UNIVERSITY OF THE PHILIPPINES
CENTER FOR INTEGRATIVE AND DEVELOPMENT STUDIES

POLICY BRIEF 2026-12
ISSN 2619-7278 (Print)
ISSN 2619-7286 (Online)

DATA SCIENCE FOR PUBLIC POLICY PROGRAM

A Policy Prescription for RA 10918

Responding to the Policy Gaps in Philippine Pharmacy Education and Practice

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Executive Summary

This policy brief examines the provisions of the Republic Act No. 19018, or the "Philippine Pharmacy Act of 2016," to strengthen the role of pharmacists as healthcare professionals in the country. It aligns Philippine pharmacy practice with global strategies, ensuring safe and rational use of medicines towards the attainment of universal healthcare. But despite its strong legal foundation in enhancing the pharmaceutical profession, the law's full potential is hindered by its weak implementation and critical systemic factors creating workforce distribution disparities, that limits the public's access to quality pharmaceutical services. Through an explanatory sequential mixed-methods approach, several underlying challenges were identified, particularly in terms of pharmacist jurisdiction, pharmacist compensation, and the misalignment in pharmacy education and workforce development. These findings underscore the necessity to strengthen its current regulatory framework with these recommendations: (1) expand pharmacist jurisdiction and institutionalize pharmacy technician certification pathway; (2) standardize public health pharmacist salary and incentivize rural practice; and (3) ladderize education pathways and adopt collaborative practice agreements. Implementing these measures will contribute to the reinforcement of RA No. 10918, advancing its effective operationalization in Philippine pharmacy practice.

Key words: *RA 10918, ladderized education, equitable pharmacist workforce distribution, salary standardization, telepharmacy, pharmacy technician certification pathways*

Introduction

There is a shortage of healthcare professionals in the Philippines, including the pharmacists. This is due to rising healthcare demands and uneven workforce distribution which limits the Filipino's access to necessary pharmaceutical services, as much as it compromises quality healthcare service delivery (Philippine Daily Inquirer 2025). Addressing this pressing issue in the health sector requires a strategic investment in Human Resources for Health through amendments in pharmacy education and workforce intervention to ensure the equitable distribution of pharmacists in the country.

To address the scarcity of professionals in the pharmaceutical field, Republic Act No. 10918, or the "Philippine Pharmacy Act of 2016" was enacted to reevaluate the outdated framework of pharmacy practice in the Republic Act No. 5921, otherwise known as the "Philippine Pharmacy Law." This is in line with the primary objectives of institutionalizing Universal Health Care (UHC) through promoting rational drug-use and patient-centered care. Formally expanding the role of pharmacists in public health

service delivery, this can contribute to the development of the Philippine health sector and grassroots development, specifically in its efforts for sustainable production, appropriate skill mix retention, equitable distribution, and practice-ready training among human resources for health, as detailed in the Department of Health's HRH Philippine Master Plan 2020-2040. The development of policies and strategies toward its initiative of providing primary health care (PHC) for the Filipino people serves as its core component, ensuring that the health workforce is aligned with the evolving population's needs.

In collaboration with the Commission on Higher Education, CHED Circular Memorandum Order No. 8, Series of 2020 recognizes the critical role of education in developing professionals, particularly of healthcare workers. This required the different discipline-based higher education technical panels to develop comprehensive roadmaps to give an overview of each academic field. This reveals a clear analysis of gaps and opportunities through determining the supply and demand for graduates, the local and national competitiveness of the program, its alignment with international standards, and its responsiveness to the necessities of the labor market. These trajectories prompted the creation of the Pharmacy Education Roadmap as a strategic tool in investigating the existing policies in the field which reflects the predicament of pharmacist's shortage, revealing numerous challenges that RA No. 19018, in particular, still constitutes in regulation and its implementation.

Methodology

An explanatory sequential mixed-methodology approach was employed in gathering data to critically examine the challenges in pharmacy education and workforce. This is operationalized in two different phases. Phase one comprises the collection of quantitative data, while Phase two is for qualitative data.

Phase one is grounded on comprehensive literature regarding Licensure, Policies, Standards, and Guidelines (LPSGs) collated from online sources into a repository to establish a foundational understanding of existing policies. By comparing LPSGs, aligning frameworks, and highlighting policy gaps, it would ensure subsequent analysis to be grounded in a well-defined policy landscape of the pharmaceutical field.

To enrich the analysis, secondary data from online government databases were gathered through sending formal letters and online requests to the electronic Freedom of Information (FOI) service portal. This constitutes public statistical information that various government agencies and pharmacy-related associations acquired on the Philippine pharmacy workforce from 2010 to 2024. The number of pharmacy schools and graduates, the number of takers and passers of Philippine Pharmacist Licensure Examination (PPhLE), as well as its passing rate, and the number of registered pharmacists (with professional identification cards) are determined as supply variables. On the other hand, the demand variables were adopted from the Food and Drug Administration's (FDA) database, including pharmaceutical industry establishments, community pharmacies, hospitals, pharmacy schools, primary health care institutions, and migrant pharmacists. These data were organized per year, as well as categorically into regional and national level before importing it to Power BI for data visualization.

