

# Pharmacy Workforce Survey Analysis Report

September 2023



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# Contents

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Introduction.....3

Survey Methodology and Design.....5

Survey Findings.....7

Discussion.....59

Bibliography.....66

Appendices.....68

# Introduction



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# Introduction

## Emerging Risks to Future Pharmacy Workforce

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### Introduction

The Pharmaceutical Society of Ireland (PSI) project, Emerging Risks to Future Pharmacy Workforce, aims to identify risks to the continued availability of the patient-facing pharmacist workforce in Ireland.

It is comprised of three independent, data-gathering elements:

- 1) A Literature Review;
- 2) A Pharmacy Workforce Survey; and
- 3) Focus Groups.

Each element contributes to a comprehensive Workforce Intelligence Report.

This report is concerned solely with the Pharmacy Workforce Survey and is primarily focused on establishing a baseline view of the patient-facing pharmacist workforce in Ireland.

A patient-facing pharmacist is one that provides care directly to a patient and/or any pharmacist whose work has an impact on patient care, irrespective of setting or the number of hours of practice per week, month or year.\* This includes pharmacists who work on a full-time, occasional or casual basis in a community or hospital setting.

### Pharmacy Workforce Survey

In order to be eligible to practice pharmacy in Ireland, all pharmacists must register with the PSI on an annual basis. All pharmacists registered with the PSI, and fifth year pharmacy students, were invited to take part in a carefully designed workforce survey.

This survey was circulated from the 23<sup>rd</sup> of November to the 18<sup>th</sup> of December 2022 and 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.

The PSI register data was the primary data reference point. This allowed for the validation of findings from the survey and ensured that the data was representative of the pharmacist workforce as a whole.

It should be noted that not all of the data fields on the PSI register are mandatory and, as a result, information gaps exist. Data was extrapolated from completed sections to fill in these data gaps.

### Survey Objectives

The survey objectives include:

- 1) Seek to understand where and how pharmacists are working (types of roles, hours per week);
- 2) Establish the proportion of the register of pharmacists working in a locum capacity;
- 3) Measure satisfaction with current career and report on this by role type;
- 4) Measure satisfaction and opinion on role of pharmacists and profession of pharmacy;
- 5) Assess intention to stay in current or similar role or to change roles in the next 12-24 months, as well as intended area of practice (or in the case of pharmacy students, their intended area of practice post-registration);
- 6) Gather opinion on governance roles (i.e. pharmacy owners, superintendent pharmacists and supervising pharmacists), including any barriers to taking up these roles;
- 7) Analyse and report on any significant differences based on gender, age and location; and
- 8) Estimate the total available hours of patient-facing pharmacists (broken down by community and hospital pharmacy).

\*PSI definition of a patient-facing pharmacist.

# Survey Methodology and Design



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# Survey Methodology and Design

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## Introduction

The design and execution of the Pharmacy Workforce Survey was completed in three distinct phases:

- 1) Survey Strategy;
- 2) Survey Design; and
- 3) Data Analysis.

### Phase 1: Survey Strategy

The main considerations involved in this phase were:

- Selecting which survey platform to use; and
- Developing an effective survey communication plan.

EU Survey, a free online tool developed by the European Commission, was identified as the optimal survey-management system.

The PSI distributed the survey to all pharmacists on its register at the time (7,062). Three emails, with two reminders a week apart, were sent to all registered pharmacists while the survey was open. The survey was closed on December 19<sup>th</sup> 2022.

An email with a link to the same survey was also sent to all the fifth year pharmacy students (n=187) through APPEL (Affiliation for Pharmacy Practice Experiential Learning).

### Phase 2: Survey Design

This phase was concerned with the design of the survey. As it is intended that an adapted version of the survey will be repeated in the future, to ensure future iterations of the survey would be easy to develop, particular attention was given to three specific aspects of its design:

- 1) Structural Design
  - The survey was designed to be modular, i.e., questions were clustered into logical themes; and
  - Extensive testing and piloting of the survey was completed in advance to ensure it was fit for purpose.
- 2) Content Design
  - Key themes and challenges for the pharmacy profession were identified after an analysis of the literature and other health professional workforce surveys that were carried out elsewhere. A review of outputs from early engagement meetings with external stakeholders and discussions with the PSI project team were also considered.

- 3) Interface Design

- The survey made extensive use of branching questions i.e., different sets of questions appeared or disappeared depending on the preceding answers. This was done to prevent respondents from being presented with redundant questions; and
- Three types of questions were used throughout the survey; Logic gate (yes/no), Likert Scale (for more nuanced sentiment analysis) and Long-form (open-ended) questions.

### Phase 3: Data Analysis

The data was analysed under four different lenses to determine the key motivating and demotivating factors for the respondents:

- 1) Descriptive Analysis - Graphs and figures were generated from the raw data using Microsoft Excel®;
- 2) Cohort Identification and Analysis - Specific groups and cohorts were identified for more detailed analysis. These included: work setting, gender, age and location of work;
- 3) Inter-Relationship Cohort Analysis - Differences between cohorts were examined to determine if there was a significant variation between them for motivating and demotivating factors e.g., male versus female; and
- 4) Qualitative Analysis Snapshot - The qualitative software, NVivo, was used to identify and cluster key themes for long-form questions.



# Survey Findings



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# Overview of Survey Sections and Themes

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**Table 1:** Overview of Report Structure

Sections	Theme
1. Demographics and Work Characteristics	<ul style="list-style-type: none"><li>1. Demographics and Further Education</li><li>2. Role Identification</li><li>3. Role Details (including hours worked)</li><li>4. Locum Work</li></ul>
2. Work Attitudes and Work Conditions	<ul style="list-style-type: none"><li>1. Pharmacist Viewpoint</li><li>2. Work Conditions</li><li>3. Environment and Delegation</li><li>4. Employee Benefits</li><li>5. Governance Roles</li><li>6. Staffing/Vacancies</li></ul>
3. Career Development and Leadership, Trends and Next Steps	<ul style="list-style-type: none"><li>1. Career Progression</li><li>2. Pharmacy and Advocacy</li><li>3. Clinical Offering and Role Expansion</li></ul>
4. Student Perspective	<ul style="list-style-type: none"><li>1. Practising as a Pharmacist</li><li>2. Work Conditions</li><li>3. Attitudes Towards the Pharmacy Profession</li></ul>



# Section 1:

## Demographics and Work Characteristics



# Demographics and Work Characteristics

## Theme 1: Demographics and Further Education

### 1. Demographics and Further Education

#### Introduction

This theme focused on examining the demographic makeup of the survey respondents. This was done to:

- 1) Identify key demographic cohorts for the purposes of comparison and examination; and
- 2) Compare survey results with demographic data from the PSI register.

#### Survey Responses

- 7,062 pharmacists were registered with the PSI at the time of the survey;
- 1,240 pharmacists responded out of 7,062 on the PSI register (18% response rate) with an overall 95% confidence level of 0.025;
- 32 students responded out of a cohort of 187 (17% response rate) with an overall 95% confidence level of 0.021; and
- 1,272 complete responses to the survey were recorded.

A comparative analysis of the survey responses was conducted to ensure the data was representative of the profession e.g., gender, age, principal place of practice (see Table 2 below).

**Table 2:** Survey Respondent Data Compared with PSI Register Data

Key Indicators	PSI Register Data (November 2022)	Percentage of PSI Register (7062 pharmacists)	Survey Response Numbers	Survey Response Rate (per cohort)	Significance Indicator with a confidence interval of 95% (p = <0.05)
Community	5182	73%	794	15%	p = 0.025
Hospital	1046	15%	197	19%	p = 0.045
Qualified in Ireland	3613	51%	709	20%	p = 0.033
Qualified outside of Ireland	3449	49%	521	15%	p = 0.040
Age group: <35	2390	34%	386	16%	p = 0.043
Age group: >34	4672	66%	885	19%	p = 0.028
Gender: Male	2452	35%	439	18%	p = 0.041
Gender: Female	4610	65%	815	18%	p = 0.030
Patient-Facing	5699	81%	1051	18%	p = 0.021
Non-Patient Facing	1363	19%	134	10%	p = 0.063
Student*	187	100%	32	17%	p = 0.021

\*To note, the student data does not originate from the PSI register but is included in this table to give a complete overview of response rates.

# Demographics and Work Characteristics

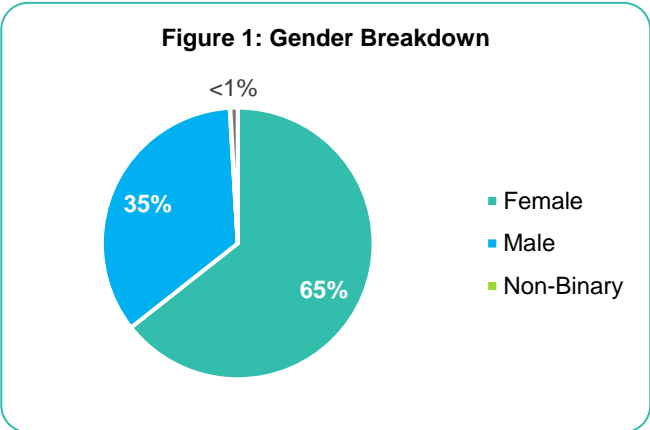
## Theme 1: Demographics and Further Education

### Demographics

#### Gender

The gender of survey respondents was examined and compared with the PSI register data. The majority of survey respondents were female (65%) and males represented the next largest cohort of respondents (35%). 0.08% of respondents were non-binary and 11 respondents chose not to indicate their gender and were therefore excluded from the gender analysis in Figure 1.

The gender breakdown of survey respondents matched that of pharmacists on the PSI register (65% female and 35% male).



#### Patient-Facing Roles

Survey results indicate that 87% of pharmacists occupied a patient-facing role, and 11% occupied a non-patient facing role (see Table 3). Further, 7% of those who indicated they work in a non-patient facing role, work in the community or hospital setting.

**Table 3:** Are you in a patient-facing role?

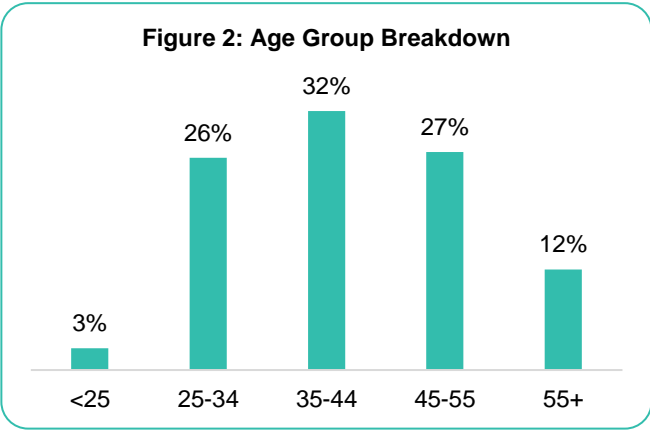
Response	Response #	Response %
Yes	1051	87%
No	135	11%
Unsure	19	2%

#### Age

Figure 2 below illustrates that 71% of survey respondents were 35 or older, and 29% were 34 years old or younger.

Similarly, according to the PSI register:

- The average age of an Irish pharmacist is 40.25 years old; and
- 66% of pharmacists are 35 or older and 34% are 34 years old or younger.



#### Location Distribution

The survey examined the distribution of pharmacists between rural, city and urban areas. The criteria outlined in Table 4 were applied to segregate the data into these locations.

**Table 4:** Location Distribution Criteria

City	Populations of 50,000 people or more
Urban	Populations of 1,500 or more
Rural	Population of less than 1,500

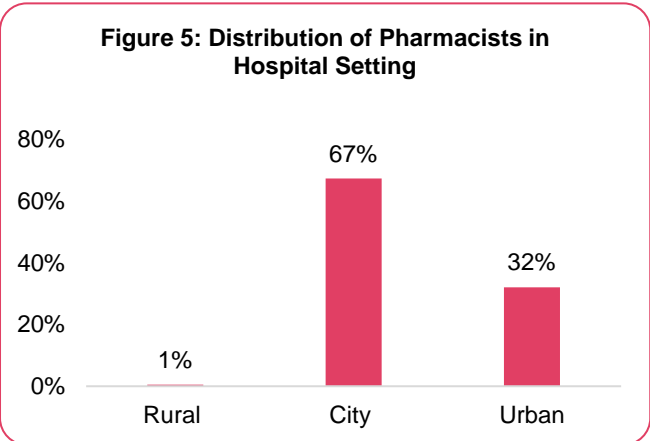
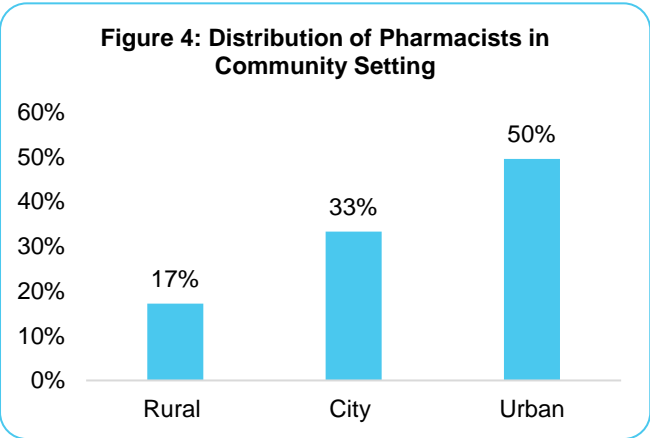
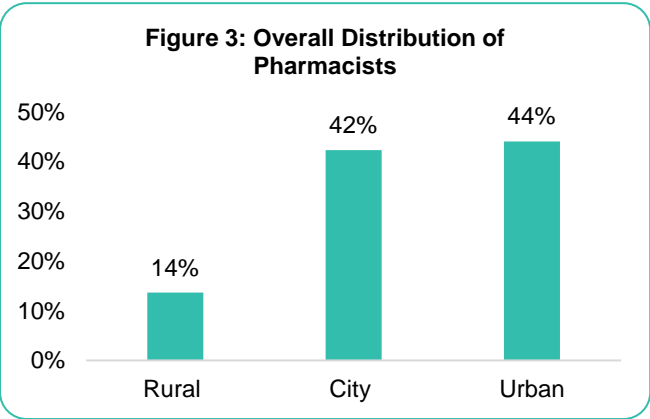
**Source:** Central Statistics Office

# Demographics and Work Characteristics

## Theme 1: Demographics and Further Education

### Location Distribution (Cont'd)

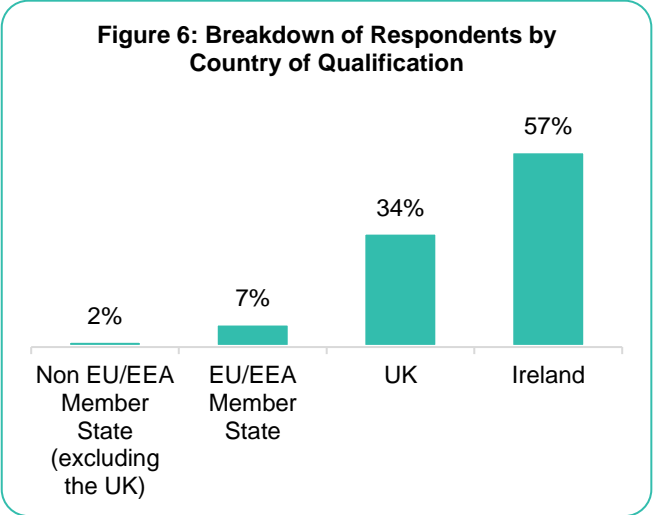
The distribution of pharmacists by location is shown in Figures 3 to 5.



As illustrated in Figure 3, pharmacists were primarily located in city and urban areas. Figure 4 and 5 highlight the significant difference between the geographical distribution of pharmacists in the community and hospital setting. 67% of pharmacists that work in a hospital setting were located in the city, reflective of where hospitals are located.

### Jurisdiction of Qualification

The breakdown of respondents by country of qualification was examined and is illustrated in Figure 6.



The majority of all survey respondents received their qualification in Ireland (57%) and a significant number (34%) obtained their qualification in the United Kingdom.

This finding is reflected in both the hospital and community cohorts, as shown in Figures 7 and 8 overleaf.

# Demographics and Work Characteristics

## Theme 1: Demographics and Further Education

Figure 7: Country of Qualification in Community



### Further Education

The survey examined if respondents have undertaken additional formal studies, either related to their area of practice, or in an unrelated field.

Half (50%) of all respondents stated that they had completed additional formal higher education. Figures 9 and 10 illustrate results for community and hospital respondents.

Significantly more pharmacists who practised in the hospital setting completed additional formal higher education when compared with their community-based colleagues (86% vs 34%).

Based on the free-text data, it was identified that the majority of hospital pharmacists completed a clinical diploma or a Master of Science (MSc) in Hospital Pharmacy.

Figure 9: Additional Formal Higher Education - Community

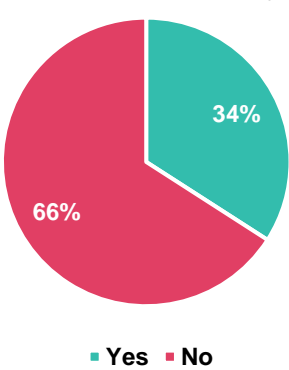
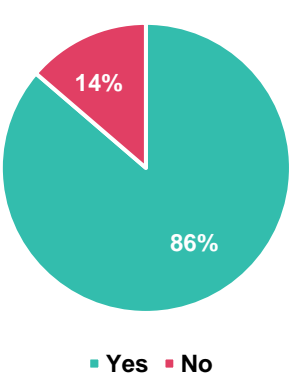


Figure 8: Country of Qualification in Hospital



Figure 10: Additional Formal Higher Education - Hospital



# Demographics and Work Characteristics

## Theme 2: Role Identification

### 2. Role Identification

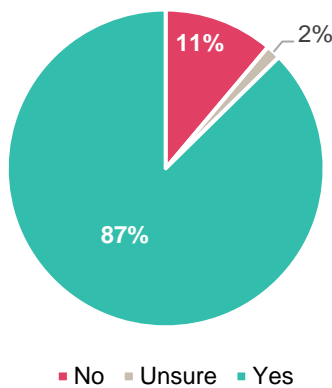
The survey examined the roles that pharmacists occupy to better understand the composition of the pharmacy workforce.

#### Patient-Facing Vs. Non-Patient Facing Pharmacists

A workforce planning initiative should take account of the entire spectrum of roles occupied by pharmacists. This body of work was primarily focused on establishing a baseline view of the patient-facing workforce.

As illustrated in Figure 11, patient-facing pharmacists represent the majority of the survey respondents (87%).

Figure 11: Patient Facing vs. Non Patient Facing Pharmacists



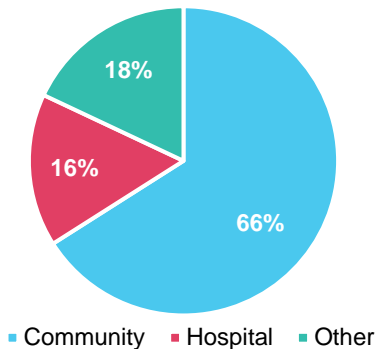
#### Primary Area of Practice

All survey participants were asked to report on their area of practice:

- 66% worked primarily in the community setting;
- 16% worked in a hospital setting; and
- 18% in other areas.

These results are illustrated in Figure 12.

Figure 12: Primary Area of Practice

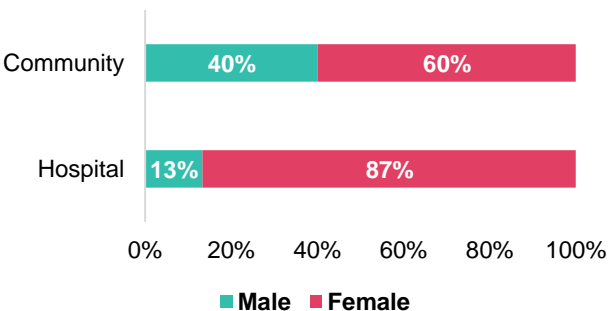


Similarly, PSI register data details that 5,182 (73%) of pharmacists primarily work in the community, 1,046 (15%) work in a hospital and 834 (12%) work in other areas.

On further examination of survey data, the majority of pharmacists who work primarily in community and hospital settings were female, with a higher proportion in the hospital setting (see Figure 13). Similarly, females occupied the majority of pharmacist roles in industry, academia and Government/regulation (62%, 56% and 76%, respectively).

Multiple role combinations can be viewed in Table 5 overleaf.

Figure 13: Community and Hospital Gender Breakdown





# Demographics and Work Characteristics

## Theme 2: Role Identification

### Practise in Multiple Settings

Analysis of respondents that work in multiple settings or multiple roles is shown in Table 5. In the survey, respondents could select more than one practice setting or role. 13% of respondents who answered this question indicated that they practise in two or more different settings. The most common combination was the community and hospital settings (28%).

### Breakdown of Pharmacy Roles

Analysis of the breakdown of pharmacy roles in both community and hospital settings is shown in Table 6. This data shows that 'Support Pharmacist' is the most common role amongst community pharmacists at 28%. This compares to the most common hospital pharmacist role being a senior pharmacist at 54%. These results also indicate that there is a number of respondents who work in more than one role, in both community and hospital settings.

