

# Workforce Intelligence Report

September 2023



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# Workforce Intelligence Report

## Foreword

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### Foreword from the PSI President and the Registrar

We are pleased to present this Workforce Intelligence Report commissioned by the PSI and developed on behalf of the regulator by Grant Thornton. The report is the first of this kind for pharmacy in Ireland and is the culmination of significant work and commitment by the PSI and our stakeholders during 2022 and 2023 as part of the 'Emerging Risks to the Future Pharmacy Workforce' project.

The decision for the PSI to examine this issue is based on our public interest responsibilities as the pharmacy regulator, in the absence of any previous strategic workforce planning initiatives for pharmacy in Ireland, and the imperative to ensure that there are enough pharmacists available to meet patient needs and play a full role in the development of the future integrated health system.

The aim of this strategic project, which the PSI Council committed to in its Corporate Strategy 2021 - 2024, has been to establish a baseline view of the pharmacy workforce in Ireland. It also aimed to assess risks to the continued availability of the pharmacy workforce within community and hospital pharmacy and propose mitigating actions for implementation with agreement from relevant health system and pharmacy stakeholders. Amongst the reasons for taking a strategic view on this matter were reports from stakeholders of difficulties that may be emerging concerning the availability of the pharmacist workforce in patient-facing roles.

The six recommendations and associated actions in this report have been developed following extensive consultation and engagement and from triangulation of evidence from a literature review, workforce survey and focus groups. The evidence presented sets out the basis for the recommendations and the need to address the identified risks to ensure the sustainability of the future pharmacy workforce. The challenges expressed by pharmacists and other contributors, as outlined in this report, are invariably interlinked, and require strategic and policy leadership at a national level.

It is acknowledged that the PSI is one of a number of stakeholders who have a responsibility for addressing the recommendations identified by this project, and we are committed to playing our part and to working with others to ensure the availability of a pharmacy workforce fit to meet the future needs of patients and the health system.

Progress on strategic workforce planning for pharmacy can only be achieved if it has input and commitment from stakeholders across the wider health system. We have obtained agreement and commitment on the actions, their owners and timelines from the organisations who were represented on the Working Group throughout this project. We would like to acknowledge the significant contribution of the Working Group, which included stakeholders who influence or develop policy and impact decisions relating to the future role of and demands for pharmacists in the health system. We look forward to continuing to work collaboratively with all relevant stakeholders as we progress the recommendations and actions outlined in this report.

We wish to thank the project delivery team at Grant Thornton, the PSI project team and steering group, and the extensive oversight and guidance provided by members of the Regulatory and Professional Policy Committee and the Council of the PSI. A further thanks to all pharmacists and pharmacy students who contributed to the project by responding to the Workforce Survey or participating in focus groups.

Finally, the PSI is committed to providing ongoing input to national strategic workforce planning initiatives to further inform consideration of the role of pharmacists and the associated impact on the pharmacy workforce as the future integrated health system for Ireland is progressed.



**Katherine Morrow, PSI President**



**Joanne Kissane, Registrar & Chief Officer**

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# About the PSI

## Overview

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### The Pharmaceutical Society of Ireland (PSI)

The Pharmaceutical Society of Ireland (PSI) is a public body established in law to protect the health, safety and wellbeing of patients and the public by regulating pharmacists and pharmacies in Ireland. The principal function of the PSI is to ensure patient safety and public protection and is committed to carrying out this work independently, ethically, and transparently.

The Pharmacy Act 2007 established the statutory role and the responsibilities of the pharmacy regulator, which include:

- Registration of pharmacists, pharmaceutical assistants and pharmacies;
- Setting standards for pharmacy education and training at undergraduate and postgraduate level;
- Ensuring all registered pharmacists are undertaking appropriate continuing professional development (CPD);
- Promoting good professional practice by pharmacists by raising standards and sharing information for the benefit of patients and the wider health system;
- Conducting fieldwork to assess how pharmacies comply with pharmacy and medicines law and, where necessary, acting to address poor performance and/or unsafe practices;
- Considering formal complaints made against a pharmacist or a pharmacy; and
- Providing advice, support and guidance to the public, pharmacy profession and Government on pharmacy care, treatment and services in Ireland.

These functions form the basis of the PSI's work to promote and assure public confidence and trust in pharmacy practice and pharmacy-delivered care and services in Ireland.

A person wearing a white lab coat is holding a tablet computer. The person's right hand is touching the screen, while the left hand supports the bottom. The background is a laboratory with shelves containing various bottles and equipment. The text "Executive Summary" is overlaid in white on the tablet screen.

# Executive Summary

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# Executive Summary

## Emerging Risks to Future Pharmacy Workforce

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### Introduction

As the pharmacy regulator in Ireland, the Pharmaceutical Society of Ireland (PSI) works in the public interest to protect and promote the health, safety and well-being of patients and the public. The PSI vision is to ensure that “the public has access to trusted pharmacy services and make a clear and demonstrable contribution to the availability and quality of these services”. In addition, the PSI is committed to contributing to the implementation of Sláintecare and to facilitating the involvement of pharmacists within the future integrated health system in Ireland.

In late 2022, the PSI commissioned a project to establish a baseline view of the key challenges and opportunities associated with both the community and hospital pharmacist workforce. This project, Emerging Risks to Future Pharmacy Workforce, is multi-annual (2022-2023) and the PSI outlined their commitment to the project in the PSI 2021-2024 Corporate Strategy and the PSI Service Plan 2023. The decision by the PSI to examine this issue was based in their public interest responsibilities as the pharmacy regulator, in consideration of the lack of robust data about the pharmacy workforce, and absence of strategic workforce planning initiatives for pharmacy in Ireland. The project aims to assess the potential risks to the pharmacy workforce in Ireland, and has a specific focus on the continued availability of pharmacists working within patient-facing settings. In addition, the project aims to identify steps required to mitigate risks to the continued availability of the professional pharmacist workforce, so that pharmacists can continue to support the future integrated health system and new models of care, as envisioned by Sláintecare and the HSE Corporate Plan.

An available and accessible workforce that is highly-trained, agile and supported, is needed to meet the health needs and demands of growing populations globally. Pharmacists, with their specialist skills and expertise in medicines, are uniquely placed to work within the wider health and social care team to provide accessible, patient-centred care. This was evident during the COVID-19 pandemic which saw pharmacies remain open throughout and pharmacists take on additional workloads through their involvement in national vaccination programmes and adapted work practices, in addition to dealing with staff absences, recruitment challenges and mental and physical strain.

The World Health Organisation (WHO) has predicted a shortfall of ten million healthcare workers by 2030. In 2020, the WHO reported that the global health workforce comprised of 65.1 million healthcare workers, 3.7 million of which were pharmacists. Against this background, in Ireland, there have been reports of emerging risks to the continued availability of the professional pharmacist workforce in patient-facing roles.

The WHO has attributed the shortage in healthcare workers to recruitment and retention difficulties, rising healthcare demands from ageing populations and increasingly challenging working conditions. These global workforce trends are also being experienced in Ireland, and indicate that there is an imminent need to develop workforce planning strategies for pharmacists in Ireland, as currently, there are none in place. Strategic workforce planning for healthcare is a complex topic that requires input from a wide range of stakeholders. This report is a first step towards providing input from a pharmacy perspective into national strategic workforce initiatives, such as those being led by the Department of Health.

### Approach

This report is a culmination of three elements designed to identify and examine risks to the future sustainability of the pharmacy workforce – a Literature Review, Workforce Survey and Focus Groups. Extensive consultation took place involving relevant stakeholders, including pharmacists, pharmacy students, the PSI internal project team, the Regulatory and Professional Policy Committee of the PSI and the PSI Council, who oversaw the project. In addition, a Working Group was established in support of the project and met on four occasions over a six month period. The purpose of the Working Group was to assess and discuss the project’s outputs, and agree on recommendations and actions proposed to address the identified risks. It comprised of stakeholders with a multidisciplinary background from across the healthcare spectrum. This included members from the following organisations: The Department of Health, Health Service Executive, Irish Pharmacy Union, Hospital Pharmacists Association of Ireland, Irish Institute of Pharmacy, Schools of Pharmacy and Affiliation for Pharmacy Practice Experiential Learning, Pharmacists in Industry, Education and Regulatory and a practising pharmacist.

### Key Findings

The evidence presented within this report sets out the basis for the recommendations and the imperative to address identified risks in order to ensure the sustainability of the future pharmacy workforce. The challenges facing the pharmacy profession outlined in this report are invariably interlinked and require strategic and policy leadership at a national level to advance and pursue these pertinent issues.

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# Executive Summary

## Emerging Risks to Future Pharmacy Workforce

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### Key Findings (Cont'd)

The Literature Review highlighted that pharmacists in Ireland have been largely excluded from workforce planning initiatives to date. It includes a recommendation that the 'Health and Social Care Workforce Planning Strategy, Action Plan and Planning Projection Model', currently in development by the Department of Health (DoH) and supported by The European Commission and Indecon Consulting, should be closely monitored and considered when developing a workforce strategy for pharmacists in Ireland. Notably, the Literature Review outlines that robust pharmacy workforce data is a key requirement for informing workforce planning decision-making in an evolving healthcare landscape. There must be consideration given to how this robust data is collected into the future to inform strategic workforce planning initiatives.

The Workforce Survey and Focus Groups identified significant challenges in relation to the sustainability of community and hospital pharmacy as a career. More than half of Workforce Survey respondents (51%) indicated a likelihood of leaving their current role in the foreseeable future. Over a quarter (27%) of respondents indicated a likelihood of leaving the profession. There are many potential reasons for this. 47% of respondents reported that they had insufficient professional support in their role. Almost all of the community pharmacist group (93%) and three quarters (75%) of hospital pharmacist respondents reported job stress as a common feature of their role. Meanwhile, 73% of community respondents and 57% of hospital respondents noted that they had experienced burn-out in their role. Furthermore, 57% of community respondents and 78% of hospital respondents did not believe that they were sufficiently staffed. These sentiments were also evident among Focus Group participants, in particular, the theme of work-related stress was a common thread throughout all the Focus Group sessions.

The Focus Group sessions highlighted that a lack of a clear career structure and leadership opportunities for pharmacists was a common frustration amongst participants. This opinion was held by pharmacists across all positions and in both community and hospital settings. Hospital respondents to the Workforce Survey outlined the necessity of governing bodies to recognise specialist roles and the potential opportunity for pharmacists to play an expanded medicines specialist role within the health system.

The integration of supporting evidence collated throughout this project, including guidance from the PSI Council, the Working Group and key stakeholders, has verified that this Workforce Intelligence Report is a necessary and important initiative to ensure the future sustainability of the pharmacy workforce.

### Next Steps

The six recommendations outlined in this report are based on population health, patient benefit, provision of pharmacy services and the needs of the Irish health system. These recommendations, in addition to clear organisational and strategic goals, should inform and guide the workforce planning process for pharmacists in Ireland.

The outputs from the Department of Health's 'Health and Social Care Workforce Planning Strategy, Action Plan and Planning Projection Model' should be monitored closely. It is encouraging to note that pharmacists across community and hospital settings are being considered within this project, and upon publication, the applicability and adaptability of the strategy, action plan and project model to the pharmacy workforce should be assessed.

It is important to remember that workforce planning is a continual and dynamic process that should be flexible enough to adapt to change. The successful implementation of a national strategic workforce plan for the health and social care system, incorporating pharmacists, will require considerable stakeholder involvement and buy-in at all levels from across the Irish healthcare system to be effective. Robust processes and procedures for data collation and effective communication methods should be implemented from the outset. To ensure there is appropriate and continued input into national workforce planning initiatives from a pharmacy perspective, the Working Group established as part of this PSI project will transition to being an implementation and oversight group. This group will seek to ensure the recommendations and actions published in this report are progressed, and will be a forum for the Department of Health and others to obtain agile and expert contributions to strategic workforce planning for the wider health system.

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# Executive Summary

## Emerging Risks to Future Pharmacy Workforce

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### Recommendations

The following recommendations have been identified as necessary to ensure the future sustainability of the pharmacist workforce. Associated actions have been developed to support the implementation of these recommendations and are included within the report.

**Table 1:** Summary of Recommendations

1	<b>Strategic Workforce Planning</b> A national strategy for pharmacy workforce planning in Ireland should be designed to align with national and international best practice, taking a multi agency, data driven approach as part of an integrated healthcare system.
2	<b>Leadership of and for the Profession</b> There must be clear strategic direction for the contribution of pharmacy to the future health system, and appropriate professional leadership for pharmacists.
3	<b>Innovation and Technology</b> The development and integration of process innovations and digital solutions should be expedited to benefit patients, pharmacists and the wider health system.
4	<b>Attracting and Recruiting Pharmacists</b> Access to the pharmacy profession and the proportion of those selecting patient-facing roles should be monitored to ensure sufficient numbers are available to meet the needs of the sector.
5	<b>Career Sustainability and Progression</b> Patient-facing pharmacy roles must be sustainable and appropriately supported, with diverse career development and progression opportunities.
6	<b>Working conditions</b> Working conditions for those in patient-facing roles must ensure that pharmacists are enabled to deliver safe, consistent, high quality services.



# Introduction

# Introduction

## Background

A healthcare system is responsible for delivering high-quality services that enhance the physical, mental and psychological health of its service users.<sup>1</sup>

Central to the function of any healthcare system is the healthcare workforce, without whom the provision of healthcare and the functioning of the health system would not be possible.<sup>2</sup>

The WHO has reported that we are facing a global workforce crisis across many health and social care professions.<sup>2</sup> The lack of capacity in healthcare, including within pharmacy workforces, is compounded by multiple issues, many of which are not unique to Ireland or its pharmacy workforce. The main contributing factors include growing populations, higher life expectancy rates and an increasing demand for healthcare within ageing populations.<sup>2</sup> The workforce crisis is further exacerbated by:

- Staffing shortages;
- Burn-out;
- Recruitment and retention difficulties; and
- Access to care issues.

The challenges raised by the current workforce crises in healthcare are very complex and require a multi-faceted approach.

In addition, an overarching theme in both the Sláintecare Report and the HSE Corporate Plan (2021-2024) is the move towards a model of integrated, person-centred care.<sup>3,4</sup> Aligning to these national healthcare initiatives, the PSI's Corporate Strategy 2021-2024 outlines its strategic objective to enable pharmacies and pharmacists to play a full role in the future of Ireland's integrated healthcare system.<sup>5</sup> The PSI is committed to ensuring that the right number of pharmacists will be available with the right skills, in the right place, at the right time, in order to make a meaningful contribution to these national initiatives. With this in mind, the PSI committed to a project to assess the emerging risks to the continued availability of Ireland's pharmacy workforce, including an objective to gather robust data about the pharmacy workforce to inform and support evolving healthcare demands into the future.

## Workforce Planning

It is widely recognised that effective workforce planning is crucial to ensuring that any health system works in an efficient and sustainable manner while continuing to meet the needs of its service users. Workforce planning has become an essential element of health and social care planning as the impacts of finite workforce resources and demographic changes are increasingly evident.

Conceptually, workforce planning is relatively straightforward. It is the process of analysing a sector's current workforce and forecasting future demands on the service to ensure it can meet the sector's goals, vision and strategic objectives for the future.<sup>6</sup> It is about helping organisations (or in this case, the health system) to best utilise the experience, knowledge and skills of its workforce.<sup>6</sup>

The National Institutes of Health, a biomedical and public health research agency of the United States government, has divided workforce planning into six distinct phases.<sup>6</sup> These are illustrated in Diagram 1.

**Diagram 1:** Workforce Planning Phases



**Source:** National Institutes of Health.<sup>6</sup>

Strategic workforce plans are in place for other health professions in Ireland, and for the pharmacy workforce in other countries. However, in Ireland, national workforce planning strategies have not included community and hospital pharmacists thus far. Potential reasons contributing to this could be:

- Community pharmacy, which is the largest component of the sector, is delivered by private entities, albeit, these are in receipt of public funding;
- Resource capacity has not been a consistent issue;
- It has been a stable system without much disruption in general; and
- Market forces and a relatively buoyant sector have ensured that pharmacy has been able to meet the needs of the health system without being included in national strategic workforce planning initiatives.

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# Introduction

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## Emerging Risks to Future Pharmacy Workforce

The Economic and Social Research Institute (ESRI) has reported that the demand for pharmacy services in Ireland is predicted to increase by between 34% and 37% by 2030.<sup>7</sup> In addition, the number of pharmacy consultations required is projected to increase by up to 25% by 2030.<sup>7</sup>

In response to concerns identified through its work and engagement with stakeholders, the PSI commenced this project to assess emerging risks to the continued availability of the patient-facing pharmacy workforce into the future. The aim was to gather robust data for pharmacy in Ireland, in order to be able to determine the current landscape, assess future health system needs and understand the likely impact of existing sectoral challenges. Gathering and analysing this up-to-date, robust and relevant data provides the basis for recommendations and actions that can be proposed to address Ireland's needs for a pharmacist workforce in the future and in the context of Sláintecare implementation and as Ireland's healthcare system evolves.

This project is multi-faceted and comprises of several elements, including:

- A Literature Review of Strategic Workforce Planning;
- A Workforce Survey; and
- Focus Groups.

Crucially, the findings and perspectives from all elements feed into the development of this Workforce Intelligence Report.

## Recommendations and Actions

Recommendations and actions were devised after careful analysis of the outputs of the Literature Review, Workforce Survey and Focus Groups.

Once developed, a Working Group comprising stakeholders from across the health system with an interest in, and knowledge of, the pharmacy sector critically evaluated the recommendations as representatives from their own organisations, thereby obtaining commitment to the delivery of the actions by the identified owners.

Each element of the project has, in combination, informed the development of six recommendations. These recommendations are outlined in detail in this report. They are:

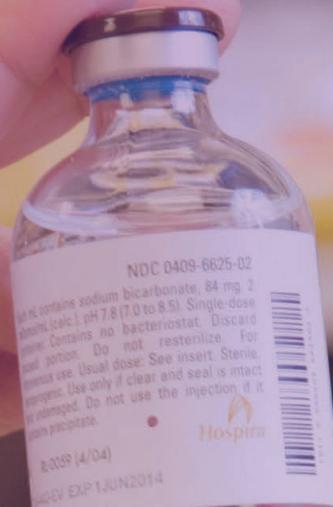
- Supported by relevant, evidence-based research; and
- Reflect the knowledge, opinions and experiences of registered pharmacists and pharmacy students in Ireland.

## Report Structure

The structure of this report is as follows:

- A summary of each of the elements; Literature Review, Workforce Survey and Focus Groups;
- A detailed description of each of the recommendations and associated actions; and
- Conclusion and next steps.

# Summary of Research Methods



# Summary of Research Methods

## Literature Review

### Review of Strategic Workforce Planning

A review of existing literature was conducted in late 2022 to establish a comprehensive overview of strategic workforce planning within health and social care services. Insights from this Literature Review, as well as the Workforce Survey and Focus Groups, underpin the recommendations set out in this Workforce Intelligence Report.

