Workforce Survey Report

Emerging Risks to Future Pharmacy Workforce Project

April 2023

Description of Report Sections

Section	Description
Section 1: Introduction and Survey Rationale	Provide background on the survey and its objectives.
Section 2: Survey Methodology and Design	Provide an overview of the methodology employed during the survey design, planning and implementation stages.
Section 3: Topic Investigation Area (TIA) Findings	Provide a summary of the key findings identified in each of the Topic Investigation Areas identified in the previous section.
Section 4: Discussion of the Survey Findings	An analysis and critical insight into the key survey findings.

Section 1

Introduction and Survey Rationale

Introduction and Survey Rationale

Establishing a Baseline View of Pharmacy Workforce in Ireland

Introduction

The Pharmaceutical Society of Ireland (PSI) project, Emerging Risks to Future Pharmacy Workforce, aims to establish a baseline view of the community and hospital pharmacist workforce in Ireland.

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

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

Each element will contribute to a comprehensive Workforce Intelligence Report.

This report is concerned solely with the Pharmacy Workforce Survey and is primarily focused on the continued availability of patient-facing pharmacists.

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. Although not exhaustive, the following gives examples of roles which are considered as patient facing:

- Pharmacists working on a full-time, occasional or casual basis in community pharmacy;
- Hospital Pharmacists working on a full-time, occasional or casual basis;
- Superintendent Pharmacists;
- Supervising Pharmacists; and
- Locum Pharmacists.

Pharmacy Workforce Survey

To practice in Ireland, all pharmacists must register with the PSI annually. All pharmacists registered with the PSI, and 5th year pharmacy students, were invited to take part in a carefully designed workforce survey.

This survey was circulated in November 2022 for a period of two months 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, resulting in a response rate of 18%.

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 is 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 total available hours of patient facing pharmacists (broken down by community and hospital pharmacy);
3) Establish the proportion of the register of pharmacists working in a locum capacity (both solely, and those with dual/multiple roles);
4) Measure satisfaction with current career and report on this by role type;
5) Measure satisfaction/opinion on role of pharmacists and profession of pharmacy;
6) Assess intention to stay in current or similar role or change roles in the next 12-24 months and intended area of practice (or in the case of pharmacy students, their intended area of practice post-registration);
7) Gather opinion on governance roles (i.e. supervising pharmacist and superintendent pharmacists roles), including any barriers to taking up these roles; and
8) Analyse and report on any significant differences based on gender, age and location.

Detailed Outputs

Outputs from the Pharmacy Workforce Survey include:

- Survey design;
- Analysis of results in combination with other relevant data already available to the PSI; and
- Presentation of findings as a report.

The insights and analysis gained from the Pharmacy Workforce Survey will form part of the evidence for the recommendations in the Workforce Intelligence Report.

Section 2

Survey Methodology and Design

Survey Methodology and Design

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.

To maximise the survey response rate, a pre-Christmas launch date was chosen. The PSI distributed the survey to all pharmacists on their 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 19th 2022.

A second email, with the same survey, was sent to all the 5th year pharmacy students (n=187) through APPEL (Affiliation for Pharmacy Practice Experiential Learning). To enhance participation, the PharmaBuddy App was used.

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 are 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 vs female; and

4) Qualitative Analysis Snapshot - The qualitative software, NVivo, was used to identify and cluster key themes for long-form questions.

Survey Methodology and Design
Overview of the Modular Approach for Survey Design

Modularisation Model Used for the Survey Design

Figure 1 offers a more in-depth insight to the modularisation approach employed for the development of the survey. The three modules used were:

1) Sections;
2) Domains; and
3) Topic Investigation Areas (TIAs).

By adopting this modularised approach, the project team ensured that questions were linked to core areas of interest that were deemed appropriate and relevant for examination to establish a baseline view of the pharmacist workforce. This approach also provides a system that can be futureproofed for the issuance of further iterations of this workforce survey.

As shown below, additional areas of investigation can be added with ease while collecting data in a longitudinal manner on core elements such as workforce age profile and work attitudes.