A further breakdown of the most common role combinations was also examined and is illustrated in Table 6 below and overleaf.

**Table 5:** Respondents Working in Multiple Settings

Respondents Working in Multiple Settings	Total Survey Respondent %	
Total Number of Respondents Working in Multiple Settings	13%	
Most Common Combinations	Respondent #	Respondent %
Community, Hospital	43	28%
Community, Other	26	17%
Community, Academia	22	14%
Community, Pharmaceutical Industry	13	9%
Hospital, Academia	9	6%

**Table 6:** Pharmacy Role Breakdown

Community	Respondent #	Respondent* %
Owner	7	1%
Superintendent Pharmacist	76	10%
Supervising Pharmacist	172	22%
Support Pharmacist	224	28%
Locum	200	25%
Superintendent Pharmacist, Supervising Pharmacist	100	13%
Superintendent Pharmacist, Supervising Pharmacist, Owner	49	6%
Support Pharmacist, Locum	25	3%
Superintendent Pharmacist, Owner	9	1%
Supervising Pharmacist, Support Pharmacist	3	0%

\*Percentage of those who selected community as their primary area of practice.

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# Demographics and Work Characteristics

## Theme 2: Role Identification

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**Table 6:** Pharmacy Role Breakdown (cont'd)

Hospital	Respondent #	Respondent* %
Head of Pharmacy Department	9	5%
Chief 1 Pharmacist	6	3%
Chief 2 Pharmacist	34	17%
Superintendent Pharmacist	1	1%
Supervising Pharmacist	1	1%
Senior Pharmacist	106	54%
Staff Grade Pharmacist	27	14%
Locum	9	5%
Head of Pharmacy Department, Chief 1 Pharmacist	4	2%
Head of Pharmacy Department, Chief 2 Pharmacist	2	1%
Chief 2 Pharmacist, Supervising Pharmacist	2	1%

\*Percentage of those who selected hospital as their primary area of practice.

# Demographics and Work Characteristics

## Theme 2: Role Identification

### Employment Status

The survey examined the employment status occupied by each respondent. The responses are shown in Figures 14 and 15.

The majority of respondents work in either permanent full-time or part-time employment. This pattern is evident across both the hospital and community cohorts.

Figure 14: Overall Employment Situation

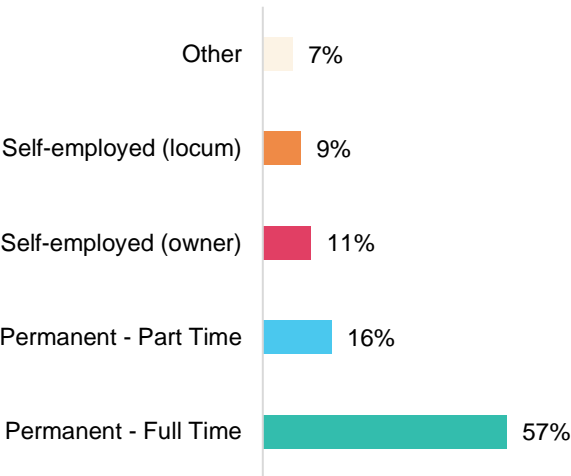
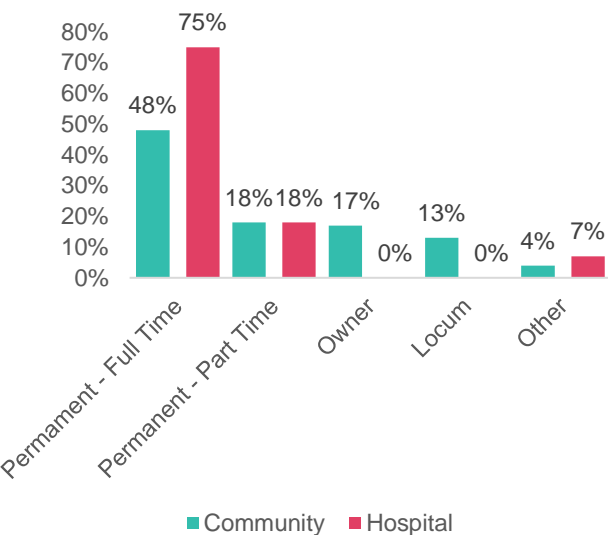


Figure 15: Employment Type (Hospital and Community)

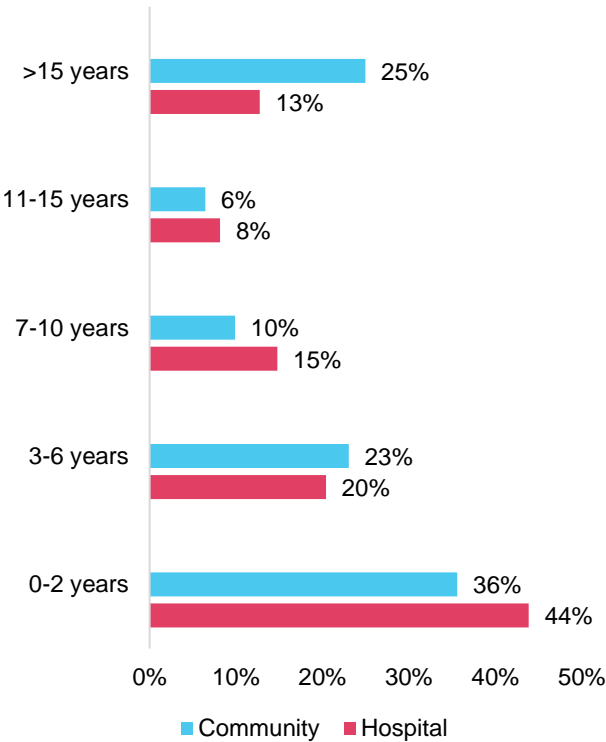


### Time in Role

The survey examined the length of time respondents were in their current primary role.

Figure 16 illustrates that a significant amount of respondents (36% in community and 44% in hospital) have been in their current role for less than 2 years.

Figure 16: Period of Time in Current Role



# Demographics and Work Characteristics

## Theme 2: Role Identification

### Hybrid Working

In the wake of the COVID-19 pandemic, remote and hybrid working options were implemented across many professions. As this is a notable development in the broader working experience, the survey examined the availability of remote or hybrid working options for pharmacists. These results are shown in Figure 17 and Table 7.

Figure 17: Availability of Hybrid Working

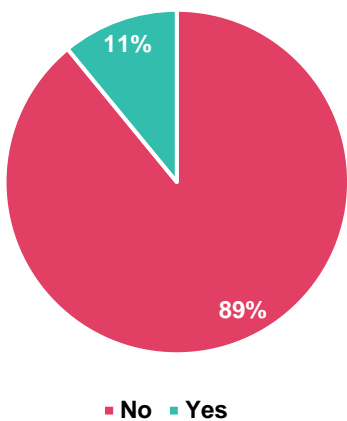


Table 7: Availability of Hybrid Work by Work Setting

Work Setting	Option for Remote Working	
	Yes	No
Community	4%	96%
Hospital	15%	85%
Other	66%	34%

### Hospital Specialisation

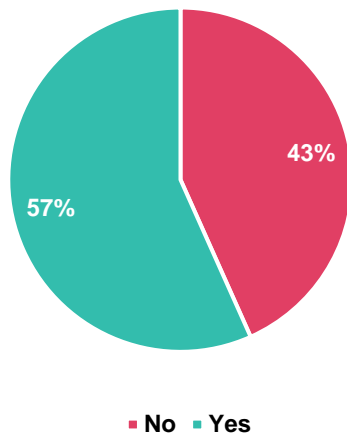
Additional questions were asked about role specialisation in a particular clinical direction (e.g. specialisation in a therapeutic area).

Figure 18 illustrates that 57% of respondents in hospital pharmacy roles practise in a specialist area. Furthermore, 92% of these hospital pharmacists who practice in a specialist area have completed additional formal education.

Qualitative analysis indicates that the main specialist roles undertaken were:

- Haematology/Oncology;
- Paediatrics; and
- Antimicrobial Stewardship.

Figure 18: Practise in a Specialist Area - Within a Hospital Setting



# Demographics and Work Characteristics

## Theme 3: Role Details

### 3. Role Details

This theme examined the:

- 1) The number of days worked per week;
- 2) Frequency of weekend work; and
- 3) Details about the work environment.

#### Days Worked in an Average Week

Figures 19 and 20 illustrate the average number of days worked per week by community and hospital pharmacists, respectively.

Within the community setting, 31% of respondents work a five day week compared to 67% of respondents who work in the hospital setting.

Of note, it is possible for community pharmacists to work the equivalent hours of one full-time week over four days, rather than spreading the hours over five days. As shown previously in Figure 15, the proportion of pharmacists who work part-time is the same for community and hospital roles.

#### Hours Worked in an Average Day

Survey participants were asked about the average number of hours they work per day. These findings are shown in Figures 21 and 22.

A nine hour day was most common among community pharmacists (48%) compared with a seven hour day among hospital pharmacists (50%). These results indicate that, on average, hospital pharmacists work fewer hours per day, but work more days per week, than their community counterparts.

A more detailed breakdown of the days and hours per role is described in Table 8 overleaf.

Figure 19: Average Number of Days Worked per Week - Community

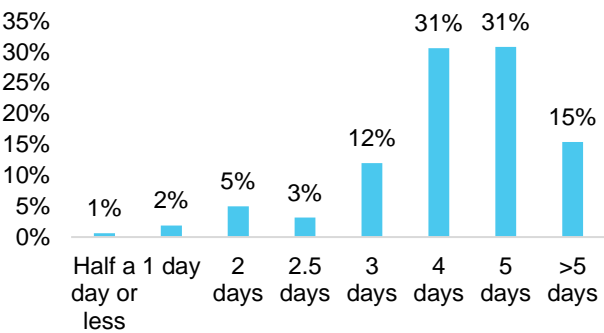


Figure 21: Average Number Of Hours Worked Per Day - Community

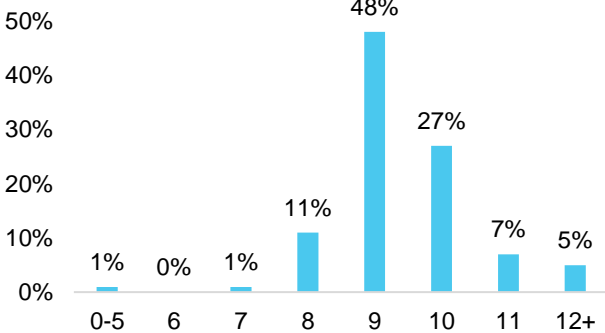


Figure 20: Average Number of Days Worked per Week - Hospital

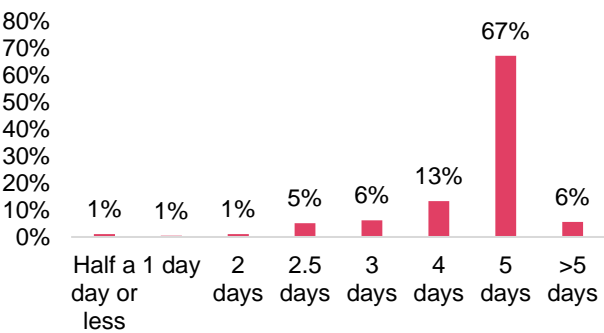
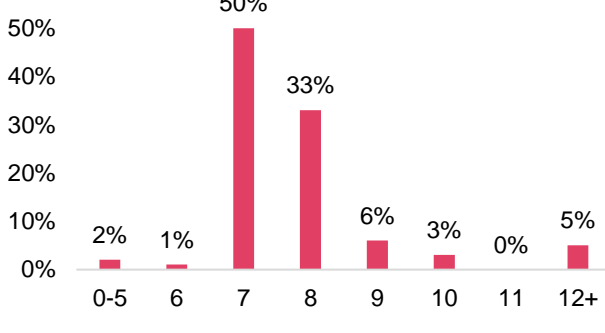


Figure 22: Average Number of Hours Worked Per Day - Hospital



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# Demographics and Work Characteristics

## Theme 3: Role Details

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**Table 8:** Number of days and hours worked by role in Community and Hospital \*

Breakdown of Days/Hours Worked by Role: Community		
Role	Average Days	Average Hours
Owners	5.1	10.1
Superintendent Pharmacist	5.1	10.1
Supervising Pharmacist	4.4	9.7
Support Pharmacist	3.8	9.5
Locum	3.8	9.0

Breakdown of Days/Hours Worked by Role: Hospital		
Role	Average Days	Average Hours
Head of Pharmacy Department	4.8	7.9
Chief 1 Pharmacist	5.0	8.0
Chief 2 Pharmacist	4.7	8.1
Senior Pharmacist	4.4	7.8
Staff Grade Pharmacist	5.0	7.5
Locum	4.1	9.1

\*For those respondents who selected multiple roles, only one role was assigned to avoid duplication of data.



# Demographics and Work Characteristics

## Theme 3: Role Details

### Weekend Work

For those respondents who indicated that they undertake weekend work, the frequency of weekend work ranged from once a month to four times a month. The results are illustrated in Figures 23 to 26 below.

Under a quarter (23%) of hospital pharmacists reported that they undertake weekend work compared with 83% of community pharmacists.

Figures 25 and 26 below indicate that 86% of community pharmacists, compared with 38% of hospital pharmacists, work weekends between 2-4 times per month.

Figure 23: Works Weekends - Community

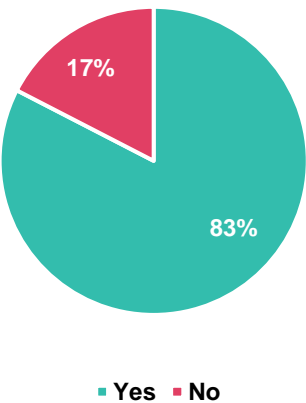


Figure 25: Frequency of Working Weekends - Community

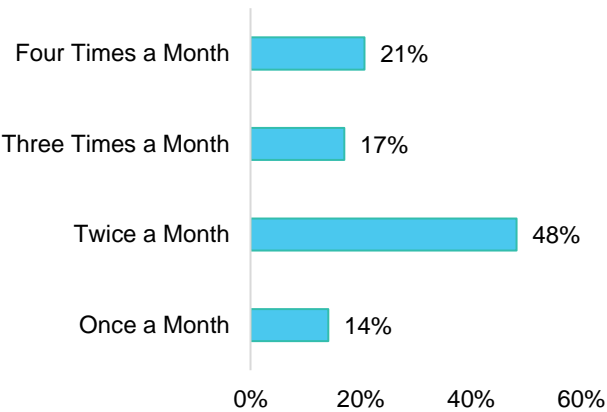


Figure 24: Works Weekends - Hospital

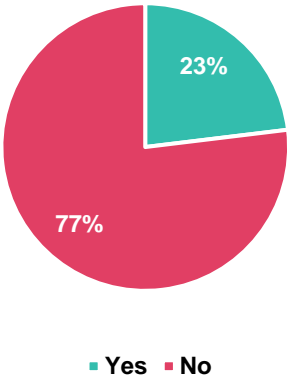
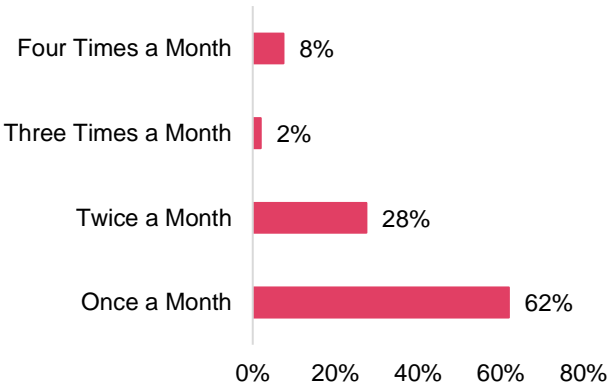


Figure 26: Frequency of Working Weekends - Hospital



# Demographics and Work Characteristics

## Theme 3: Role Details

### Work Environment

The survey examined the working environment with regards to working alongside pharmacist colleagues, the presence of a pharmacy technician and the ability to take protected lunch breaks. Both the community and hospital cohorts were examined and the results are illustrated in Figures 27 and 28.

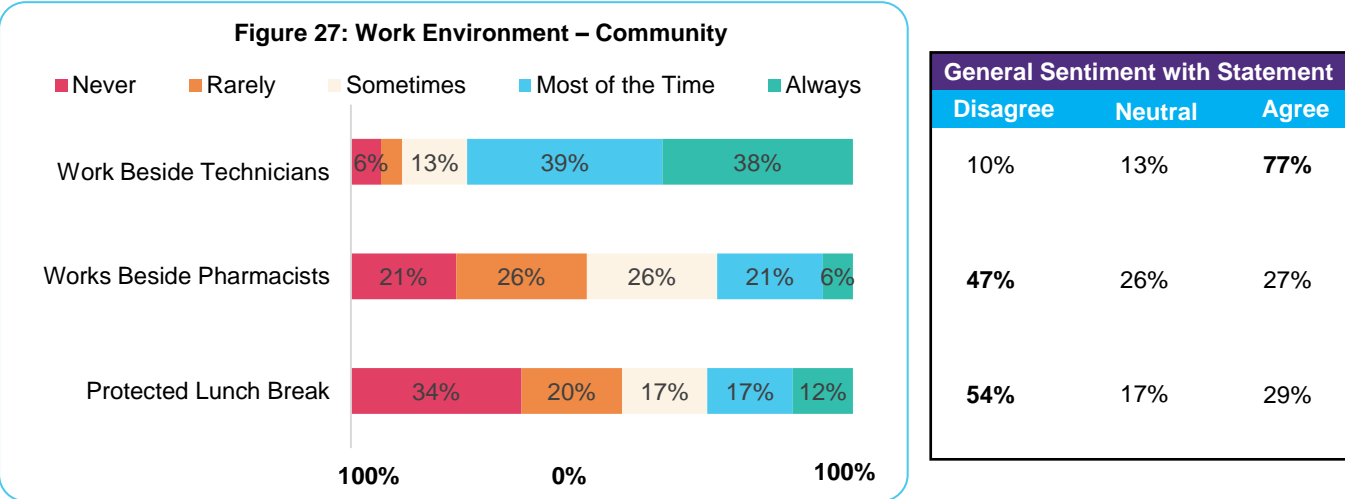
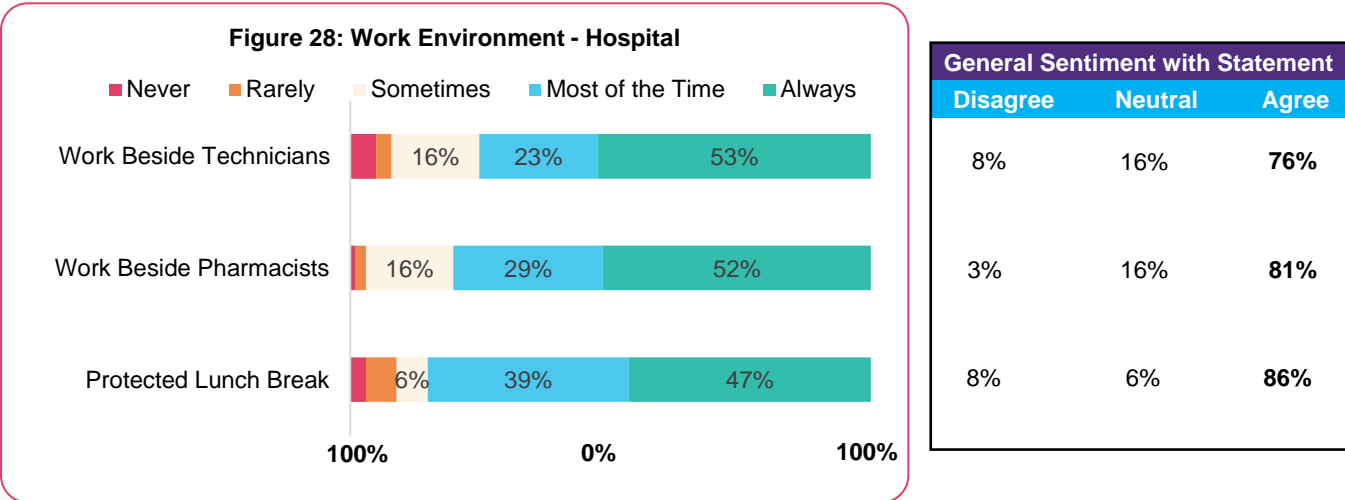


Figure 27 above illustrates that the majority of community pharmacists (54%) indicated that they never or rarely get protected time for a lunch break during their working day. Almost half of community respondents (47%) indicated that they rarely or never work beside fellow pharmacists. Conversely, the majority of respondents (77%) work alongside technicians most, if not, all of the time.



In contrast to the community cohort, a majority of the hospital cohort reported that they received protected lunch breaks (86%). However, the amount of pharmacists that work beside technicians is comparable (77% of community respondents and 76% of hospital respondents). Though there are significantly less community pharmacists that work with other pharmacists (27%) in comparison to hospital pharmacists (81%), this should be viewed in context of their work environment.