### Methodology

The Literature Review outlined workforce planning in a global, international and national context. A case study approach was employed to explore how healthcare organisations have tried to address workforce planning challenges. The case studies provided an overview of the workforce models and implementation strategies utilised, and their relevance and applicability to the pharmacy workforce in Ireland was considered.

### Key Findings

The global, international and national workforce planning frameworks, models and implementation strategies identified varied in processes and terminology. Although there were fundamental elements that were common to all, it appeared that there is no one-size-fits-all model that could be applied directly to the pharmacy workforce. A summary of the key findings from the Literature Review are outlined in Table 2 below.

### Conclusion

A workforce planning approach that aligns to national healthcare strategic objectives and goals should be selected and adapted following careful consideration and consultation with the stakeholders involved. Pharmacy, as a critical component of the future integrated health system, must be included in any national initiatives in relation to strategic workforce planning for the healthcare system.

**Table 2:** Summary of Key Findings from the PSI Strategic Workforce Planning Literature Review

Key Findings	
<b>Strategic Workforce Planning</b>	<ol style="list-style-type: none"> <li>1. Though workforce planning relies heavily on the idea of supply and demand, other factors such as professional leadership, policy formulation, financial planning and educational requirements should also be examined;<sup>8,9</sup></li> <li>2. It is important that all relevant stakeholders are consulted in the planning and implementation process. Workforce plans have broad system impacts and should seek input from all appropriate components of the health system;<sup>8,9</sup> and</li> <li>3. Accurate and quality assured data is central to all workforce planning approaches and models.<sup>8,9</sup></li> </ol>
<b>An International Perspective</b>	<ol style="list-style-type: none"> <li>1. Though there are many examples internationally of workforce planning initiatives, it appears that there is no universal 'best in class' approach. There are common practices and themes between international initiatives;</li> <li>2. Workforce planning should be viewed as a process that impacts the wider national health system, as well as at a local health workforce level;</li> <li>3. Supply and demand flow graphs are useful for mapping out current workforce challenges;<sup>8</sup> and</li> <li>4. Workforce planning initiatives should examine the opinions of the workforce through either the use of surveys and/or expert stakeholder interviews.</li> </ol>
<b>A National Perspective</b>	<ol style="list-style-type: none"> <li>1. The ESRI, funded by the HSE, have developed a healthcare projection model called the Hippocrates Model to project workforce requirements for public acute hospitals in Ireland for the period 2019-2035. However, pharmacy is largely excluded from this;<sup>10</sup></li> <li>2. The European Commission and Indecon Consulting are supporting the DoH to develop a Health and Social Care Workforce Planning Strategy, Action Plan and Planning Projection Model. This includes projections for pharmacists and is due for completion in Q3 2023;<sup>11</sup> and</li> <li>3. Medical Doctor and Nursing workforce planning frameworks continue to be reviewed and developed in Ireland. Despite being most developed, there are still significant workforce challenges experienced in these professions.<sup>12</sup></li> </ol>

# Summary of Research Methods

## Workforce Survey

### Background

The PSI holds data about pharmacists within its statutory registers. However, additional data and insights were needed to establish a baseline view of the pharmacy workforce. On this basis, a Workforce Survey was conducted. The Survey was circulated to two separate cohorts:

- PSI registered pharmacists (n = 7062); and
- Fifth year pharmacy students (n = 187)

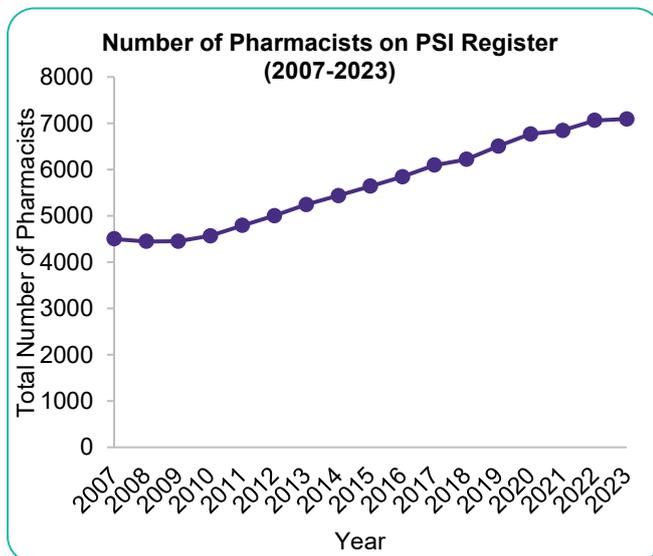
Insights from the resulting analysis was used. The full survey analysis report is available on the PSI website.

### Objective

The survey had five objectives:

- 1) Capture opinions from current and future pharmacists in a way that actionable outputs could be generated;
- 2) Identify and understand critical motivating and demotivating factors among the profession;
- 3) Gain a greater understanding about the composition of the pharmacy workforce;
- 4) Objectively validate opinions regarding the underlying causes for the perceived current pharmacy workforce challenges; and
- 5) Aim to understand why there is a perceived shortage of pharmacists in patient-facing roles, despite a steady year-on-year increase in the number of pharmacists registered with the PSI (see Diagram 2).

Diagram 2: Number of Pharmacists on PSI Register



### Method

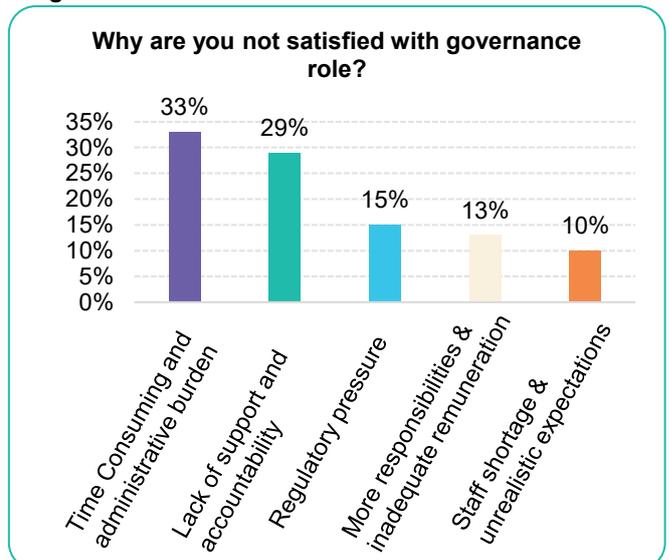
A modular survey design was employed. Adopting this modularised approach ensured that questions were linked to core areas of interest that had been identified as relevant for examination.

### Results

The Workforce Survey received 1,272 responses, 32 of which were from students. At the time of the survey, there were 7,062 pharmacists registered with the PSI and 187 fifth year pharmacy students, which translates to a response rate of 18% and 17%, respectively. Comparative analysis illustrated that the respondent cohort were representative of the Irish pharmacist population.

A selection of key findings are presented on the following pages and are incorporated into the evidence underpinning the recommendations, contained later in the report. Notably, survey respondents cited stress and administrative burden as key challenges within their role. Further, most respondents felt that the profession should have clearer strategic objectives and leadership roles. It was apparent that governance roles are unattractive to the vast majority of younger pharmacists and current governance role holders were largely dissatisfied with their positions (Diagram 3 outlines some reasons why).

Diagram 3: Governance Role Satisfaction



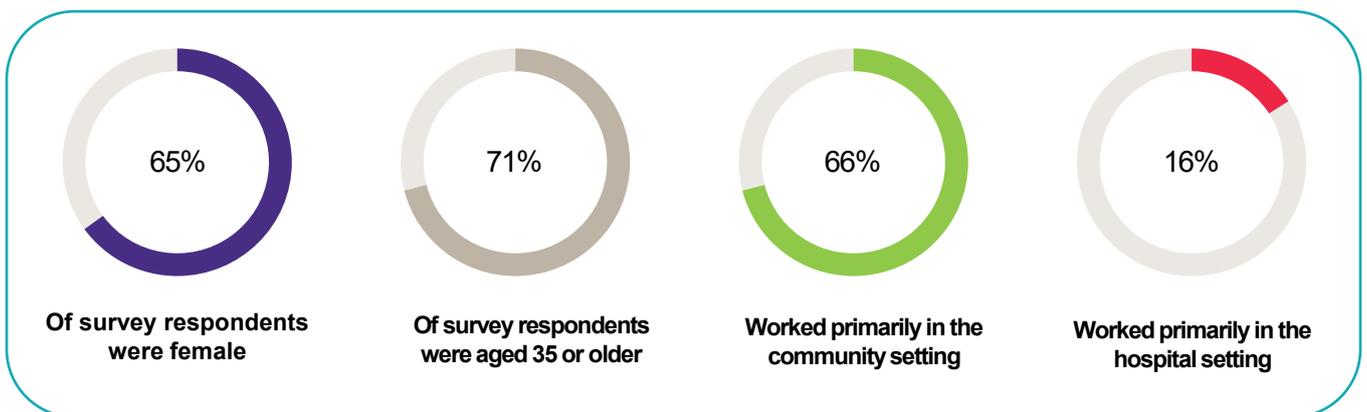
### Conclusion

This survey provided a baseline view of the composition of the pharmacy workforce as well as a greater understanding of the opportunities and challenges facing the profession.

# Summary of Research Methods

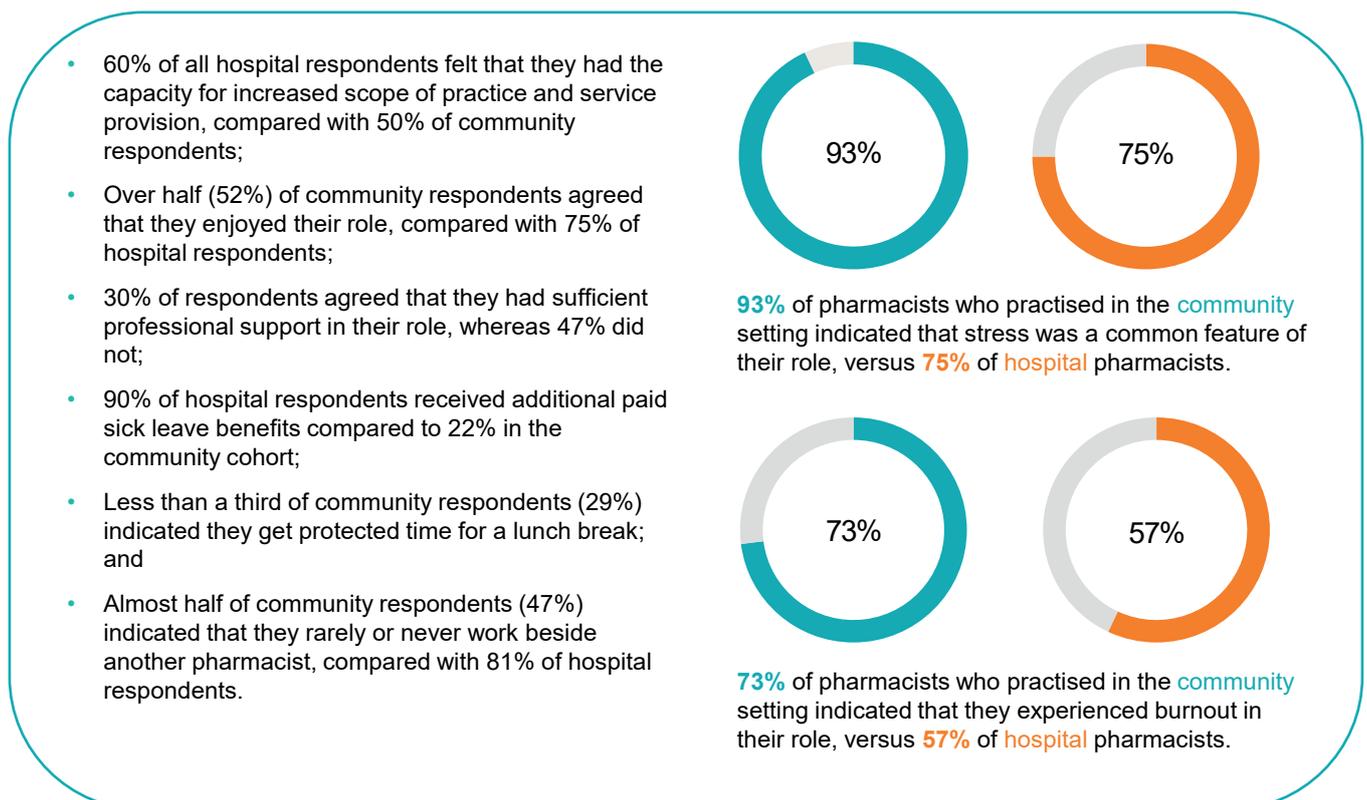
## Workforce Survey

**Diagram 4:** Demographics of Workforce Survey Respondents



The majority of survey respondents were female (65%), versus 35% male. 71 % of survey respondents were aged 35 or older, and 29% were 34 years old or younger. The majority of respondents worked primarily in community pharmacy (66%). These results were representative of the demographics of pharmacists on the PSI register.

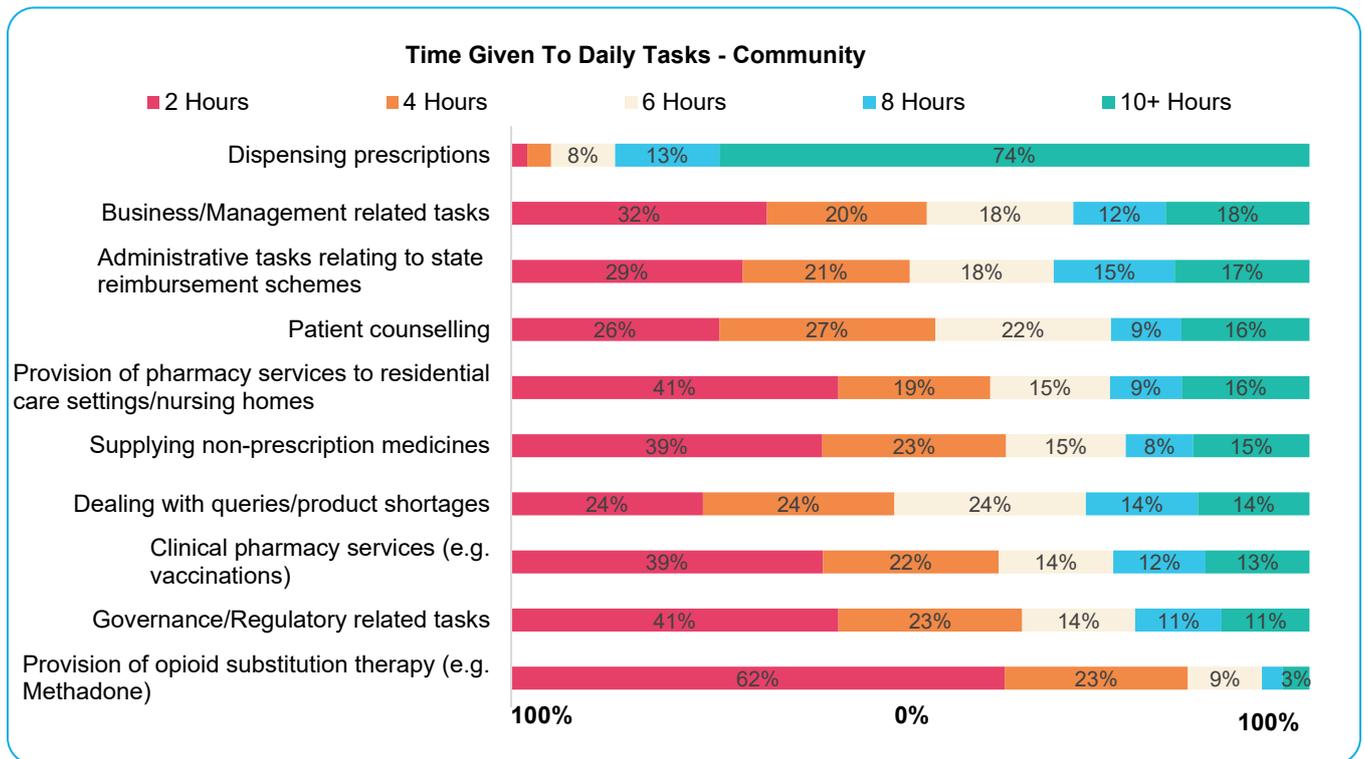
**Diagram 5:** Work Conditions



# Summary of Research Methods

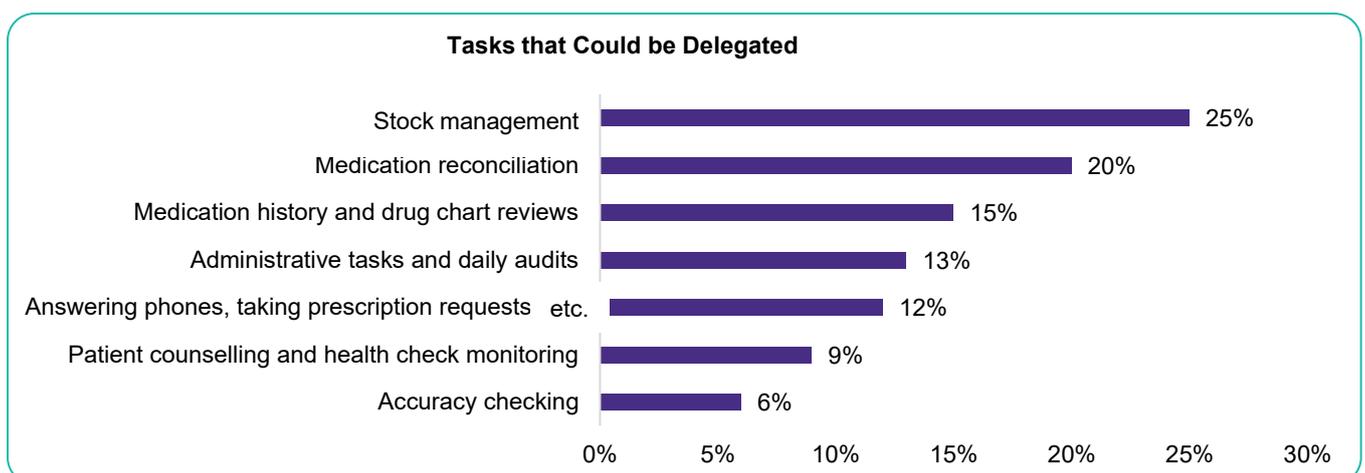
## Workforce Survey

**Diagram 6:** Time Given to Daily Tasks-Community



The time per week given to daily tasks was analysed for both the community and hospital cohorts. Community pharmacists indicated that dispensing prescriptions was the most common task, followed by administrative tasks relating to state reimbursement schemes and business/management related tasks. Diagram 7 illustrates the tasks that, according to hospital and community pharmacists, could be delegated to pharmacy support staff in addition to delegating managerial, administrative and dispensing tasks.

