership.

The 195 respondents who reported their employer type as either a health plan or PBM were asked additional questions to better segment the data.

As shown in Figure 11, most health plan and PBM respondents (53.8%) identified their organization’s membership to be national, defined as “membership throughout the U.S.” Just under one-third (30.3%) identified as regional

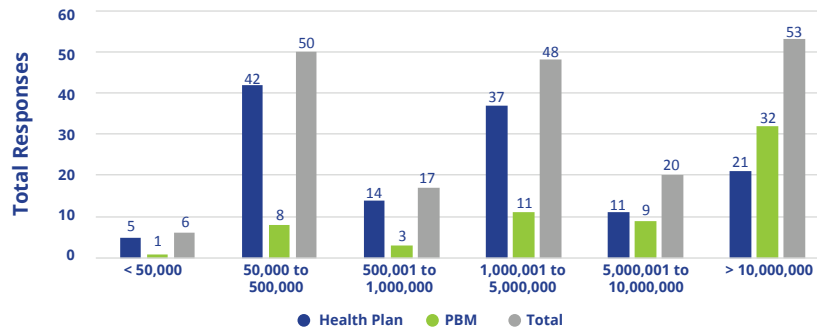
(membership “mainly within a few states, possibly with some members across the U.S.”) and 15.9% identified as local (membership “within a few counties or within a single state”).

Health plan responses were spread fairly equally, with 36.2%, 40%, and 23.8% identifying their membership as national, regional, and local, respectively. Nearly 90% of PBM respondents noted their organization’s membership was national, while none identified as local.



Membership size on the pharmacy benefit was found to be larger for PBMs on the whole, with nearly half (49.2%) of respondents identifying the number of covered lives to be more than 10,000,000, compared with the largest proportions of health plan respondents selecting 50,000 to 500,000 and 1,000,001 to 5,000,000 covered lives (32.3% and 28.5%, respectively). See Figure 12.

Figure 12. Covered Lives, Pharmacy Benefit (n=194*)

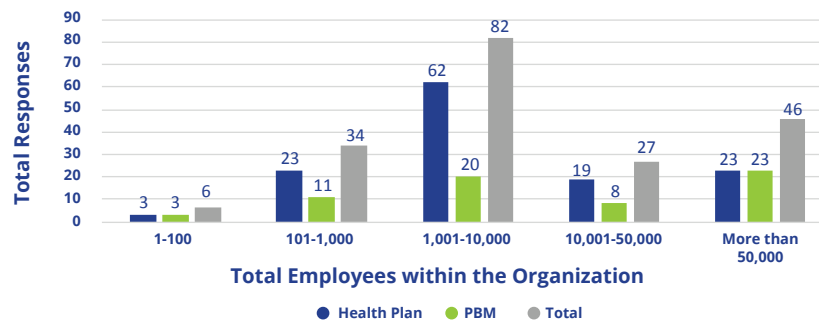


* Based on the 194 respondents employed by a health plan or PBM who did not select, "My organization does not offer pharmacy benefits."

Health plan and PBM respondents were also asked to identify how many total employees (**Figure 13**) and how many other pharmacists (**Figure 14**) work for their organizations. The largest proportion of responses came from individuals who work for organizations with between 1,001

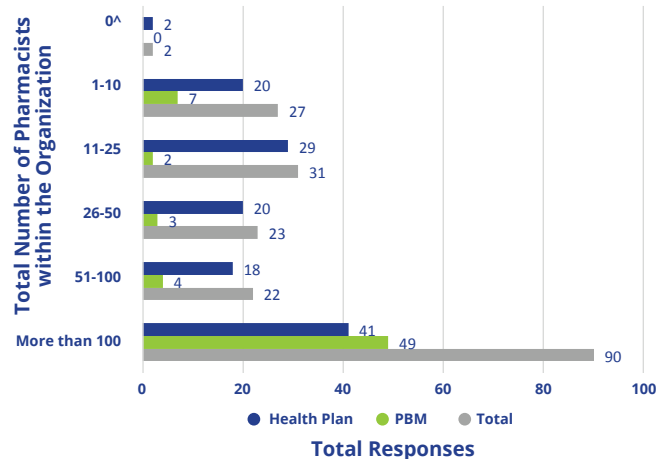
and 10,000 employees (42.1%), followed by organizations who employ more than 50,000 (23.6%). Just under half of respondents shared that their organization employs more than 100 pharmacists (46.2%).

Figure 13. Organization Size (n=195*)



* Based on the 195 respondents who indicated they are employed by a health plan or PBM.

Figure 14. Other Pharmacists in the Organization (n=195*)



* Based on the 195 respondents who indicated they are employed by a health plan or PBM.

^ The respondent is the only pharmacist who works for the organization.

SECTION 4.

Role Demographics

This section of the survey focused on understanding the individual’s role.

Employment Status

Respondents were asked to share their current employment status (Figure 15). Nearly all respondents indicated that they work full time, whether salaried or hourly (total, 96.0%). Given this finding, Compensation data presented in Section 6 and Professional Satisfaction in Section 7 will focus on full-time employees only.

Respondents were asked how long they had been:

- In their current role;
- With their current organization; and
- In their current setting (health plan, PBM, consulting, industry, academia, etc.).

As anticipated and shown in Figure 16, a larger proportion of respondents reported being in their current *role* for fewer years; a more even distribution was seen when considering years with the current *organization*; and a flatter curve was seen still when assessing years in the current *practice setting*. This pattern suggests career movement within one’s field is common, including changing roles and organizations.

Leadership Level

Respondents were asked to provide details on their leadership level within their organization (Table 1).

Figure 15. Employment Status (n=301)

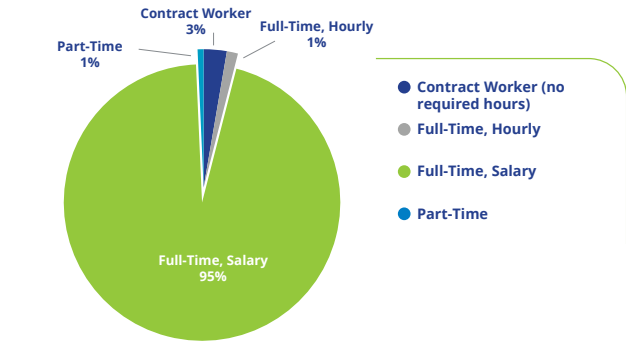


Figure 16. Experience (n=301)

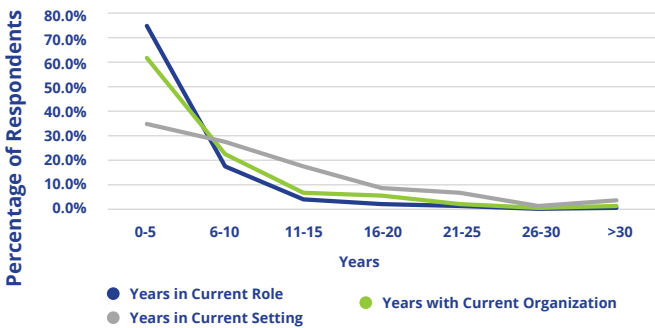
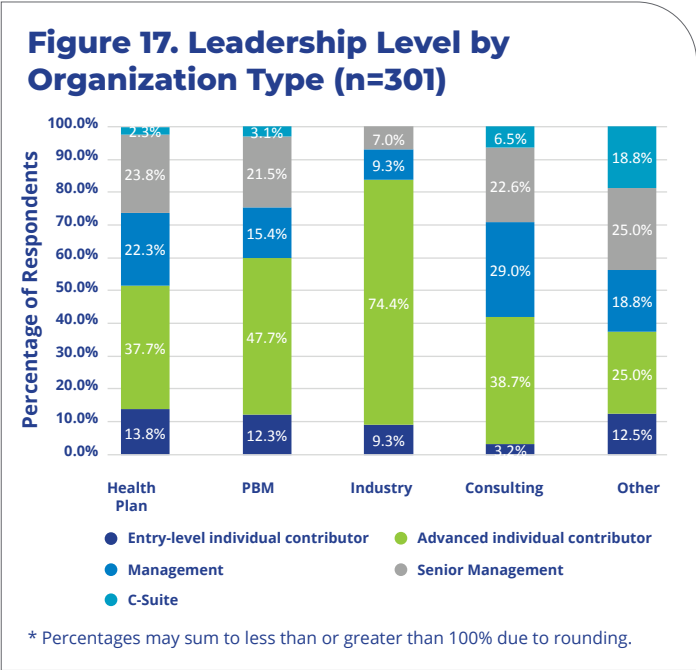