# Demographics and Work Characteristics

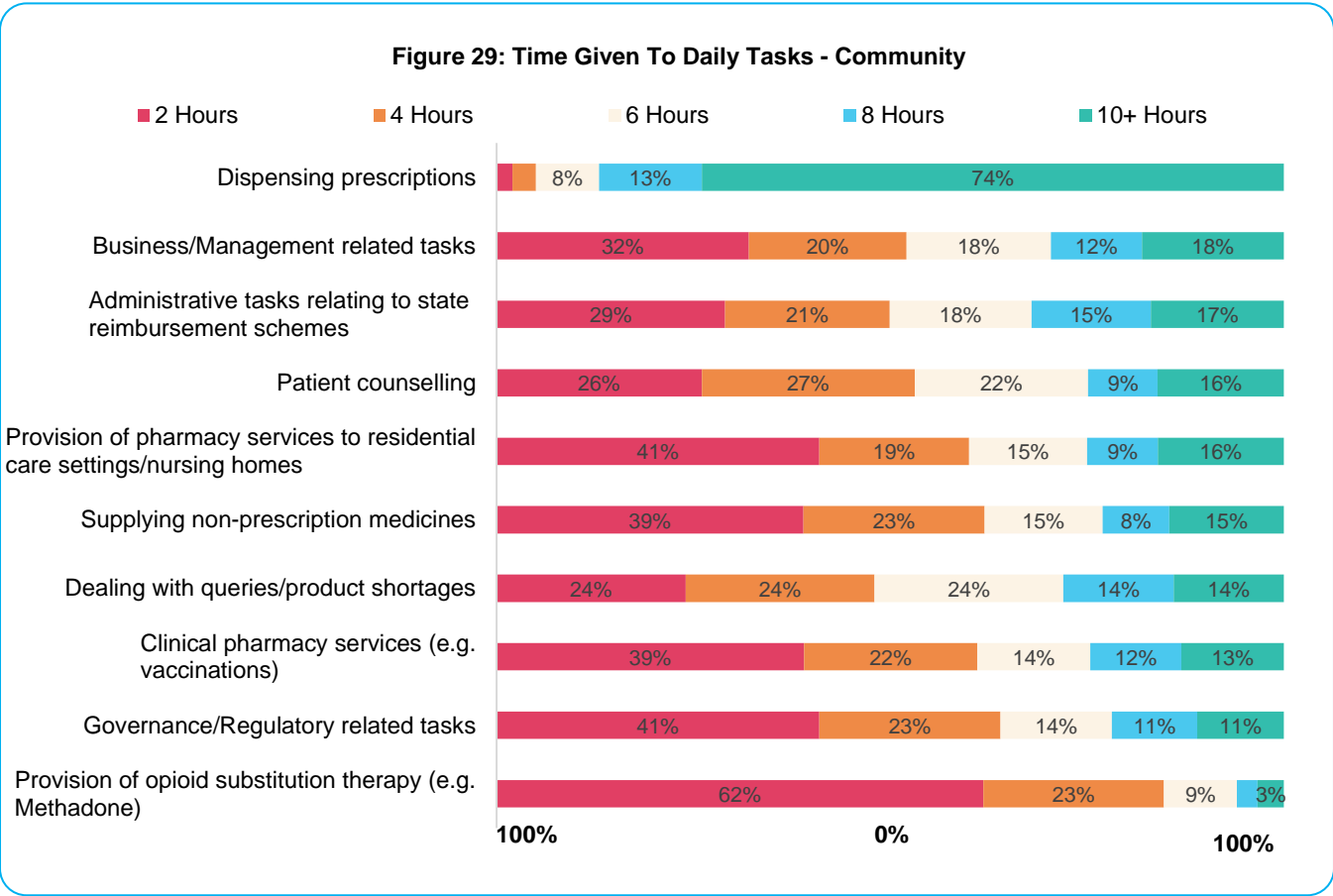
## Theme 3: Role Details

### Daily Tasks Breakdown for Pharmacists in Patient-Facing Roles

The survey asked questions about a multitude of tasks to ascertain which tasks pharmacists spend the majority of their time doing.

These thematic categories offer a valuable insight into the variety of tasks and skills used by community and hospital pharmacists on a daily basis. Results are shown in Figures 29 and 30.

In Figure 29, the community respondent cohort noted that a vast majority of their time is devoted to dispensing prescriptions (87% spent 8-10+ hours per week on this task). Administrative tasks relating to reimbursement was the second most common task, with 32% spending 8-10+ hours per week completing this task.

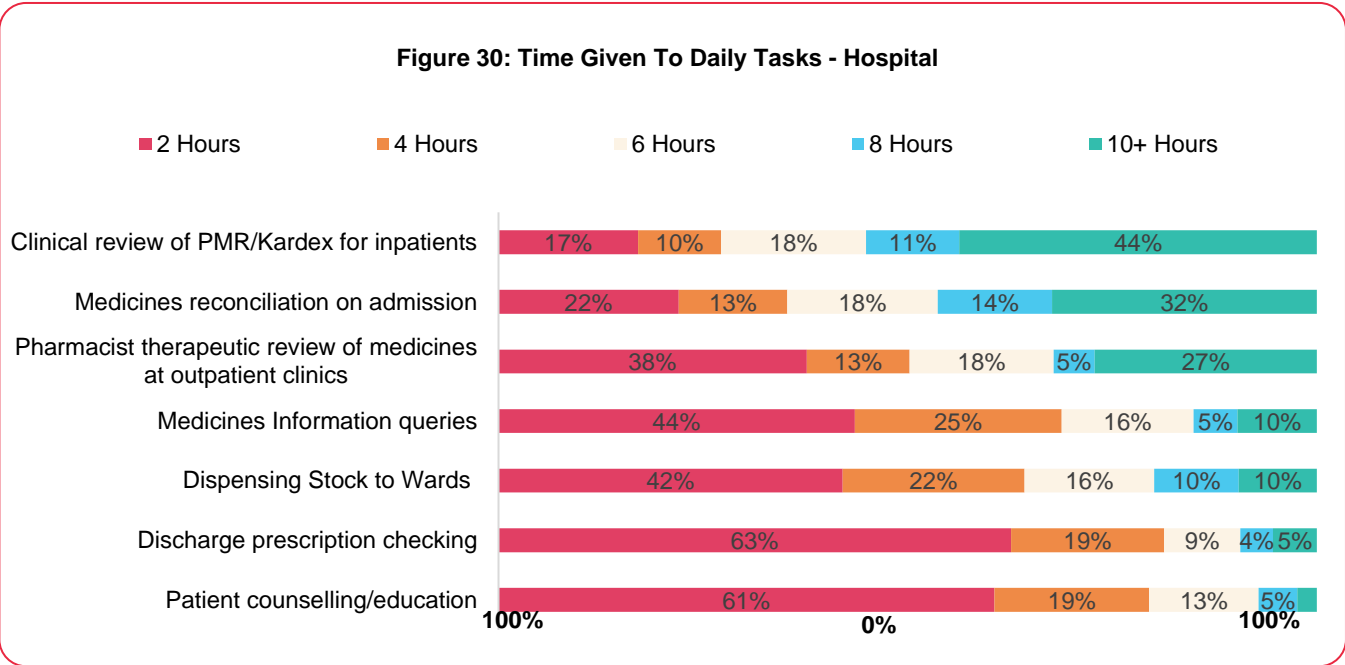


# Demographics and Work Characteristics

## Theme 3: Role Details

### Daily Tasks Breakdown for Pharmacists in Patient-Facing Roles (Cont'd)

In contrast to their community counterparts, hospital respondents noted that dispensing was not the leading task. Instead, clinical reviews of drug Kardex (55% spent between 8-10+ hours per week on this) and medicines reconciliation (46% spent 8-10+ hours per week on this) occupied the majority of their time. Findings indicate that hospital pharmacists' time is more evenly spread across a multitude of other clinical duties.



# Demographics and Work Characteristics

## Theme 4: Locum Work

### 4. Locum Work

#### Introduction

This theme examined the proportion of pharmacists that worked in a locum capacity.

#### Proportion and Setting of Locum Work

27% of all respondents stated that they undertake locum work (Figure 31). Of the pharmacists who undertake locum work, those who work only in the community setting account for 94%, while those who work as a locum in the community and hospital setting represent 5%. This leaves just 0.62% of locum workers who complete their locum work only in a hospital setting. This data highlights that the significant majority of locum workers complete their locum work in the community setting. These results are shown in Figure 32.

Figure 31: Do you Undertake Locum Work

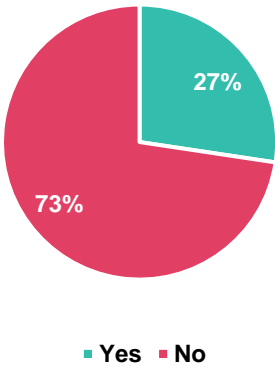
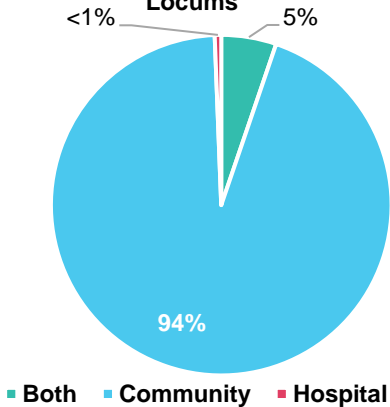


Figure 32: Practice Area Breakdown For Locums

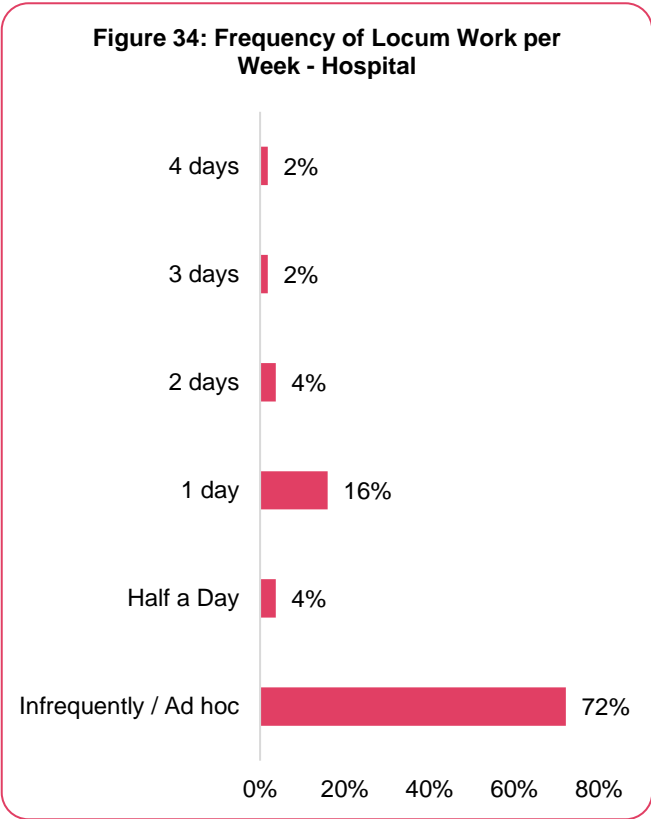
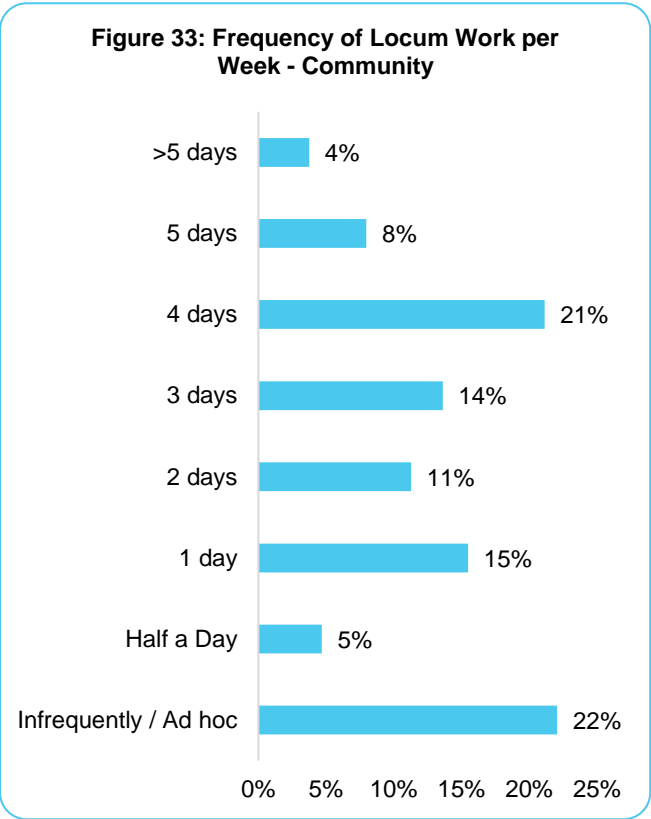


# Demographics and Work Characteristics

## Theme 4: Locum Work

### Frequency of Locum Work

The survey examined the frequency of locum work per week for community and hospital pharmacists (Figures 33 and 34). 46% of respondents who primarily practise in a community setting indicated that they undertake locum work between two to four days per week. The majority of pharmacists who primarily practise in a hospital setting undertake locum work on an infrequent or ad hoc basis (72%). This finding is further emphasised by looking at the average number of locum days worked between the hospital and community cohorts. The average number of days per week is shown in Table 9 below.



**Table 9:** Average Number of Day in a Locum Position\*

Setting	Average Number of Days in Locum (Excluding Ad hoc)	Mode
All Respondents	2.6 Days	1 Day
Community	3.2 Days	4 Days
Hospital	1.4 Days	1 Day

\*To help analyse the above the infrequent/ad hoc responses were removed.



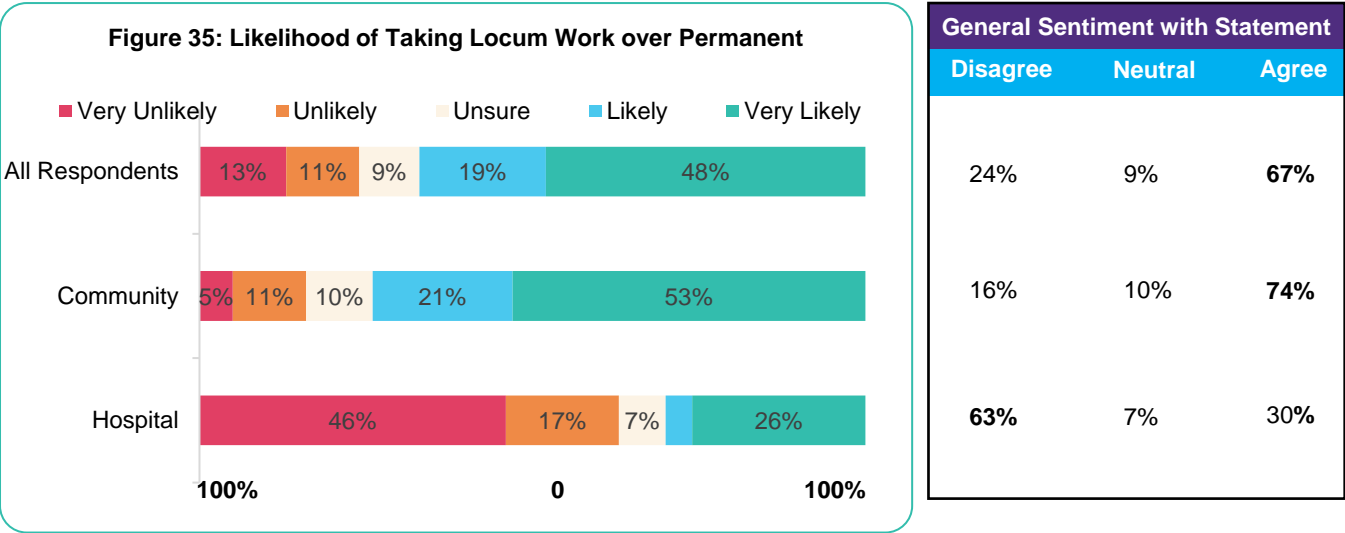
# Demographics and Work Characteristics

## Theme 4: Locum Work

### Likelihood To Undertake Locum Work

Those that indicated that they undertake locum work, were asked what the likelihood of taking on locum work over permanent work was. The results are illustrated in Figure 35.

Of those who currently undertake locum work, 67% are likely to continue to work in a locum capacity, rather than take on a permanent role.



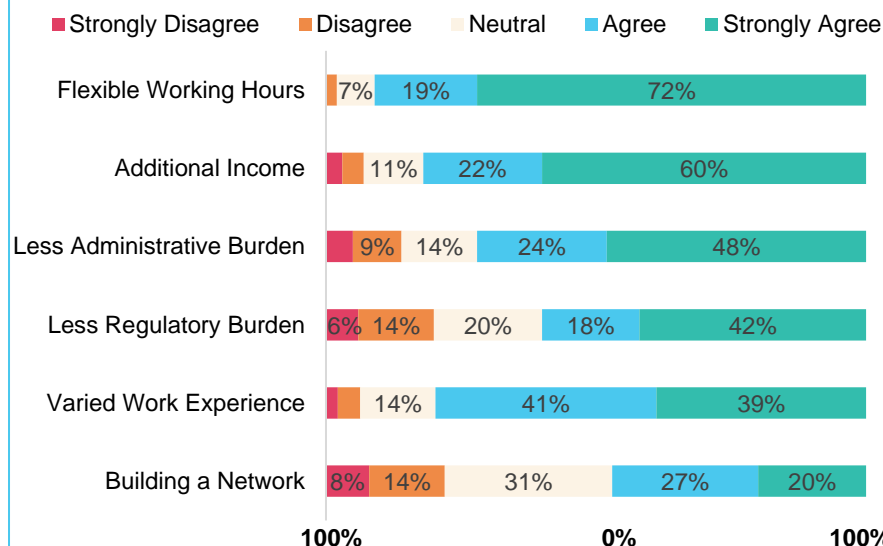
# Demographics and Work Characteristics

## Theme 4: Locum Work

### Factors Influencing Locum Work

The survey asked respondents who undertake locum work about potential motivating factors that influenced their decision to choose locum work. The three common reasons cited by both hospital and community pharmacists were flexible working hours, additional income and varied work experience (Figures 36 and 37).

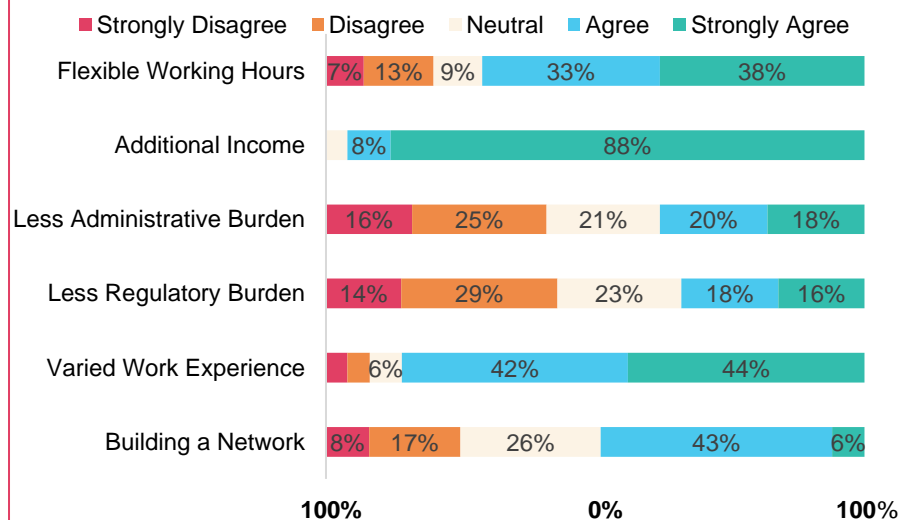
**Figure 36: Factors Influencing Locum Work - Community**



**General Sentiment with Statement**

Disagree	Neutral	Agree
2%	7%	91%
7%	11%	82%
14%	14%	72%
20%	20%	60%
6%	14%	80%
22%	31%	47%

**Figure 37: Factors Influencing Locum Work – Hospital**



**General Sentiment with Statement**

Disagree	Neutral	Agree
20%	9%	71%
0%	4%	96%
41%	21%	38%
43%	23%	34%
8%	6%	86%
25%	26%	49%

## Section 2:

# Work Attitudes and Work Conditions



# Work Attitudes and Work Conditions

## Theme 1: Pharmacist Viewpoint

### 1. Pharmacist Viewpoint

#### Introduction

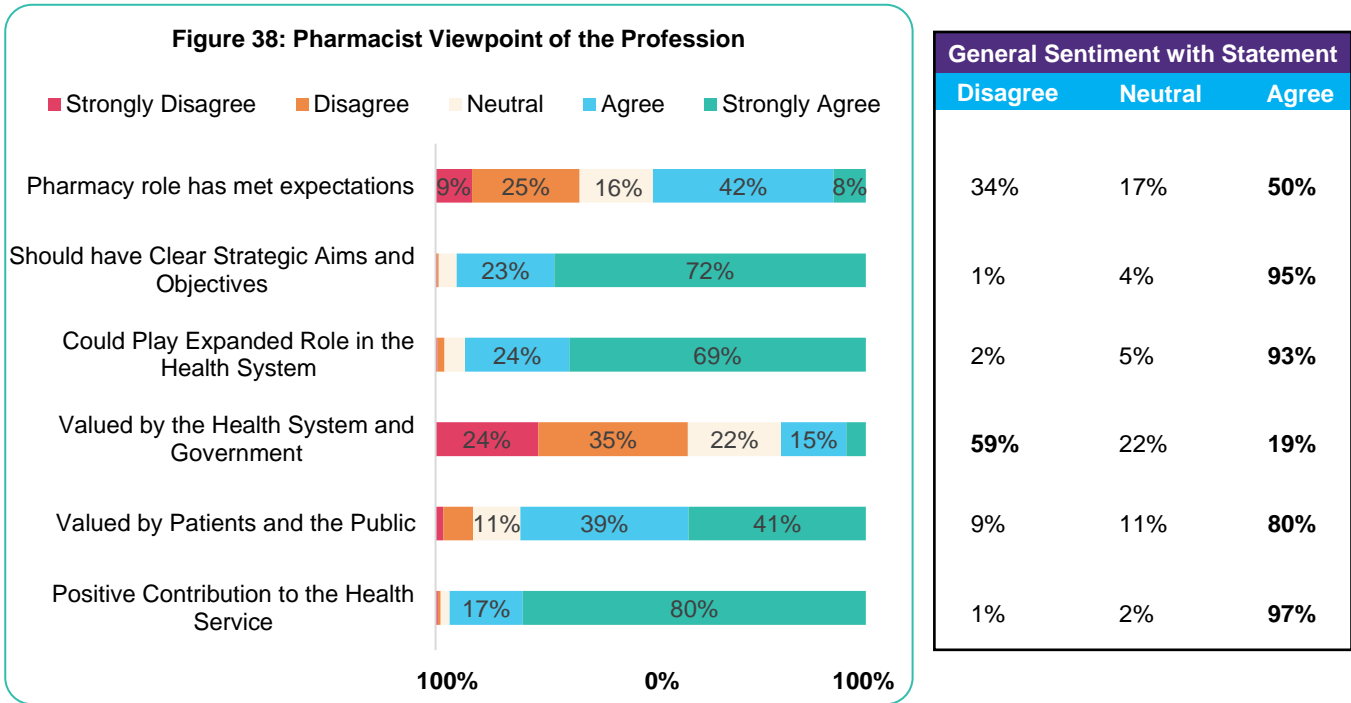
The objective of the Pharmacist Viewpoint theme was to:

- 1) Understand the respondents' viewpoint of their profession;
- 2) Evaluate retention factors; and
- 3) Evaluate how many pharmacists are considering alternative career options.