**Diagram 7:** The Delegation of Tasks



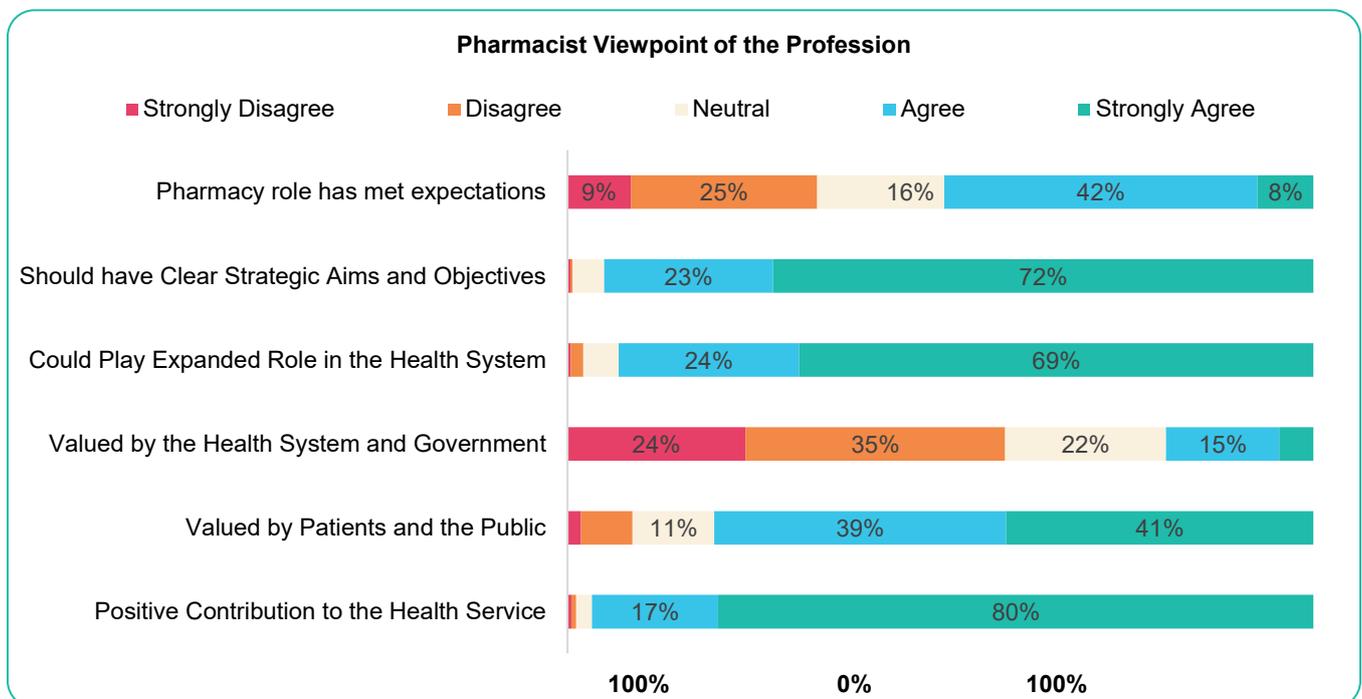
# Summary of Research Methods

## Workforce Survey

### Pharmacist Viewpoint of the Profession

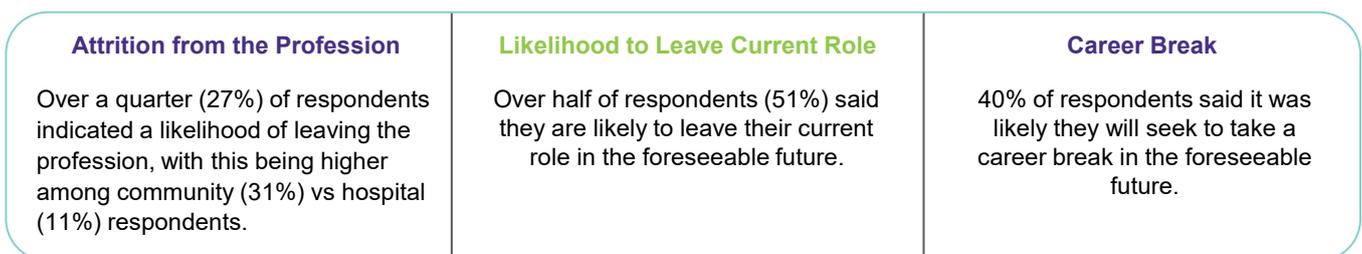
93% of all respondents agreed that pharmacists could play an expanded role in the health system. Further, 95% of respondents agreed that clear strategic aims and objectives for the pharmacy profession are needed.

**Diagram 8:** Pharmacist Viewpoint of the Profession



A number of other insights from the Pharmacist Viewpoint theme are illustrated in Diagram 9 below.

**Diagram 9:** Retention Insights



### Governance Roles

All survey participants were asked about their likelihood of taking on a governance role (i.e., that of superintendent or supervising pharmacist) in the future. Over three quarters (78%) of respondents said they were unlikely to take on a governance role in the future in the community setting. On analysing the results with respect to gender, there were no significant differences.

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# Summary of Research Methods

## Focus Groups

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### Background and Rationale

The facilitation of focus groups was one of three key elements that informed this Workforce Intelligence report.

The aim of the Focus Groups was to gather opinions and viewpoints from a cross-section of the pharmacist workforce to underpin evidence-based recommendations and actions to address the emerging risks to the future pharmacy workforce.

The rationale for the use of focus groups is outlined below:

- Focus groups are particularly useful for understanding people's experiences and opinions and also why they think that way;
- In comparison to individual interviews, focus groups promote interaction and spontaneity by encouraging participants to discuss, elaborate and clarify their views;
- Although focus groups allow for open discussion, they are not completely unstructured as questions designed by the facilitators can guide the discussion; and
- The information gathered can be used to support the triangulation of evidence for the Workforce Intelligence Report.

### Methodology and Approach

The Focus Groups were facilitated by Grant Thornton. Pharmacists on the PSI register, as well as fourth and fifth year pharmacy students, were invited to participate via an expression of interest process. A diverse cross-section of pharmacists took part, including:

- Superintendent pharmacists;
- Supervising pharmacists;
- Locum and support pharmacists;
- Hospital pharmacists; and
- Pharmacy students.

### Focus Group Sessions

Each focus group session was split into three parts:



#### Part 1: Introspective

This session focused on gathering participants' opinions on the opportunities and challenges facing their profession.



#### Part 2: Reflective

This session aimed to develop a holistic narrative that understands how such factors contribute to the wider workforce challenges.



#### Part 3: Proactive

This section aimed to identify solutions to the issues that were raised in earlier sessions.

### Results

There was unified agreement amongst Focus Group participants that the structure and systems designed to support pharmacists have not advanced in tandem with the changing demands and responsibilities that are expected of pharmacists.

Although each of the five groups of participants had different perspectives and opinions, there were several common overarching themes that emerged from discussions by all groups. These themes were classified according to six 'Key Finding' areas (Table 3).

### Conclusion

Issues and challenges raised by participants are influenced by various factors. Some issues stem from a perceived lack of availability of pharmacists working in patient-facing roles in Ireland while other issues were analogous with other healthcare professions within the Irish healthcare system.



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# Summary of Research Methods

## Focus Groups

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**Table 3:** Summary of Key Findings from the Focus Groups

### Finding Area 1: Administrative and Regulatory Burden

- Administrative burden and alternative career options were two reasons cited as to why early-career pharmacists choose to leave the profession;
- Some locum pharmacists perceive their levels of responsibility to be less than pharmacists in non-locum roles, and in particular, than those in governance roles (i.e., superintendent and supervising pharmacists); and
- Regulation of pharmacy technicians should be considered to allow for further delegation of tasks from pharmacists.

### Finding Area 2: Advocacy

- It was suggested that a Chief Pharmaceutical Officer (CPO) role should be created to act in the best interests of the public and the health system needs;
- It was felt that a professional leadership body for pharmacy would increase the involvement of the profession in senior policy decisions; and
- Communication channels from a leadership level to pharmacists need to be improved.

### Finding Area 3: Current and Future Roles for Pharmacy

- Community pharmacists indicated that their clinical skills are not being optimally utilised within their role; and
- Pharmacists had a strong desire to expand their scope of practice, e.g., should be able to prescribe and de-prescribe to ensure greater patient safety and optimise the use of medicines.

### Finding Area 4: Technology

- Significant advancements in pharmacy technology systems are required to streamline old processes;
- Improved IT systems would reduce time spent on administrative tasks, allowing more time to be spent with patients and on clinical tasks;
- Paperless solutions and integrated systems would improve efficiency, patient safety and would be cost-effective;
- Advancement in ePharmacy/ePrescribing is required; and
- The use of robotics could improve workflow and reduce inefficiencies in the dispensing of medicines.

### Finding Area 5: Working Conditions

- The reported lack of lunch breaks is a cause of major concern for community pharmacists;
- Community pharmacists are generally dissatisfied with the employee benefits they receive in their roles and find it challenging to take annual leave or find replacement staff for absences; and
- Job stress is reportedly a major factor for pharmacists.

### Finding Area 6: Career progression

- It is felt that protected time and remuneration should be given to pharmacists for Continuing Professional Development (CPD);
- Dedicated time and funding for training pharmacy students on experiential learning and pharmacy support staff is considered to be necessary; and
- A perceived unclear career structure and a lack of supported leadership opportunities for pharmacists is a cause for concern.

A photograph of two business women in an office setting. The woman on the left is smiling and looking towards the woman on the right. The woman on the right is looking at a laptop screen. The background shows a window with blinds. The word "Recommendations" is overlaid in white text in the center of the image.

# Recommendations

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# Recommendations

## An Overview

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### Recommendations

The outputs and key findings of the three elements have resulted in the development of six recommendations. Actions have been identified under each recommendation that are required of stakeholders to deliver on the recommendation, and mitigate the associated risks to the future pharmacy workforce.

This section of the report will:

- Outline recommendations for improvement based on the findings from the supporting evidence; and
- Detail the actions required to deliver on each recommendation.

### Presentation of the Recommendations

Each recommendation is presented individually and is:

- Supported by relevant, evidence-based research;
- Has related actions;
- Some actions are dependent on a preceding one (sequential numbering has been used to identify these); and
- Each recommendation has been developed to reflect the knowledge, opinions and experiences of pharmacists in Ireland, combined with inputs from the Working Group established as part of the project.

In addition, an owner, the involved stakeholders and a timeframe has been assigned to each action. To note, the timeframes are defined as:

- Short (1-2 years);
- Medium (3-5 years); and
- Long-term (5+ years)

# Recommendations

## 1. Strategic Workforce Planning: Summary of Actions

Recommendation 1: A national strategy for pharmacy workforce planning in Ireland should be designed to align with national and international best practice, taking a multi agency, data driven approach as part of an integrated healthcare system.			
Recommended Actions	Timeframe	Owner	Involved
1.1 Establish a multi-agency group focused on national strategic workforce planning for pharmacy.	Short	PSI, DoH	HSE, IPU, HPAI, PIER, Schools of Pharmacy, APPEL, IIOOP
1.1.1 Develop a strategic workforce plan for pharmacy that is integrated with national workforce planning initiatives, using a suitable framework that incorporates available data, receives input from all relevant stakeholders and is time-bound with an agreed built-in review schedule.	Medium	DoH	HSE, PSI, IPU, HPAI, PIER, Schools of Pharmacy, APPEL, IIOOP, Dept of Further and Higher Education
1.1.2 Calculate the number of pharmacists required to meet the current and future needs of the pharmacy sector and health system using an appropriate workforce planning projection model.	Medium	DoH, PSI	HSE, IPU, HPAI, PIER, Schools of Pharmacy, APPEL, IIOOP, Dept of Further and Higher Education
1.2 Collect data required to support workforce planning and modelling, including student-related data, and pharmacist workforce data at the point of first-time registration and continued registration.	Short	PSI	DoH
1.2.1 Produce a national annual pharmacy workforce report, including inflows and outflows of pharmacists from the register, pharmacist sentiment, and other relevant workforce information to inform nationally led strategic workforce planning initiatives.	Short	PSI	DoH
1.2.2 Seek to implement legislation to make completion of an annual workforce survey mandatory for all pharmacists at the point of continued registration that is underpinned by an agreed minimum dataset.	Medium	PSI	DoH
Patient Benefit			
<ul style="list-style-type: none"> <li>A successfully implemented strategic workforce plan for pharmacists would ensure that there are enough patient-facing pharmacists available to meet the needs of patients into the future.</li> </ul>			
Healthcare System Benefit			
<ul style="list-style-type: none"> <li>Multi-stakeholder input into workforce planning and modelling based on expected future roles for pharmacists would facilitate implementation of initiatives such as Sláintecare, allowing care to be delivered closer to the patient.</li> <li>Better data about the availability of patient-facing pharmacists would identify potential capacity within the sector that could alleviate pressures from other areas of the health system.</li> </ul>			
Risk to the Future Sustainability of the Workforce			
<ul style="list-style-type: none"> <li>The current and future workforce capacity for the profession is not clear. Without this information, it will be impossible to take proactive measures to address risks to the future sustainability of the pharmacy workforce.</li> </ul>			

# Recommendations

## 1. Strategic Workforce Planning

**Recommendation 1:** A national strategy for pharmacy workforce planning in Ireland should be designed to align with national and international best practice, taking a multi agency, data driven approach as part of an integrated healthcare system.

### Global Healthcare Demands

The World Health Organisation (WHO) has predicted a shortfall of ten million healthcare workers by 2030. In 2020, the WHO reported that the global health workforce comprised of 65.1 million healthcare workers, 3.7 million of whom were pharmacists.<sup>2</sup> There are several factors driving this prediction. Most notably, it is caused by ageing populations with more complex health conditions and staffing shortages caused by recruitment and retention difficulties.<sup>13-15</sup> The demand for healthcare services is increasing, however, the pool of people who can deliver services is shrinking.

### Overview of the Irish Pharmacy Workforce

The PSI, as the independent regulator of pharmacists and pharmacies in Ireland, is responsible for protecting the health, safety and well-being of patients and the public.

Pharmacists must register with the PSI to practise pharmacy in Ireland. The PSI register contains key metrics, including pharmacist demographics. In November 2022, at the time of the preliminary research for this report, according to the PSI register:\*

- 7,062 pharmacists were registered with the PSI;
- 5,698 pharmacists (81%) indicated that they worked in patient-facing roles (by definition this includes pharmacists working in community and hospital settings);
- The workforce comprised of 65% female and 35% male pharmacists; and
- The average age of an Irish pharmacist was 40.25 years.

An interesting finding is that, as of late 2022, the pharmacy workforce capacity in Ireland was 14.03 pharmacists per 100,000 people, compared with 11.83 pharmacists per 100,000 people in 2018. In 2018, the global average was 7.4 pharmacists per 100,000 people.<sup>16</sup> On the surface, this would indicate that the Irish pharmacy workforce is well-positioned to meet growing service demands. However, it is important to point out that these averages are based on the total number of registered pharmacists per population. Therefore, this is not reflective of the availability of patient-facing pharmacists working in the community or hospital settings.

*\*It is important to note, that some of the data fields in the PSI register are optional, so an extrapolation of the information was required where there were gaps. It is an initial attempt to calculate workforce capacity, based on assumptions, and is therefore an estimate.*

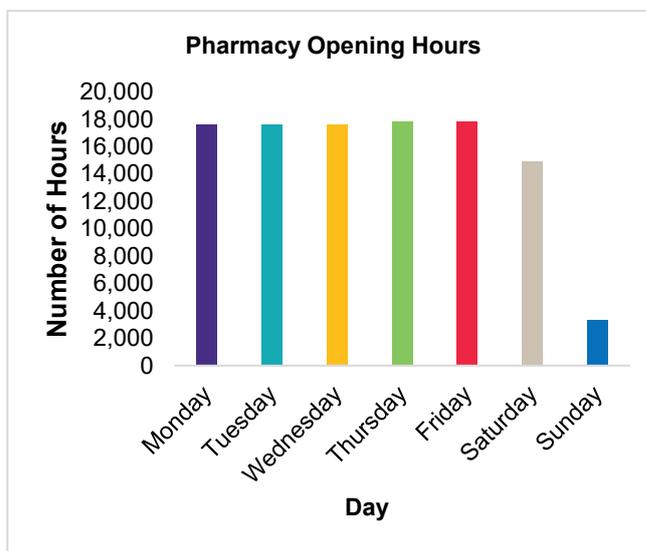
### Pharmacy Workforce Capacity- Pharmacist Sentiment

According to the Workforce Survey, 57% of community respondents and 78% of hospital respondents do not believe that pharmacy services are sufficiently staffed. Consultations with key stakeholders during the development of this report cited that hiring pharmacists has become increasingly challenging. In addition, the Workforce Survey found that 27% of pharmacists indicated a likelihood that they will leave the pharmacy profession.

### Pharmacy Workforce Capacity-Community Pharmacy

The PSI also registers retail pharmacy businesses in Ireland and gathers information on their opening days and hours. It is a legal requirement for community pharmacies to have at least one pharmacist on the premises, therefore opening hours directly correlate with the workforce demand. Pharmacy opening hours are illustrated below in Diagram 10.

**Diagram 10:** Pharmacy Opening Hours



**Source :** PSI Register of Retail Pharmacy Businesses

# Recommendations

## 1. Strategic Workforce Planning

### Pharmacy Workforce Capacity-Community Pharmacy (Cont'd)

Based on an average week (with bank holidays excluded), pharmacies are open for approximately nine hours per day (with a cumulative total of 109,374 hours per week). This represents the minimum number of hours for which a pharmacist resource is required in order for the all the pharmacies in the country to remain open to the public.

The estimated total workforce capacity for community pharmacists, inclusive of part-time locums, is approximately 162,995 hours. For hospital pharmacists it is estimated to be 36,771 hours. Based on community pharmacy opening hours, it was estimated that there are 1.49 patient-facing pharmacists per community pharmacy.

This exercise is for the purpose of estimating the minimum workforce capacity for pharmacies with only one pharmacist onsite. This estimation does not include pharmacists working in hospitals.

The estimation reaffirms the need to further investigate the current supply of patient-facing pharmacists versus demands. An appropriate workforce model to calculate the number of pharmacists required to meet the current and future needs of the health system is crucial. Fortunately, insights can be gained from the Literature Review which outlines many workforce planning models that have been implemented both nationally and internationally.<sup>7,17-23</sup>

### The Core Design of Workforce Modelling

Workforce models are tools capable of predicting the required people and skills needed. The data is gathered and analysed, and outputs are converted into a series of actions which can be further developed.<sup>7</sup> There are several important factors worth noting regarding workforce modelling:

- Most workforce planning models are founded on the 'Stock-Flow' consistent principle. This means that the capacity of a workforce to grow or shrink is determined by additive inflows, or detractive outflows;<sup>15</sup>
- Workforce planning should not happen in isolation, it requires engagement from all key stakeholders;<sup>14</sup>
- Quality assured and accurate data is critical to the success of all workforce planning initiatives;<sup>14</sup>
- There is no one-size-fits-all model. Workforce modelling plans must be customised to meet the strategic objectives of an organisation or system. However, by reviewing other models, key learnings can be identified;<sup>14</sup> and
- There are many different types of models to choose from.