Power BI is a statistical tool powered by Microsoft's business intelligence (Microsoft 2025). It assists its users in connecting a wide range of data sources to develop dynamic visual analytics reports that reveal valuable insights. Through utilizing Power BI in analyzing pharmaceutical data, three dashboards were created: (1) Pharmacy Education, (2) Pharmacy Workforce Supply, and (3) Pharmacy Workforce Demand. It reveals patterns, disparities, and areas for interventions between the three key dimensions in the pharmacy sector as complex datasets were transformed into clear and structured data. This, then, supports a more evidence-based policy analysis and decision-making. Descriptive statistics showcase the capacity of Power BI in managing data and creating visualizations—on how it can play a critical role in real-world contexts through developing reports and forecasts, aside from the significant contribution it made in this study.

Guided by the insights from Power BI, Phase two was carried out to add a contextual depth in the study. Across varying regions in the country, ten Focus Group Discussions (FGDs) were conducted through capturing multifaceted viewpoints, and more so ensuring the inclusion of rural perspectives in pharmacy education. This is complemented by four stakeholder consultations led by trained facilitators to consolidate the findings per region, validating synthesized results of policy gaps and its corresponding recommended policy revisions. Contextual knowledge and localized insights ensure its accuracy and relevance.

Pharmacist Jurisdiction

In the Philippines, many pharmacies continue to operate informally without the supervision of a licensed pharmacist, particularly in underserved and geographically isolated areas. This phenomenon, commonly referred to as "ghost pharmacies," stems largely from the shortage and maldistribution of human resources for health, including pharmacists.

Under Section 31 of of the Philippine Pharmacy Act, a licensed pharmacist is permitted to supervise only one Category A establishment, and a maximum of four Category B establishments within a reasonable distance, provided effective supervision can be maintained.

Category A establishments require direct supervision of a licensed pharmacist, while Category B establishments refer to outlets that do not require the continuous physical presence of a pharmacist, but must remain under regular professional supervision. These include non-prescription drug outlets, satellite pharmacies, and pharmaceutical outlets with limited scope of services.

While this provision ensures accountability and quality assurance, it inadvertently restricts access to legitimate pharmacy services in areas with limited pharmacist availability. Many 4th to 6th class municipalities are not even mandated by law to employ public health pharmacists despite routinely dispensing medicines in rural health units (RHUs) and other public facilities. This gap exposes residents of small towns to inequitable access to safe and rational pharmaceutical care.

To address these, strategic measures to enhance oversight mechanisms that aligns pharmacy education and workforce development must be established.

> *Expand Pharmacist Jurisdiction*. This will be done through the adaptation of telepharmacy, particularly in underserved areas wherein policies may allow a licensed pharmacist to supervise simultaneously up to two Category A satellite pharmacies, provided that: (1) these are located in geographically isolated or disadvantaged areas (GIDAs) or 4th to 6th class municipalities; (2) supervision is conducted through technology-enabled telepharmacy systems ensuring real-time communication, oversight, and documentation; and (3) each site is staffed by certified pharmacy technicians with at least Philippine Qualifications Framework (PQF) Level 5 competency, operating under the remote supervision and accountability of a licensed pharmacist.
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> *Institutionalize Pharmacy Technician Certification Pathway*. Formal certification pathway for pharmacy technicians must be established by recognizing individuals who demonstrate foundational competence in pharmacy practice but do not meet the full licensure requirements for pharmacists. Specifically, we recommend examinees who obtain a general average of at least 60 percent in the Pharmacy Licensure Examination, but fall short of the 75 percent passing mark, may be eligible for certification as pharmacy technicians. Enabling certified technicians to assist in dispensing, inventory management, patient education, and administrative tasks under the supervision of licensed pharmacists will enhance equitable access to quality pharmaceutical services, uphold patient safety, and optimize the limited pharmacist workforce through responsible use of telepharmacy technologies. The Professional Regulation Commission (PRC) and the Board of Pharmacy would be tasked with defining the scope of practice, training modules, and regulatory standards for certified pharmacy technicians.

These approaches would expand the pharmaceutical workforce, particularly in underserved areas. By institutionalizing this tiered credentialing system, the country can optimize human resources, improve access to pharmacy services, and create a more inclusive and responsive pharmaceutical care model.

Poor Pharmacist Compensation

Pharmacists play a vital role in ensuring the safety, efficacy, and rational use of medicines within the healthcare system. Despite their rigorous professional responsibilities and essential role in safeguarding public health, pharmacists in the Philippines continue to receive disproportionately low compensation, particularly in the public sector.