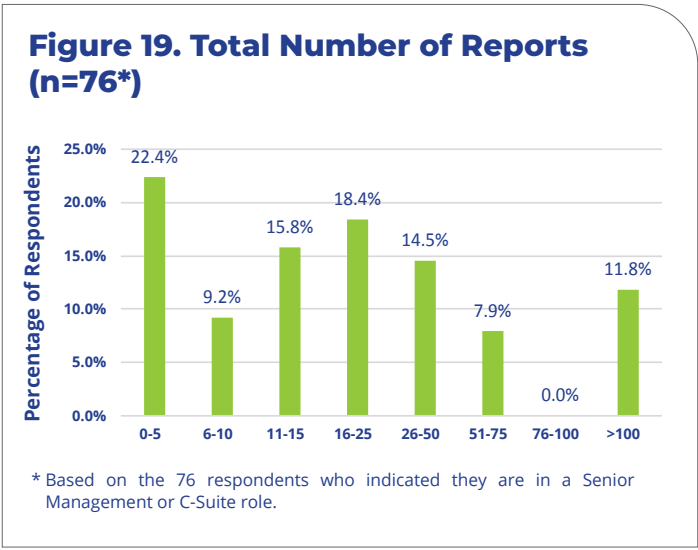
Table 1. Leadership Level (n=301)

LEADERSHIP LEVEL	DEFINITION/EXAMPLES	COUNT	PERCENTAGE
C-Suite		13	4.3%
Senior Management	Managers and above report to you	63	20.9%
Management	Only individual contributors report to you	58	19.3%
Advanced individual contributor, but not management	Senior Pharmacist, Pharmacist II, etc.	132	43.9%
Entry-level individual contributor	Staff Pharmacist, Pharmacist I, etc.	35	11.6%

Respondents were fairly evenly distributed across organization types with regard to leadership level, with the exception of industry, for which the responses were heavily skewed in the direction of advanced individual contributors who are not in management roles (Figure 17).

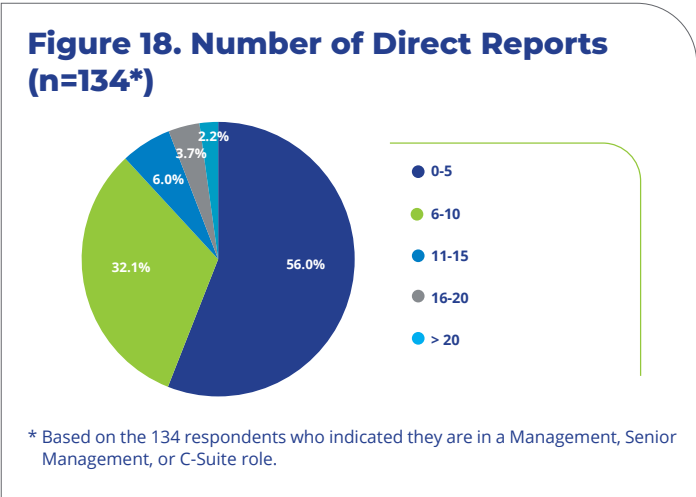


Similarly, the 76 respondents who reported that they are in a Senior Management or C-Suite role were asked about the total number of individuals that report to them directly or through other management levels (Figure 19). A fairly even distribution was seen across the board with the largest proportion reporting 5 or fewer total reports (22.4%). Notably, 11.8% (n=9) reported having over 100 total reports.



Reports

The 134 respondents who selected their leadership role as Management, Senior Management, or C-Suite (see Table 1) were subsequently asked about their number of direct reports. Just over half of these respondents (56%) report having 5 or fewer direct reports (Figure 18). Another 32.1% have 6-10 direct reports.



Job Titles, Health Plans and PBMs

Health plan and PBM respondents were asked to provide their current job title. These responses were then organized into the job categories captured in **Table 2**. Of the 195 health plan or PBM respondents, 192 answered this optional question. Given the open-ended design of this question, the breakdown may differ from the leadership levels as reported in **Table 1**.

Job Functions, Health Plans and PBMs

Health plan and PBM respondents were asked to select a single job category that best described the work they spend the majority of their time on (“Primary Function”), and subsequently, all additional secondary job responsibility categories (“Other Job Function(s)”). Results are shown in **Figure 20**.

The most commonly selected primary function was “Clinical Programs & Services” (24.1%), followed by “Formulary/ Drug Use Management” (19%) and “Account Management/Client Services/Sales” (12.3%).

More than half of respondents report other job functions in “Utilization Management/Prior Authorization” (56.4%), “Clinical Programs & Services” (51.3%), and “Formulary/ Drug Use Management” (50.3%). Many pharmacists are involved in Utilization Management/Prior Authorization, though few report it as their primary function. This category had the largest gap between the number of respondents who selected it as their primary versus a secondary role.

“Other” was chosen infrequently, suggesting the list of roles that respondents could select from effectively captured most of the job categories for managed care pharmacists.

Table 2. Job Titles, Categorized (n=192*)

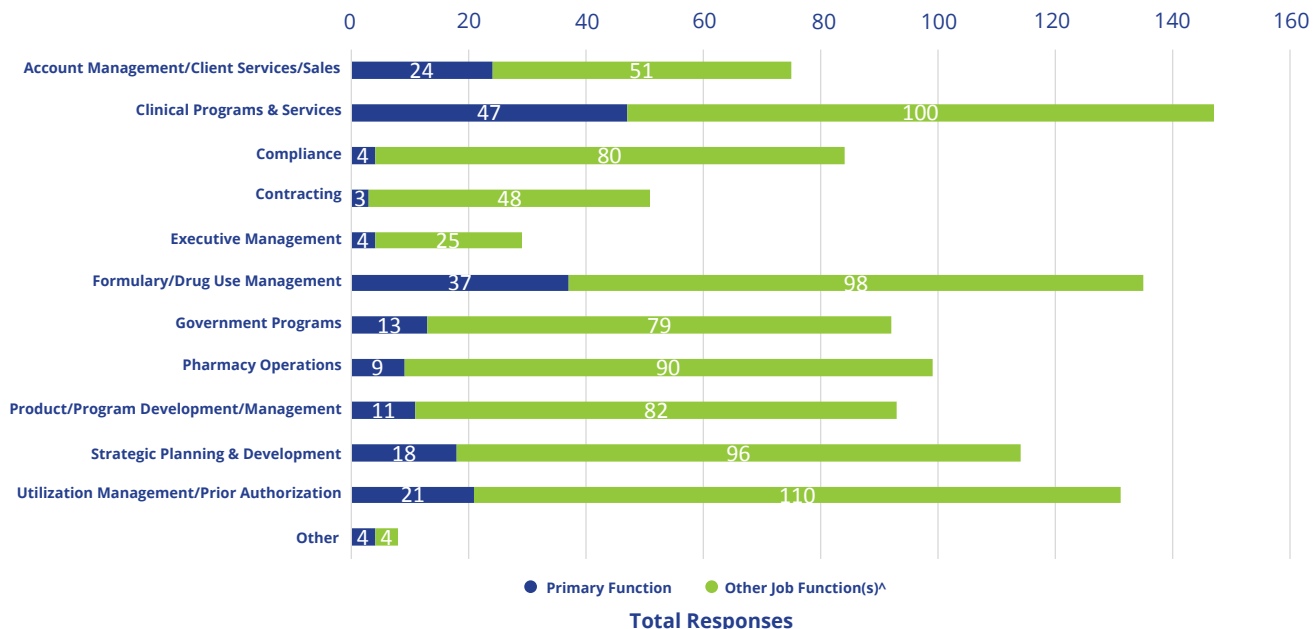
	COUNT	PERCENTAGE
C-Suite	4	2.1%
Vice President - Senior	4	2.1%
Vice President	2	1.0%
Vice President - Assistant/Associate	2	1.0%
Director - Senior	12	6.3%
Director^	37	19.3%
Director - Associate	1	0.5%
Manager - Senior	8	4.2%
Manager/Head/Lead/Principal#	28	14.6%
Senior Pharmacist	21	10.9%
Pharmacist	63	32.8%
Coordinator/Specialist	10	5.2%

* Based on the 192 respondents employed by a health plan or PBM who responded to this optional question

^ Includes Account Director and Departmental Directors

Includes Account Manager and Departmental Managers

Figure 20. Primary and Secondary Job Functions (n=195*)



* Based on the 195 respondents who indicated they are employed by a health plan or PBM.