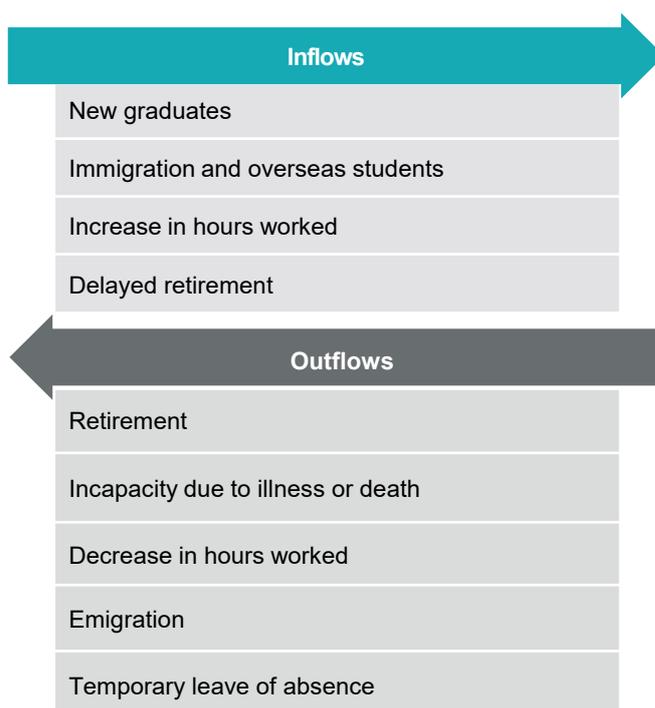
In healthcare, four common types of models are used:<sup>14</sup>

1. **Workforce-to-Population Ratio Method:** Projects the demand for health workers on the basis of proposed thresholds for workforce density e.g., number of pharmacists per head of population;
2. **Health Needs Method:** Explores likely changes in population needs for health services caused by external factors e.g., a pandemic;
3. **Service Demands Method:** Makes predictions based on the likely service demand changes within a population and then estimates the required number of healthcare professionals; and
4. **Service Targets Method:** Specifies targets for various types of health services and institutions and determines how they must evolve to meet these goals.

### Examples of Workforce Flows

Each workforce model must determine what constitutes inflows and outflows, some of which are common to all roles but others which are unique. Diagram 11 illustrates examples of inflows and outflows that are applicable to the pharmacy workforce.

**Diagram 11:** Inflows and Outflows Applicable to Pharmacy



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# Recommendations

## 1. Strategic Workforce Planning

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### Key Insights from Other Workforce Models

It is possible to leverage useful insights by examining other workforce planning models in detail and extracting key learnings. The models identified in the Literature Review and this report were designed for other professions, or for the pharmacy profession in different jurisdictions. Therefore, some elements may not be applicable in the development of a workforce planning model for the pharmacy workforce in Ireland.

### Workforce Modelling Strategy

In 2017, the Department of Health established a strategic framework for implementing workforce plans for healthcare. This has produced several useful insights.<sup>17</sup> Notably, the report outlined several high-level principles which should be considered when developing a workforce model. Three of the most relevant principles for pharmacy workforce planning are described below:

1. Focus on identified current and future population health needs.
  - To meet the objective of this principle, the demand for pharmacist services should be forecasted. In addition, the composition, skills and competencies of the workforce should be analysed. The number of registered pharmacists as well as recruitment and retention rates should be monitored regularly.
2. Ensure that the workforce planning process involves all relevant stakeholders.
  - Multi-stakeholder collaboration is vital in order to prevent a deviation from national policy and strategy.
3. Monitor and modify the workforce model based on incoming data.
  - The workforce model should adapt to new trends and changes within the healthcare landscape. This includes reviewing demographic changes, spikes and dips in disease prevalence, and the introduction of new initiatives and policies. In summary, the workforce model must be dynamic and must be evaluated on a regular basis to ensure that it meets its objectives.

### Workforce Modelling Planning

When selecting a workforce planning model, healthcare organisations should ensure that the model aligns to relevant national healthcare policies and meets strategic goals and objectives.

Some key areas that should be considered for any future pharmacy workforce model are:<sup>6,19</sup>

- Total workforce capacity;
- Demand for services; and
- The inflows and outflows of the workforce, including understanding the pull and push factors that influence these decisions.

The above list only serves as a starting point. In-depth stakeholder discussions are required to fully explore, develop and agree the strategic objectives.

### Workforce Modelling Data

The backbone to any workforce model is the provision and application of quality of data. Although all pharmacists are required to register with the PSI in order to practise pharmacy in Ireland, not all of the data fields at registration are mandatory. Some data fields are optional, e.g., primary area of practice. This means that there are information gaps in the current PSI register database regarding the distribution of the current pharmacy workforce.

The Medical Council of Ireland is the professional regulator for all medical doctors in Ireland. Apart from their regulatory functions, they also conduct an annual workforce report. This report is informed by data collected from an annual survey whereby doctors must return an Annual Retention Application Form (ARAF).<sup>24</sup> Embedded within the ARAF is a set of questions, which collates data including age, gender and specialist credentials. Based on this data, the Medical Council is able to analyse and report data on all doctors who have registered or retained registration, and those who have exited the register. As a result, the Medical Council is able to analyse workforce plans with a high degree of accuracy.

A similar approach to the Medical Council annual survey, along with introducing a revised mandatory minimum dataset to the PSI register, should be considered. Making survey completion compulsory on an annual basis would improve the accuracy and reliability of the data. Of note, obligating pharmacists to input compulsory data would require changes to current legislation.

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# Recommendations

## 1. Strategic Workforce Planning

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### Workforce Modelling Evaluation

As previously mentioned, there is no one-size-fits-all workforce model. Developing an effective workforce model is an iterative process that requires customisation to ensure it is fit for purpose. Typically, this is evaluated by designing a continuous improvement and monitoring system. The WHO published a paper describing their approach to the formulation of national human resources for health policies and strategies that offers valuable insights which may be useful for any future evaluation framework.<sup>14</sup> For example:

- Set explicit benchmarks that can be easily measured;
- Evaluate action targets regularly to ensure they are still on track to meet longer-term goals;
- Ensure the workforce model has built-in flexibility so it can be optimised as required; and
- Actions need commitment and leadership from senior officials.

These examples are echoed throughout other workforce models to varying extents, demonstrating their universal importance to developing an effective workforce model.<sup>5,14,17,19</sup>

### Health and Social Care Workforce Planning in Ireland

The Sláintecare Reform Programme aims to address many of the challenges that the health and social care systems in Ireland are faced with. This includes a stronger orientation towards primary and social care settings, community care provision, promoting integration of care, and addressing the long-term workforce planning needs of the Irish health system.<sup>3</sup>

The Sláintecare Action Plan 2023 reiterates that there is an urgent need for an integrated, comprehensive, and sustainable approach to health and social care workforce planning.<sup>25</sup> The approach to workforce supply and demand planning must be based on population health needs, reflect the policy agenda, span multiple time horizons, and be informed by international best practice.

In 2022, the Department of Health initiated a project to develop a Health and Social Care Workforce Planning Strategy and Action Plan and Planning Projection Model for Ireland to address the long-term workforce planning needs of the health sector.

This work is being undertaken with the support of the European Commission Technical Support Instrument (TSI) and Indecon Consulting to deliver:<sup>26</sup>

- A workforce planning strategy;
- An action plan;
- A workforce planning model;
- Workforce projections; and
- A gap analysis.

The project outcome will include recommendations for health and social care workforce reform, along with communication activities. The ultimate objective of this project is to develop a workforce planning model that will enable the Department of Health to generate projections of supply and demand for all major categories of health professionals in Ireland, including pharmacists. This project brings expert knowledge, international expertise and key learnings from best practice from across other EU Member States and OECD countries which will be highly valuable for the future pharmacy workforce. This project is expected to conclude in Q3 2023.<sup>26</sup>

There has been engagement and input between the PSI and Indecon, who are providing support to the Department of Health on its project. Key stakeholders from a pharmacy perspective should continue to be engaged and involved in this process, to ensure that patient-facing pharmacists are appropriately considered in strategic workforce planning for Ireland. Outputs from this Workforce Intelligence Report, and its follow-on activities, should inform workforce planning at the national level so that the ambitions for a future integrated health system can be realised.

# Recommendations

## 2. Leadership of and for the Profession: Summary of Actions

Recommendation 2: There must be clear strategic direction for the contribution of pharmacy to the future health system, and appropriate professional leadership for pharmacists.			
Recommended Actions	Timeframe	Owner	Involved
2.1 Bring the appointment of a Chief Pharmaceutical Officer forward for consideration within the Department of Health to provide strategic leadership, evidence-based analysis and expert advice to the Department of Health, Government, broader health system, and regulatory and professional bodies, helping to shape policy and optimise the contribution of the pharmacy sector around the needs of the health service.	Medium	DoH	
2.2 Commission a feasibility study tasked with proposing a suitable and viable approach to addressing the need for professional leadership for pharmacy.	Medium	PSI	DoH, HSE, IPU, HPAI, PIER, Schools of Pharmacy, IOP, APPEL
2.3 Develop a national strategy and implementation plan for the pharmacy sector that clearly articulates a vision and role for pharmacy within the future integrated healthcare system.	Medium	DoH, HSE	Multi agency strategic workforce planning group and other relevant non-pharmacy health system stakeholders
2.3.1 Advance initiatives and policies for pharmacists to expand their current scope of clinical practice based on the evidence base for need within the health system and capacity within the sector.	Medium	DoH, HSE	
2.4 Develop a national strategy for the future role of pharmacy technicians within the health system, examining topics such as scope of practice, the need for regulation of the role, standardisation of the qualification and workforce planning.	Long	DoH	PSI, HSE, Association of Hospital Pharmacy Technicians, Educators of Technicians
<b>Patient Benefit</b>			
<ul style="list-style-type: none"> <li>Improved patient outcomes through greater sharing of best practice initiatives amongst healthcare professionals; and</li> <li>Improved access to pharmacy services, and expanded range of services available from pharmacists.</li> </ul>			
<b>Healthcare System Benefit</b>			
<ul style="list-style-type: none"> <li>Appropriate representation at varying levels leading to better informed health policy;</li> <li>Greater optimisation of resources;</li> <li>Greater pharmacy leadership will promote and progress best practice initiatives at a system level; and</li> <li>Pharmacists will be better utilised to make a broader contribution to the health system.</li> </ul>			
<b>Risk to the Future Sustainability of the Workforce</b>			
<ul style="list-style-type: none"> <li>Lack of a unified leadership voice is hindering the profession to engage with ongoing national strategic initiatives and to take steps to resolve current challenges.</li> <li>Absence of a strategy for pharmacy hinders future planning and means that pharmacists do not know what the future of their role will be.</li> </ul>			

# Recommendations

## 2. Leadership of and for the Profession

**Recommendation 2: There must be clear strategic direction for the contribution of pharmacy to the future health system, and appropriate professional leadership for pharmacists.**

### The Changing Healthcare Landscape

The health service is under continued pressure to meet growing patient demands and enhanced public expectations.<sup>21</sup> The Sláintecare strategy recognises that appropriate staffing levels, enabled teams, targeted training and strong leadership are essential for capacity building and successful workforce planning. The challenge is to ensure sustainability and a consistency of care, whilst also ensuring workforce supply and development of the profession for the future.<sup>3,25</sup>

At a time of transformative change across the Irish healthcare system, pharmacists are also experiencing the wider impact of developments in medicines and technology on the delivery of healthcare.<sup>27</sup> Strong leadership is important to provide a unified voice for the pharmacy profession. It can drive momentum for change for the current pharmacy workforce, for the future profession, the public and for the wider healthcare system.

### The Importance of Leadership within the Pharmacy Profession

It is accepted that good leadership and governance are critical functions of any health system. Additionally, an environment that fosters a positive culture of collective professional responsibility is required if meaningful and lasting change is to be achieved. Culture and leadership are intrinsically linked, in that strong leadership is fundamental to how culture is created and changed.<sup>3,28-31</sup> Changes to the structure and culture of the pharmacy profession demands strong leadership. The support and development of future leaders from within the pharmacy profession should also be considered.

A clear framework to adapt the pharmacy operating model, expand the scope of pharmacy practice and provide strategic direction for the future profession is needed to ensure that the pharmacy profession can continually move forward. As stated in the Sláintecare strategy, “the integration of both executive and clinical leadership is a key enabler to the redesign of efficient, patient-centred healthcare”.<sup>3,27</sup> This synergy between organisational structure and clinical skills is crucial to the development of a sustainable pharmacy workforce.

### The Appointment of a Chief Pharmaceutical Officer

In Ireland, there is currently a Chief Medical Officer, Chief Nursing Officer, Chief Dentistry Officer, and a Chief Veterinary Officer and as of May 2023, a Chief Health and Social Care Professional Officer. However, there is no Chief Pharmaceutical Officer (CPO), although this role did previously exist within the Department of Health.<sup>31</sup>

The appointment of a CPO within the Department of Health would provide strategic leadership, evidence-based analysis and expert advice to the Department, Government, broader health system, and regulatory and professional bodies.

A CPO would have a legislative and policy focused role, with the requisite knowledge and expertise in pharmacy to help to shape policy and to optimise the contribution of the pharmacy sector to meet the needs of the health service. They would also have a role in contributing to the optimised use of medicines across the health system.

In the UK, the Royal Pharmaceutical Society (RPS), a professional leadership body for pharmacists in England, Scotland and Wales, has been proactive in advancing innovation for the profession.<sup>29</sup> One of the key principles for transformation and growth as outlined by the RPS is that pharmacy is routinely included in all NHS healthcare workforce initiatives.<sup>30</sup>

Within such initiatives, a CPO is central to identifying priorities, providing strategic direction and ensuring efficient mobilisation and utilisation of the pharmacy workforce. For example, in Scotland the CPO is actively involved in consultations with pharmacists which can influence strategic planning and decision-making, prior to implementation.<sup>33</sup>

### The Need for a Professional Leadership Body (PLB)

Lessons can be learned from strategic workforce considerations and leadership frameworks abroad. In other countries, PLBs are in place to provide leadership for the pharmacy profession with a unified voice. In Ireland, there is no single professional body that is independent of any trade union responsibilities, to advocate on behalf of pharmacists.

Pharmacy in the UK also has a long history of support from PLBs and Specialist Professional Groups (SPGs) for both pharmacists and pharmacy technicians.<sup>27</sup> The PLBs take an overarching leadership role to promote patient safety, quality of care and professionalism. These groups have worked in partnership with regulators, the NHS, Government, education and training bodies, employers and trade unions. Their leadership is vital to ensuring that the associated profession can deliver optimal patient outcomes. They work collaboratively to lead, represent and support the profession. Their aim is to help the pharmacy profession to develop a clearer identity and a reputation as a safe and effective healthcare provider.<sup>27</sup>

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# Recommendations

## 2. Leadership of and for the Profession

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### The Future of Pharmacy Leadership in Ireland

The profession is calling out for strong leadership to drive momentum for change and to keep pharmacy at the forefront of healthcare reform. The Workforce Survey revealed that only 19% of pharmacists felt valued by either the health system or the Government. Participants at the Focus Groups felt strongly that the absence of a CPO and a professional body to advocate leadership for the pharmacy profession in Ireland was a barrier to moving the profession forwards.

The establishment of a pharmacy leadership body in Ireland is vitally important to work with the Department of Health, Minister for Health, public health agencies and directly with pharmacists to ensure that the role of pharmacy is considered and integrated into the development and implementation of national health strategies and policies. The creation of a collaborative pharmacy leadership body to advocate on behalf of, and for, the pharmacy profession, should consist of a balance of pharmacists from all practice settings alongside independent members, as appropriate. This leadership group should work together with a CPO to set clear and defined goals to determine the future for the pharmacy profession.

Implementing such leadership roles will be instrumental in driving and supporting collaborative networks within pharmacy and the wider healthcare system, to deliver shared goals in line with national strategy. Without strong leadership, there is a risk of stagnation of progress for the current pharmacy workforce, and the future profession.

The PSI is a regulatory body and therefore cannot act as an independent advocate for pharmacists.<sup>34</sup> However, such a body would need to be self-funded through membership fees paid by the profession. This has been one of the key stumbling blocks in previous attempts to progress this initiative. Therefore, the viability of a leadership body must be carefully considered before any steps are taken to progress its establishment, taking into account funding required, appetite of the profession to fund it, and size of the sector.

### Pharmacy Leadership Roles in the UK

In advance of a CPO role and leadership body, we should look to other countries to see how equivalent initiatives were implemented and structured. A strategic review is currently underway to further develop the pharmacy profession in the UK. In June 2022, the four UK Chief Pharmaceutical Officers established an independent Commission with professional leadership expertise from across pharmacy to bring all relevant parties together to consider the future of professional leadership.<sup>27</sup>

The Commission concentrated on five themes:<sup>27</sup>

- 1) Leadership, Policy and Professionalism;
- 2) Regulatory Support;
- 3) Regional, Country and International Relations and Engagement;
- 4) Scope of Practice for Future Pharmacy Professionals; and
- 5) Professional Education and Training.

The roles of regulatory, leadership and other professional bodies in the UK are illustrated in Diagram 12.