#### Pharmacist Viewpoint of the Profession

Figure 38 illustrates that almost all respondents (97%) felt that their profession makes a positive contribution to the health service and 80% of all respondents agreed that the pharmacy profession is valued by patients and the public. However, only 19% of respondents agreed that they are valued by the health system and the Government.

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.

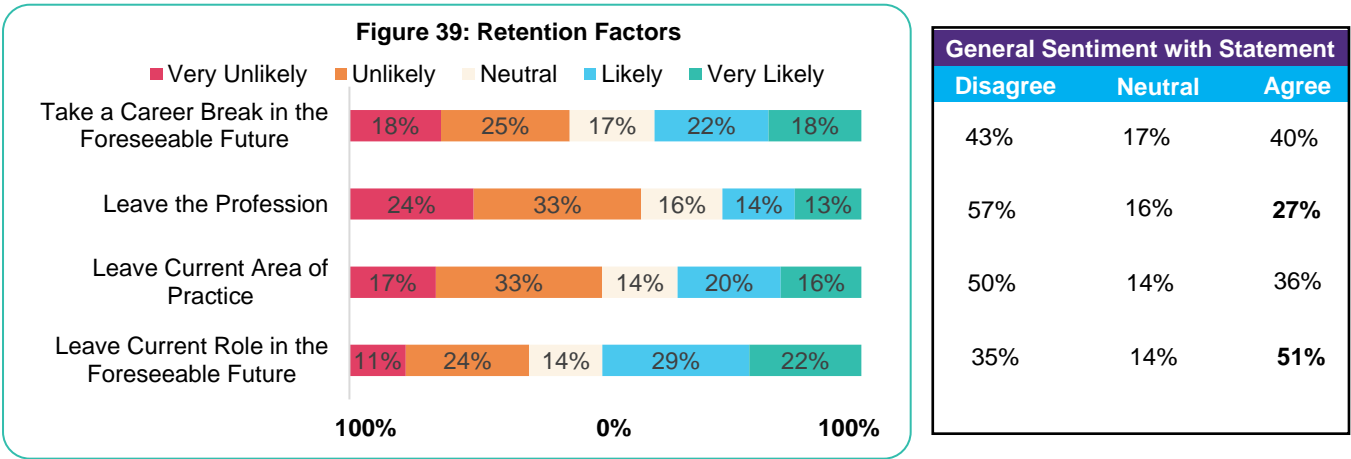


# Work Attitudes and Work Conditions

## Theme 1: Pharmacist Viewpoint

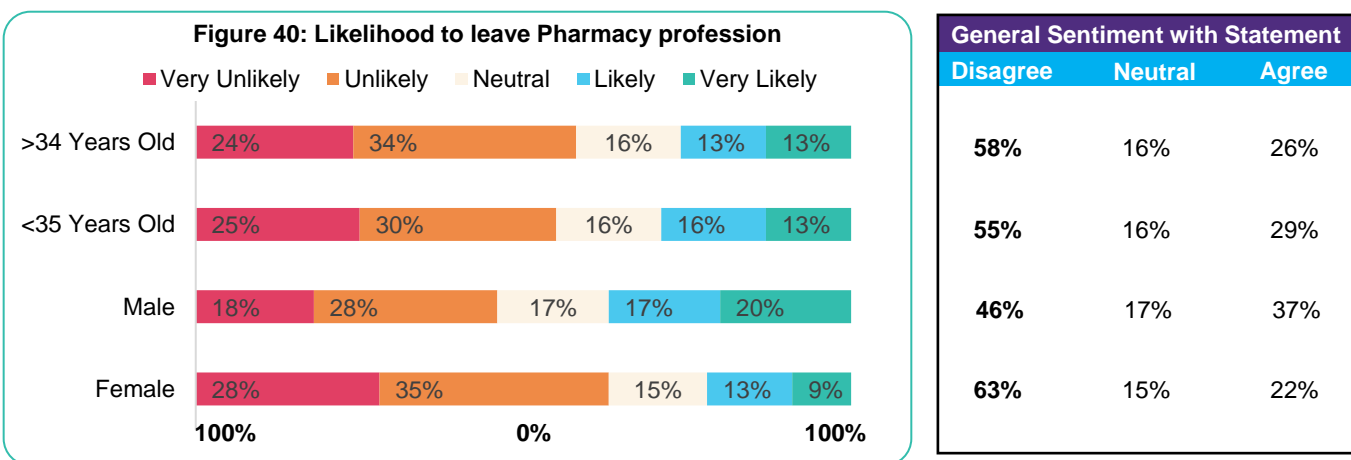
### Retention

Retention among the pharmacist workforce was examined in this survey. These results are illustrated in Figure 39. 51% of 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.



### Likelihood to Leave Pharmacy Profession

A deeper analysis was conducted to determine whether there were differences in the probability of leaving the profession among respondents belonging to different age or gender cohorts. The profile of those over 34 years old was almost identical to those 34 years and younger, as shown in Figure 40 below. In addition, the data suggests that females are more likely (63%) to stay in the pharmacy profession compared to males (46%).

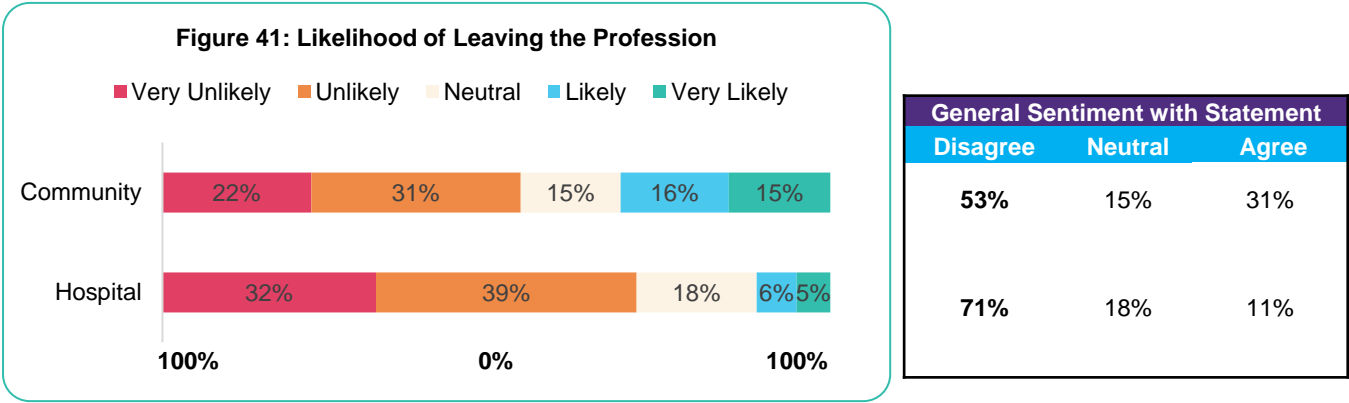


# Work Attitudes and Work Conditions

## Theme 1: Pharmacist Viewpoint

### Likelihood to Leave Pharmacy Profession (Cont'd)

A further analysis of those who indicated that they are likely to leave the profession is outlined in Figure 41. This gives a breakdown based on respondents' work setting.





# Work Attitudes and Work Conditions

## Theme 2: Work Conditions

### 2. Work Conditions

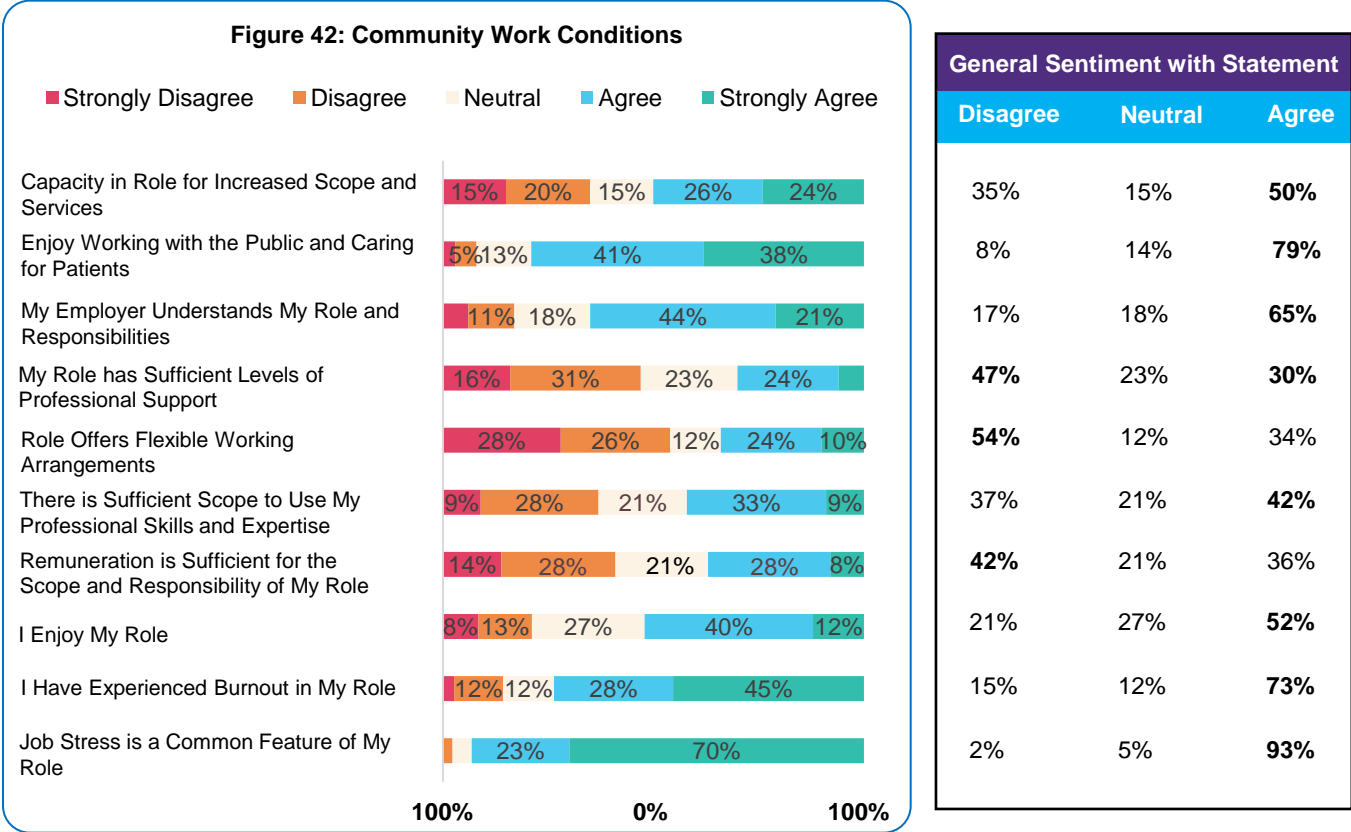
#### Introduction

This theme examined the work conditions that patient-facing community and hospital pharmacists experience. Key aspects of job satisfaction was investigated, including job stress and professional support.

#### Community Pharmacist Work Conditions

Community pharmacist respondents were asked a set of questions to establish a baseline view of the current working conditions for community pharmacists. These results are outlined below in Figure 42. A number of insights captured in the survey are outlined below:

- 50% of respondents agreed that they had capacity for an increase in scope of practice and services;
- 79% stated that they enjoyed working with the public and providing care to patients;
- Over half (52%) agreed that they enjoyed their role;
- 30% of respondents agreed that they had sufficient professional support in their role, whereas 47% did not; and
- Almost all of the community pharmacist group (93%) reported job stress as a common feature of their role.



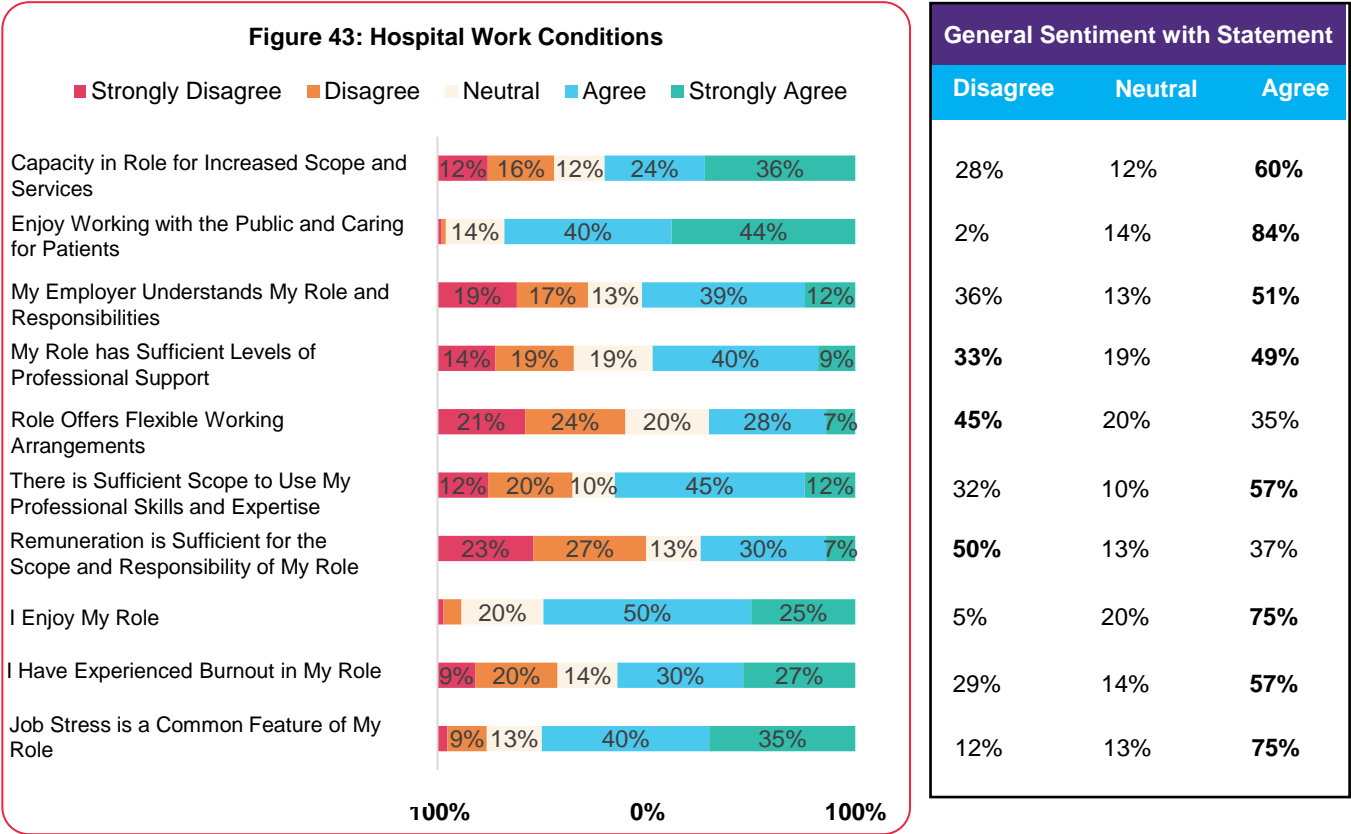
# Work Attitudes and Work Conditions

## Theme 2: Work Conditions

### Hospital Pharmacist Work Conditions

Work conditions experienced by hospital pharmacist respondents were examined using the same question criteria. The results are shown below in Figure 43. Key insights include:

- 60% of all hospital respondents felt that they had the capacity for increased scope of practice and service provision;
- Of hospital pharmacist respondents, 75% noted that they enjoy their role, with 84% reporting that they enjoy working with the public and patients;
- 57% of respondents noted that they had experienced burnout in their role, with 33% of respondents reporting insufficient levels of professional support; and
- Three quarters of hospital respondents (75%) felt that job stress was a common feature of their role.



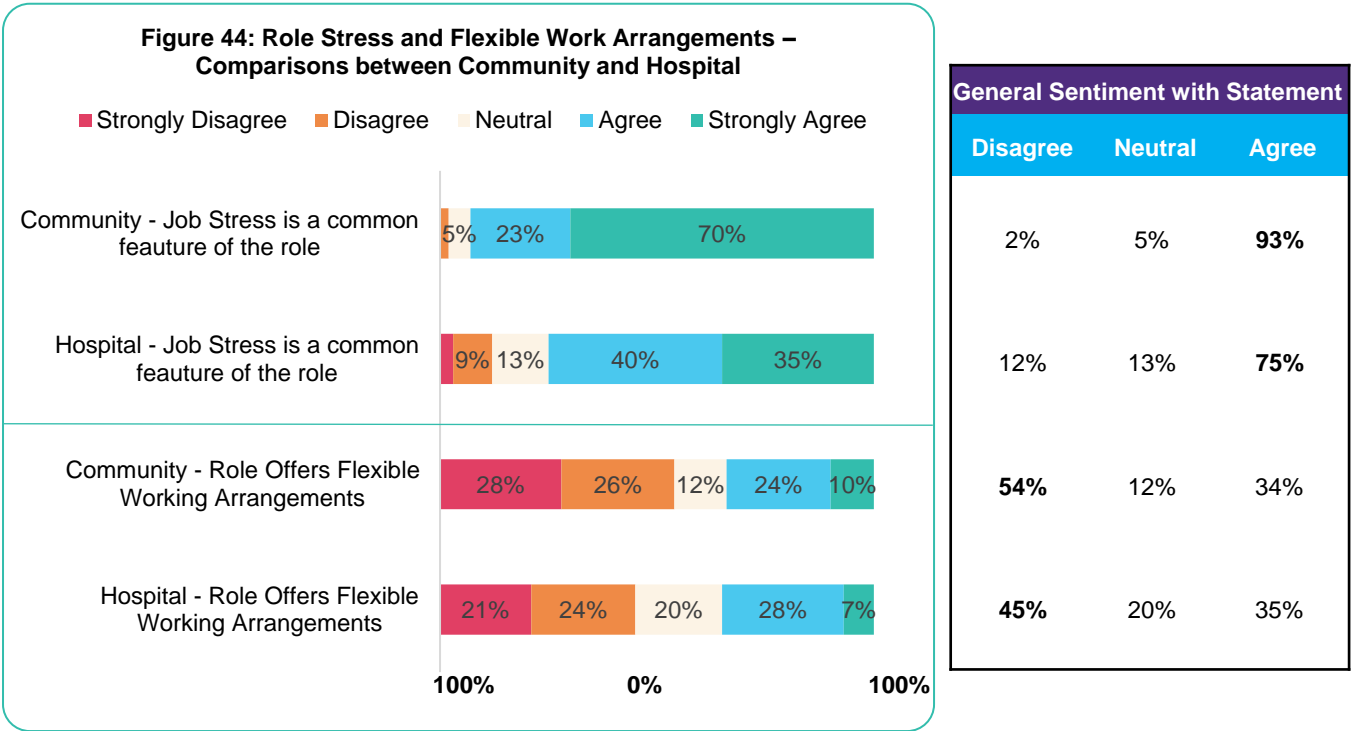
# Work Attitudes and Work Conditions

## Theme 2: Work Conditions

### Further Examination of Work Conditions

As evidenced in Figure 44 below, job stress was a significant factor for both community and hospital pharmacists. 93% of community-based pharmacists and 75% of hospital-based pharmacists agreed that stress is a common feature of the role. The results were similar for both males and females. Community respondents reported almost identical stress levels, regardless of role.