^ Respondents were asked to select all "Other Job Functions" that applied.

Work Travel

To assess where managed care pharmacists work, all survey takers were asked about their work location and required work travel. As shown in **Figure 21**, nearly three-quarters of respondents (72.1%) noted that they were "Fully remote" (defined as having no in-office time required) compared with 23.6% who identified their work location as "Hybrid/telework" (some in-office time required). Only 4.3% of respondents noted they were

"Fully in-person" (in-office 5 days each week most weeks). Exactly half of the 84 respondents (50%) with in-office requirements ("Hybrid/telework" or "Fully in-person") reported an average commute to the office of 30 minutes or less, with 88.1% traveling under 60 minutes.

Over half of respondents (64.1%) average less than one day per month of required work travel and 88.7% average 5 or fewer days of work travel per month (**Figure 22**).

Figure 21. Work Location (n=301)

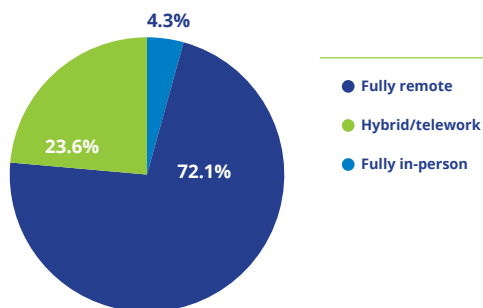
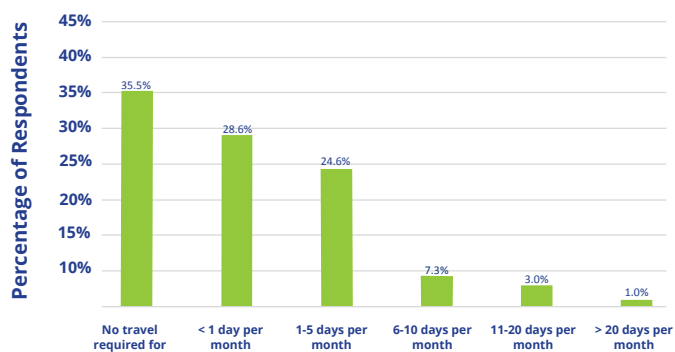


Figure 22. Other Required Work Travel (n=301)



Self-Perceptions of Professional Status

Are you a “Pharmacist”?

Respondents who identified that they had received a pharmacy degree (PharmD or BSPHarm) were asked, “You noted that you have a pharmacy degree. Considering the work you do, do you consider yourself a practicing pharmacist?” Very few (6.6%) no longer consider themselves pharmacists. See **Table 3**.

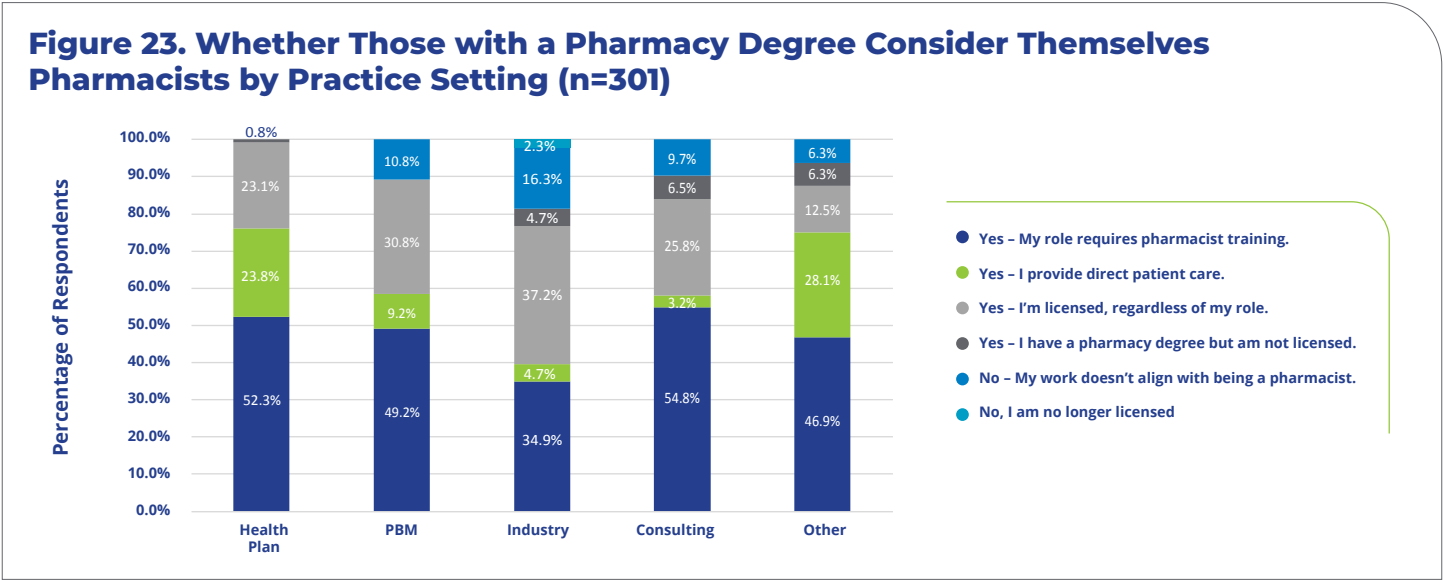
As shown in **Figure 23**, all pharmacists employed by health plans (100%) and the vast majority of pharmacists employed by PBMs (89.2%) who responded to the survey consider themselves pharmacists. A smaller proportion, but still a large majority, of pharmacists responding to the survey who work in industry self-identify as pharmacists (81.5%).

Table 3. Are You a “Pharmacist?” (n=301)

	COUNT	PERCENTAGE
Yes, I consider myself a pharmacist because my work requires pharmacist training/education	147	49.0%
Yes, I consider myself a pharmacist since I provide patient care (direct or indirect)	49	16.0%
Yes, I consider myself a pharmacist (regardless of the work I do) because I am fully licensed	78	26.0%
Yes, I consider myself a pharmacist (regardless of the work I do) because I have my pharmacy degree but am not licensed	7	2.3%
No, I don't consider myself a pharmacist because of the type of work I do	19	6.3%
No, I don't consider myself a pharmacist because I am no longer licensed	1	0.3%

* Percentages sum to less than 100% due to rounding.

Figure 23. Whether Those with a Pharmacy Degree Consider Themselves Pharmacists by Practice Setting (n=301)



Was a Pharmacy Degree Required for Your Job?

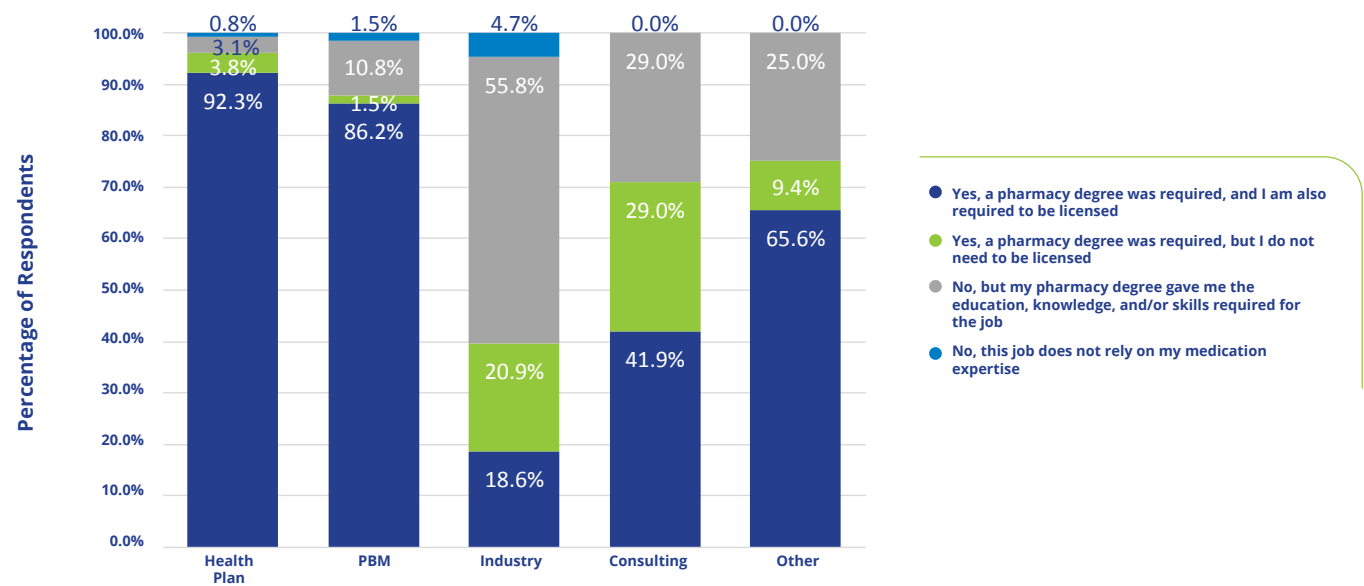
Similarly, respondents who identified that they had received a pharmacy degree (PharmD or BSP Pharm) were also asked, “Was a pharmacy degree a requirement of your current employment?” The majority of respondents are using their pharmacy degree (and licensure) in their current roles (Table 4).