### The Role of Pharmacy Technicians

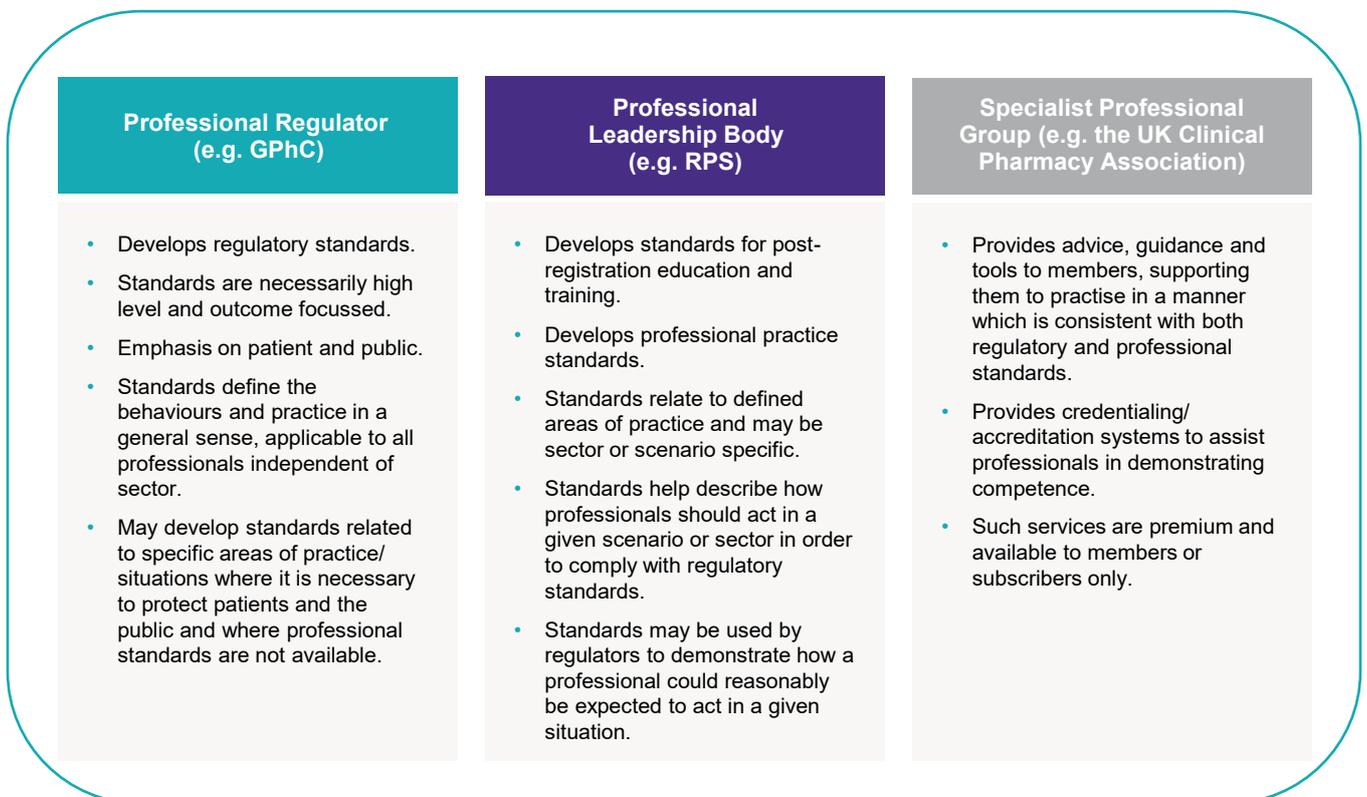
Feedback from the Focus Groups and PSI Workforce Survey clearly highlights the need and desire for pharmacists to further delegate non-pharmacist tasks. One of the key support roles in pharmacy is that of the pharmacy technician. However, in Ireland, pharmacy technicians are not regulated or registered with a regulatory body. In addition, the qualification is not standardised.

The Royal Pharmaceutical Society of Scotland ‘Scottish Pharmacy Workforce Briefing’, recommends that dispensing should be entirely managed by pharmacy technicians and that pharmacists should only be involved in the clinical check of prescriptions.<sup>35</sup> In addition, a review conducted by the Canadian Pharmacists Association noted that the nature of Canadian pharmacy practice is moving from the traditional dispensing role to a more proactive clinical role. In community pharmacy, many dispensing and administrative tasks have been delegated to pharmacy technicians and many hospitals in Canada have adopted a “tech check tech” approach whereby the majority of technical functions including dispensing are managed by pharmacy technicians.<sup>20,36-38</sup> A plan for the role of pharmacy technicians within the health system in Ireland should be considered, with a view to considering the need for regulation, standardisation of the qualification, and scope of the role.

# Recommendations

## 2. Leadership of and for the Profession

**Diagram 12:** Roles of Regulatory, Leadership and Other Professional Bodies (UK Commission on Pharmacy Professional Leadership February 2023)\*



\*This diagram does not include the complementary roles of the community pharmacy trade bodies, which work to represent the interests of their members, or the community pharmacy negotiating bodies in England, Scotland, Wales and Northern Ireland. The Commission also recognised the distinct role of trade unions such as the Pharmacists' Defence Association and the Guild of Healthcare Pharmacists, which represent the interests of employees.

# Recommendations

## 3. Innovation and Technology: Summary of Actions

Recommendation 3: The development and integration of process innovations and digital solutions should be expedited to benefit patients, pharmacists and the wider health system.			
Recommended Actions	Timeframe	Owner	Involved
3.1 Ensure pharmacy stakeholders are involved at the design and development stages of national eHealth infrastructure projects, including ePrescribing and the National Shared Care Record, to ensure maximum benefits for patients and the health system are realised when these systems are implemented.	Short	HSE, DoH	PSI, IPU, HPAI
3.2 Develop and implement solutions, including digital solutions, aimed at reducing the administrative burden associated with the national drugs reimbursement schemes operated by the HSE Primary Care Reimbursement Service.	Medium	HSE	IPU, DoH
3.3 Develop and implement solutions, including digital solutions, aimed at reducing the regulatory burden associated with manual, paper-based processes.	Medium	PSI	DoH, HSE
3.3.1 Implement legislation required to facilitate digital solutions that reduce regulatory burden associated with manual, paper-based processes.	Medium	DoH	PSI
3.4 Identify and highlight to members and other stakeholders, integrated technology and digital solutions, both currently available and emerging, that can reduce the administrative burden associated with dispensing and operational tasks within pharmacies.	Medium	IPU, HPAI	HSE
Patient Benefit			
<ul style="list-style-type: none"> <li>• Patients' needs are met in a timely manner;</li> <li>• Improved patient experience and safety, particularly at transitions of care;</li> <li>• Patients don't have to remember and repeat their medical history at multiple stages of their journey; and</li> <li>• Patients have more time with their pharmacist.</li> </ul>			
Healthcare System Benefit			
<ul style="list-style-type: none"> <li>• Safer, more efficient, high-quality patient care;</li> <li>• More robust, efficient prescribing systems;</li> <li>• Optimised clinical resources within the healthcare system;</li> <li>• Improved access to appropriate clinical data in real-time; and</li> <li>• Improved integrated care and transparency at all stages of a patient's journey.</li> </ul>			
Risk to the Future Sustainability of the Workforce			
<ul style="list-style-type: none"> <li>• The vision for pharmacy, as will be proposed in a national pharmacy strategy and government initiatives including Sláintecare, will not be realised due to manual, inefficient paper-based processes, or non-integrated outdated systems.</li> </ul>			

# Recommendations

## 3. Innovation and Technology

**Recommendation 3: The development and integration of digital solutions should be expedited to benefit patients, pharmacists and the wider health system.**

### Technology and eHealth Strategy

The potential of technology and eHealth to advance healthcare and improve patient outcomes has long been recognised.<sup>39</sup> Clear evidence exists on the growing impact of eHealth initiatives on the delivery of healthcare around the world, and how it is making health systems more efficient, cost-effective and more responsive to patients' changing needs and expectations. Furthermore, technology has the ability to streamline integrated care services across the healthcare system to deliver better health outcomes overall.<sup>39</sup>

### eHealth Strategy for Ireland

The Irish healthcare system is at a critical point of digital evolution.<sup>25</sup> National healthcare policies including Sláintecare, the National eHealth Strategy (currently under review), the 2021 National Service Plan, The Project Ireland 2040 National Development Plan and the HSE Corporate Plan 2021-2024 have recognised the essential role technology can play in delivering a safer and more efficient healthcare system.<sup>3,4,25,39</sup>

Sláintecare outlines clear objectives to put in place a modern digital infrastructure, including ePrescribing, and facilitate integrated models of care across the Irish healthcare system. This involves high levels of automation and information sharing.<sup>3,25,39</sup> In addition, the Project Ireland 2040 National Development Plan will support the provision of digital health services, critical infrastructure and cybersecurity. Furthermore, it will facilitate the development of new and emerging eHealth and information and communications technology (ICT) within a 10-year implementation timescale.<sup>41</sup>

### Digital Health Challenges Facing the Pharmacy Profession

Many of the challenges currently facing the pharmacy profession are analogous with other healthcare professions in Ireland. These include the pressure of administrative burden and limited access to up-to-date and comprehensive patient information. The advancement of technology-enabled solutions is an integral part of enabling more effective integration of care and reducing administrative burden across all care settings.<sup>4,19,32</sup>

In most countries where digital health technology has been successfully progressed, a unique patient identifier is a key feature of the eHealth system. In Ireland, the need for a unique patient identifier is a recognised obstacle that needs to be addressed.<sup>3,25,39</sup>

The Workforce Survey analysis and focus groups demonstrated an interlink between discussions involving the administrative burden felt by pharmacists in their current role, and the potential for better technology-enabled solutions. It is essential to realise the benefits of technology-based solutions in order to optimise limited clinical resources.

### National eHealth Progress to Date

There has been a widespread drive to improve digitalisation across the Irish healthcare system, including within pharmacy, for many years.<sup>3,4,25,39</sup> However, efficient integrated care is currently inhibited by lack of interoperability i.e. the ability of different systems or software to exchange and make use of information. Over the last number of years, software vendors have developed technology solutions for individual care settings.<sup>3,25,39</sup> This siloed approach has resulted in fragmented systems which hinders efficiency, access to real-time patient information and communication between healthcare professionals.

Though plans to implement the Individual Health Identifier (IHI) and continued efforts to develop eHealth systems are already underway, it is generally acknowledged that the pace of progress to improve the national digital infrastructure and implement ePrescribing has been slow thus far.<sup>25</sup> As a result, the current technology-based solutions available for pharmacists in Ireland lags behind government anticipated timeframes, and other jurisdictions.<sup>25,39,41,42</sup>

### The Need for Integrated Digital Systems

There is considerable variation in the functionality of technology systems available within community pharmacy.<sup>3,25,39,42,43</sup> Furthermore, there is no validation and certification of the software systems that are used to maintain and store patient medication records within pharmacies, although this has been called for, and is provided for in legislation\*. The level of digitalisation and access to electronic patient records vastly differs from hospital to hospital depending on the size and location of the hospital. Furthermore, significant discrepancies exist between private and public healthcare settings.<sup>19,32</sup>

The limitations of the current digital infrastructure are a key challenge for the pharmacy workforce. Integrated and interoperable systems are necessary to ensure critical information can flow to and from all care settings. Improved systems for clinical use, in addition to finance and workforce planning management systems, are needed to effectively support the pharmacy workforce.<sup>4,25,39,40,42</sup>

\*Regulation 12(2) and (3) of the Regulation of Retail Pharmacy Businesses Regulations 2008

# Recommendations

## 3. Innovation and Technology

### ePrescribing

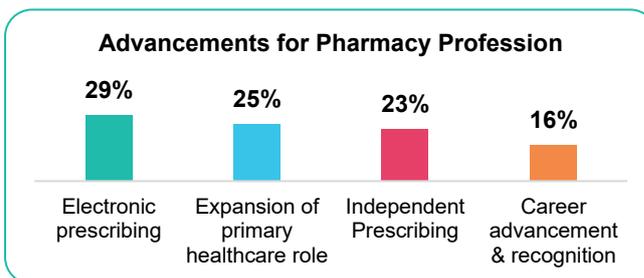
The National eHealth Strategy (2013) identified digitalisation, including ePrescribing, as a key priority to align with the critical technology actions of Sláintecare reform.<sup>25</sup> Under the remit of the ePharmacy Programme, the HSE currently has a dedicated project team in place to plan, develop and implement a national ePrescribing solution. The aim of the National ePrescribing Project is to establish a single source of truth for prescribing and dispensing information. The project aims to facilitate safer prescribing and dispensing, reduced medication errors, increased transparency, workflow efficiency gains and more accessible medication information.<sup>42</sup>

Until recently, a prescription in paper form was required to legally dispense medication. This changed in April 2020 when emergency legislation, accelerated by the COVID-19 pandemic, was signed into Irish law. This development removed the requirement for a paper prescription and allowed the transfer of prescriptions via a secure email system called Healthmail.<sup>44,45</sup> However, a caveat of Healthmail is that a pharmacist must still print and endorse the prescription for the purposes of record-keeping and reimbursement.<sup>44</sup> This new legislation prompted a significant rise in the usage of the Healthmail between connected GPs, hospitals and pharmacies.

Focus group participants noted that Healthmail is not an ePrescribing solution, but rather a useful secure email system for the efficient transfer of prescriptions and other clinical information. Although this amendment was seen as a positive step towards improving integrated technology-based processes, participants at the focus groups voiced their concerns that despite the perception of it being a digitised process, a pharmacist still has to print and store Healthmail paper copies on-site, which adds to their administrative paper-based workload. Some Irish hospitals have initiated independent pilot ePrescribing studies, particularly for patients receiving cancer treatment.<sup>46</sup> However, a substantial ePrescribing pilot at national level has yet to be initiated and the launch of a national ePrescribing solution is still a number of years away.

In the Workforce Survey, pharmacists were asked what advancements they thought would have the most significant and positive impact on their profession, patients and the wider healthcare system. The responses were categorised into themes, with 29% of respondents citing ePrescribing as the most important advancement for the pharmacy profession, as shown in Diagram 13.

Diagram 13: Advancements for Pharmacy Profession



Source: PSI Survey

The Survey also asked what could be changed to ensure that pharmacists were optimally utilised in the Irish healthcare system. Under the heading of technological improvements, two of the most common themes were 'less administration through automation' (20%) and 'national prescribing systems or ePrescribing' (13%). While the pace of progress for national infrastructure projects is out of scope of this project, it is important that senior pharmacy stakeholders are involved in the planning and design stages of these projects. This will ensure that potential process efficiencies for pharmacists and benefits for patients be incorporated at the appropriate stages.

### Access to an Electronic Patient Record

Healthcare systems that have highly advanced, mature digital programmes in place have proven that access to patient data, particularly in real-time, can improve clinical outcomes and prevent accidental harm for patients.<sup>47-50</sup> Sláintecare and supporting national strategies in Ireland have clear objectives to drive the digitalisation of health services and processes so that data about the right patient is available in the right place and at the right time, to ensure safe and efficient provision of care services. Within the suite of eHealth developments, embedding the Electronic Health Record (EHR) system into service provision is paramount.<sup>25</sup>

Sláintecare recommends that investment in an Electronic Health Record is a critical enabler to facilitate integrated care. 'Project 6 – Implement the eHealth Programme' within the Sláintecare Progress report 2022 outlines the strategy and progress of key technology solutions such as the Health Performance Visualisation Platform (HPVP), IHI, Integrated Community Case Management Systems (ICCMS), the new Children's Hospital Electronic Health Records (HER) system contracts, Health System Performance Assessment Framework (HSPA) and the approval by government to prepare the Health Information Bill to support the enhanced use of healthcare data for the treatment and care of patients. Although this progress report shows that work is underway to improve technology solutions, further development is required.<sup>25</sup>

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# Recommendations

## 3. Innovation and Technology

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### Access to an Electronic Patient Record (Cont'd)

Access to an electronic patient record will have a significant impact on the model of care for pharmacists. It would enable pharmacists to make more informed clinical decisions based on up-to-date and comprehensive patient information.

Through focus group discussions, there was clear consensus that having appropriate access to a summary of a patient's electronic health record in order to view medication history, up-to-date information and any changes made by the prescriber would undoubtedly improve patient safety and help deliver optimal care. As well as a patient benefit, participants noted that the ability to both access and update patient records (referred to as 'read and write access') would help streamline communication channels between the wider multi-disciplinary teams across care settings, resulting in time-savings and optimised resources.

### Administrative Burden

The public healthcare sector has traditionally lagged behind other industry domains where innovative technology-enabled systems have been embedded for years.<sup>39</sup> It is generally acknowledged that technology is a critical enabler in the transformation of more efficient workflows and has proven to significantly reduce administrative activities, particularly in eliminating paper-based processes and providing real-time data.<sup>39</sup> Insights gathered from the PSI Literature Review, survey and focus groups have highlighted that the administrative burden pharmacists endure as part of their day-to-day operational responsibilities is cause for concern. The potential of technology-enabled solutions could transform the administrative workload required in pharmacy services, providing a cost-effective, transparent and safer alternative to siloed systems and paper-based processes.

According to the Workforce Survey, 89% of pharmacist respondents agreed or strongly agreed that administrative tasks could be delegated. Technology-enabled solutions should be considered to help alleviate this administrative burden, enabling pharmacists to spend more time with patients and on clinical duties. With regards to pharmacists' impressions of governance roles in both hospital and community settings, time consuming administrative burden (33%) was the most common reason why respondents in governance roles were dissatisfied in their role.

This analysis clearly implies that there is considerable room for improvement to streamline administrative processes. Though it is the case that certain tasks can be completed by pharmacy technicians and other support staff, the entire pharmacy workforce, and wider healthcare system would benefit from improved digital systems to reduce administrative and regulatory burden and streamline workflows. Notwithstanding the role for technology, when examining existing processes, there should also be consideration given to duplication or potentially unnecessary administrative and regulatory burden that has built up over time, and that could potentially be removed or adapted, rather than simply being digitised.

The Workforce Survey sought to ascertain which tasks occupied the majority of pharmacists' time. As expected, the vast majority of community pharmacists' time was devoted to dispensing prescriptions. The second highest ranked task for community pharmacists was the administrative and reimbursement duties related to Primary Care Reimbursement Service (PCRS) interactions. The PCRS administers payments to pharmacies who have contract with the HSE to provide services under various government reimbursement schemes. Technology-enabled solutions to streamline PCRS and other administrative tasks could be instrumental in improving productivity with existing resources, as well as improving job satisfaction.