These issues remain unaddressed by the Philippine Pharmacy Act, which strengthened professional regulation but did not include provisions for equitable remuneration or welfare protection for pharmacists. Consequently, the current salary structure fails to

reflect the complexity, accountability, and public health impact of the pharmacist's role.

The lack of a standardized salary scale, comparable to that of nurses under the Salary Standardization Law and Magna Carta for Public Health Workers (Republic Act No. 7305), has resulted in significant inequities. Pharmacists in public service, especially those assigned in 4th to 6th class municipalities and GIDAs, often receive lower salaries, limited allowances, and fewer opportunities for career progression. These disparities perpetuate a cycle of urban concentration and rural neglect, where highly trained pharmacists migrate to urban centers, private institutions, or overseas employment in search of fair compensation.

Danganan et al. (2019) highlights that lower salaries produce lower job satisfaction, while higher compensation equates to higher commitment in the pharmaceutical field. Pharmacy Education Roadmap Action Plan 7 emphasizes that upgrading the salary grade of pharmacists will improve retention of human resources for health and workforce stability, aligning their compensation with the rigorous responsibilities they fulfill in healthcare service delivery.

> *Standardize Public Health Pharmacist Salary*. Performance bonuses, seniority pay, and career advancement opportunities should come alongside higher pay that could enhance their professional engagement and commitment. Initially, this can be operationalized through strengthening the role of pharmacists in the public sector. A fair and standardized salary grade will attract pharmacy professionals to enter public practice, allowing the government to create *plantilla* positions for public health pharmacists for both the local and national level aligned with the principles of the Magna Carta for Public Health Workers and comparable to the salary grades of nurses.
>
> > *Adjust Base Salary*. Align the entry-level position of government pharmacists (Pharmacist I) with the salary grade of Nurse I (Salary Grade 15) to reflect equivalent professional qualifications, accountability, and public health function.
> >
> > *Implement Hazard and Rural Service Allowances*. Provide hazard pay, rural hardship allowance, and special risk allowance for pharmacists deployed in remote or underserved areas, consistent with incentives granted to other health professionals.
> >
> > *Establish Continuing Professional Development and Career Pathways*. Integrate pharmacists into the public health career progression framework, ensuring opportunities for specialization, management positions, and participation in health policy and program implementation.
> >
> > *Review and Amend the RA No. 7305*. Advocate for the inclusion of pharmacists among the specifically recognized public health professionals entitled to benefits under the Magna Carta for Public Health Workers.

Incentivize Rural Practice. Comprehensive incentive packages for pharmaceutical professionals, then, should be established in GIDAs to mitigate the urban-rural divide in pharmaceutical care. These may include tax incentives, and scholarship-for-service programs. Offering tax incentives, through lowering income taxes or giving tax exemptions, make rural practice more desirable for health professionals.

As successfully practiced in Vietnam and Thailand, these merit-based and career incentives are proven to be effective strategies in retaining health professionals (Ministry of Public Health Thailand 2018; Socialist Republic of Vietnam 2013). By reviewing the salary grade of government-employed pharmacists, it can ensure that their compensation is aligned with the professional qualification and responsibilities they acquire within the health system. Serving as a benchmark of labor standards in the pharmaceutical profession, this will encourage competition with the private sector that will subsequently be compelled to raise their offers of remuneration with the goal of retaining qualified pharmacists. Because it is through developing their working conditions that serves as a critical factor in addressing the persisting pharmacist shortage in the country—"optimizing motivation and equitable compensation" (WHO 2016).

Such amendments are also in line with the Pharmacy Education Roadmap Action Plan 9, mandating plantilla positions for pharmacists in local government units (LGUs) based on population size or hospital bed capacity that would ensure full coverage of professionals to a vicinity and would enable better planning and equitable workforce distribution; and Pharmacy Education Roadmap Action Plan 4, easing the deployment of pharmacists to remote areas after years of studying. This is a step toward what the World Health Organization sets as the standard of

a pharmacist-to-population ratio of 1:10,000 that remains to be unfulfilled at present times (Ghani and Ghani 2010).

Simply, the standardization of pharmacists' salaries and benefits will: (1) strengthen the retention and equitable distribution of pharmacists across the country; (2) improve motivation and performance within the public health system; (3) ensure continuity and quality of pharmaceutical care in underserved communities; and (4) contribute to a more resilient and responsive public health workforce aligned with universal health care goals.

Misalignment in Pharmacy Education and Workforce Development

In the Philippines, there are only limited opportunities for individuals who aim to pursue a career in the pharmaceutical field. This is due to the fact that formal pharmacy education and training are misaligned with alternative development pathways, like those offered by the Technical Education and Skill Development Authority (TESDA). Completion certifications, such as that of TESDA Pharmacy Assistant course (NC III), are underutilized to fill in the gap of pharmacy workforce effectively, as RA No. 10918 does not support these ongoing educational reforms that sets aside the deployment of mid-level pharmacy roles.