However, when broken out by practice setting (Figure 24), only 39.5% of pharmacists who work in industry report that their pharmacy degree was required for their current employment, compared with 96.1% of health plan pharmacists and 87.7% of PBM pharmacists. A greater proportion of industry pharmacists are also in positions that require a pharmacy degree but did not require licensure (20.9%) as compared to 3.8% and 1.5% in health plan and PBM roles, respectively.

Table 4. Whether Pharmacists Are Using Their Degrees (n=301)

	COUNT	PERCENTAGE
Yes, a pharmacy degree was required, and I am also required to be licensed	218	72.4%
Yes, a pharmacy degree was required, but I do not need to be licensed	27	9.0%
No, but my pharmacy degree gave me the education, knowledge, and/or skills required for the job	52	17.3%
No, this job does not rely on my medication expertise	4	1.3%

Figure 24. Whether Pharmacists in Different Settings Are Using Their Degrees (n=301)



* Percentages may sum to greater than 100% due to rounding.

Compensation

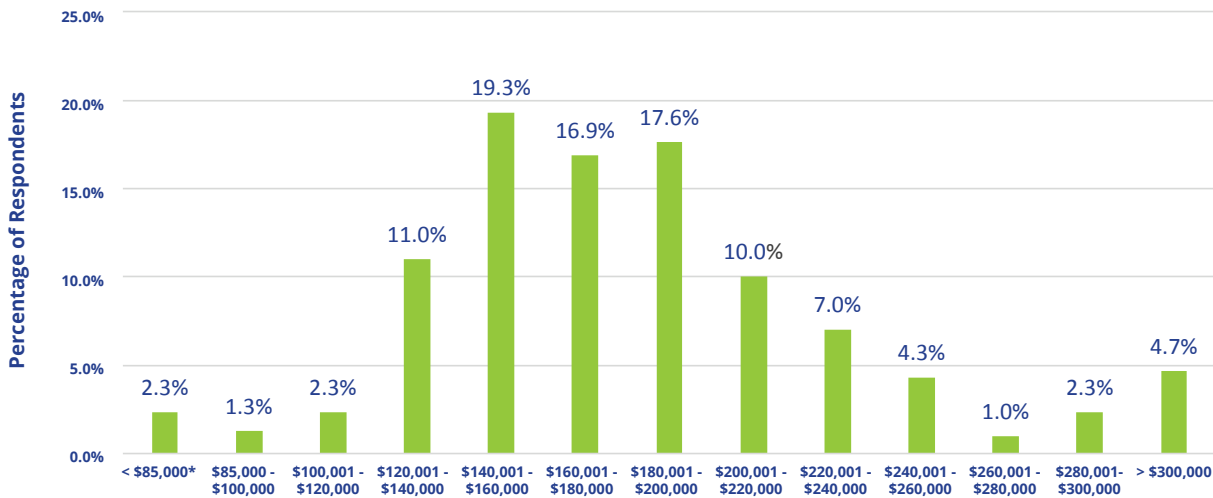
Baseline Salary

Respondents were asked to report their baseline annual salary (Figure 25). More than half (53.8%) of responses ranged between \$140,001 and \$200,000.

The findings of this report echo those of the 2024 National Pharmacist Workforce Study, which reported the average annual salary of managed care pharmacists to be

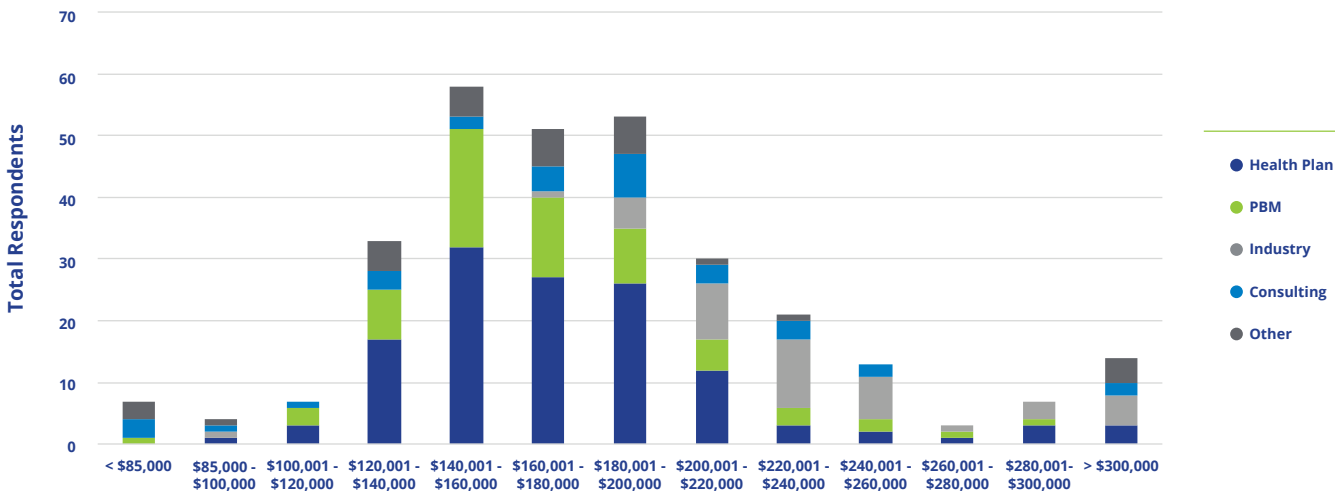
\$156,381 and industry pharmacists to be \$228,036.¹ While salary ranges were used in this report, the most commonly selected salary range for health plan and PBM pharmacists was \$140,001 to \$160,000 (24.6% and 29.2% of respondents in these fields, respectively) and \$220,001 to \$240,000 for industry pharmacists (25.6% of those in this field). See Figure 26 for a visual representation of responses in each salary range by field of practice.

Figure 25. Baseline Annual Salary Range (n=301)



* It is anticipated that the responses in the < \$85,000 category are inaccurate, as several respondents who indicated they are in leadership roles indicated salaries in this range.

Figure 26. Baseline Annual Salary Range by Practice Setting (n=301)



Salary Adjustments and Bonuses

Salary adjustments are a change in an employee's base pay, typically referred to as a raise. These usually occur annually, though this survey did not assess salary adjustment frequency. 52.8% of respondents reported their last salary adjustment to be between 1% and 3%, with another 33.2% of noting they received an increase between 3% and 5%. Another 8% reported receiving less than 1%, while 2.7% received between 5% and 7%, and 3.3% received more than 7%.

The most common factors affecting salary adjustments were found to be individual performance and company performance (**Figure 27**).

Respondents were asked whether they had received a bonus or commissions within the past year. Bonuses

were common (74.4%), while commissions were virtually non-existent (1.0%). The 224 respondents who received a bonus fairly evenly reported an amount between \$5,001 to \$15,000, \$15,001 to \$25,000, and \$25,001 to \$50,000 (**Figure 28**). Factors affecting bonus amounts were similar to salary adjustments; however, company performance was nearly universal (94.6%), followed by individual performance (80.8%), and job level (45.5%).

Sign-on bonuses are relatively uncommon. Just over one-quarter of respondents who had been in their organization for 0-5 years noted they had received a sign-on bonus. Sign-on bonuses were most commonly reported to be in excess of \$15,000 (**Figure 29**). Those reporting a sign-on bonus in excess of \$15,000 held a variety of positions, most commonly advanced individual contributors, but not management (60% of those receiving a sign-on bonus).