# Recommendations

## 4. Attracting and Recruiting Pharmacists: Summary of Actions

Recommendation 4: Access to the pharmacy profession and proportion of those selecting patient-facing roles should be monitored to ensure sufficient numbers are available to meet the needs of the sector.			
Recommended Actions	Timeframe	Owner	Involved
4.1 Ensure the number of pharmacy students being trained in Ireland is sufficient to meet the needs of the sector, informed by national strategic workforce planning and modelling.	Medium	Department of Further and Higher Education, Research, Innovation and Science and DoH	Schools of Pharmacy, APPEL
4.1.1 Ensure the number and range of experiential learning placements available aligns with the number of pharmacy students being trained, and reflects current and emerging practice needs.	Medium	APPEL, Schools of Pharmacy	HSE, HPAI, DoH, Department of Further and Higher Education, Research, Innovation and Science
4.2 Monitor and report on student sentiment to identify risks to attrition from the workforce through a dedicated annual survey.	Short	APPEL	Schools of Pharmacy, PSI
4.2.1 Implement actions to address concerns of pharmacy students as appropriate to increase their retention within the profession.	Medium	Schools of Pharmacy, APPEL	PSI
4.3 Streamline the Third Country Qualification Recognition (TCQR) process for pharmacists who wish to practice in Ireland and who received their qualification from a country outside the EEA.	Short	PSI	
<b>Patient Benefit</b>			
<ul style="list-style-type: none"> <li>Challenges in relation to pharmacist supply and retention that can be improved will result in increased access to pharmacist expertise, and safe, appropriately resourced pharmacy services.</li> </ul>			
<b>Healthcare System Benefit</b>			
<ul style="list-style-type: none"> <li>Greater access and retention of pharmacists will ensure optimum numbers of pharmacists are available within the patient-facing roles, which will result in improved healthcare system efficiencies; and</li> <li>Addressing issues with the supply of pharmacists now will minimise the cost of implementing solutions in the future.</li> </ul>			
<b>Risk to the Future Sustainability of the Workforce</b>			
<ul style="list-style-type: none"> <li>The lack of a robust and structured strategy to identify and accommodate the appropriate number of pharmacists that need to be trained in Ireland increases the likelihood of future workforce capacity issues and results in a reliance on internationally trained pharmacists to meet the requirements of the sector.</li> </ul>			

# Recommendations

## 4. Attracting and Recruiting Pharmacists

**Recommendation 4: Access to the pharmacy profession and proportion of those selecting patient-facing roles should be monitored to ensure sufficient numbers are available to meet the needs of the health system.**

### Pharmacist Supply

In Ireland, there is only one route to become a qualified pharmacist and that is to be conferred with a recognised pharmacy degree. Since 2015, this is the five-year integrated Masters of Pharmacy (MPharm). To meet the needs of our healthcare system, we need to ensure that the number of pharmacy students that are trained in Ireland is sufficient.

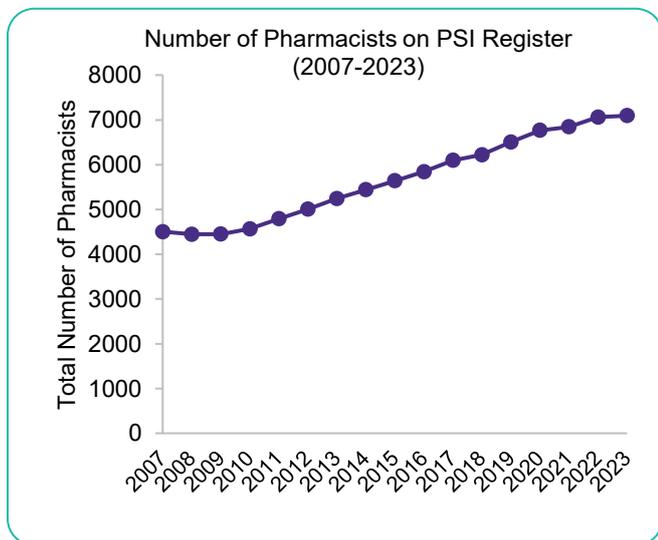
The number of pharmacists available to work within patient-facing roles could be increased by:

- Increasing the number of undergraduate places in pharmacy;
- Receiving and processing increased numbers of registration applications from pharmacists who qualified from other countries; and
- Encouraging those no longer working in the profession to return to practice.

The PSI register indicates that the number of pharmacists registered to practice in Ireland has steadily grown to reach a record number at 7,093 pharmacists (April 2023 PSI data) (Diagram 14). Nonetheless, it is perceived that a shortage of pharmacists within patient-facing roles is being experienced.

To ensure that sufficient numbers are available to meet the needs of the health system, access to the pharmacy profession, the proportion of those choosing to work in patient-facing roles, and the nature of how they are choosing to work, should be monitored.

**Diagram 14:** Number of Pharmacists on PSI Register



Source: PSI Register

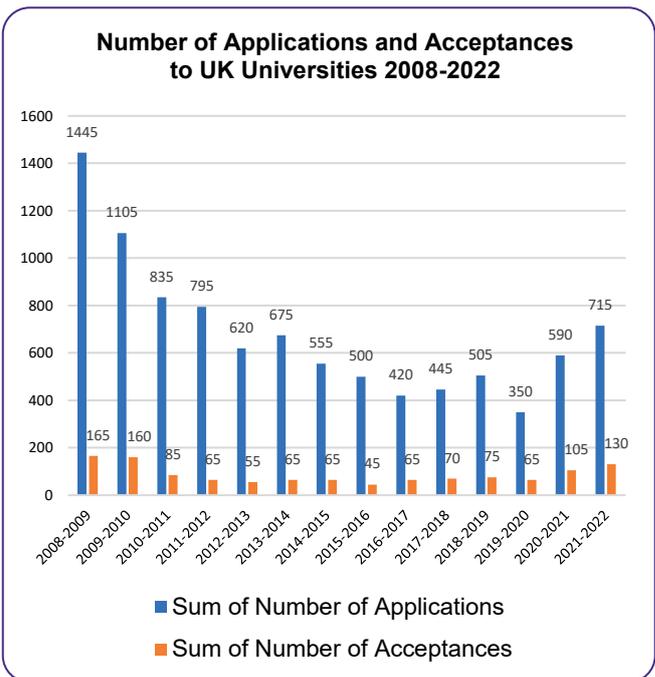
### Breakdown of PSI Register Data: Training Insights

The PSI register offers insights into the supply of pharmacists in Ireland. Of note, 86% of pharmacists working in Ireland are Irish nationals. The remainder are mostly comprised of UK and EU citizens.

On further analysis, data shows that 31% of pharmacists registered with the PSI were trained in the UK. Since 2017, PSI registration data shows that 52% of pharmacists registering with the PSI qualified outside of Ireland, with the majority qualifying in the UK. This trend is likely to continue according to data from the UK Universities and Colleges Admissions Service (UCAS), which shows a consistent number of students travelling from Ireland to study pharmacy in UK universities, and a significant increase in the 2020/21 and 2021/22 academic years (Diagram 15).

This highlights the fact that the demand for pharmacy undergraduate places in Ireland exceeds the number of university places available, leading to Irish students applying to universities in the UK to study pharmacy.

**Diagram 15:** Number of Applications and Acceptances to Pharmacy Programmes within UK Universities



Source: UCAS (numbers rounded to the nearest 5)

# Recommendations

## 4. Attracting and Recruiting Pharmacists

### Breakdown of PSI Register Data (Cont'd)

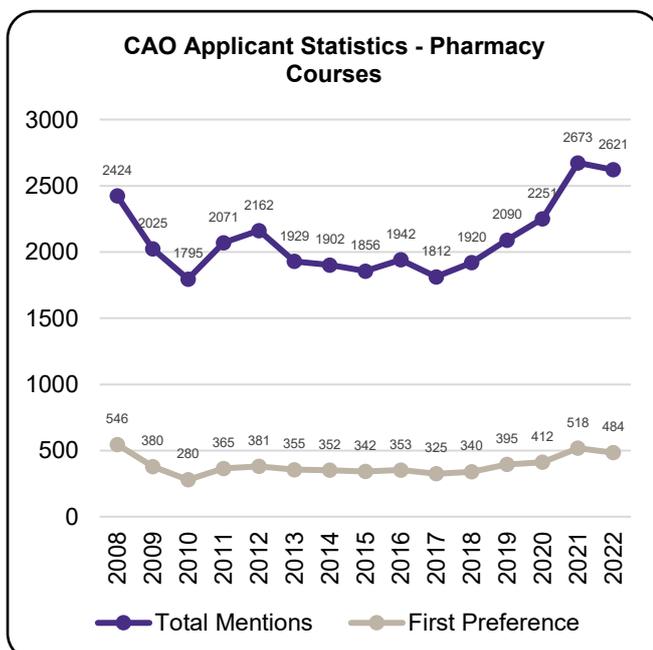
In 2022, the Higher Education Authority (HEA) responded to identified national skills deficits by committing to build capacity in Dentistry, Pharmacy, Medicine, Nursing, and Veterinary disciplines. The HEA have initiated a process to identify opportunities within the higher education system, that is looking at both expansion of capacity within current courses, and creation of new programmes.

In Ireland, there are currently three Schools of Pharmacy offering an MPharm programme:

- 1) Royal College of Surgeons Ireland;
- 2) Trinity College Dublin; and
- 3) University College Cork.

Competition for these courses is consistently high, as illustrated in Diagram 16. This data, along with the UCAS data, indicates there is sufficient demand to accommodate additional students within pharmacy programmes in Ireland. However, it is important to consider both the supply of pharmacists and the needs of the sector, and both should be carefully balanced through effective strategic workforce planning and modelling.

**Diagram 16:** The Central Applications Office (CAO) Application Statistics



Source: CAO

### Understanding the MPharm Student Sentiment

Currently, there is little published regarding the general sentiment of MPharm students. However, as part of this project, the opinions of fifth year MPharm students were captured through a survey (n=187) and focus group (n=4).

Results from the Workforce Survey indicate that 13% of the fifth year MPharm students practicing in a patient-facing role were not interested in practising as a patient-facing pharmacist in the future.

The reasons given were varied and are summarised below:

- Negative experience with the pharmacy career to date, both from a first-hand account and from their peers;
- Perceived high-levels of stress and poor working conditions; and
- The career is not meeting expectations i.e., feeling undervalued and under-appreciated.

These insights were further substantiated by the focus groups. In the absence of comparators, e.g., from other countries, this rate (13%) should be monitored over time to track whether this figure increases or decreases.

It would be beneficial to track the sentiment of pharmacy students over time to enable their concerns to be understood and addressed as appropriate.

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# Recommendations

## 4. Attracting and Recruiting Pharmacists

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### Experiential Learning Placements

Pharmacy students are crucially important to the patient-facing pharmacist supply. As such, it is vital that pharmacy students receive sufficient exposure to patient-facing pharmacy practice throughout their studies. These experiences will ensure that they gain an understanding of clinical practice so that they can make an informed decision regarding future career choices.

It is worth noting that the number of hospital pharmacy placements available have been a cause for concern since the introduction of the integrated MPharm programme, which commenced in 2015. Several barriers to entry have been highlighted:

- 1) Contractual negotiations; and
- 2) Paid vs non-paid placements.

As a result, the demand for placements within hospitals has far outstretched supply. This is a concern as it may negatively influence a student's decision to pursue a career in this area. Hospital pharmacists reported at their focus group that this has directly impacted pharmacist recruitment.

It is worth noting that there has been an increase in hospital pharmacy placements in recent years.

### Third Country Qualification Recognition (TCQR) Route

Pharmacists from all countries outside of the European Union/European Economic Area must complete a lengthy, multi-stage process to have their qualification recognised by the PSI. This recognition, as well as evidence of appropriate language competency is required on application for registration. It is worth noting that in 2022 the PSI commenced a project to update and streamline the current TCQR process, which is intended to benefit both applicants and the administrative process. It is expected that this new process will be operational by 2024.

In other countries, notably in Canada, this process has been streamlined.<sup>51</sup> Internationally educated pharmacists are required to undertake a 4-6 month university based bridging programme. This programme focuses on equipping immigrant pharmacists with the necessary knowledge and skills of pharmacy practice and therapeutics. This is complemented by a 6-12 month in-service and clinically-based training component. In addition to the bridging programme, pharmacy specific English language courses have been developed to help individuals meet the language requirements to practice in any pharmacy setting. This may be something that is worth exploring in Ireland e.g., based on success rates, or risks identified via the revised TCQR route.<sup>51</sup>

# Recommendations

## 5. Career Sustainability and Progression: Summary of Actions

Recommendation 5: Patient-facing pharmacy roles must be sustainable and appropriately supported, with diverse career development and progression opportunities.			
Recommended Actions	Timeframe	Owner	Involved
5.1 Publish guidance that clearly sets out the distinct responsibilities associated with each governance role within Retail Pharmacy Businesses.	Short	PSI	HSE
5.2 Provide access to dedicated leadership and governance training resources which can support pharmacists' career pathways.	Short	IIOOP	DoH, HSE, PSI
5.3 Create a national framework to allow for recognition of specialist and advanced practice for pharmacists that supports the needs of the health system and aligns with a future national strategy for pharmacy.	Medium	HSE, DoH	PSI, HPAI, IPU, IIOOP, Schools of Pharmacy
5.4 Further develop specialised and advanced practice in line with the national strategy for pharmacy and provide for a system of recognition of qualifications obtained outside of Ireland.	Medium	DoH	HSE, PSI, HPAI, IPU, Schools of Pharmacy
Patient Benefit			
<ul style="list-style-type: none"> <li>Improved access to high quality and specialised care tailored to their needs;</li> <li>Increased access to pharmacist expertise; and</li> <li>Standardised levels of care.</li> </ul>			
Healthcare System Benefit			
<ul style="list-style-type: none"> <li>Clearly defined roles and accountability within the pharmacy profession;</li> <li>A sustainable, effective and motivated pharmacy workforce; and</li> <li>Recognised specialisation of pharmacist clinical expertise in Ireland.</li> </ul>			
Risk to the Future Sustainability of the Workforce			
<ul style="list-style-type: none"> <li>There is a perception that pharmacy does not have a long-term sustainable career path and this will negatively impact retention within patient facing roles, and filling both governance and specialist roles in the future.</li> </ul>			

# Recommendations

## 5. Career Sustainability and Progression

**Recommendation 5: Patient-facing pharmacy roles must be sustainable and appropriately supported, with diverse career development and progression opportunities.**

### Workforce Sustainability

A sustainable and effective workforce is integral to delivering safe, high quality care. Developing an appropriately skilled workforce to respond to the population's changing health needs is key to workforce sustainability and is a major factor of influence for how well healthcare systems perform.<sup>52</sup>

A challenge for all healthcare systems is achieving the optimum balance of skills and staff to contribute to workforce sustainability. Healthcare professionals are faced with many professional challenges such as inadequate in-service training, regulatory burden and the lack of clarity on roles and scope of practice in order to reach their full potential. Consequently, healthcare professionals may end up operating below their full professional capacity, or their skills may be underutilised. This is often seen with internationally educated and trained healthcare professionals.<sup>52</sup>

The use of the right professional with the right skill mix and a clearly defined role has proven to improve patient care, be cost-effective and lead to greater patient satisfaction and better health outcomes.<sup>52</sup>

A clearly defined governance structure with access to signposted opportunities for progression are key elements to ensuring a sustainable and valued workforce. Progression to management and oversight governance roles must be attractive and appropriately supported.

### Leadership and Governance Roles

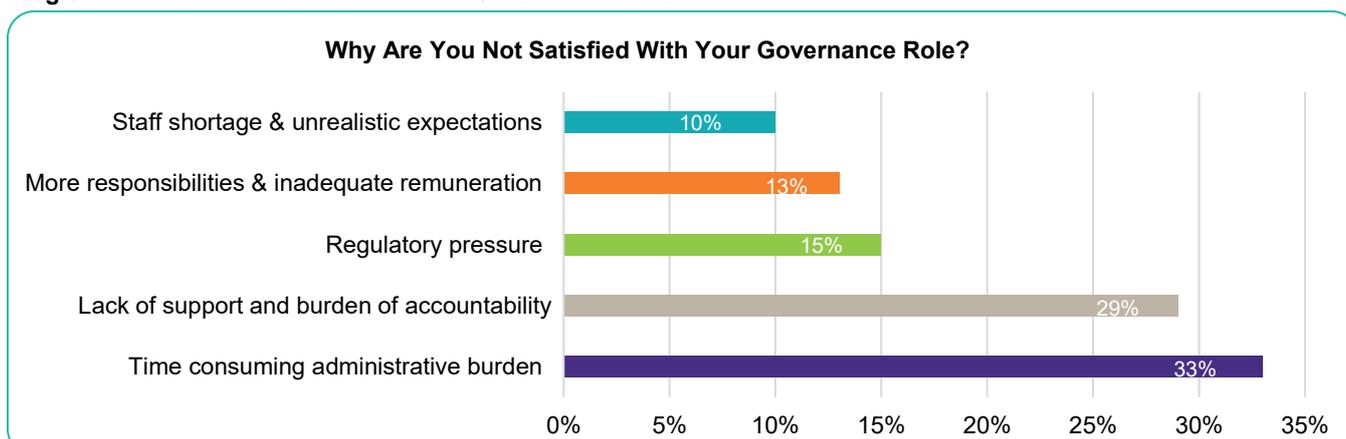
The Workforce Survey sought to understand the general sentiment amongst pharmacists who are currently in a management or leadership role, including those in governance roles. Governance roles were defined as supervising and superintendent pharmacists, and pharmacy owners. These governance roles have distinct responsibilities under the Pharmacy Act 2007 (as amended).

Based on the Workforce Survey findings, of the respondents that held governance roles, 45% were male and 55% were female. Male respondents indicated a 40% satisfaction level in governance roles compared to female respondents at 50%. The survey also asked respondents the reasons why they are not satisfied in their governance role. These results are illustrated in Diagram 17.

Lack of support and burden of accountability is a clear demotivating factor for those in governance roles. This is a concern for those in existing roles and for those seeking employment as it may influence the attractiveness of a governance role. Of the community pharmacist survey respondents not currently in governance roles, 78% said they were unlikely to take on such a role in the future, with just 17% believing governance roles are considered attractive and aspirational by pharmacists. Insights from the focus groups also revealed high levels of dissatisfaction among those in governance roles. Supervising and superintendent community pharmacists in particular felt there was too much responsibility, administration duties and pressure associated with governance roles, without sufficient supports in place.

These findings point to fundamental issues with the sustainability of governance roles and indicate that career progression to these roles among the pharmacy workforce is not seen as attractive or aspirational.

**Diagram 17:** Reasons for dissatisfaction in Governance Roles



Source: PSI Survey

# Recommendations

## 5. Career Sustainability and Progression

### Hospital Career Progression

Hospital pharmacist participants at the Focus Groups voiced that career progression is limited as there are very few senior positions within the hospital career structure. They felt that once you have been appointed to a senior position, there is very little recognition in that role. They cited that other than a Chief Pharmacist position, which are limited per hospital, there are few opportunities to move up levels of seniority in the hospital grading system.

### Retention

Based on the Workforce Survey and Focus Groups, the levels of dissatisfaction, stress and burn-out among the current workforce indicates that the retention of pharmacists within patient-facing roles is at risk.

The Workforce Survey sought to better understand retention factors of the current workforce. As shown in Diagram 18 below, just over half of the respondents (51%) indicated a likelihood of leaving their current role in the foreseeable future. Meanwhile, over a quarter (27%) of respondents indicated a likelihood of leaving the profession permanently, with this higher among community pharmacists (31%) versus hospital pharmacists (11%).

Upon further analysis, there was no significant difference based on respondents' age. The profile of those over 34 years old was almost identical to those 34 years and younger. In terms of male and female cohorts, the survey results suggest that females are more likely (63%) to stay in the pharmacy profession, compared to males (46%).

Retention factors, particularly for those in governance roles, must be addressed in order to establish a stable, sustainable and motivated workforce and promote pharmacists to pursue career progression to governance roles as well as other career progression opportunities.