Flexible work arrangements were examined for pharmacists working across community and hospital settings. 54% and 45% of respondents respectively disagreed with the statement that their role offers flexible working arrangements. However, over a third of pharmacists agreed that they do experience flexible work arrangements in their role (34% and 35% for community and hospital respondents respectively). The general sentiment with this statement is similar across both work settings examined.



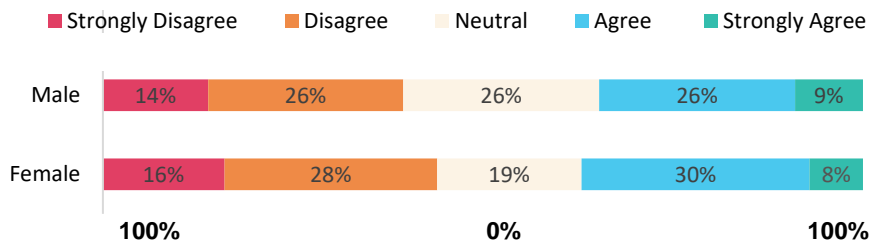
# Work Attitudes and Work Conditions

## Theme 2: Work Conditions

### Further Examination of Work Conditions (Cont'd)

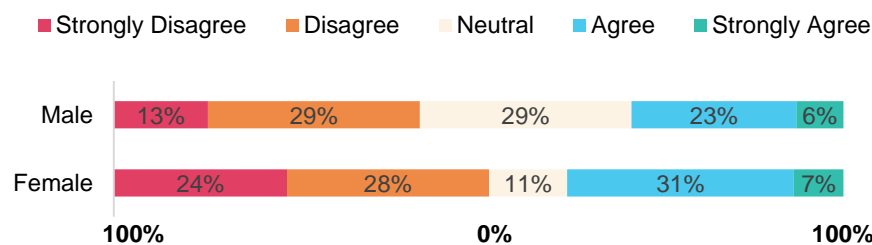
As shown in Figures 45 and 46, no significant differences were noted between male and female pharmacists regarding sufficient remuneration for pharmacist services. Both agreed to a similar extent that remuneration is currently not sufficient.

**Figure 45: Remuneration - Community**



General Sentiment with Statement		
Disagree	Neutral	Agree
40%	26%	35%
44%	19%	38%

**Figure 46: Remuneration - Hospital**



General Sentiment with Statement		
Disagree	Neutral	Agree
42%	29%	29%
52%	11%	38%

# Work Attitudes and Work Conditions

## Theme 3: Environment and Delegation

### 3. Environment and Delegation

#### Introduction

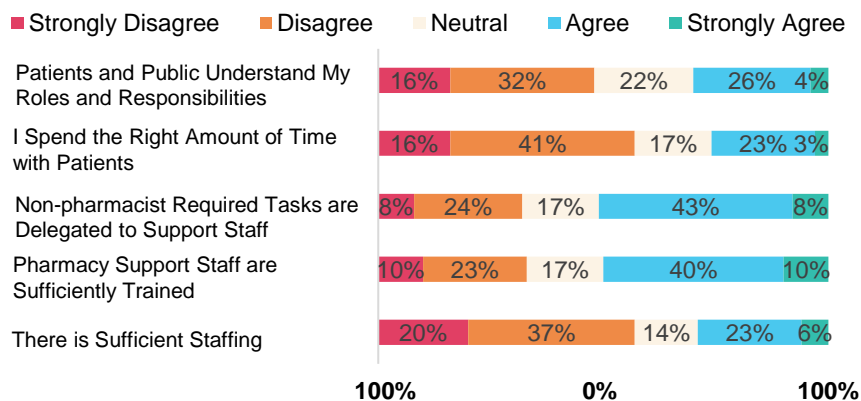
This theme examined pharmacist working environments and the tasks that they believe could be delegated to the wider pharmacy support team. It aimed to:

- 1) Identify the opportunities and challenges associated with pharmacist working environments;
- 2) Identify the tasks respondents believe could be delegated; and
- 3) Understand the scope for further delegation of tasks within patient-facing pharmacy practice.

#### Working Environment

Survey participants were asked to indicate their level of agreement with the five statements outlined in Figures 47 and 48. 57% of community respondents and 78% of hospital respondents did not believe that they were sufficiently staffed. It is also evident from the survey analysis that over half of both cohorts believe that they do not spend the right amount of time with their patients. 57% of community respondents held this view, with a slightly higher number of 62% amongst hospital respondents.

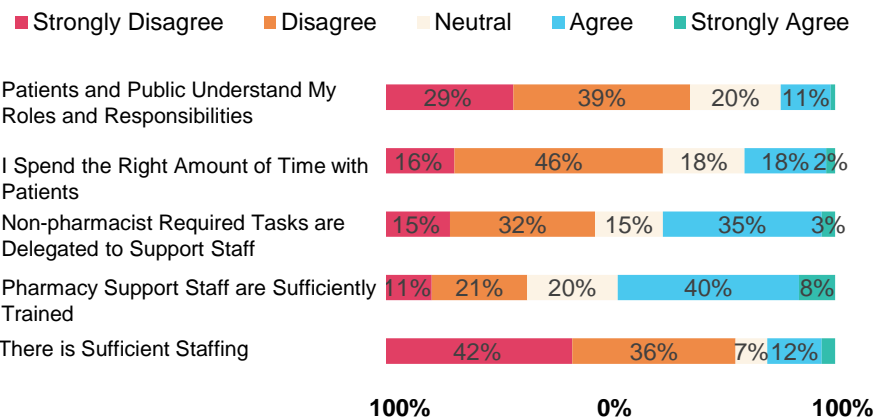
**Figure 47: Work Environment - Community**



**General Sentiment with Statement**

Disagree	Neutral	Agree
48%	22%	30%
57%	17%	26%
32%	17%	51%
33%	17%	50%
57%	14%	29%

**Figure 48: Work Environment - Hospital**



**General Sentiment with Statement**

Disagree	Neutral	Agree
68%	20%	12%
62%	18%	20%
47%	15%	38%
32%	20%	48%
78%	7%	15%

# Work Attitudes and Work Conditions

## Theme 3: Environment and Delegation

### Delegation

A qualitative analysis was conducted to gain further insight into the additional tasks that could be delegated to pharmacy support staff. Responses show a variety of tasks that could be delegated to pharmacy support staff as shown in Figure 49 and Table 10 below.

Figure 49 - Tasks that Could be Delegated

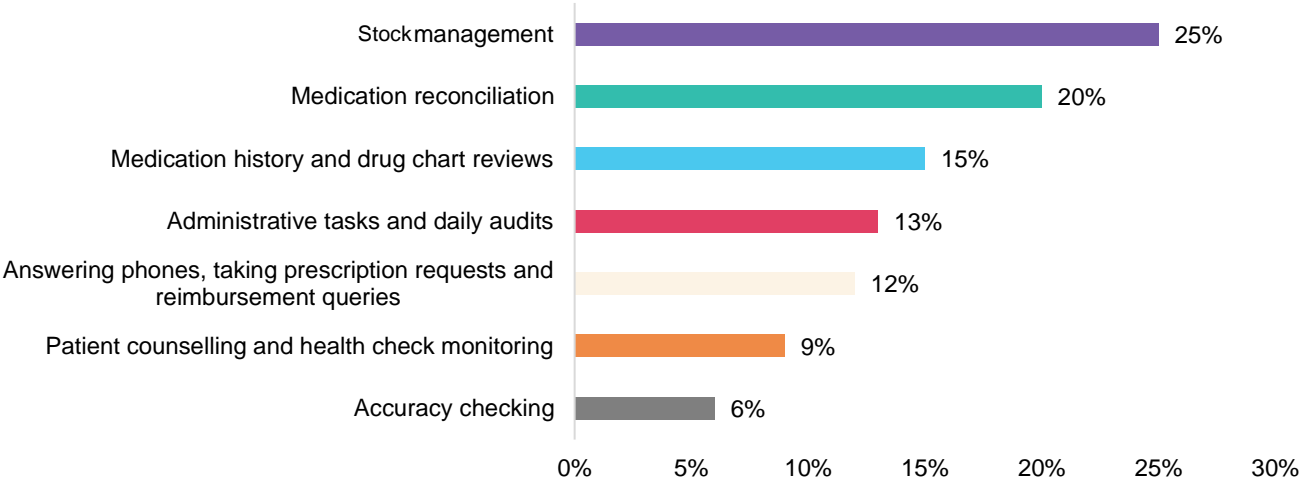


Table 10: Popular tasks that could be delegated

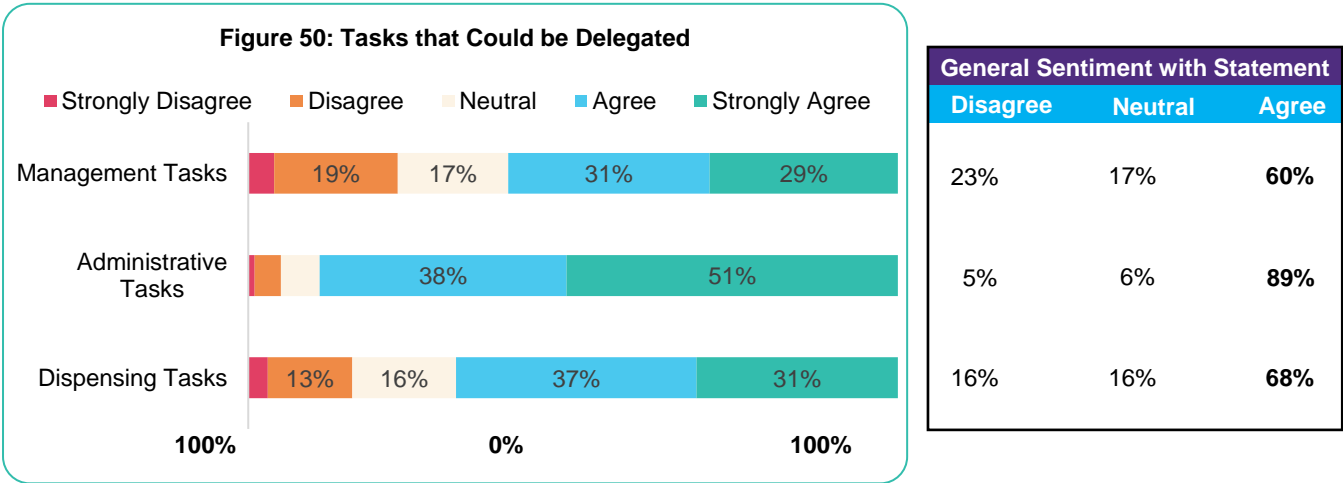
Popular Themes	Mentions	Percentage (%)
Stock management	75	25%
Medication reconciliation	60	20%
Medication history taking and drug chart reviews	46	15%
Administrative tasks and daily audits	38	13%
Answering phones, taking prescription request and reimbursement queries	35	12%
Patient counselling and health check monitoring	26	9%
Accuracy Checking	23	6%

# Work Attitudes and Work Conditions

## Theme 3: Environment and Delegation

### Delegation (Cont'd)

As shown in Figure 50, most respondents believed that tasks could be further delegated (60% for management, 89% for administrative and 68% for dispensing tasks, respectively). By facilitating this delegation, additional time may be freed up to enable pharmacists to focus on pharmacist-only skills and tasks. These sentiments are clearly shown in the net agreement table below.



# Work Attitudes and Work Conditions

## Theme 4: Employee Benefits

### 4. Employee Benefits

#### Introduction

This theme examined the benefits associated with community and hospital pharmacist roles. It sought to address the following:

- 1) Identify if respondents receive supplementary benefits above the statutory entitlements required for all employees in Ireland;
- 2) Identify if employers provide pension schemes and sick leave benefits; and
- 3) Gather information on the number of days annual leave respondents receive.

#### Employee Benefits in Patient-Facing Roles

Some of the key findings identified are outlined below (Figure 51 and 52):

- 90% of hospital respondents receive additional paid sick leave benefits compared to 22% in the community cohort;
- 46% of community respondents have the option to join a work-related pension scheme. This is in contrast to the experience amongst the hospital cohort, whereby 99% indicated they have access to a pension scheme; and
- The results imply that hospital roles tend to offer better maternity and paternity benefits when compared to positions in the community setting. 96% of female respondents indicated that their employer offers paid maternity leave additional to the statutory state scheme compared to only 15% of community pharmacists.

Figure 51: Employee Benefits - Community

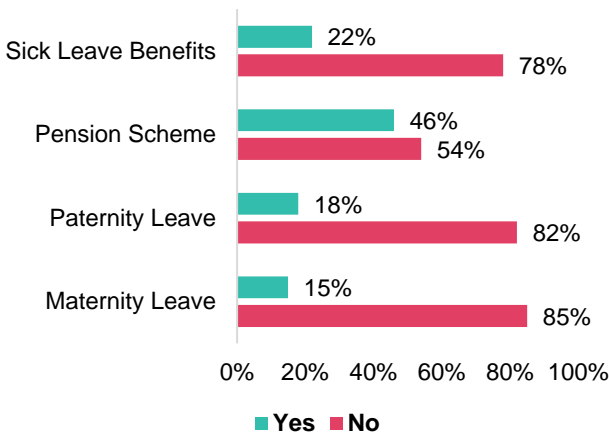
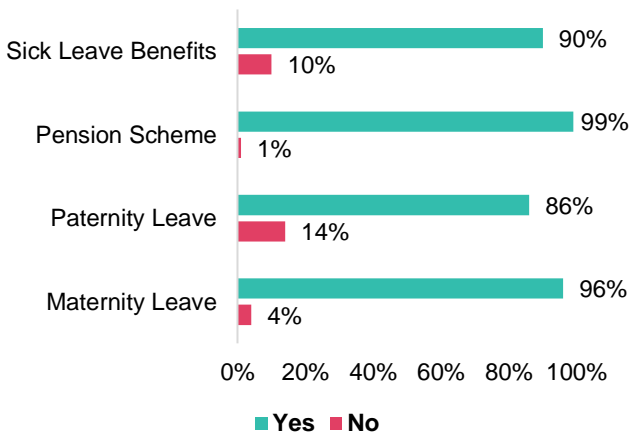


Figure 52: Employee Benefits - Hospital





# Work Attitudes and Work Conditions

## Theme 4: Employee Benefits

### Annual Leave Days Received from Employer

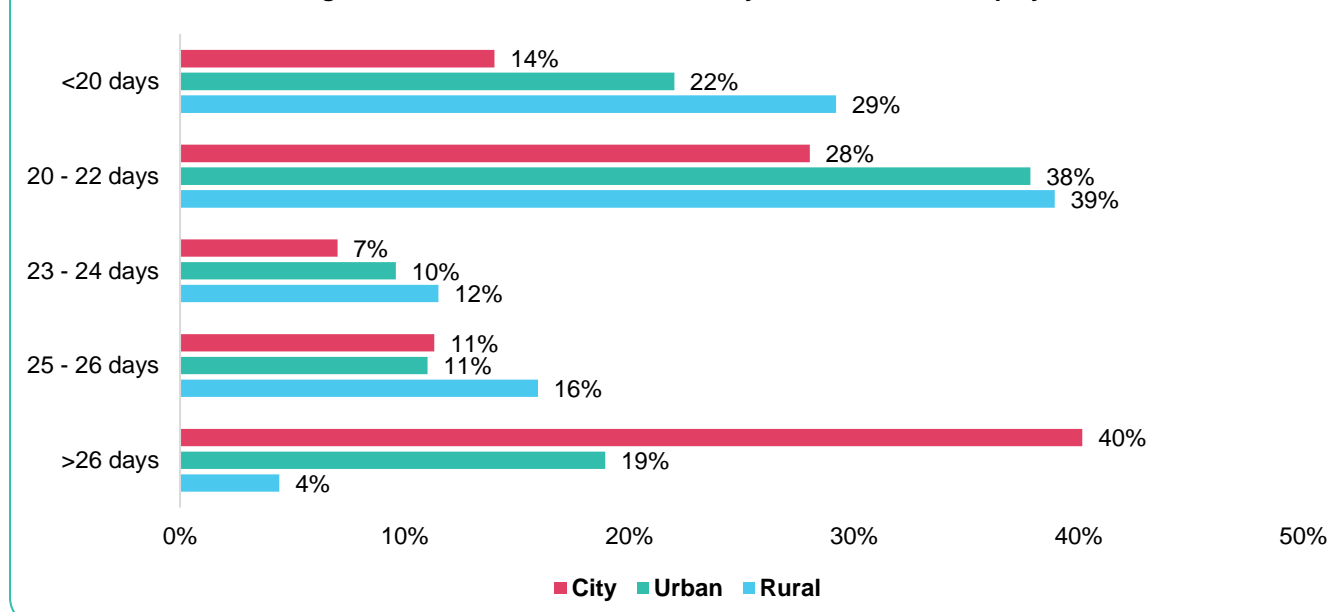
The survey captured data on annual leave entitlements. This was analysed to compare differences in entitlement by employment setting. This data is presented in Table 11 and Figure 53 below.

Table 11 shows that a large majority (88%) of hospital pharmacist respondents receive more than 26 days of annual leave per annum. This is in contrast to the experience of community pharmacists where 71% of respondents reported that they are entitled to 22 days of annual leave or less. Figure 53 demonstrates that over half of pharmacists located in the city receive 25 days or more annual leave per annum. By contrast, the majority of rural respondents (68%) receive 22 days or less of annual leave per year.

**Table 11:** Number of annual leave days received from employer

Number Of Annual Leave Days Received From Employer	<20 days	20 – 22 days	23 – 24 days	25 – 26 days	>26 days
Role	Response %	Response %	Response %	Response %	Response %
Community	26%	45%	10%	14%	5%
Hospital	3%	1%	2%	6%	88%
Pharmaceutical Industry	0%	31%	31%	23%	15%
Academia	24%	18%	12%	5%	41%
Other	9%	24%	3%	9%	55%
Government/Regulation	0%	29%	14%	0%	57%

**Figure 53:** Number Of Annual Leave Days Received From Employer



# Work Attitudes and Work Conditions

## Theme 5: Governance Roles

### 5. Governance Roles

#### Introduction

This theme examined governance roles in the pharmacy profession (i.e. pharmacy owners, superintendent pharmacists and supervising pharmacists). Respondents were asked if they would be likely to take on a governance role in the future. Those in governance roles were asked if they were satisfied in their role.

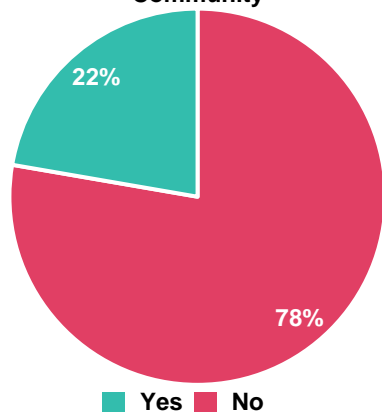
#### Satisfaction in Governance Roles

427 respondents held governance roles, 45% male and 55% female. Male respondents indicated a 40% satisfaction level in governance roles compared to female respondents at 50%. Pharmacy owners, superintendents and supervising pharmacists reported similar levels of dissatisfaction.

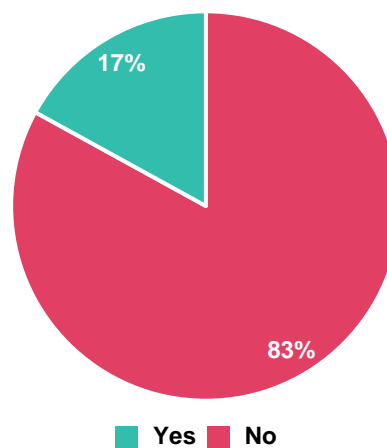
#### Likelihood of Taking a Governance Role in the Future

All survey participants were asked their likelihood of taking on a governance role in the future (Figures 54 and 55). Over three quarters (78%) of respondents who are not currently in a governance role are unlikely to take on a governance role in the future in the community setting. Governance roles are less sought after in the hospital setting, with 83% of respondents unlikely to seek a future governance role. On analysing the results with respect to gender, there were no significant differences.