Figure 27. Factor(s) Affecting Salary Adjustments (n=301)

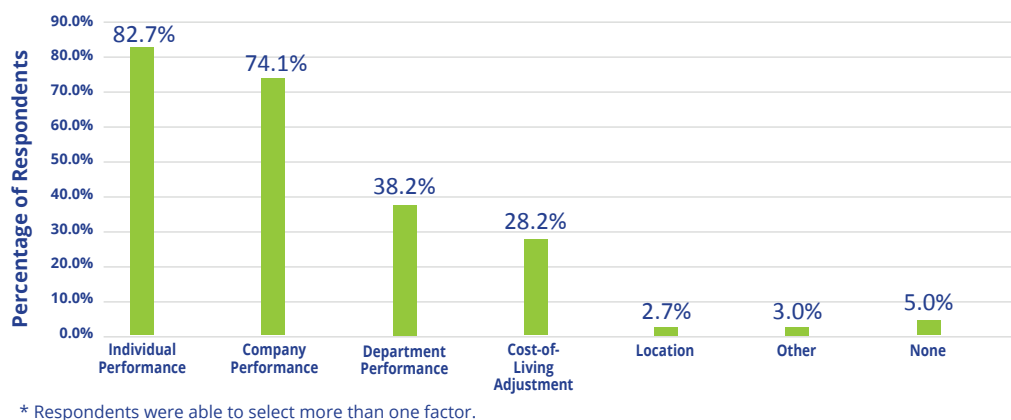


Figure 28. Bonus Amounts Received (n=224*)

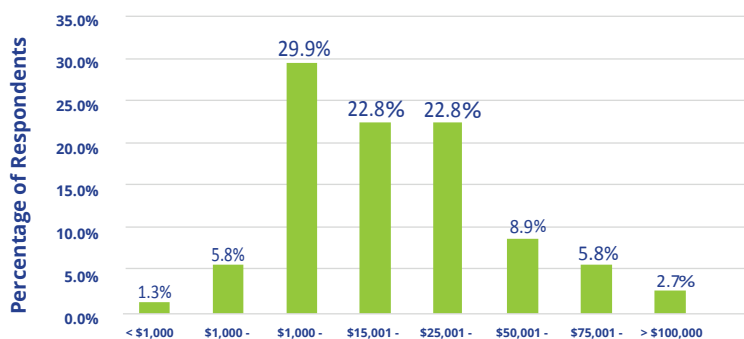
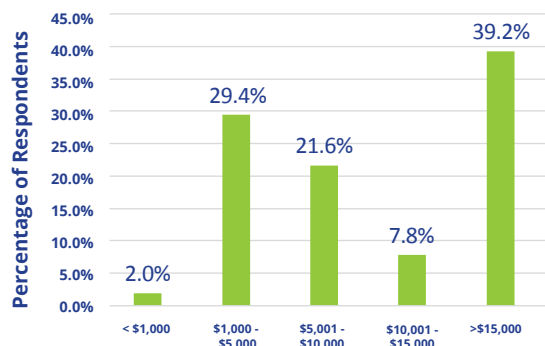


Figure 29. Sign-On Bonus Amount (n=51*)



Other Benefits

The following tables/figures are based on the dataset including only those who indicated they are either hourly or salary full-time employees (n=291).

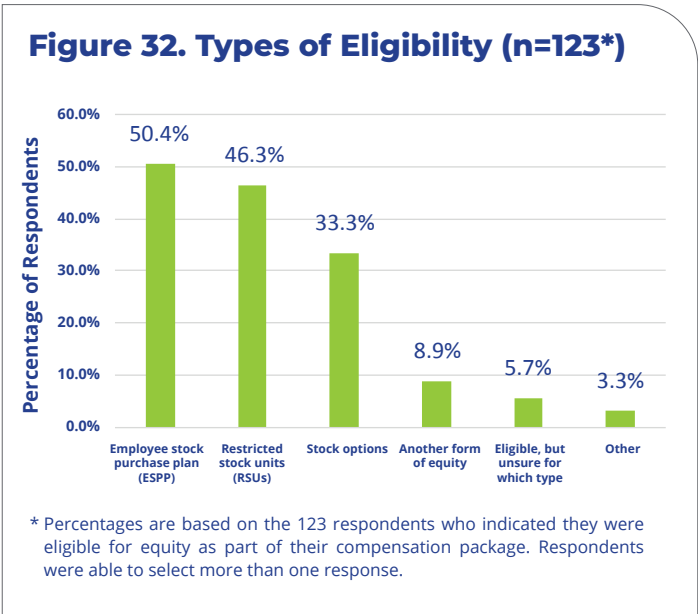
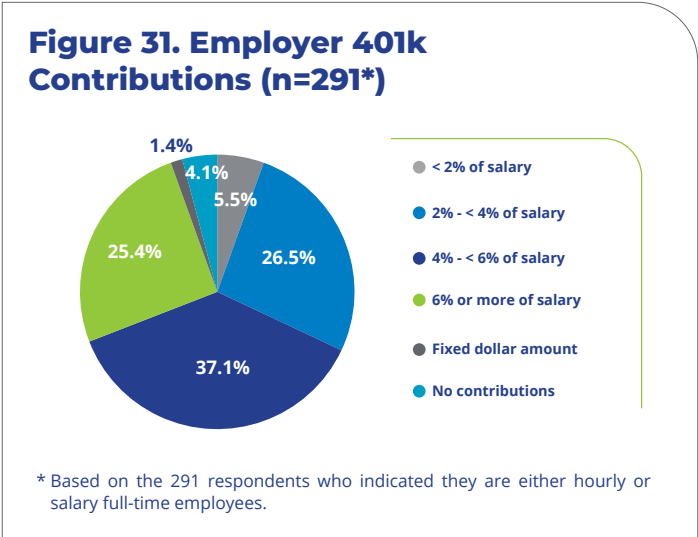
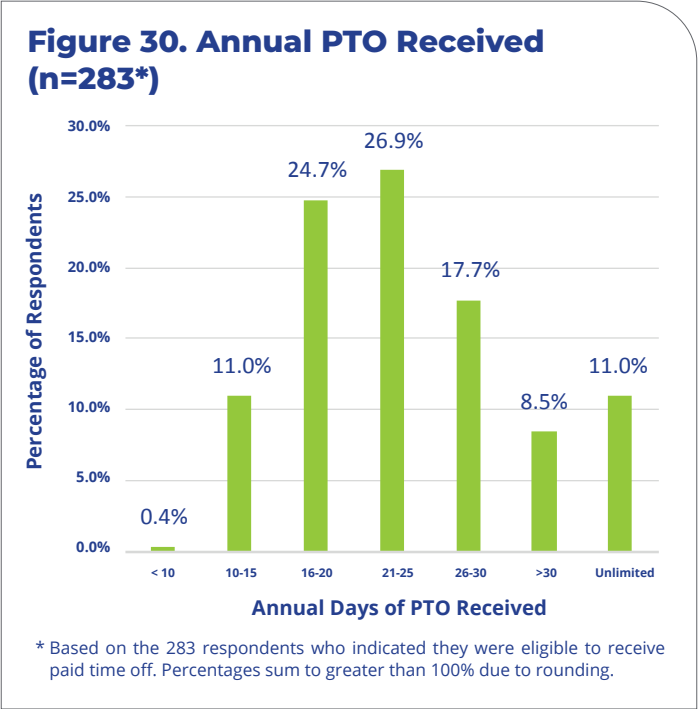
Nearly all full-time employees (97.3%) report eligibility for paid time off (PTO), with just over half of eligible employees (51.6%) reporting between 16 and 25 days of PTO annually (Figure 30).

Respondents noted that their employer most commonly contributes 4 to less than 6% of their annual salary to their 401k plan (Figure 31).

Just under half of full-time employees (42.3%) are eligible for equity as part of their compensation package. The most common types of equity that these 123 respondents report being eligible for are employee stock purchase plans and restricted stock units (Figure 32).

Respondents were asked to select all of the other benefits for which they are eligible (Figure 33). Nearly all full-time employees report eligibility for medical, pharmacy, vision, and dental insurance, while virtually no employers offer an Affordable Care Act plan subsidy. Other forms of insurance are less commonly reported, but still very prevalent with more than three-quarters of respondents reporting eligibility for long-term disability, short-term disability, and life Insurance. About one-quarter of respondents are also eligible for pet insurance.

Over one-half of respondents are eligible for professional development (e.g., conference travel, training opportunities) and/or education benefits. Most of those who are eligible for educational benefits can receive \$1,000 to \$5,000 in tuition assistance and/or tuition reimbursement.



Nearly 6-in-10 respondents are eligible for wellness benefits (e.g., gym memberships, discounted insurance for meeting wellness/health goals), 4-in-10 for discounts for services, and smaller proportions for other benefits. Finally, less than a quarter of respondents report receiving other company-provided benefits, with a company-provided phone being the most common resource.