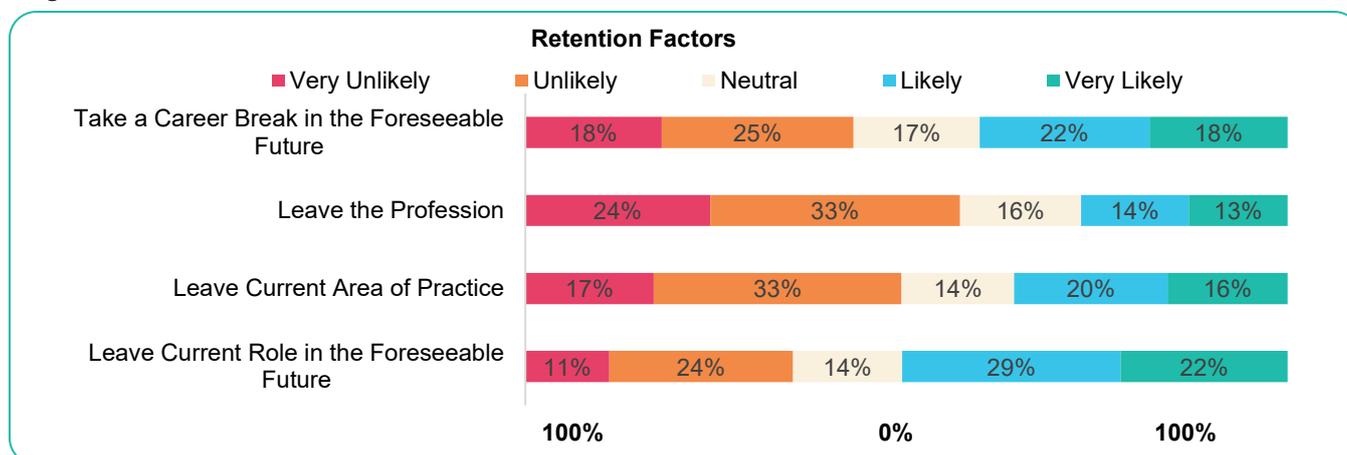
### Career Development Opportunities

It is important for pharmacists to have access to career development opportunities, enabling them to advance their skills and leadership within the profession. Clear career development and progression opportunities should be embedded throughout the career structure for effective workforce planning.

The Workforce Survey results in Diagram 19 indicate that more than half of community pharmacist respondents do not think that there are clear career progression opportunities for pharmacists. As shown in Diagram 20, this is even higher for hospital pharmacist respondents (67%).

These results bring to light the need for structural reform and greater clarity on career development opportunities for pharmacists in patient-facing roles. If pharmacists could clearly see the career progression opportunities available to them, and if appropriate support was in place for further education and training, more pharmacists might pursue governance roles or other leadership roles.

Diagram 18: Retention Factors



Source: PSI Survey

# Recommendations

## 5. Career Sustainability and Progression

### Career Development Opportunities (Cont'd)

The Workforce Survey asked respondents if their current position meets their career goals. Less than half of community pharmacists (43%) and 51% of hospital pharmacists agreed with this. On one hand, this demonstrates feelings of job dissatisfaction for some respondents with regards to their current position. On the other hand, it could suggest that some respondents have a desire to progress, which they have not yet achieved.

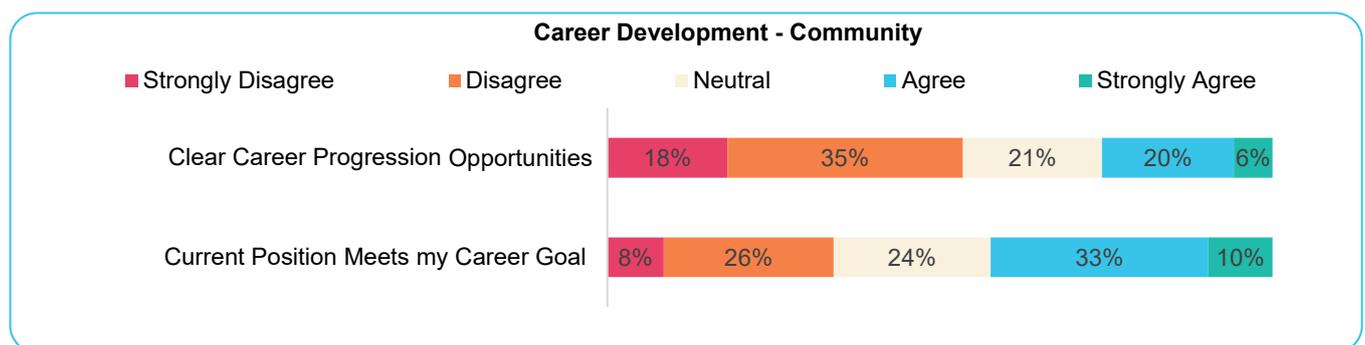
It is paramount that the opportunities for progression within the pharmacy profession are clearly signposted and that pharmacists at all levels are actively encouraged to continuously advance in their career if they so wish.

An infrastructure with dedicated supports for career progression in the community and hospital setting would provide greater clarity for pharmacists who would like to progress their career. This may encourage more pharmacists to pursue governance and leadership roles.

Appropriate training and development opportunities are key aspects of workforce sustainability. When the Workforce Survey respondents were asked what factors would make a governance role more attractive, 82% of community pharmacists and 88% of hospital pharmacists agreed that dedicated training would be beneficial. These results highlight the need for dedicated training for pharmacists across all settings, in particular for those preparing to take on a governance or leadership role.

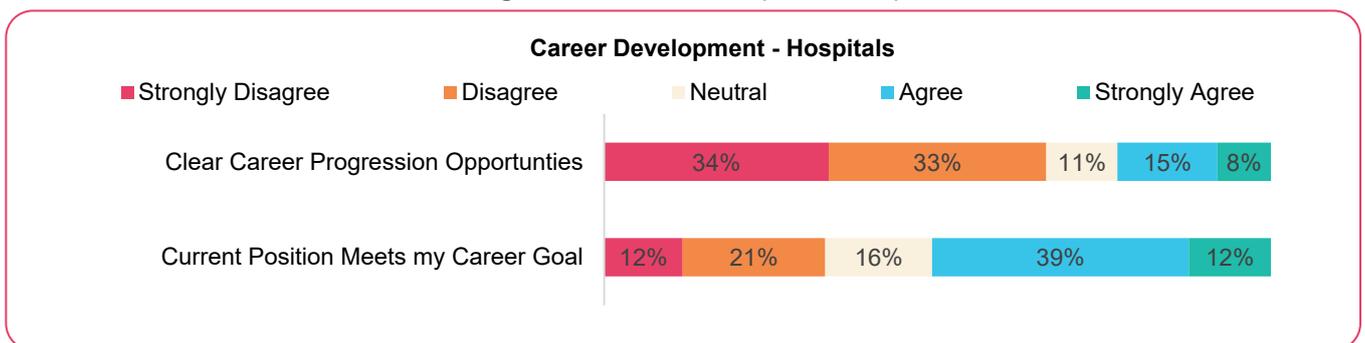
These findings indicate that guidance that clearly sets out the distinct responsibilities associated with each governance role would benefit the workforce. In addition, dedicated training programmes would help pharmacists feel adequately prepared and equipped to take on leadership and governance roles.

**Diagram 19: Career Development - Community**



Source: PSI Survey

**Diagram 20: Career Development - Hospitals**



Source: PSI Survey

# Recommendations

## 5. Career Sustainability and Progression

### Career Development Opportunities (Cont'd)

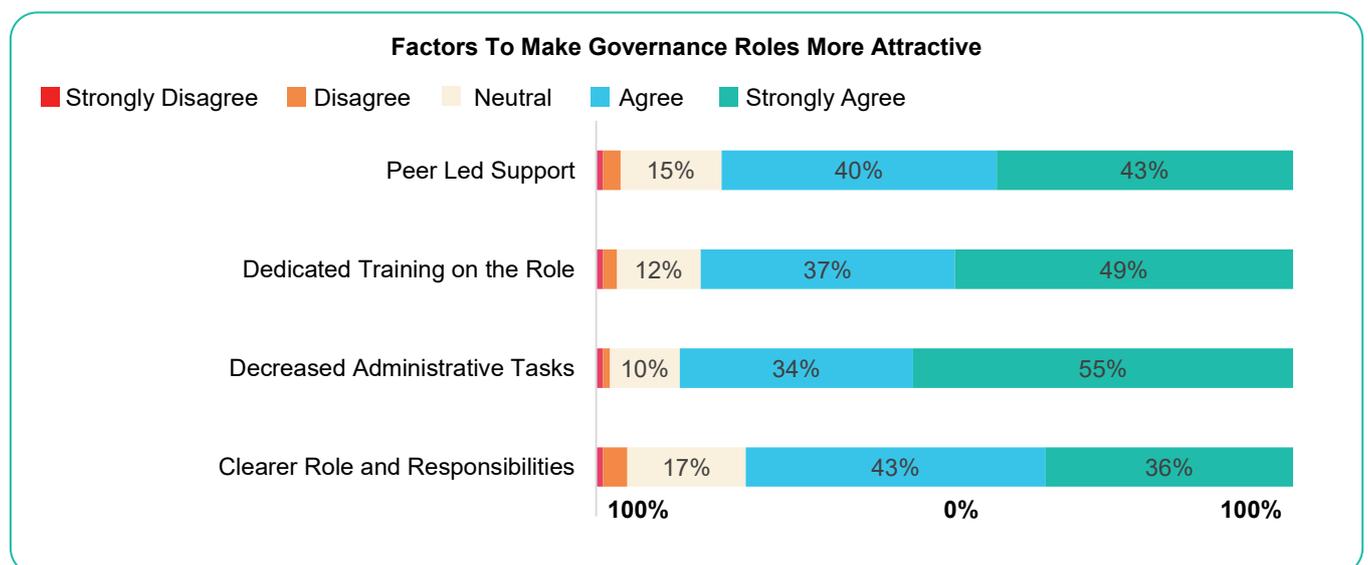
The survey showed strong agreement that peer led support, dedicated training on the role, decreased administrative tasks and clearer role responsibilities would make a governance role more attractive (Diagram 21). The administrative burden that pharmacists face is a recurring challenge in various aspects of a pharmacist's role and responsibilities. Furthermore, the impact of taking on a governance role, in particular, supervising pharmacist roles, on flexible work arrangements and work-life balance, was called out as a concern at the Focus Groups. There is a requirement within the Community Pharmacy Contractor Agreement between the HSE PCRS and pharmacies for the nominated supervising pharmacists to work a minimum of 35 hours per week. This in particular, was mentioned as a barrier to people who may wish to act as a supervising pharmacist, but are unable to or do not wish to commit to this number of hours.

The Workforce Survey clearly shows that decreasing administrative tasks would make governance roles more attractive. As mentioned within this report, survey analysis noted that the second highest ranked task in a pharmacist's workload was administrative and reimbursement duties related to the HSE Primary Care Reimbursement Service (PCRS).

The burden of responsibility felt by supervising pharmacists in meeting the requirements under the contract in place with the HSE PCRS also emerged strongly as a barrier to taking on this role.

Participants in governance roles at the Focus Groups voiced frustrations with the amount of time they have to spend on PCRS administrative tasks. It was proposed that there are significant opportunities for streamlining these processes and reducing the associated administrative burden, while still ensuring appropriate levels of oversight, accountability and transparency on claims submitted.

Diagram 21: Factors to Make Governance Roles More Attractive



# Recommendations

## 5. Career Sustainability and Progression

### Opportunities for Pharmacist Specialisation

The potential roles, responsibilities and application for the pharmacy profession in modern health services is expansive, especially considering the costs of medicines, the emergence of precision medicine and specialist medications, and the growing expectations and demands from the health system and the public. Undoubtedly, there is significant potential for the utilisation of pharmacy skills and competencies to provide more optimal and targeted patient care.<sup>13,53,54</sup> Internationally, pharmacy practice has extended significantly in recent years through the addition of roles, such as pharmacist prescribers, pharmacists with a special interest, consultant pharmacists in hospitals, pharmacist vaccinators, and GP-based pharmacists.<sup>13,51,53,54</sup>

For example, though regulations and practices differ across Canada, in some provinces pharmacists can attain higher levels of certifications to become advanced practitioners in areas such as Diabetes, Cardiovascular Disease, Travel Medicines etc. This ability to add a speciality focus has been reported to enhance career satisfaction and ensure the viability of pharmacy business models. It is interesting to note that most Canadian hospital pharmacists hold doctorates in Pharmacy (PharmD) and assume specialist clinical roles. Post qualification roles and pharmacy residency positions are facilitated in many Canadian hospitals. These positions aim to foster clinical pharmacy skills and offer an avenue to pursue advanced practice.<sup>51</sup>

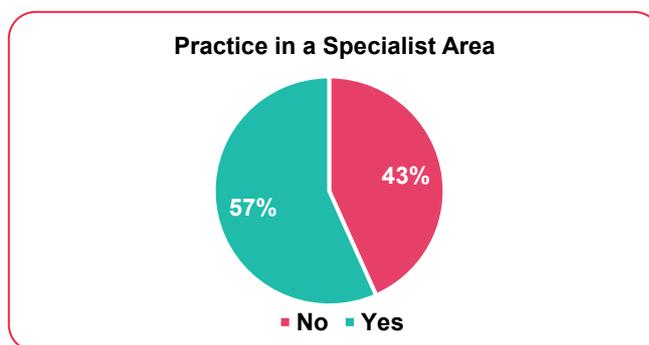
### Advancements in Practice and Pharmacist Specialisation in Ireland

In Ireland, there have been some advances in pharmacy practice in the last decade, such as vaccination services and emergency contraception services. Looking at pharmacy practice from an international perspective, there is considerable scope to further advance practice in the community and hospital setting in the Irish healthcare system.

Currently in Ireland, there is no real-time data on pharmacy practice in specialist areas. Collecting data at a national level in relation to specialist areas that pharmacists are working in would be advantageous to understand expertise within the current workforce, identify trends and allow a gap analysis to be completed.

The Workforce Survey asked respondents whose primary practice area was in the hospital setting about role specialisation. The results showed that 57% of hospital pharmacist respondents practise in a specialist area (Diagram 22). Further investigation of free text responses revealed that the main specialist roles undertaken include: Haematology, Oncology, Paediatrics; and Antimicrobial Stewardship.

**Diagram 22:** Hospital Pharmacists practising in a Specialist Area



**Source:** PSI Survey

Based on the data captured by the Medical Council of Ireland annual retention application form, the Medical Council are able to analyse and report on a broad range of topic areas, including specialisation. This data is crucial for developing and informing medical workforce planning policy and actions.<sup>18</sup> Collecting similar data for pharmacist specialisation would be informative for workforce planning.

### Career Structure for Hospital Pharmacists

In the Focus Groups, hospital pharmacist participants cited that the current career structure for pharmacists is not always an accurate reflection of the pharmacist's skills in that role. They expressed the opinion that there is a lack of understanding or acknowledgement among hospital management and the Human Resources departments in relation to pharmacists who practice at an advanced level or utilise specialist skills within their role, as there is no system for formal recognition of their specialist skills or advanced clinical training.

The national HSE staff categorisations, grades, and pay scales for hospital pharmacists were noted as a long-standing issue amongst the focus group participants. Following on from the Public Services unions 'Building Momentum' review, in late 2022 the HSE and the Department of Health reached agreement with Fórsa and the Hospital Pharmacists Association of Ireland (HPAI) to introduce a revised pay-scale for pharmacists as well as a new grade of Pharmacist Executive Manager. The HSE and Department of Health have issued circulars confirming the implementation of the recommendations contained in the 2017 Mc Loughlin Report and subsequent negotiations. This should make improvements to the basic grade salary scale and introduce new pharmacist management levels.<sup>55</sup>

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# Recommendations

## 5. Career Sustainability and Progression

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### Public System Pharmacist Career Structure (Cont'd)

Although this is a positive step forwards, focus group participants felt that more work needs to be done in order to develop a clear framework for career progression within the public system. This includes clearly defined roles and responsibilities between grades and sub-grades of pharmacist specialisation.

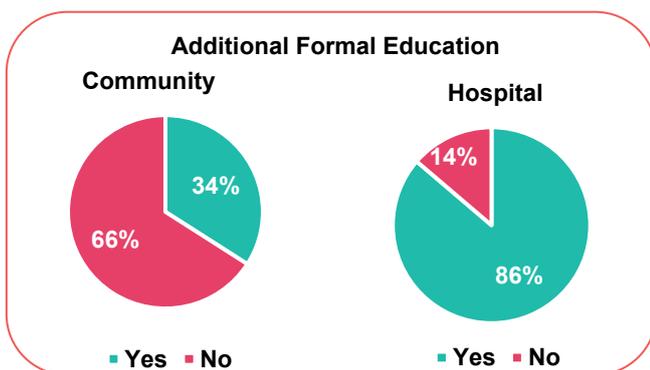
### Additional Higher Education

The Workforce Survey showed that a significant number of pharmacists in both community (34%) and hospital (86%) settings have completed additional formal higher education. Results are shown in Diagram 23 below. This is more common amongst hospital pharmacists which is to be expected considering the variety of specialist clinical roles in hospitals. Focusing on hospital pharmacists who practice in a specialist area, 92% have completed additional formal education. On further analysis, it was identified that the majority of hospital pharmacists completed a clinical diploma or a Master of Science (MSc) in hospital pharmacy. This suggests that many of those who are working within a specialist role may have completed additional education.

### Recognition of Pharmacy Specialist Skills

As medicines become more specialised, it is important to appreciate the increasing demand for pharmacist specialisation and to formally recognise specialist expertise.<sup>51,54,56</sup> To fully utilise the skillset of pharmacists within the healthcare system, a clear framework for pharmacists to develop specialised clinical skills is required. Utilising the skills of pharmacists would advance the pharmacy workforce, create more career progression opportunities and ultimately deliver improved patient care.