**Figure 54: Are You Likely To Take On A Governance Role In The Future? - Community**



**Figure 55: Are You Likely To Take On A Governance Role In The Future? - Hospital**



# Work Attitudes and Work Conditions

## Theme 5: Governance Roles

“ Insufficient time available

“ Need more support. Workload ever increasing

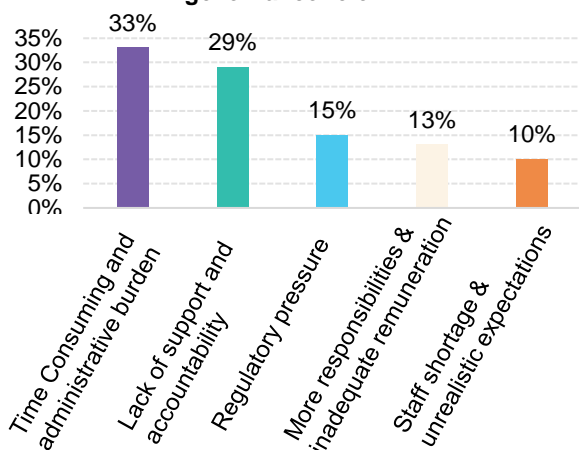
“ Administrative burden is significant

### Governance Role-Qualitative Analysis

Qualitative analysis was conducted to examine pharmacist's impressions of governance roles across both community and hospital settings.

Pharmacists in governance roles were asked why they were not satisfied with their role. Results indicate that time consuming administrative activities were the primary reason why these respondents were dissatisfied (Figure 56). On the contrary, the authority to make decisions and implement work practices was the most common contribution to job satisfaction (Figure 57).

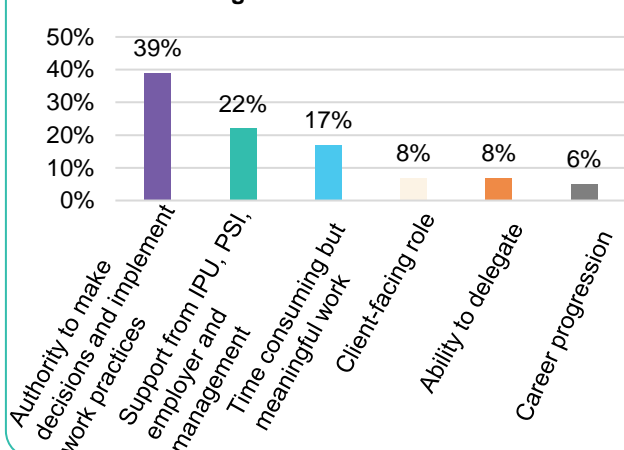
**Figure 56: Why are you not satisfied with governance role?**



**Table 12: Popular themes for dissatisfaction**

Popular Themes	Mentions	Percentage (%)
Time consuming and administrative burden	66	33%
Lack of support and accountability	59	29%
Regulatory pressure	30	15%
More responsibilities and inadequate remuneration	27	13%
Staff shortage and unrealistic expectations	19	10%

**Figure 57: Why are you satisfied with governance role?**



**Table 13: Popular themes for satisfaction**

Popular Themes	Mentions	Percentage (%)
Authority to make decisions and implement work practices	16	39%
Support from IPU, PSI, employer and management	9	22%
Time consuming but meaningful work	7	17%
Client-facing role	3	8%
Ability to delegate	3	8%
Career progression	2	6%

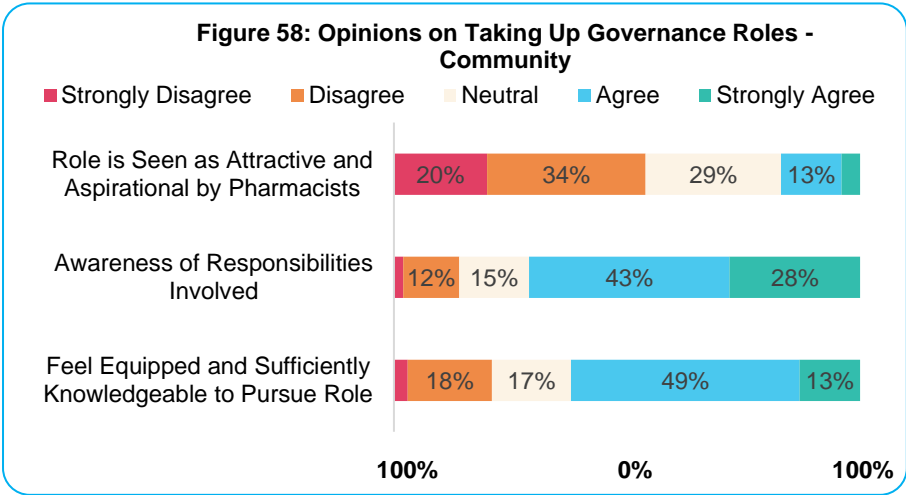
# Work Attitudes and Work Conditions

## Theme 5: Governance Roles

### Likelihood of Taking a Governance Role in the Future – Community and Hospital

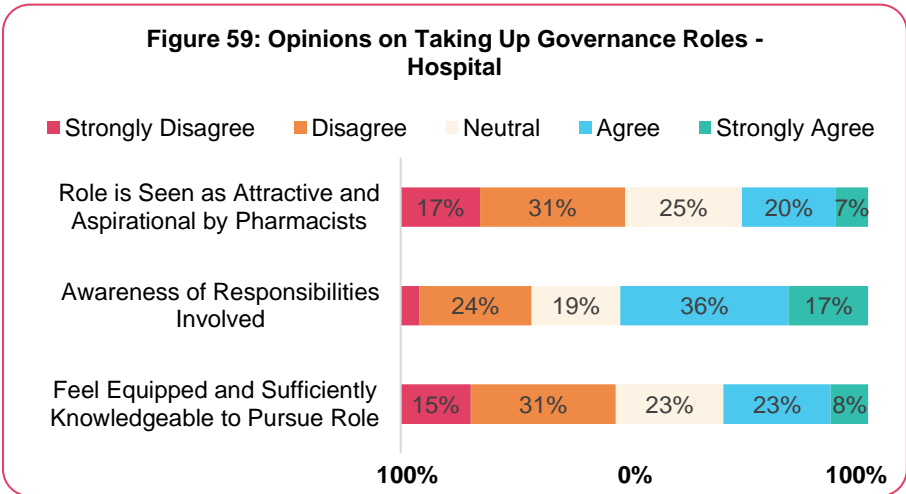
The perception of governance roles in the community and hospital setting was explored further.

Figure 58 highlights that the majority (71%) of respondents are aware of the responsibilities involved in a governance role and 62% believed that they were equipped and sufficiently knowledgeable to pursue a governance role. However, only 17% of respondents viewed a community pharmacy governance role as an attractive and aspirational career choice.



General Sentiment with Statement		
Disagree	Neutral	Agree
54%	29%	17%
14%	15%	71%
21%	17%	62%

Figure 59 provides an insight into hospital pharmacists' views on taking up governance roles. Only 31% said they feel equipped and sufficiently knowledgeable to pursue a governance role. Just over a quarter (27%) think governance roles in hospitals are an attractive and aspirational position.



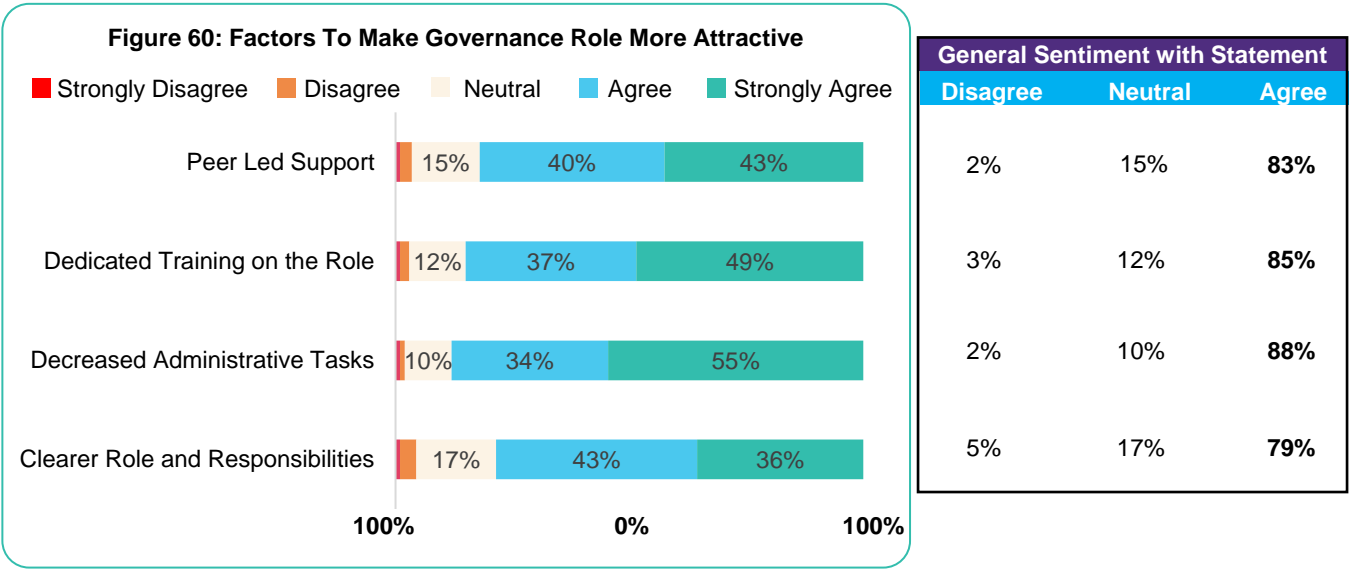
General Sentiment with Statement		
Disagree	Neutral	Agree
48%	25%	27%
28%	19%	53%
46%	23%	31%

# Work Attitudes and Work Conditions

## Theme 5: Governance Roles

### Factors to Make Governance Roles More Attractive- Community and Hospital

All survey participants were asked about factors which would make a governance role more attractive. All factors outlined in Figure 60 were rated highly. However, decreased administrative tasks was rated as the most significant factor that would make a governance role more attractive.



# Work Attitudes and Work Conditions

## Theme 6: Staffing/Vacancies

### 6. Staffing/Vacancies

#### Introduction

This theme examined the level of staffing and vacancies in the pharmacy profession. Respondents were asked about the level of job vacancies in their place of work, if they were satisfied with staffing levels, and how often locum workers were required.

#### Satisfaction with Current Staffing Levels

There was a varied response to the satisfaction of pharmacists with current staffing levels in their place of work, with no one response displaying a significant majority. 45% of respondents stated they were either very unsatisfied or unsatisfied, this compares to 37% of those who responded they were satisfied or very satisfied. The breakdown of the responses are outlined in Table 14 below. Please note the low response rate to this question at 34% of all survey participants.

Table 14: Satisfaction with Current Staffing Levels

How satisfied are you with current staffing levels in your pharmacy/pharmacies	Very Unsatisfied	Unsatisfied	Neutral	Satisfied	Very Satisfied
N = 431	Response %	Response %	Response %	Response %	Response %
Overall	17%	28%	18%	31%	6%

#### Job Vacancies

Participants were asked if there had been vacancies in their place of work in the last 12 months. 70% responded 'yes' to experiencing job vacancies in their place of work, which is a significant majority. Moreover, 69% of these vacancies were still present at the time of the survey being answered. The results are displayed below in Figures 61 and 62.

Figure 61: Pharmacist Vacancies Where You Work in the Past 12 Months

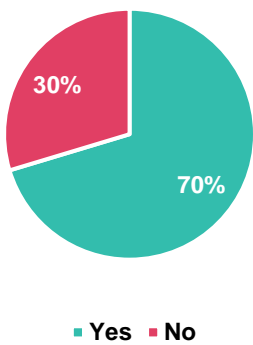
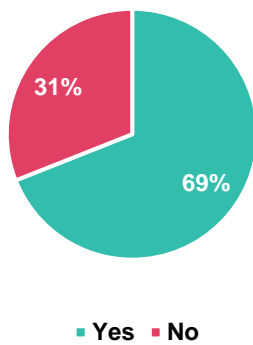


Figure 62: There are Still Job Vacancies Where You Work



# Work Attitudes and Work Conditions

## Theme 6: Staffing/Vacancies

### Requirement of Locum Workers

Respondents were asked how frequently they require Locum Pharmacists in their place of work. 43% of respondents stated that they require a locum pharmacist at least once a week, which compares to 17% of respondents stating they never require a locum pharmacist (Table 15). Please note the low response rate to this question at 34% of all survey respondents.

**Table 15:** Requirement of Locum Pharmacists

How often are Locum Pharmacists required where you work	Never	<1 Per Month	About 1-2 Times Per Month	About Once Per Week	More Than Once A Week
N = 436 (34%)	Response %	Response %	Response %	Response %	Response %
Overall	17%	20%	20%	21%	22%

## Section 3:

# Career Development and Leadership, Trends and Next Steps





# Career Development and Leadership

## Theme 1: Career Progression



No grade for specialist pharmacists



No career structure or recognition of specialist roles in the HSE



Ongoing lack of recognition of job specialisation at all levels

### 1. Career Progression

#### Introduction

The purpose of this theme was to investigate community and hospital pharmacists views on career progression and determine if their current role meets their career goals.

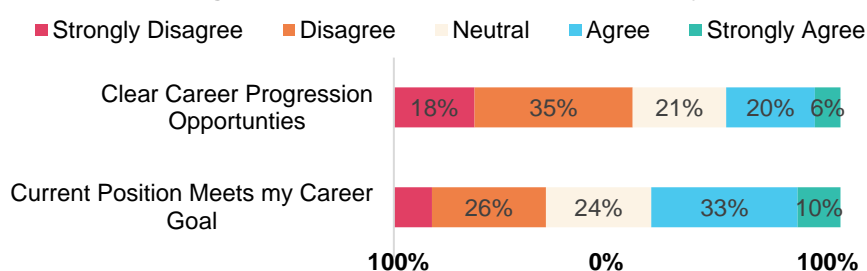
#### Career Development in Community and Hospital Environments

As illustrated in Figures 63 and 64, the majority of both community and hospital respondents, 53% and 67%, respectively, reported that they don't have clear career progression opportunities. Among the community cohort, 43% of respondents agreed that their position meets their career goals, compared to 51% of hospital respondents. At least one third of each cohort reported that their role did not meet their career goals.

#### Additional Analysis of Qualitative Responses for Career Progression

Based on the qualitative data associated with this question, numerous community pharmacists cited the lack of progression available in their current role. Many respondents noted that once a community pharmacist reaches a supervising position, there are limited career progression opportunities. Similar to community respondents, hospital respondents reported their practice area lacks career development opportunities and suggested support for a reformed structure to allow for continued career progression. Furthermore, amongst hospital respondents it was noted that a high number carry out specialist roles and that there is a growing demand for specialists roles within hospitals and the health system. Some of the pharmacists views are illustrated at the top of this page.

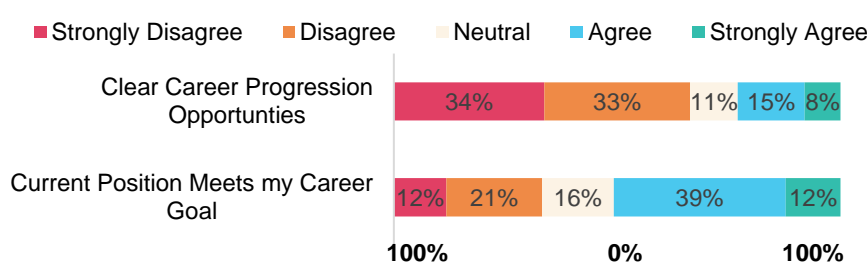
**Figure 63 : Career Development - Community**



**General Sentiment with Statement**

Disagree	Neutral	Agree
53%	21%	26%
34%	24%	43%

**Figure 64: Career Development - Hospitals**



**General Sentiment with Statement**

Disagree	Neutral	Agree
67%	11%	23%
33%	16%	51%

# Career Development and Leadership

## Theme 2: Pharmacy and Advocacy

### 2. Pharmacy Agenda and Advocacy

#### Introduction

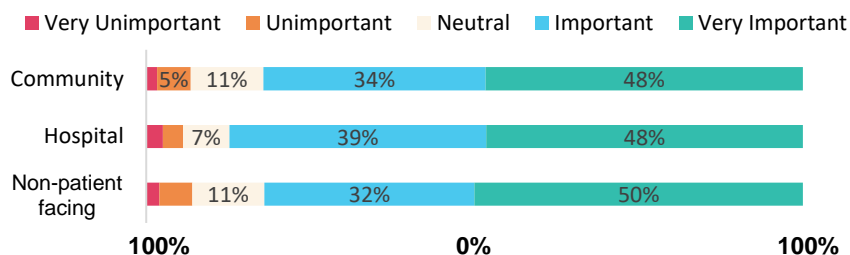
This theme examined:

- The importance of professional identity; and
- Changes that could help advance pharmacist utilisation by the Irish health service.

#### Professional Identity

As illustrated in Figures 65 and 66 below, there was a strong consensus among pharmacists that their professional identity was important to them. This consensus did not diminish when examined across the different survey cohorts. The vast majority of community and hospital respondents (82% and 87% respectively) agree that their professional identity is important to them. Figure 66 illustrates the agreement with this statement among males and females.

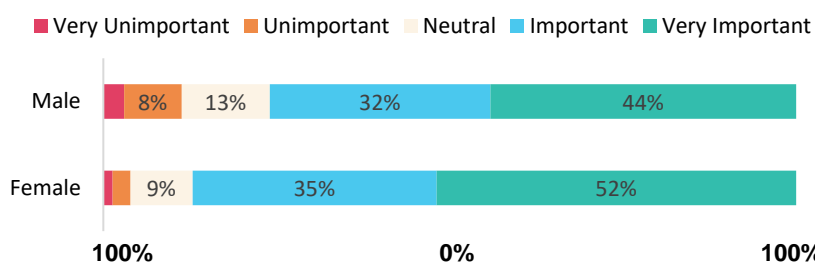
**Figure 65: Professional Identity – Community vs Hospital**



**General Sentiment with Statement**

Disagree	Neutral	Agree
7%	11%	82%
6%	7%	87%
7%	11%	82%

**Figure 66: Professional Identity – Male vs Female**



**General Sentiment with Statement**

Disagree	Neutral	Agree
11%	13%	76%
4%	9%	87%

# Career Development and Leadership

## Theme 2: Pharmacy and Advocacy

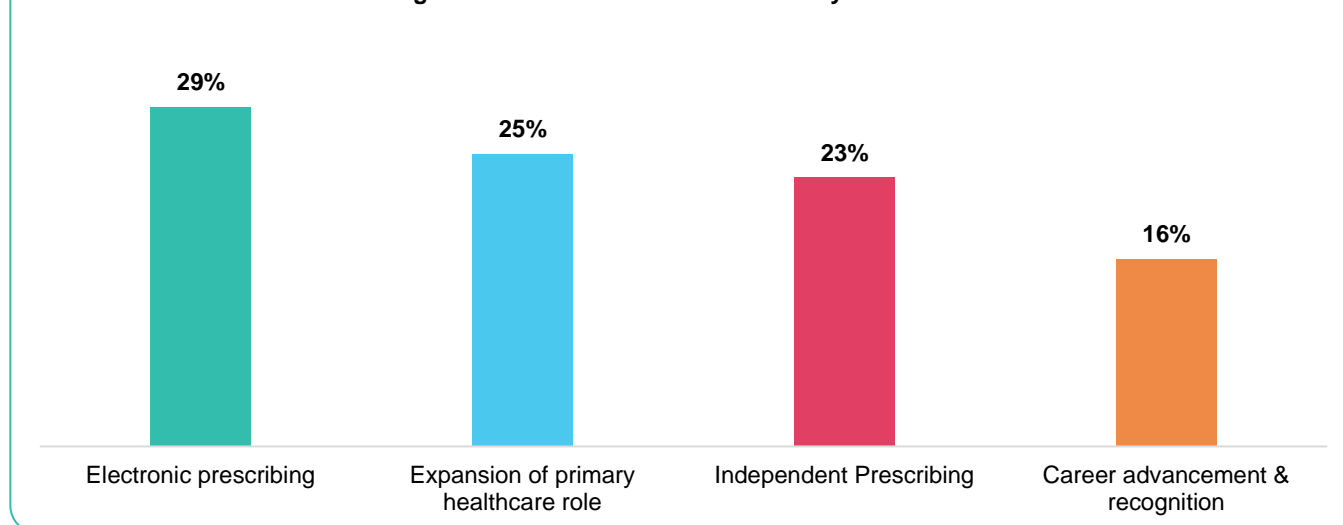
### Most Important Advancements for the Profession

Using free-text answers, pharmacists were asked what advancements would have the most significant, positive impact on their profession, patients and the wider healthcare system. The responses for this question were broad but could be separated out into four main themes (Figure 67):

- 1) Electronic prescribing;
- 2) Expansion of primary healthcare role;
- 3) Independent prescribing; and
- 4) Career advancement and recognition.

Suggestions also included expanding the primary healthcare role of pharmacists, including medication reviews and protected time for counselling patients. Similarly, an ability to prescribe medicines for minor ailments was noted under independent prescribing.

**Figure 67: Advancements for Pharmacy Profession**



Community respondents placed an emphasis on the need for independent prescribing. This was paired with a desire for the introduction of e-prescribing. In addition, community respondents noted that decreased administration burden would help liberate pharmacists' time and facilitate better engagement with pharmacist-specific roles, such as patient counselling.