It particularly puts aspiring pharmacists, especially those in underserved areas, at a disadvantage, facing limited resources in entering pharmacy education in higher institutions, while simultaneously exacerbating pharmacy shortage. Vocational training, then, is deemed to be irrelevant as its competencies are not well-integrated with higher educational institutions' (HEIs) curriculum, as much as it is not recognized in the national healthcare workforce system.

To address these gaps, recommendations to align educational strategies with workforce needs are identified.

Ladderize Education Pathways. The mismatch between pharmacy education and workforce development can be addressed through bridging RA No. 10918 to ongoing education reforms in the country, wherein TESDA and HEIs work hand-in-hand in crafting better training and certification systems. Clearly defining the roles of pharmacists, through updating CHED and TESDA policies, as it shouldn't be limited to a traditional professional position, will formally recognize subprofessional roles such as pharmacy aides, assistants, and technicians certified under TESDA-accredited programs.

Revise the Republic Act No. 7687. In relation to Vietnam's and Indonesia's policies, revising the Science and Technology Scholarship Act, and expanding the DOST-SEI scholarships will improve accessibility to pharmacy education (Kementerian Kesehatan Republik Indonesia 2020; Socialist Republic of Vietnam 2013). This will encourage students, particularly those in rural areas to enter the health profession.

Institutionalize Structured Internship Systems. This amendment will transform this structural fragmentation into equitable internship site distribution, ensuring competency development among pharmacists—as what Indonesia continuously does (Kementerian Kesehatan Republik Indonesia 2020).

Create Health Staff Positions in Far-flung Areas. This can be done through the implementation of the "Pharmacists to the *Barrios*" program that is inspired by the existing Doctors to the Barrios program. With the primary aim to ensure the accessibility of necessary pharmaceutical care and products, pharmacists will be sent to GIDAs for deployment. This was proven to mitigate unequal distribution of human resources for health as practiced by Vietnam (Socialist Republic of Vietnam 2013).

Adopt Collaborative Practice Agreements (CPAs). This is a formal agreement that allows pharmacists to provide clinical care functions under the supervision of a physician, empowering pharmacy professionals in managing common chronic conditions (National Center for Chronic Disease Prevention and Health Promotion 2013). Pharmacists can play a significant role as interim clinical providers during periods of physician unavailability for particular cases. It is imperative to address that this can only be applied to board certified pharmacists with specialization, such that in the case of smoking cessation program. Being implemented in the international arena, the CPA policy is being proposed to be adopted in the Philippines to improve public health care delivery and accessibility, where trained pharmacists can co-prescribe medicines for particular medications.

These amendments will prevent wasted time and efforts while simultaneously assisting in building the pharmacy workforce. In line with the Pharmacy Education Roadmap Action Plan 8, it highlights the significance of strengthening vocational training schools as a pathway to ensuring that future pharmacy graduates are well-prepared for the real-world and suitable for employment in the healthcare industry (Malaysian Ministry of Health 2023; WHO 2022). Along with that, this is aligned with the formulation of pharmacy professional track for level 7 and 8 where pharmacists must undergo specialized training to acquire the capacity of presiding over the role of a physician, who are, as well, experiencing workforce hurdles.

Conclusion

Despite the comprehensive scope of the Republic Act No. 10918 in pushing forward better pharmaceutical care in the country, there are still persistent gaps that continue to obstruct its full potential. Narrow pharmacist jurisdiction, lack of pharmacist supervision, poor compensation, and the disconnection between pharmacy education and workforce development are among the primary reasons behind the lagging pharmaceutical industry. To address these issues, a set of targeted policy recommendations from pharmaceutical professionals were gathered. Improving the healthcare service system, particularly the field of pharmaceutical care, would include several amendments of the law, such as the expansion of area of responsibility of pharmacists, institutionalizing pharmacy technician pathways, standardizing pharmacist salary, providing incentives for those who will serve in GIDAs, aligning pharmacy education with vocational training, and adopting the collaborative practice agreements with physicians. These practices were successfully proven to be effective strategies in the international sphere, nurturing and sustaining human resources for health, that could be beneficial when implemented in the Philippine context.

Overall, a systematic reform in the pharmaceutical industry is necessary to ensure equitable distribution of pharmacy professionals across rural and urban communities. Strengthening Human Resources for Health through holistic policies will enhance the accessibility of the Filipino people to quality pharmaceutical care, increasing pharmacist retention as much as it is reinvigorating the broader healthcare system. Through adopting such policies, the Philippines can move closer to a more resilient and inclusive universal healthcare for all.

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