**Diagram 23:** Additional Formal Education



Source: PSI Survey

# Recommendations

## 6. Working Conditions: Summary of Actions

Recommendation 6: Working conditions for those in patient-facing roles must ensure that pharmacists are enabled to deliver safe, consistent, high quality services.			
Recommended Actions	Timeframe	Owner	Involved
6.1 Establish a dedicated forum for pharmacist employers and employees with a time-bound scope and terms of reference, with a view to proposing and communicating best practice in relation to working conditions that must be addressed to ensure a sustainable community pharmacist workforce into the future. The focus of the forum will be on, among other matters, rest periods/lunch breaks, employee benefits, administrative burden, and appropriate delegation of non-pharmacist specific tasks.	Short	IPU	PSI, Locum pharmacist employers
6.1.1 Publish guidance on expectations of pharmacy owners, superintendent pharmacists and supervising pharmacists in ensuring safe staffing levels, adequate staffing mix and appropriate rest periods in community pharmacy.	Short	PSI	
6.2 Expand and promote the range of workplace health and wellbeing resources and professional supports available to pharmacists experiencing burn out and stress.	Medium	IOP	PSI, DoH
Patient Benefit			
<ul style="list-style-type: none"> <li>• Patients have more time with their pharmacist;</li> <li>• Patients receive safe, high-quality care in a timely manner from pharmacists operating within a safe environment;</li> <li>• Improved patient safety and outcomes as pharmacists have more time to focus on clinical work; and</li> <li>• Improved patient experience and perception of the pharmacy profession.</li> </ul>			
Healthcare System Benefit			
<ul style="list-style-type: none"> <li>• Improved working conditions and working culture for pharmacists;</li> <li>• Improved morale and mental wellbeing for pharmacists;</li> <li>• Improved recruitment and retention within the pharmacy profession; and</li> <li>• Reduced administration burden enabling pharmacist to spend more time on clinical duties.</li> </ul>			
Risk to the Future Sustainability of the Workforce			
<ul style="list-style-type: none"> <li>• The attrition from patient-facing roles will continue, putting increased pressure on the sector and making it a less attractive career choice.</li> </ul>			

# Recommendations

## 6. Working Conditions

**Recommendation 6: Working conditions for those in patient-facing roles must ensure that pharmacists are enabled to deliver safe, consistent, high quality services.**

### Introduction

Working conditions emerged consistently throughout the research as a cause for concern, and a significant contributor to attrition from patient-facing roles. Working conditions for pharmacists can vary significantly. In an effort to minimise variances, the community and hospital work environments have been examined separately, where necessary.

### An International Perspective

Internationally, pharmacy working conditions are known to be very challenging. This can result in a significant amount of stress and can ultimately lead to burn-out. The most common issues associated with the working conditions for pharmacists are listed below:<sup>57-62</sup>

- Long hours and overburdening;
- Tedious and repetitive tasks, notably dispensing;
- Too much administration;
- Too few work benefits, e.g., lack of paid parental leave, pensions etc.;
- Infrequent lunch breaks;
- Insufficient staffing which exacerbates many of the previous issues; and
- Dealing with challenging patients.

In the PSI Corporate Strategy 2021–2024, several threats to the profession, including satisfaction levels in the pharmacy workforce, were noted.<sup>62</sup> The underlying reasons for this sentiment are not immediately clear as there is lack of peer-reviewed publications on the matter. As part of this report, the Workforce Survey asked specific questions related to this topic to firmly establish an understanding of these issues. Additionally, feedback from the Focus Groups offered further insight and clarity.

### Job Stress for Pharmacists Working in Ireland

Results from the Workforce Survey indicate that pharmacists working in both community and hospital settings experience high levels of stress. When asked if stress is a regular part of their role, 93% of community pharmacists agreed with the statement compared to 75% of hospital pharmacists. Furthermore, the level of burn-out is concerning as 73% of community pharmacists and 57% of hospital pharmacists indicated that they had experienced burn-out. The heightened stress experienced by community pharmacists is also evident in that 47% disagreed that they receive sufficient levels of professional support compared to those working in a hospital environment (33%).

These findings support the need for an expansion of the range of resources and professional supports available to pharmacists experiencing burn-out and stress. The root cause of this stress and the eventual burn-out is multifactorial. The most prominent reasons cited in the Focus Groups are outlined in Table 4.

Some of these issues will be discussed in more detail later in this section.

**Table 4:** Sources of Stress for Pharmacists

Job Stress	
Community Pharmacists	Hospital Pharmacists
<ul style="list-style-type: none"><li>• Working in isolation.</li><li>• Fear of complaints.</li><li>• Not being able to leave the premises due to the legislative requirement in place which necessitates that a registered pharmacist is present at all times to personally supervise the sale and supply of medicines.</li></ul>	<ul style="list-style-type: none"><li>• ‘Second victim’ stress if a pharmacy error negatively impacted a patient’s health.</li><li>• Cramped work space that is not fit-for-purpose.</li><li>• Ad hoc and self-led specialisation.</li></ul>

**Source:** Focus Groups

# Recommendations

## 6. Working Conditions

### Working Conditions for Pharmacists

Both community and hospital pharmacists strongly agree that they enjoy working with the public and enjoy caring for patients (79% for community and 84% for hospital pharmacists). However, the amount of time pharmacists have to interact with patients and to perform clinical duties varies significantly.

In general, pharmacists strongly believe that most non-clinical and technical tasks should or could be delegated to other pharmacy support staff such as pharmacy technicians.

The Workforce Survey identified that community pharmacists spend approximately 57% of their time completing technical or administrative tasks. Dispensing of prescriptions was the task that takes up the greatest proportion of pharmacists' time. This task was called out both in the survey and the focus groups as being particularly tedious. Furthermore, it was deemed to be a poor use of their time and skillset.

In fact, 68% of all pharmacists agreed that this task could be delegated (see Diagram 24). Finally, pharmacists in the focus groups noted that they often felt isolated. This concurs with the survey findings which indicated that 47% of community pharmacists never or rarely work alongside other pharmacists.

Unsurprisingly, hospital pharmacists have a far more clinical role than their counterparts working in the community setting and are more likely to work alongside other pharmacists. The Workforce Survey identified that hospital-based pharmacists spend approximately 87% of their time on clinical duties. Hospital pharmacists do not have the same reimbursement and retail responsibilities as community pharmacists, thereby allowing them to focus predominantly on clinical tasks.

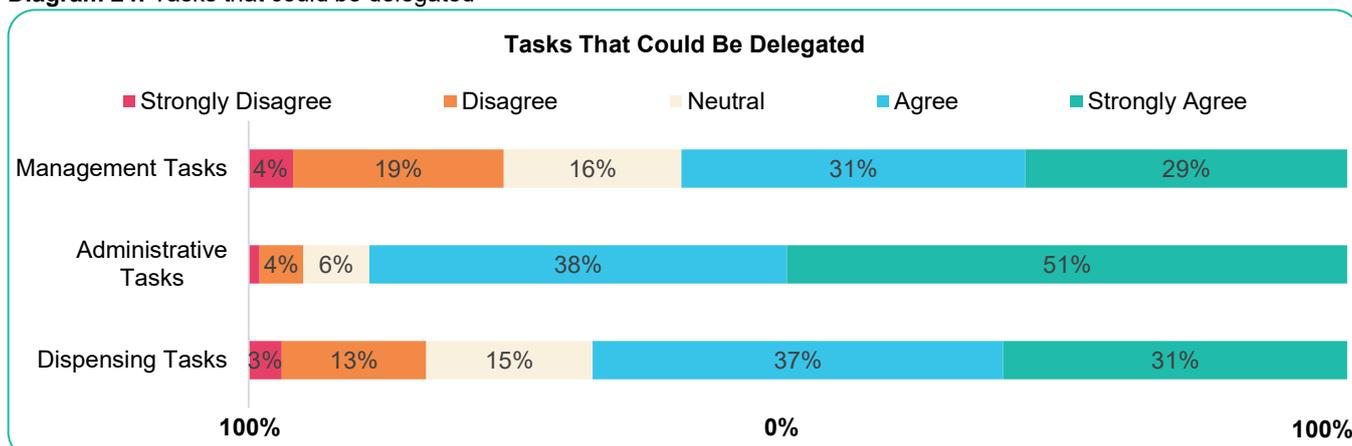
### Protected Rest Periods

Taking appropriate breaks is an important factor for maintaining a safe environment for patients and to help protect the health and wellbeing of workers. Tired or distracted pharmacists have a far higher chance of making errors which can result in serious consequences. 54% of pharmacists working in the community reportedly never have, or rarely have, protected lunch breaks. One of the primary reasons for this is the need to always have a pharmacist on site in order for the pharmacy to remain open. This operating model of one pharmacist on duty per pharmacy, which is commonplace within the sector, impacts the ability of pharmacists to take annual leave, or be absent at short notice due to illness or other reasons. Having more than one pharmacist on duty would help address many of these issues, and facilitate protected lunch breaks, without impacting the availability of a pharmacy services to the public. It would also enable safe expansion of services provided by a pharmacy. Alternatively, closing the pharmacy for a period of time each day, as was done by many pharmacies during the COVID-19 pandemic, would allow for protected rest periods without requiring additional pharmacist resources.

This is far less of an issue for hospital pharmacists as only 8% indicated that they never, or rarely, have a break. However, any incidence of this carries a significant patient safety risk.

To help alleviate this issue for community pharmacies, the PSI is currently developing guidance to support the pharmacy sector to delineate the pharmacy service from the retail business where they wish to do so. This separation would permit pharmacists to take a break while allowing the retail part of the premises to stay open.

Diagram 24: Tasks that could be delegated



Source: PSI Workforce Survey

# Recommendations

## 6. Working Conditions

### Flexible Working Arrangements

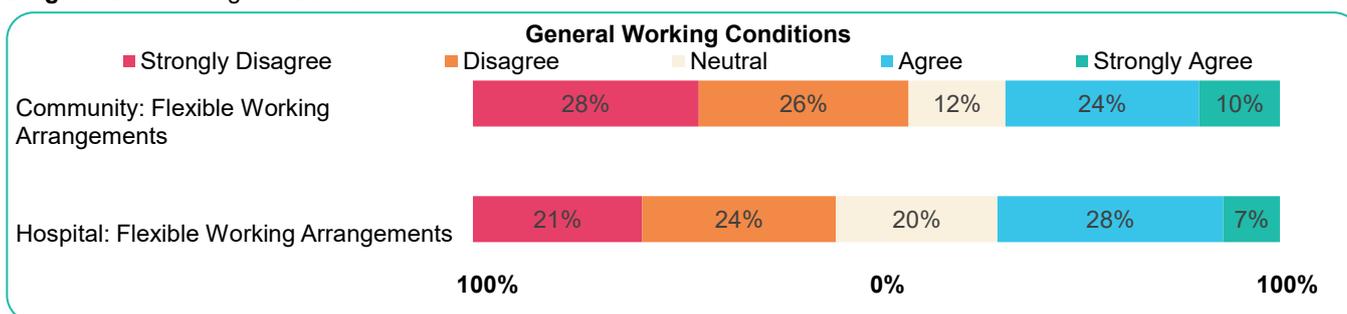
According to the PSI register, approximately 12% of pharmacists do not practise in either the community or hospital setting. Two reasons were cited to be major push factors by participants in the Focus Groups and Survey:

- 1) Lack of flexible working conditions; and
- 2) Employment terms and conditions.

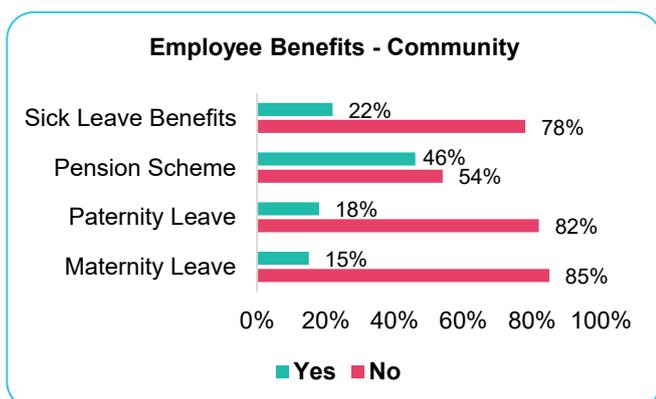
The onset of COVID-19 accelerated the expectation from professionals to work from home in order to have increased flexibility in their daily lives. By nature, healthcare services, including pharmacy, usually require services to be delivered in-person, and therefore flexible working conditions such as working from home, are not feasible (Diagram 25). In fact, just one in three patient-facing pharmacists have the option of flexible working conditions. However, flexibility can be achieved in other ways, predominantly through the option of working as a locum pharmacist, where days and hours worked are chosen at the discretion of the pharmacist as opposed to the employer/pharmacy owner.

It was reported at the Focus Groups that increasing numbers of pharmacists are choosing to work in a locum capacity, which is contributing to workforce challenges in the sector.

**Diagram 25:** Working Conditions



**Diagram 26:** Employee Benefits - Community

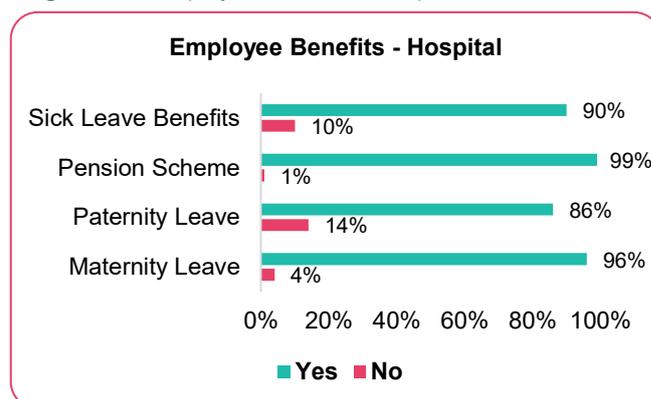


Over a quarter of survey respondents (27%) undertake locum work, with one in ten (9%) working as a locum pharmacist as their primary role. These figures should be tracked over time via future workforce surveys to understand the proportion of pharmacists who are choosing to work as locums, and their reasons for doing so.

### Employee Benefits

Interestingly, the Workforce Survey indicated that there is a marked difference between the employment benefits received by pharmacists practising in a community setting compared to those practising in a hospital setting. Based on the survey findings, pharmacists working in a hospital setting received better pension schemes, maternity leave, paternity leave and sick leave benefits compared with their community counterparts (see Diagrams 26 and 27). In general the salaries available in community pharmacy are higher than those in hospital pharmacy. However, it is important to note that across both settings, only a third of respondents consider that remuneration of their role is sufficient (37% of hospital respondents and 36% of community respondents). Feedback at the Focus Groups indicated that remuneration alone is no longer sufficient to compensate for fewer employee benefits, reduced flexibility and stressful working conditions.

**Diagram 27:** Employee Benefits - Hospital





# Conclusion and Next Steps

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# Conclusion and Next Steps

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## Conclusion

Driven by changes in the volume and demographic of the Irish population, workforce requirements for healthcare professionals are projected to increase significantly. It is evident that the pharmacy workforce in Ireland requires support, resources and increased capacity to adequately meet service demands now and in the future.

The Literature Review highlighted that pharmacists in Ireland have been largely excluded from workforce planning initiatives to date. It recommends that the 'Health and Social Care Workforce Planning Strategy, Action Plan and Planning Projection Model', currently in development by the Department of Health and supported by The European Commission and Indecon Consulting, should be closely monitored and considered when developing a workforce strategy for Irish pharmacists. Notably, the Literature Review outlines that robust pharmacy workforce data is a key requirement for informing workforce planning decision-making in an evolving healthcare landscape.

The Workforce Survey and Focus Groups identified significant challenges in relation to the sustainability of community and hospital pharmacy as a career. 51% of Workforce Survey respondents indicated a likelihood of leaving their current role in the foreseeable future. Over a quarter (27%) of respondents indicated a likelihood of leaving the profession. There are many potential reasons for this. 47% of respondents reported that they had insufficient professional support in their role. Almost all of the community pharmacist group (93%) reported job stress as a common feature of their role and 57% of respondents noted that they had experienced burn-out in their role. Further, 57% of community respondents and 78% of hospital respondents did not believe that they were sufficiently staffed. These sentiments were evident in Focus Group sessions, in particular the theme of stress, which was a common thread throughout the Focus Group sessions.

The Focus Group sessions also highlighted a perceived lack of a clear career structure and leadership opportunities for pharmacists, which was a common point of view amongst participants. This opinion was held by pharmacists across all positions, and in both community and hospital settings. Hospital respondents in the Workforce Survey outlined the requirement for specialist roles to be recognised and the potential opportunity for pharmacists to play an expanded medicines specialist role within the health system.

The integration of supporting evidence collated throughout this project, including guidance from the PSI Council, the Working Group and key stakeholders, has verified that this Workforce Intelligence Report is a necessary piece of work to ensure the future sustainability of the pharmacy workforce in Ireland.

## Next Steps

It is important to remember that workforce planning is a continual and dynamic process that should be flexible enough to adapt to change. The successful implementation of a national strategic workforce plan which includes pharmacy will require considerable stakeholder involvement and buy-in at all levels from across the Irish healthcare system to be effective. Robust processes and procedures for data collation and effective communication methods should be implemented from the outset. The established Working Group will transition to being an implementation and oversight group that will assess progress on implementation of the recommendations and actions within this report, and provide input into nationally-led strategic workforce planning initiatives.

The PSI has carried out this work in the public interest, and on behalf of the health system to ensure the future availability of a sustainable pharmacy workforce. The level of collaboration and involvement from multiple stakeholders in this project has been commendable, and progressing the project's outputs can only be achieved with their continued commitment. The six recommendations outlined in this report have been based on international best practice and pharmacist sentiment, and have focused on the likely impact, both of action and inaction, on population health, patient benefit, availability of pharmacy services, and the future needs of the health system. These recommendations, in addition to clear organisational and strategic goals, should inform and guide the workforce planning process for pharmacists in Ireland.

A young woman with dark hair, wearing a denim jacket over a striped shirt, is smiling and looking upwards. She is holding a white marker in her right hand. The background is a glass wall covered with several colorful sticky notes in shades of orange, pink, blue, and yellow. The scene is brightly lit, suggesting an office or meeting room environment.

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# Appendices

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# Appendix 1

## Glossary of Terms

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APPEL	Affiliation for Pharmacy Practice Experiential Learning
CAO	The Central Applications Office
CPD	Continuing Professional Development
CPhA	Canadian Pharmacist Association
CPO	Chief Pharmaceutical Officer
DoH	Department of Health
ESRI	The Economic and Social Research Institute
EU	European Union
EEA	European Economic Area
HCP	Health Care Professionals
HSE	Health Service Executive
HPAI	Hospital Pharmacists Association of Ireland
HWDB	Health Workforce Database
ICT	Information And Communication Technologies
IOP	Irish Institute of Pharmacy
IPU	Irish Pharmacy Union
MPharm	The Five-Year Integrated Pharmacy Programme
MSc	Master of Science
NHS	National Health Service
OECD	The Organization for Economic Co-operation and Development
PCRS	Primary Care Reimbursement Service
PIER	Pharmacists in Industry, Education and Regulatory
PLB	Professional Leadership Body
PSI	Pharmaceutical Society of Ireland
RPS	Royal Pharmaceutical Society
SPG	Specialist Professional Groups
TCQR	Third Country Qualification Recognition
TSI	The European Commission Technical Support Instrument
UCAS	The UK Universities and Colleges Admissions Service
UK	United Kingdom
WHO	World Health Organisation



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mEq (calc.) pH 7.8 (7.0 to 8.5). Single-dose  
use. Contains no bacteriostat. Discard  
after 12 hours. Do not re-sterilize. For  
intravenous use. Usual dose: See insert. Sterile,  
pyrogen-free. Use only if clear and seal is intact  
and undamaged. Do not use the injection if it  
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