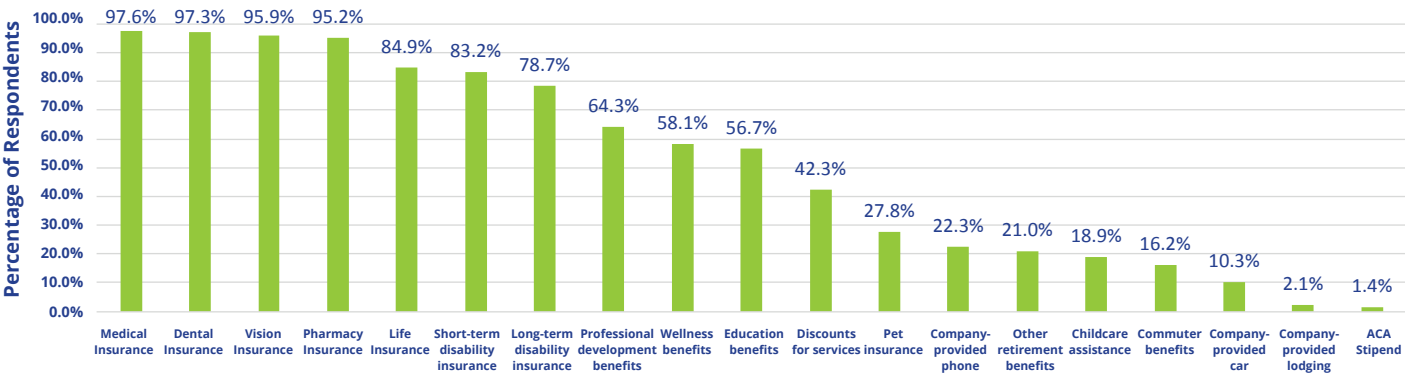
Compensation Satisfaction

Respondents were asked how satisfied they are with their base salary and overall compensation package, rating their satisfaction on a scale of 1-5, with 1 being very unsat-

isfied and 5 being very satisfied (**Figure 34**). Respondents collectively rated their satisfaction with their base salary at a **3.57** out of 5. Similarly, respondents collectively rated their satisfaction with their overall compensation at a **3.7** out of 5.

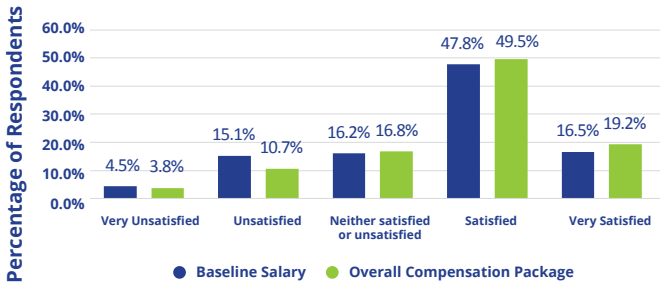
The most commonly cited areas for improvement included base salary, which was selected by more than two-thirds of respondents, followed by bonuses or commissions and professional development opportunities, which were selected by approximately one-third of respondents each (**Figure 35**).

Figure 33. Other Benefits (n=291*)



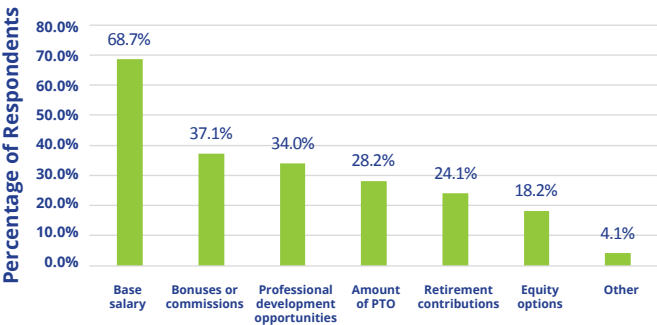
* Based on the 291 respondents who indicated they are either hourly or salary full-time employees.

Figure 34. Satisfaction with Base Salary and Overall Compensation Package (n=291*)



* Based on the 291 respondents who indicated they are either hourly or salary full-time employees. Percentages may sum to greater than 100% due to rounding.

Figure 35. Compensation Areas to Improve (n=291*)



* Based on the 291 respondents who indicated they are either hourly or salary full-time employees.

Professional Satisfaction

This section of the report shares findings on burnout, work-life balance, and overall job satisfaction. Responses for this section are only considered for those who reported they were hourly or salary full-time employees (n=291).

Professional Fulfillment

The questions in this section are based on the Professional Fulfillment Index.² The same questions were used as part of the 2022 National Pharmacist Workforce Study (NPWS), allowing for a comparison of the response data, albeit indirect.³

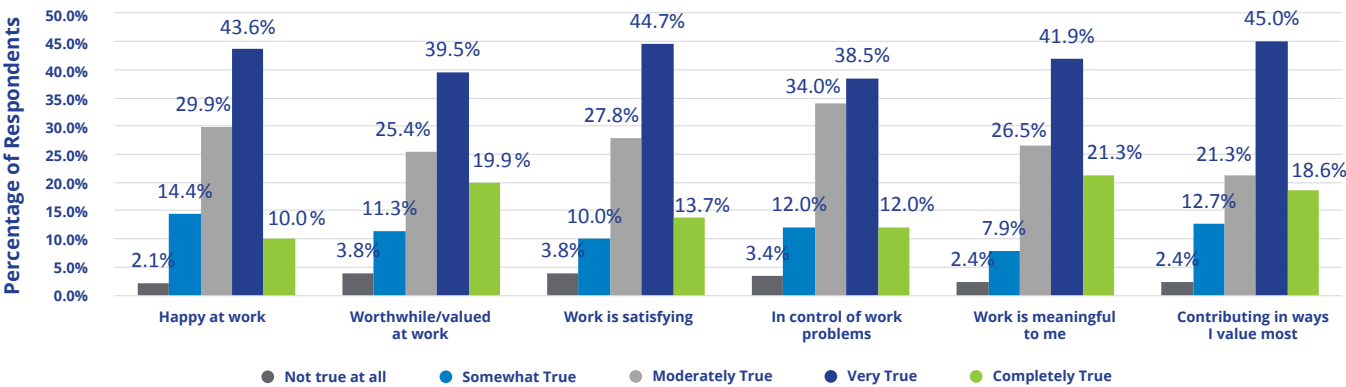
To assess professional fulfillment, respondents were asked how true they felt the following statements were about them at work during the past two weeks:

- I feel happy at work
- I feel worthwhile/valued at work

- My work is satisfying to me
- I feel in control when dealing with difficult work problems
- My work is meaningful to me
- I’m contributing professionally in the ways I value most (e.g., patient care, teaching, research, leadership)

For this series of statements (the Professional Fulfillment domain) for which a higher score is better, the mean score for the entire domain was found to be **3.56 out of 5**. This is higher than the reported mean in the 2022 NPWS, which was **2.92**.³ See **Figure 36** for a detailed breakdown of responses to each statement within this domain and **Figure 37** for the average score for each item. Respondents to this survey selected “Very True” or “Completely True” more frequently for each of the 6 statements compared with the 2022 NPWS (**Table 5**).³

Figure 36. Professional Fulfillment Items (n=291*)



* Based on the 291 respondents who indicated they are either hourly or salary full-time employees. Percentages may sum to less than 100% due to rounding.

Figure 37. Average Scores on Professional Fulfillment Items* (n=291^)



Table 5. Professional Fulfillment Items - Comparison to 2022 NPWS

STATEMENT	PERCENTAGE OF RESPONDENTS SELECTING "VERY TRUE" OR "COMPLETELY TRUE"	
	2025 MCP WORKFORCE SURVEY (N=291*)	2022 NPWS ³
I feel happy at work	53.6%	25.7%
I feel worthwhile/valued at work	59.5%	38.8%
My work is satisfying to me	58.4%	36.8%
I feel in control when dealing with difficult work problems	50.5%	30.7%
My work is meaningful to me	63.2%	51.6%
I'm contributing professionally in the ways I value most (e.g., patient care, teaching, research, leadership)	63.6%	62.9%

* Based on the 291 respondents who indicated they are either hourly or salary full-time employees.