Hospital respondents noted that a clearer career progression structure should be implemented in the hospital practice setting. It was felt that this would help motivate pharmacists to pursue hospital roles, while offering better avenues for specialisation. This development could also help ensure that pharmacists skills are optimally utilised and provide the highest standard of patient care. In addition, hospital respondents outlined the requirement of governing bodies to recognise specialist roles and the potential opportunity for pharmacists to play an expanded medicines specialist role within the health system.

# Career Development and Leadership

## Theme 2: Pharmacy and Advocacy

### Maximising the Role of Pharmacists

Pharmacists were asked what could be changed to ensure that they were optimally utilised in the Irish health service. The responses were diverse but generally aligned under the headings of 'Professional Improvements' and 'Technological Improvements'. In brackets after the theme, is the percentage number of references made by the survey respondents.

Under the heading of Professional Improvement the most common themes were:

- More structured staff training (16%);
- Specialist pharmacist roles (14%); and
- Hire and train more support staff (10%).

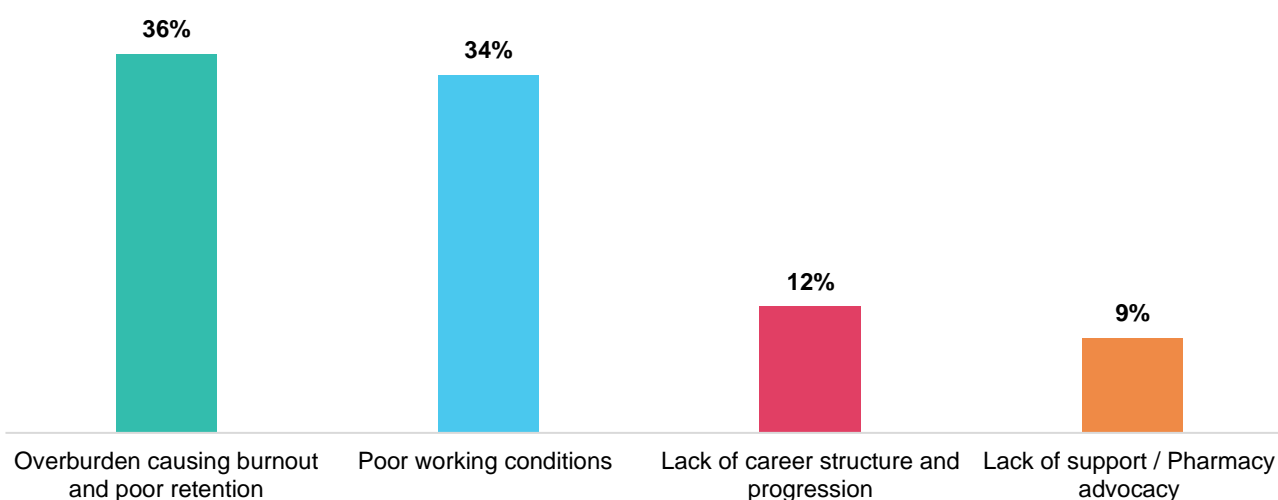
Under the heading of Technological Improvement, two of the most common themes were:

- Less administration through automation (20%); and
- National prescribing system or e-prescribing (13%).

### Main Challenges Facing the Profession

Respondents were asked to comment on what they felt were the main workforce challenges facing the profession in both the community and hospital setting. Being overburdened and poor working conditions were referenced in 70% of the responses. Concerns over lack of support in their role were also cited. See Figure 68 for additional results.

**Figure 68: Main Challenges facing the Pharmacy Profession**



# Trends and Next Steps

## Theme 3: Clinical Offering and Role Expansion

### 3. Clinical Offering and Role Expansion

#### Introduction

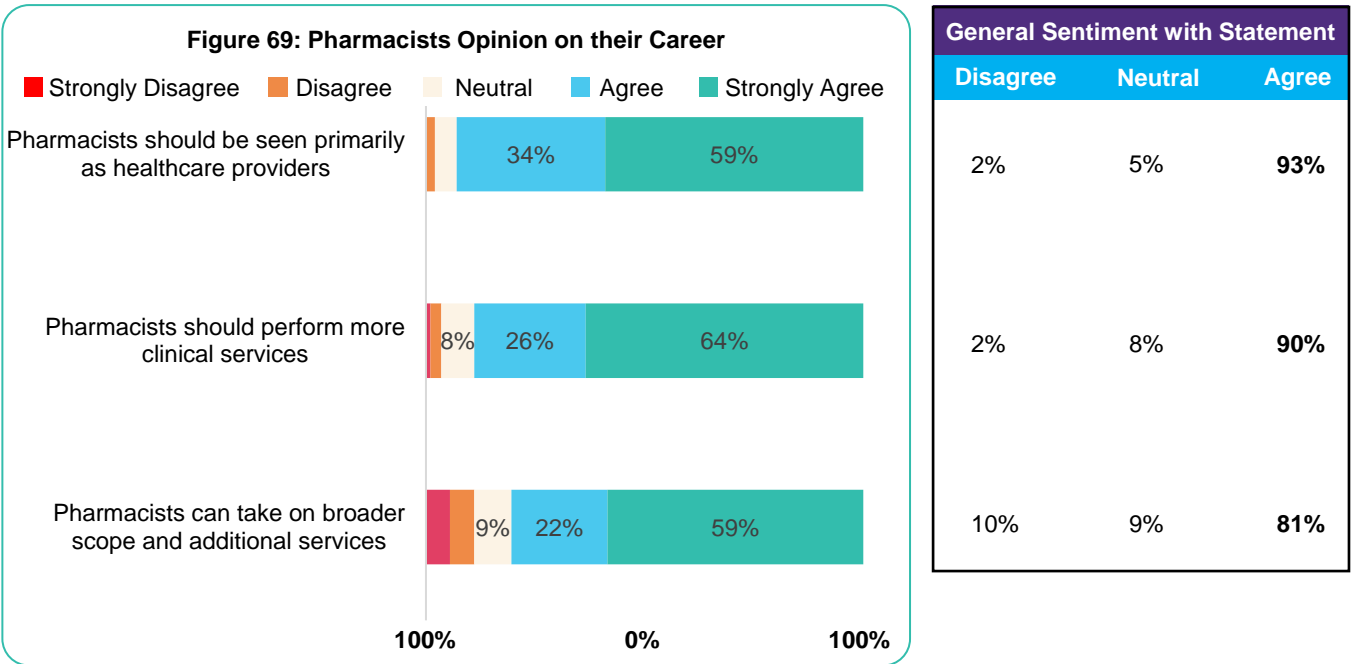
This theme examined respondents’ opinions towards expanding their role and taking on additional responsibility. By including this theme, the survey aimed to fulfil the following objectives;

- 1) To understand if respondents felt their skillset was being fully utilised; and
- 2) To determine if respondents felt they had additional capacity and an interest in expanding their role.

Pharmacists were also asked two open-ended questions about their role within the healthcare system in general.

#### Opinion on Pharmacist Roles

Figure 69 illustrates the career opinions held by the survey respondents.



There was a strong positive consensus regarding the desire to increase the scope of work carried out by pharmacists (81%). This sentiment was further exhibited when 90% of respondents indicated that pharmacists should perform more clinical services.

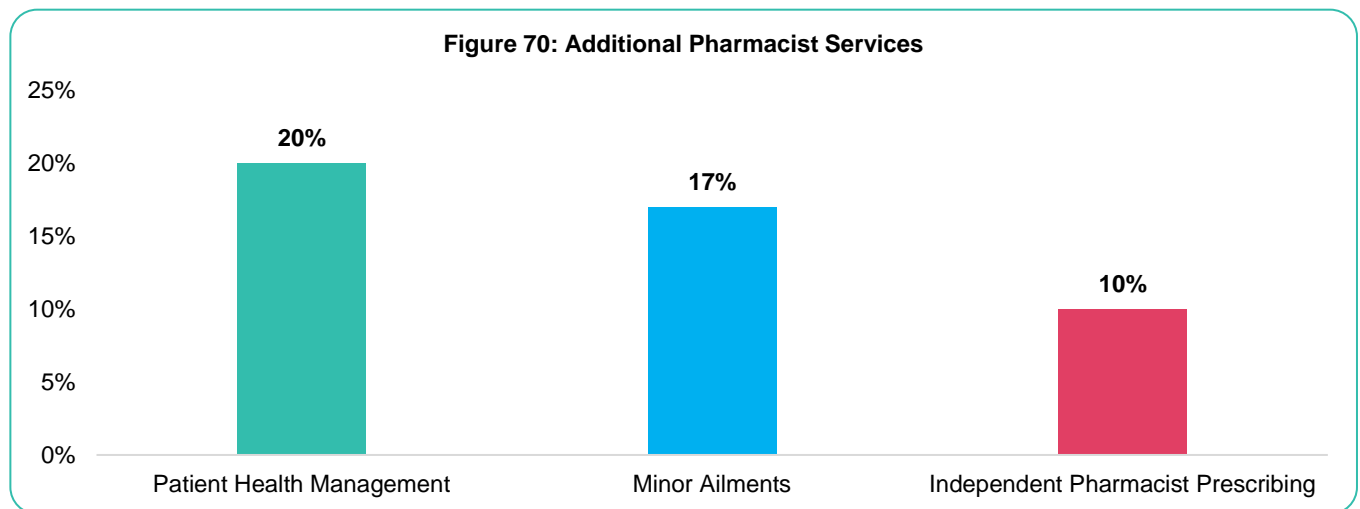
# Trends and Next Steps

## Theme 3: Clinical Offering and Role Expansion

### Additional Services

Respondents who work in a patient-facing role were also asked about what other additional services they would like to provide. These results are shown in Figure 70. The three most commonly cited service suggestions were:

- Patient Health Management;
- Minor Ailments; and
- Independent Pharmacist Prescribing.



## Section 4: Student Perspective



# Student Perspective

## Theme 1: Plans for Practising as a Pharmacist

### 1. Plans for Practising as a Pharmacist

#### Introduction

Students were invited to participate in the PSI workforce survey as they are a core element of the future pharmacy workforce. 32 out of 187 5<sup>th</sup> year pharmacy students participated in the survey.

#### Future Pharmacist Practice

As outlined in Figure 71, the majority of those who answered this question are planning on practising as a pharmacist on completion of their studies. Further, 84% of respondents expressed that being a pharmacist was their long-term career goal. However, 13% of respondents are not planning on practising as a pharmacist after graduation.

Figure 72 illustrates that 54% of respondents are planning to work in Ireland upon finishing their studies. As shown in Figure 73, 81% of student respondents agreed that they would like to work in a patient-facing role. 84% of students agreed that they would like to work as a locum and 29% agreed that they would like locum work to be their main source of income after qualifying.

Figure 71: Planning on Practising as a Pharmacist

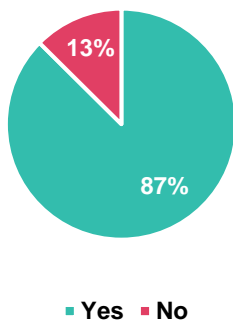


Figure 72: Planning on Working in Ireland or Abroad

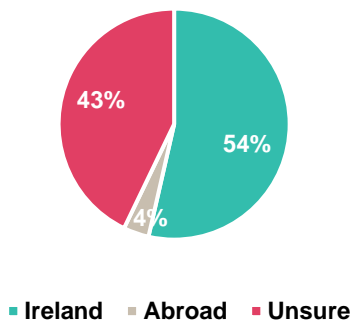
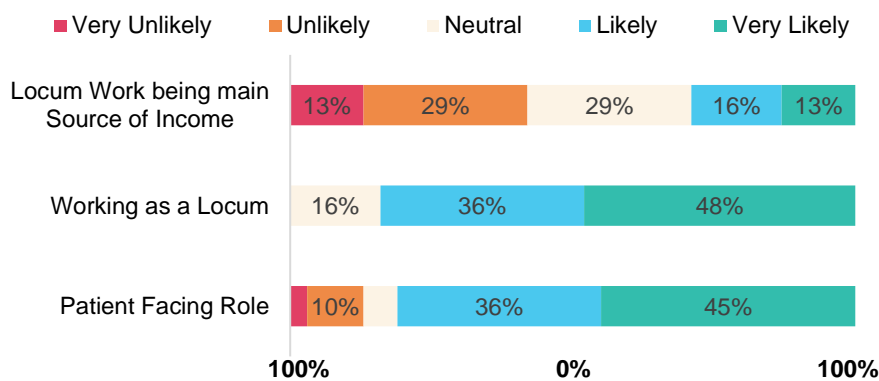


Figure 73: Chosen Area after Qualifying



General Sentiment with Statement		
Disagree	Neutral	Agree
42%	29%	29%
0%	16%	84%
13%	6%	81%



# Student Perspective

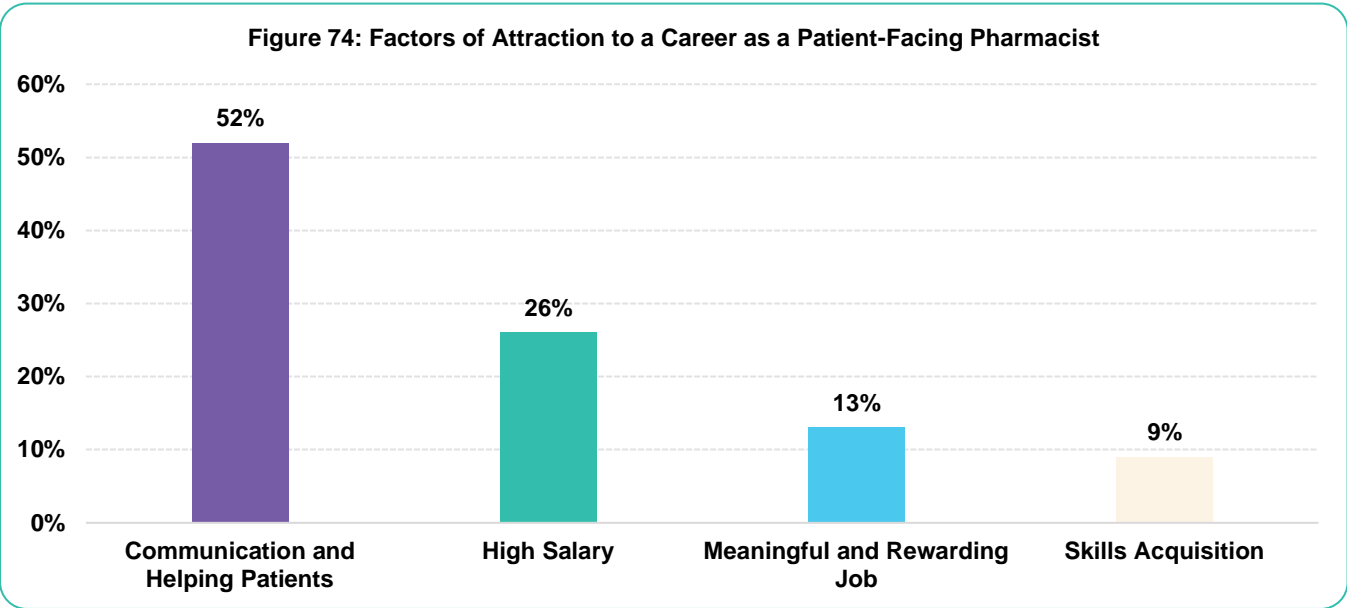
## Theme 2: Work Conditions

### 2. Qualitative Analysis of Work Conditions

Pharmacy students were asked an open ended question about what factors, if any, would most attract them to a career as a pharmacist in a patient-facing role.

Of the 25 respondents who completed this question, over half of the respondents (52%) mentioned interaction with patients as being an attractive factor for a career as a patient-facing pharmacist. See Figure 74 and Table 16 for more detail.

Over a quarter of respondents (26%) mentioned that a high salary is an attractive element of the role and 13% indicated that meaningful and rewarding job elements of the career are important and attractive factors. Only 9% of respondents indicated that skills acquisition is a factor that would attract them to the profession.



**Table 16:** Attractive Factors Associated with the Career of a Pharmacist

Popular Themes	Mentions	Percentage (%)
Communication and Helping Patients	12	52%
High Salary	6	26%
Meaningful and Rewarding Job	3	13%
Skills Acquisition	2	9%

# Student Perspective

## Theme 3: Attitudes Towards the Pharmacy Profession

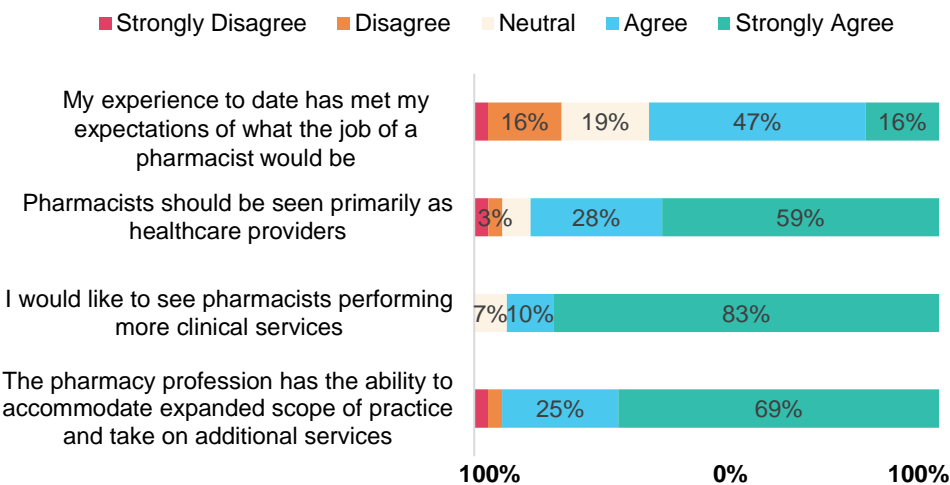
### 3. Attitudes Towards the Pharmacy Profession

The opinions of fifth year pharmacy students towards the pharmacy profession are outlined in Figures 75 and 76.

Over half (63%) of respondents agreed that their experience to date has met their expectations of what the job of a pharmacist would be. 93% expressed that they would like to see pharmacists performing more clinical services. Both Figures 75 and 76 highlight the strong sentiment from pharmacy students that pharmacists could expand their scope of practice within the healthcare system.

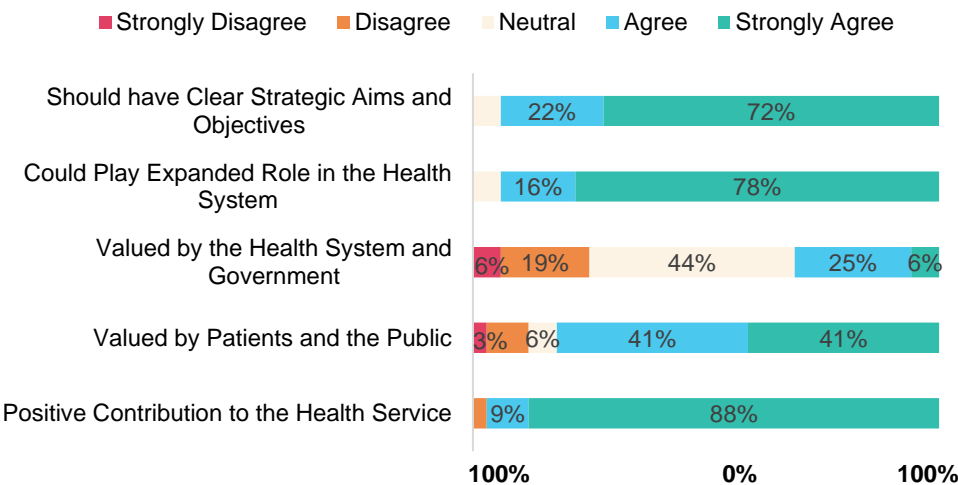
Pharmacy students hold a similar opinion to qualified pharmacists in that only 31% of respondents felt that pharmacists are valued by the health system and Government.

Figure 75: Student Opinions on the Pharmacy Role



General Sentiment with Statement		
Disagree	Neutral	Agree
18%	19%	63%
7%	6%	87%
0%	7%	93%
6%	%	94%

Figure 76: Student Work Attitudes



General Sentiment with Statement		
Disagree	Neutral	Agree
0%	6%	94%
0%	6%	94%
25%	44%	31%
12%	6%	82%
3%	0%	97%

# Discussion on Survey Findings



# Discussion on Survey Findings

## Summary of Key Findings

### Introduction

The Pharmacy Workforce Survey is one element of a wider PSI project that aims to understand the current and future pharmacy workforce challenges and opportunities. Insights from this report will be used to understand the current motivating and demotivating factors for community and hospital pharmacists. It will also act as a baseline from which other, future reports can leverage and compare to. This section of the report will examine the key survey findings and will attempt to explore the potential underlying factors behind them, as supported by the resulting survey data. For consistency, the discussion points are broken down into the four main sections as listed earlier in this report and the key findings are categorised under each of these sections. The below table summarises each of the key findings, each of which is described in detail in the following pages.