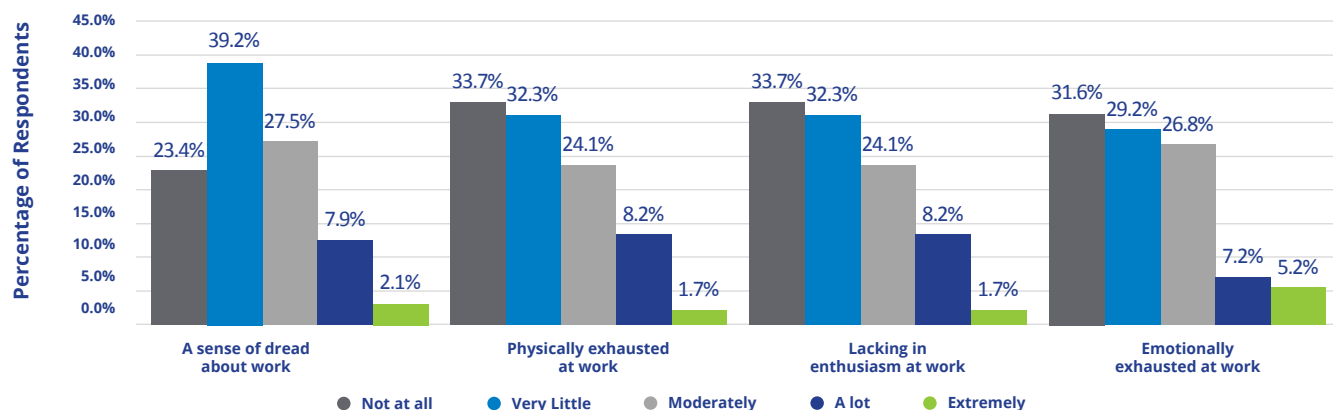
Work Exhaustion

To assess work exhaustion, respondents were asked how frequently over the prior two weeks they felt each of the statements below.

- A sense of dread when I think about work I have to do
- Physically exhausted at work
- Lacking in enthusiasm at work
- Emotionally exhausted at work

In the Work Exhaustion domain, where lower scores are better, the average score across the entire domain was **2.23 out of 5**. This compares favorably to the 2022 NPWS mean score of **3.14**.³ For a detailed view of individual responses to each statement, refer to **Figure 38**, and for the average score for each item, see **Figure 39**. Compared to the 2022 NPWS, survey participants selected "A Lot" or "Extremely" less frequently across all 4 statements in this domain (see **Table 6**).³

Figure 38. Work Exhaustion Items (n=291*)



* Based on the 291 respondents who indicated they are either hourly or salary full-time employees. Percentages may sum to greater than 100% due to rounding.

Figure 39. Overall Scores on Work Exhaustion Items* (n=291^)



Table 6. Work Exhaustion Items - Comparison to 2022 NPWS

STATEMENT	PERCENTAGE OF RESPONDENTS SELECTING "A LOT" OR "EXTREMELY"*	
	2025 MCP WORKFORCE SURVEY (N=291^)	2022 NPWS ¹
A sense of dread when I think about work I have to do	10.0%	35.2%
Physically exhausted at work	10.0%	42.1%
Lacking in enthusiasm at work	11.3%	35.5%
Emotionally exhausted at work	12.4%	43.4%

* In the 2022 NPWS, "Totally" was used instead of "Extremely."
 ^ Based on the 291 respondents who indicated they are either hourly or salary full-time employees

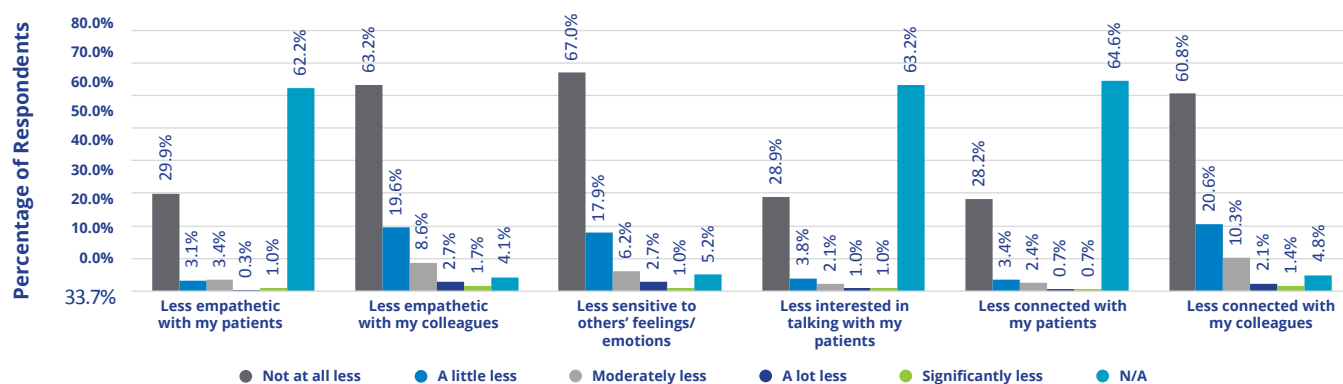
Interpersonal Disengagement

To assess interpersonal disengagement, respondents were asked how frequently over the prior two weeks they felt their jobs contributed to them feeling each of the statements below:

- Less empathetic with my patients
- Less empathetic with my colleagues
- Less sensitive to others' feelings/emotions
- Less interested in talking with my patients
- Less connected with my patients
- Less connected with my colleagues

Within the Interpersonal Disengagement domain, lower scores are better. The mean score on this domain was **1.46 out of 5**, which was lower than the 2022 NPWS mean of **2.44**.³ **Figure 40** shows detail on the responses to each item, while **Figure 41** shows the average score for each item. A comparison of the percentage of respondents who selected "A lot" or "Significantly less" indicates these answers were selected less frequently for each of the 6 statements in this survey compared with the 2022 NPWS (**Table 7**).³

Figure 40. Interpersonal Disengagement Items (n=291*)



* Based on the 291 respondents who indicated they are either hourly or salary full-time employees. Percentages may sum to less than 100% due to rounding.

Figure 41. Overall Scores on Interpersonal Disengagement Items* (n=291^)



Table 7. Interpersonal Disengagement Items - Comparison to 2022 NPWS

STATEMENT	PERCENTAGE OF RESPONDENTS SELECTING "A LOT LESS" OR "SIGNIFICANTLY LESS"*	
	2025 MCP WORKFORCE SURVEY (N=291 [^])	2022 NPWS ³
Less empathetic with my patients	1.4%	20.3%
Less empathetic with my colleagues	4.5%	22.2%
Less sensitive to others' feelings/emotions	3.8%	23.0%
Less interested in talking with my patients	2.1%	18.1%
Less connected with my patients	1.4%	16.8%
Less connected with my colleagues	3.4%	18.5%

* In the 2022 NPWS, "A lot" was used instead of "A lot less" and "Totally" was used instead of "Significantly less."
[^] Based on the 291 respondents who indicated they are either hourly or salary full-time employees.

Work Activities

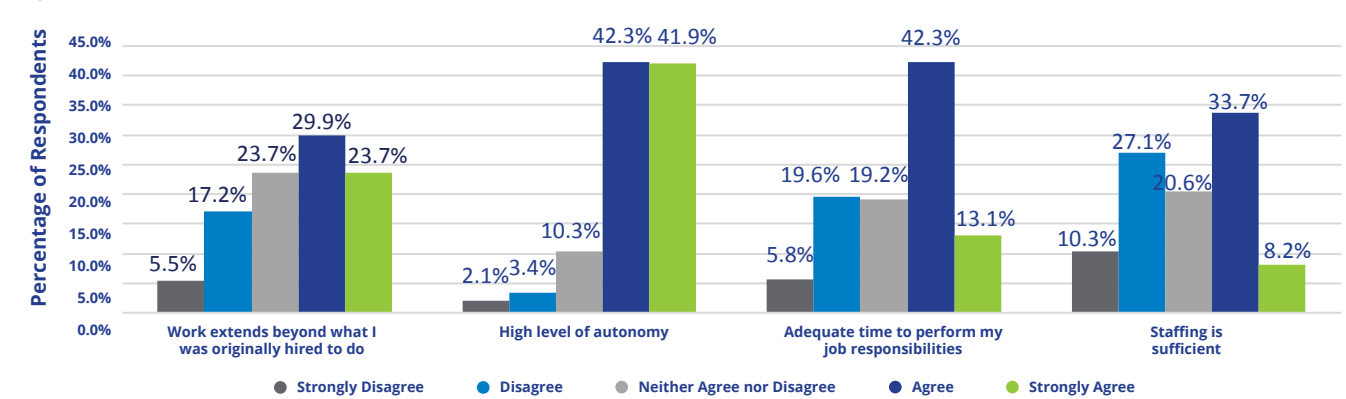
Respondents were asked their level of agreement with a variety of statements related to their work activities. The following "positive" statements were included:

- The number of work activities that I perform in my job extends beyond what I originally was hired to do
- I have a high level of autonomy in how I accomplish my work activities
- I have adequate time in my normal workweek to per-

- form my job responsibilities to the best of my ability
- I believe the level of staffing on my team is sufficient

Overall scores are based on a rating of 1-5, with 1 representing "Strongly Disagree" and 5 representing "Strongly Agree." **Figure 42** and **Figure 43** represent positive statements for which higher percentages of "Agree" and "Strongly Agree" are better.