Sections	Key Findings
1. Demographics and Work Characteristics	<ul style="list-style-type: none"><li>65% of people who practise as pharmacists are female. In hospitals, 87% are female, which may be explained by working conditions, arrangements and employee benefits associated with this setting;</li><li>Locum work is mostly undertaken by community pharmacists, due to flexibility and variety in the work it provides; and</li><li>Structured working arrangements and steady working hours in hospital pharmacies are resulting in less hospital pharmacists taking up additional locum work and experiencing less stress in their roles compared to community counterparts.</li></ul>
2. Work Attitudes and Work Conditions	<ul style="list-style-type: none"><li>Almost all pharmacists feel their profession makes a positive contribution to the health system, yet they feel undervalued by the Government and the wider health system;</li><li>Retention issues are evident with half of respondents indicating that they are likely to leave their current role and a quarter indicating that they are likely to leave the profession;</li><li>There appears to be capacity for increased scope and service provision as well as a desire to further utilise skills;</li><li>The vast majority of respondents reported experiencing job stress, in particular community pharmacists;</li><li>Delegation of tasks to support staff is a key area for action, in particular administrative tasks;</li><li>Hospital pharmacists appear to receive more employee benefits in comparison to community pharmacists;</li><li>Just over half of pharmacy students indicated they intend on working in Ireland upon completion of their studies. A similar number of respondents said they weren't sure; and</li><li>There is considerable dissatisfaction amongst those currently in governance roles and such roles are not generally seen as attractive positions.</li></ul>
3. Career Development and Leadership, Trends and Next Steps	<ul style="list-style-type: none"><li>There is a perceived lack of clear career progression opportunities and demand for specialist roles;</li><li>The pharmacy profession should have clear strategic objectives and leadership;</li><li>Pharmacists feel under appreciated and under utilised;</li><li>Extended scope to utilise their clinical skills, delegate tasks and more time with patients would be welcomed; and</li><li>Pharmacists want to be primarily viewed as trusted healthcare professionals.</li></ul>
4. Student Perspective	<ul style="list-style-type: none"><li>54% of respondents are planning to work in Ireland upon finishing their studies;</li><li>81% of student respondents agreed that they would like to work in a patient-facing role;</li><li>84% of students agreed that they would like to work as a locum pharmacist; and</li><li>29% agreed that they would like locum work to be their main source of income after qualifying.</li></ul>

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# Discussion on Survey Findings

## Demographics and Work Characteristics

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### Pharmacy Demographics

The PSI register provides valuable insights into the demographics of the pharmacist profession. There are considerably more females (65%) than males practising as pharmacists across both the community and hospital setting. The survey data has given us insight into two potential reasons for this:

- 1) The pharmacy course, and profession, may attract more women than men. The survey found that 69% of the student respondent cohort were female, compared to 31% who were male, thereby supporting this conclusion. However, it should be acknowledged that this was a small respondent cohort.
- 2) Results from the survey indicated that men are more likely to leave the profession than women. The survey found that 37% of men stated they were likely, or very likely, to leave compared to just 22% of women.

The survey indicates that there is a significant difference in the proportion of males and females within the hospital and community setting. In the hospital, a significant majority of pharmacists (87%) were female, compared to 60% in the community. This observation may be influenced by the more predictable and steady work conditions reported in the hospital setting in addition to some superior benefits, most notably, those relating to maternity leave.

In the community setting, only 15% of pharmacists receive maternity leave benefits above the statutory required benefits compared to 96% of pharmacists in hospitals. An inference that could be drawn from this factor is that hospital pharmacists have a more favourable working environment in terms of a work-life balance. Survey findings on work conditions, environment and employee benefits support this point.

### Further Education

The survey revealed that there is a marked difference in the proportion of pharmacists who hold further higher level education, other than their relevant pharmacy qualifications.

Pharmacists working in a hospital setting were significantly more likely to have undertaken additional higher level education compared to those working in community pharmacies. In hospital pharmacies, 86% of respondents had carried out further education compared to 34% of those who worked in a community setting.

There are several potential reasons for this finding. The majority of hospital pharmacists (57%) have specialist roles, such as haematology, oncology or other specialties, which may require additional qualification, as well as qualifications required to practise in a clinical setting. Further, 85% of their qualifications were related to the science or clinical discipline.

Additional reasoning for this difference in further education could be provided by the survey results presented in the work conditions section. The survey found that 75% of pharmacists in hospital settings feel they have sufficient scope to use their professional skills and expertise, compared to 57% of community pharmacists. This may negatively impact the desire of community pharmacists to take on additional education if they feel underutilised. While not covered by this particular survey, it may be worthwhile noting that the disciplines of further education pursued by hospital pharmacists compared to community pharmacists may differ, due to the differences in the roles and across the two settings. For example, while hospital pharmacists may be required to partake in further study in a particular speciality, community pharmacists may choose to undertake study in a non-pharmacy related subject, such as business, due to the managerial and business related aspects of their role. This may not be a consideration for those working in a hospital setting. To note, many hospitals support and encourage staff to pursue further education and offer paid study leave or contribute to funding.

### Pharmacist Workforce in Ireland

Pharmacists in Ireland are largely made up of professionals who have obtained their qualifications in either Ireland or the UK. A total of 91% of pharmacist survey respondents fall into this cohort, while only 9% account for those who trained abroad other than in the UK.

A potential reason for this could be that the pharmacists role is more similar between the Irish and UK jurisdictions compared to other countries in Europe and abroad. However, to fully understand the reasons and to support this theory, further research would need to be conducted.

In addition, it was expected that the younger generation (<35 years old) would be more mobile and might be looking for career opportunities overseas as this has been reported in the literature from other countries<sup>1-4</sup>. However, the survey data did not support this assumption.



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# Discussion on Survey Findings

## Demographics and Work Characteristics

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### Role Identification

Under the Role Identification theme, the survey identified insights into the types of roles that pharmacists occupy.

One of the key findings within this theme was the difference in the proportion of permanent, full-time pharmacists within the hospital and community settings. While 57% of pharmacists hold a full-time and permanent role among the entire cohort surveyed, 75% of hospital pharmacists fall into this category. This compares to just under half of community pharmacists, leading to a conclusion that hospital roles are more likely to be permanent and full-time. This could be viewed as providing more job security compared to non-permanent or part-time work. Conversely, community roles could be seen as providing more flexibility in terms of working days.

Assessing the Time in Role survey results provides an additional insight into the pharmacy profession. According to the PSI register data, the average age of pharmacists in Ireland is 40.25 years old. This is broadly in line with a previous PSI report from 2009.<sup>5</sup>

From this demographic alone, it could be assumed that the majority of pharmacists would be in their current role for a relatively lengthy amount of time, relative to the number of years in the pharmacy career. However, data from the survey has revealed that in fact, the majority of surveyed pharmacists are in their current roles under 6 years (63%). This is made up of those who are in their current role for under 2 years (39%), and those who have worked in their current role for between 3 and 6 years (24%). This points towards the likelihood that pharmacists may move jobs or careers after a period of time. As shown in this report, 51% of respondents agreed that they are likely to leave their current role in the foreseeable future, supporting this conclusion. The reasons for this could be hypothesised based on results across the entire survey, including working conditions, benefits, overall viewpoints and of course work attitudes.

### Role Details

The survey results relating to the Role Details theme reveal further insights into what the typical role of a pharmacist looks like, particularly in relation to the working days and hours. The survey has found some notable differences in the daily working patterns between community and hospital pharmacies.

In alignment to survey results which indicate that community pharmacists are more likely to hold part-time and/or flexible positions, the survey shows a much wider spread of the average number of days worked per week among the community cohort, compared to those working in a hospital setting.

The majority of hospital pharmacists have reported working an average of 5 days per week (67%) and more than half of hospital pharmacists work 7 or 8 hours daily on average (combined total of 84%). In contrast, community pharmacists have a much more varied work schedule. The average number of daily hours worked in the community setting are much higher, with 86% reporting working on average between 8 and 10 hours per day.

The lower, average daily hours worked in the hospital setting may be a key factor as to why hospital pharmacists have reported experiencing less stress compared to their community counterparts. Moreover, the survey shows that community pharmacists tend to work more days and longer hours, which could potentially be a cause of burnout compared to those who work in hospital pharmacies.

### Locum work

According to the results of this survey, it is apparent that locum work is more commonly undertaken by pharmacists working in the community. Of the 27% of pharmacists who undertake locum work, those who work only in the community setting account for 94%, while those who work as a locum in the community and hospital setting represent 5%. This is a considerable difference worth exploring and the results of this survey can be used to identify a number of reasons and conclusions on why this might be. One influencing factor might be the regulations whereby a pharmacy cannot open without a pharmacist present. Considering the relatively high number of pharmacies, this creates a demand for locum pharmacists being available so that pharmacies can remain open for business.

As described in the previous paragraph on role details, it is clear that hospital pharmacists, in general, tend to have a much more structured working week compared to community pharmacists. They may already be satisfied with their average 5-day working week, with steady hours, and therefore feel no need to take on additional work. Of those hospital pharmacists who do choose to work through locum arrangements, they are choosing to do so for additional income, as roughly half (52%) feel they are not sufficiently remunerated. Considering their, in general, lower level of flexibility in their working week, albeit steady, flexibility in working hours is another major contributing factor for this cohort.

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# Discussion on Survey Findings

## Work Attitudes and Work Conditions

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### Pharmacist Viewpoint

The survey has found that pharmacists across both hospital and community settings largely agree that their roles are valued by patients and the public. They also agree that their roles could be vastly improved through expanding the role they play in the wider healthcare system. In tandem, they feel appreciated by the public but feel let down by the limitations placed on their role within the wider healthcare system, the government and by the regulatory frameworks they have to abide by. This provides solid support for some of the reasons why 51% of pharmacists are likely to leave their current role in the foreseeable future.

It is also important to consider the impact of COVID-19 which has placed extreme pressure on pharmacists, and all healthcare workers, over the last three years. The question of whether pharmacists are likely to leave their current role or take a career break would need to be asked in future iterations of the survey to assess if there is a correlation between leaving their role and the impact of COVID-19 on the healthcare system.

According to the survey results regarding the breakdown of daily tasks undertaken by pharmacists and the factors influencing locum work, administrative tasks take up a considerable amount of a community pharmacist's working day. This administrative burden is one of the major reasons why pharmacists choose locum work and may explain why half of respondents feel their skills and expertise are not sufficiently utilised. It could be argued that with this administrative burden removed, pharmacists would be able to take on a broader scope with additional services and tasks, which is something community pharmacists have expressed a strong desire to do in this survey.

From a role expansion point of view, a high percentage of pharmacists in both types of pharmacy settings agree that there is sufficient desire to take on additional scope in their roles, provided their high administrative and some of their regulatory burdens lessened. Approximately half of hospital pharmacists agree that their role has met their expectations, with just less than half agreeing among the community cohort. It could be worthwhile exploring whether making those changes to the role would improve job satisfaction, retention and overall viewpoints among all pharmacists.

### Work Conditions

Insights provided by the survey reveal similar outlooks on the working conditions across both work settings, with some key differences between the two cohorts.

The sentiments expressed under this theme also act as strong predictors for other viewpoints and provide possible reasoning behind some of the survey findings. For example, the perception among hospital pharmacists that stress is a common feature of their role is high, at 75%, however, this is even higher among community pharmacists with 93% of respondents indicating their agreement.

This may point towards hospital pharmacists being less likely to look for alternative career options, however the opposite is true. This means that something else may be influencing the sentiment towards moving jobs.

While locum roles offer great flexibility, many pharmacists choose those roles because permanent roles are so inflexible. The community setting allows pharmacists to choose the number of days they work per week, more so than typical hospital full-time or part-time contracts. The high level of stress experienced by community pharmacists may be outweighed by the perceived advantages of such working arrangements although there are many potential reasons for this, including higher compensation in community.

### Environment and Delegation

It is apparent in the survey that respondents feel overwhelmed in their current position, in particular regarding the administrative and regulatory burden associated with their roles. To alleviate this pressure and to liberate pharmacists from these tasks, a vast majority of respondents agree that many tasks could be delegated to the wider pharmacy support team, especially to pharmacy technicians. By delegating these tasks, pharmacists believe they could use their knowledge and expertise for more highly skilled tasks. In particular, they could spend more time with patients, as this is an area that respondents believe is not adequately fulfilled.

Regarding their environment, a majority enjoys working with the public and view themselves primarily as healthcare providers. This view informs why these respondents want to undertake less administrative and management tasks and undertake a more clinical role.

### Employee Benefits

Across all four employee benefit factors; supplementary maternity and paternity leave, sick leave benefits and pension schemes, hospital respondents are seen to receive these benefits far more than their community colleagues. Employee benefits are standard across public hospitals, however, benefits differ across the private sector for private hospitals and independent community pharmacies, hence there is no standard set of employee benefits for pharmacists.

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# Discussion on Survey Findings

## Career Development and Leadership

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### Governance Roles

It is apparent that governance roles are unattractive to the vast majority of younger pharmacists and they leave current governance holders dissatisfied with their positions. It is of note that governance positions in general appear to offer less flexibility, compared to support and locum roles. This may be one of the reasons why governance roles are less attractive.

Based on 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%. 78% of non-governance role holders are unlikely to take on a governance role in the future in a community setting.

These statistics indicate that governance roles are unpopular at present. It also indicates that pursuing a governance role in the future is not sought after. There is an overwhelming sentiment that something must change to improve the attractiveness of these roles in both a community and hospital pharmacy setting. One suggestion noted was decreasing the burden of administration tasks, which may prove effective.

### Staffing / Vacancies

Staffing levels were highlighted as an issue, particularly in the community setting where 67% (290 out of 435) of respondents stated that there was a vacancy in the past 12 months.

The popularity of locuming among pharmacists may influence the number of permanent vacancies in both the community and hospital setting. It is clear from the survey respondents that staffing remains to the forefront of challenges currently facing the profession. It may be reasonably postulated that this staffing deficit is influenced by the current working conditions and other issues highlighted previously in this report. All in all, this culminates in a negative impact on the availability and attraction of pharmacists to patient-facing roles.

An estimation of the minimum hours required by patient-facing pharmacists to cover the average opening hours of pharmacies in Ireland can be found in the appendices.

### Career Progression

The responses from this survey indicate that career progression opportunities are limited in both the community and hospital pharmacy setting. This may explain why some pharmacists seek alternative employment in either non-patient facing settings or chose to move to careers that offer a wider range of opportunities.

The lack of career progression was explicitly noted as a priority area to be addressed with 16% of respondents noting it as the biggest advancement that would benefit and improve the attractiveness of patient-facing pharmacist positions.

The need for better career progression was vocalised in the hospital cohort who called for more specialisation and accompanying recognition of specialist pharmacist roles. This mirrors sentiments and developments occurring elsewhere with regard to pharmacist workforces internationally.

### Pharmacy Agenda and Advocacy

All the issues that were examined in the survey are influenced by the need for more advocacy and national co-ordination of the pharmacist workforce. Though this remains an unresolved issue among the existing pharmacy structures within the state, most respondents felt that the profession should have clearer strategic objectives and leadership. To facilitate this advocacy and national agenda setting, many potential avenues could be explored, with some survey respondents noting that there is a need for a Chief Pharmaceutical Officer (CPO). Akin to the Chief Medical and Chief Nursing Officers that exist at present, this role would help involve pharmacists in national health initiatives and so enhance their utilisation and integration within the Irish health service.



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# Discussion on Survey Findings

## Career Development and Leadership

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### Role Expansion

The survey leaves no doubt that respondents feel that they are underutilised to some extent in their current roles. Interestingly, there is a strong desire amongst the patient-facing cohort to have an expanded scope of practice. In particular, this role expansion would seek a shift away from administrative roles and a refocus on clinical pharmacist specific tasks, such as medicines usage reviews.

As illustrated in this report, the majority of respondents want to utilise their clinical skills more and to be primarily viewed as a trusted healthcare professional who can provide the highest quality of pharmaceutical care and medicines advice.

### Student Perspectives

Although student responses are limited by the cohort size, it is heartening to see that the vast majority wish to work in a patient-facing role and practice in Ireland.

Though this does suggest that there is a secure supply of future patient-facing pharmacists in Ireland, it should nonetheless be monitored as viewpoints between the student cohort and recently qualified pharmacists may vary due to their limited experience in clinical and patient-facing roles.

### Closing Remarks

This report has brought several issues to light as expressed by the survey respondents. It is clear that action needs to be taken to address the challenges facing the current patient-facing pharmacy workforce to ensure the future sustainability of the profession.

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# Appendices



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# Appendix 1

## Thematic Analysis

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**Table 17: Thematic Analysis**

Popular Themes	Mentions	Percentage (%)
Minor ailments	244	17%
Appointment of chief pharmacist and improve career structure	173	12%
Independent pharmacist prescribing	157	10%
More Clinical Services	154	10%
Patient Medication reviews	118	8%
Expand pharmacist roles	99	7%
Reduce administrative burden	96	6%
Automated system to access patient records	88	6%
Provide basic screening	77	5%
Injectable medicines delivery	67	4%
More well trained support staff	67	4%
Improvements in the reimbursement strategy for community pharmacists	60	4%
Chronic Disease management (CDM)	50	3%
More rights for hospital pharmacists	48	3%

# Appendix 2

## Further Considerations and Workforce Capacity

### Pharmacy Workforce Capacity Estimation

Pharmacies in Ireland must register their trading hours with the PSI. Further, it is a legal requirement for community pharmacies to have at least one pharmacist on the premises when they are open to the public. Based on the opening hours of pharmacies and the minimum pharmacist requirement, the minimum number of hours of pharmacist resources can be estimated. For example, for 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 value represents the minimum number of hours which requires a pharmacist resource in order for the number of pharmacies in the country to be open to the public.

It is important to note that this estimation is based on the average opening hours and the minimum pharmacist requirement. Therefore it is not an accurate total of real-time opening hours and it does not account for pharmacies that need more than one pharmacist to operate.

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 total number of hours pharmacists in community and hospital settings work on a weekly basis was also estimated. This estimation was based on dividing the total number of survey respondents (1,272) into the total number of pharmacists on the PSI register (7,092) and extrapolating the data. This extrapolation is illustrated below in Table 18.

All the data in the table below has been extrapolated based on the PSI register and survey data in order to provide an estimation of the number of patient-facing pharmacist hours available across the country.

It is important to note the assumptions outlined on the following page for the purpose of this exercise.

**Table 18: Community and Hospital Pharmacy Workforce Capacity**

Community Pharmacists Workforce Capacity					
Role	Pharmacists	Days	Hours	Annual Leave	Workforce Capacity (h)
Owner	736	5	9.7	20.4	32,894
Permanent	2,108	4.7	9.5	21.7	85,746
Part-time	803	3	9.2	20.2	19,290
Locum	574	3.5	9.5	20.4	16,954
Other	167	3.3	8.9	20.9	4,314
Non-Community Locum	624	0.64	9.5	0	3,797
Total	5,012	3.36	9.38	20.7	162,995

Hospital Pharmacists Workforce Capacity					
Role	Pharmacists	Days	Hours	Annual Leave	Workforce Capacity (h)
Permanent	825	4.9	7.8	25.8	28,345
Part-time	201	3.3	9.4	24.9	5,323
Locum	6	3	8	18	118
Temporary Contract	45	4.25	7.4	23.6	1,253
Other	22	3.1	7.3	24.5	428
Non-Hospital Locum	84	2	7.8	0	1,305
Total	1,098	3.42	7.95	23.36	36,771

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# Appendix 2

## Further Considerations and Workforce Capacity

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### Estimating the Total Number of Pharmacists Practising in the Community

In the workforce survey, pharmacists were asked to select their primary area of work. Respondents that selected community or hospital were separated into their respective groups. Those that selected “other”, consisted of pharmacists working in vaccination centres, residential homes etc. 22 pharmacists who identified as practising in the community were unemployed at the time of the survey. Pharmacists who primarily work in other settings but temporarily within community or hospital, were also captured. These respondents are listed as non-community or non-hospital locums.

The estimated number of pharmacists who practice in the community, including irregularly, is estimated to be 5,012 or approximately 71% of the total pharmacy workforce.

For hospitals, it is estimated to be 1,098 or 15.5% of the total pharmacy workforce. This estimation aligns closely with the data held on the PSI register.

### Estimating the Total Number of Hours Pharmacists Practice

As part of the survey, pharmacists were asked to estimate the number of days they work per week and the number of hours they work per day. This varied considerably so each role was calculated individually to improve the overall estimation (Table 18).

Annual leave was also factored into the calculation by determining the total number of hours accrued by pharmacists per week before deducting it from the final capacity figure.

### Assumptions

When calculating the number of days worked, some assumptions were required. Respondents who selected 5+ days were recorded as 6 days. In regards to locum work, some pharmacists selected “Infrequently/Ad hoc”. This was estimated to be 1 day a month. For annual leave, respondents who selected <20 days were assumed to have the statutory minimum of 18. When a range was selected, e.g., 20–22 days, the average number was used i.e., 21 days. Lastly when >26 days was chosen, 27 days was used for the calculation.

### Estimating the Total Workforce Capacity

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 the registered pharmacy opening hours, it was estimated that community pharmacies require pharmacists to work 109,374 hours per week. This equates to 1.49 patient-facing pharmacists per community pharmacy.