Figure 42. Work Activities, Positive Statements (n=291*)



* Based on the 291 respondents who indicated they are either hourly or salary full-time employees. Percentages may sum to less than 100% due to rounding.

Figure 43. Overall Scores on Positive Work Activities Statements* (n=291^)



Respondents were also asked their level of agreement with each of the following "negative" statements:

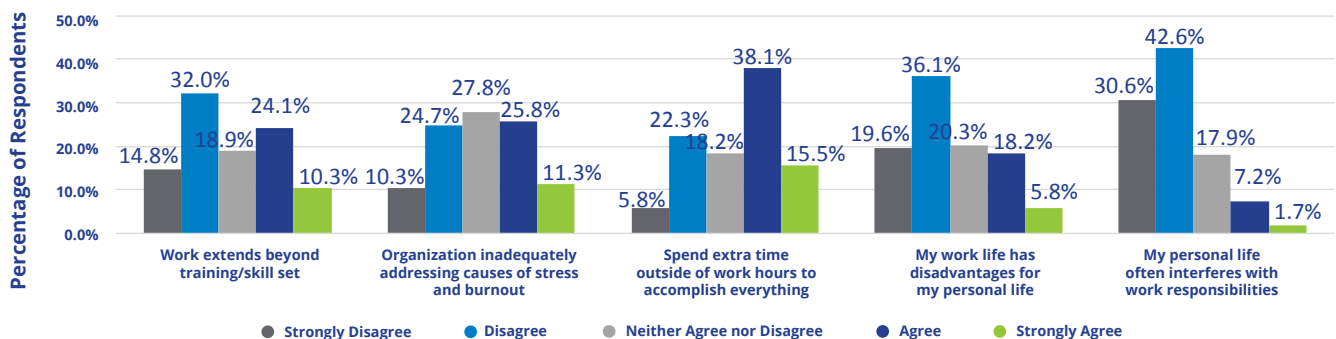
- Many of the work activities expected from me extend beyond my professional training or skill set
- My organization is not doing enough to deal with the actual causes of employee stress and burnout
- I often spend additional time outside of scheduled work hours to accomplish everything I am responsible for
- In general, my work life has disadvantages for my

home, family, or social life

- My personal life often interferes with work responsibilities (e.g., getting to work on time, accomplishing daily work tasks, working overtime)

Once again, overall scores are based on a rating of 1-5, with 1 representing "Strongly Disagree" and 5 representing "Strongly Agree." For this series of items, higher percentages of "Disagree" and "Strongly Disagree" are better in **Figure 44** and **Figure 45**.

Figure 44. Work Activities, Negative Statements (n=291*)



* Based on the 291 respondents who indicated they are either hourly or salary full-time employees. Percentages may sum to less than or greater than 100% due to rounding.

Figure 45. Overall Scores on Negative Work Activities Statements* (n=291[^])



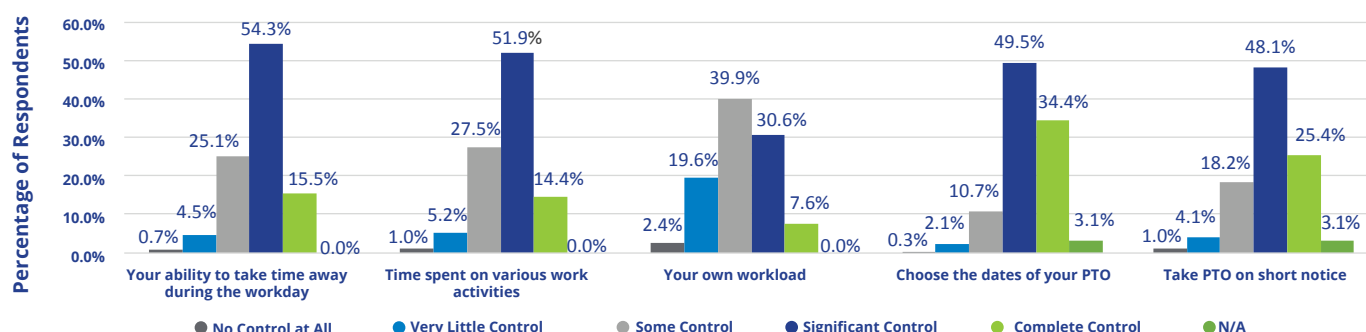
Work-Life Balance

To assess work-life balance, respondents were asked how much control they have over each of the following statements:

- Your ability to take time away during the workday
- Time spent on various work activities
- Your own workload
- Choose the dates of your PTO (e.g., flexibility to pick dates that work for you)
- Take PTO on short notice (e.g., last-minute requests)

Overall scores are based on a rating of 1-5, with 1 representing "No control at all" and 5 representing "Complete control." Higher scores are better for these statements. See **Figure 46** for a detailed breakdown of responses to each statement within this domain and **Figure 47** for the average score for each item.

Figure 46. Work-Life Balance (n=291*)



* Based on the 291 respondents who indicated they are either hourly or salary full-time employees. Percentages may sum to less than or greater than 100% due to rounding.

Figure 47. Overall Scores on Work-Life Balance Items* (n=291^)



Respondents were also asked to share how satisfied they were with each of the following aspects of their job:

- The chance your job gives you to do what you are best at doing
- Your present job in light of your career expectations
- Your present job when you consider the expectations you had when you took the job

Overall scores are based on a rating of 1-5, with 1 representing "Very unsatisfied" and 5 representing "Very satisfied." Higher scores are better for this domain. For details of individual responses to each statement, refer to **Figure 48**, and for the average score for each item, see **Figure 49**.

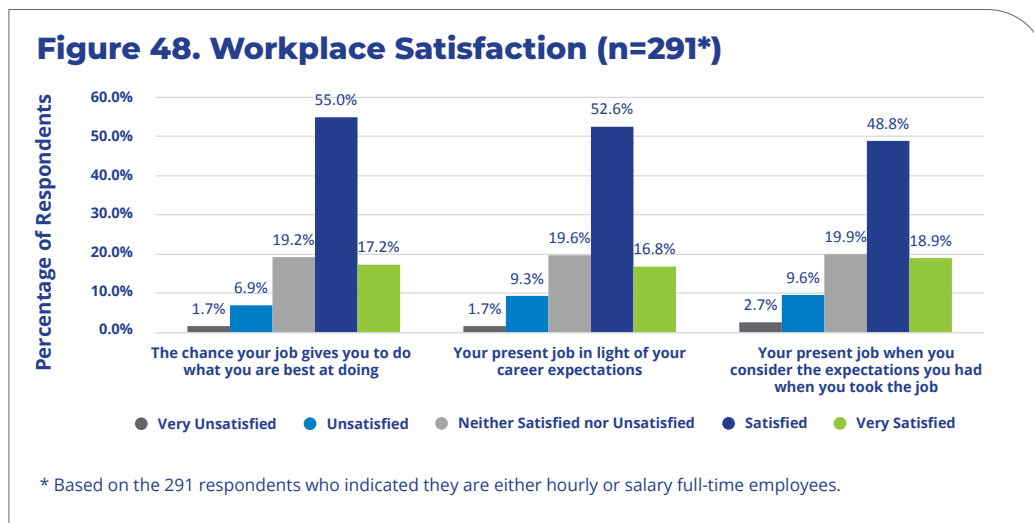


Figure 49. Overall Scores on Workplace Satisfaction Statements* (n=291^)



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2. Trockel M, Bohman B, Lesure E, et al. A brief instrument to assess both burnout and professional fulfillment in physicians: reliability and validity, including correlation with self-reported medical errors, in a sample of resident and practicing physicians. *Acad Psychiatry*. 2018;42(1):11-24. doi: 10.1007/s40596-017-0849-3.
3. American Association of Colleges of Pharmacy. 2022 National Pharmacist Workforce Study. Mar 2023. Available at: <https://www.aacp.org/sites/default/files/2023-08/2022-npws-final-report.pdf>