Figure 1: Survey Modularisation Model
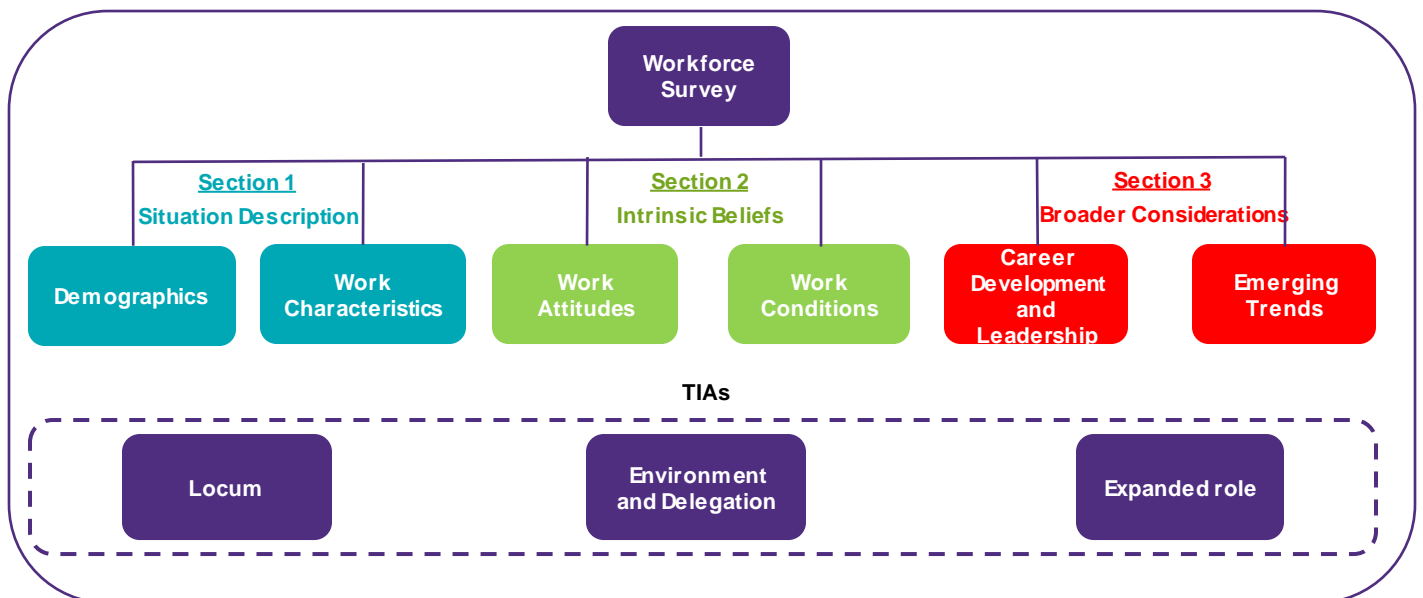
Section 3

Topic Investigation Area (TIA) Findings

Description of Survey Sections

Overview of Each Survey Section and Associated TIAs

Table 1: Overview of Survey Approach

Domain	Survey Section	Associated Topic Investigation Areas (TIAs)
1	Demographics Work Characteristics	1. Demographics and Further Education 2. Identification of role(s) 3. Role Details (including hours worked) 4. Specific Questions on Locum Pharmacists
2	Work Attitudes Work Conditions	1. Pharmacist Viewpoint 2. Work Conditions 3. Environment and Delegation 4. Employee Benefits 5. Student Perspective 6. Governance Roles
3	Career Development, Professional Leadership, and Future of the Profession	1. Career Progression 2. Pharmacy Agenda and Advocacy 3. Clinical Offering and Role Expansion

Domain 1:
Demographics and Work Characteristics

Domain: Demographics

PSI Survey Respondents Data

1. Demographics and Further Education

Introduction

This topic 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 Respondents

There were 1,272 complete responses:

- 1,240 pharmacists responded out of 7,062 on the PSI register (18% response rate) with an overall 95% confidence level of 0.025; and

- 32 students responded out of a population of 187 (17% response rate) with an overall 95% confidence level of 0.021.

A comparative analysis of the survey responses was conducted across a number of cohorts to ensure the data was representative of the profession e.g., gender, age, principal place of practice.

Table 2: Survey Respondent Data Compared with PSI Register Data

Key Indicators	PSI Register Data*	Proportion Percentage of Total 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
Student	187	100%	32	17%	p = 0.021
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

Domain: Demographics

## TIA: Demographics and Further Education

Demographics

Survey Findings

Gender

It is important to understand the gender breakdown of pharmacists on the PSI register and how this compared to survey respondents. On the PSI register, 65% of pharmacists were female and 35% were male. This was directly comparable to the respondents of the workforce survey whereby the majority were female (65%) and males represented the next largest cohort (35%). Non-binary comprised of 0.08% of respondents and 11 respondents declined to reveal their gender and were therefore excluded from analysis (see Figure 2).

Further, female respondents accounted for 60% of the community pharmacist workforce and 87% of the hospital pharmacist workforce.

Figure 2 : Gender Breakdown

- Female
- Male
- Non-Binary
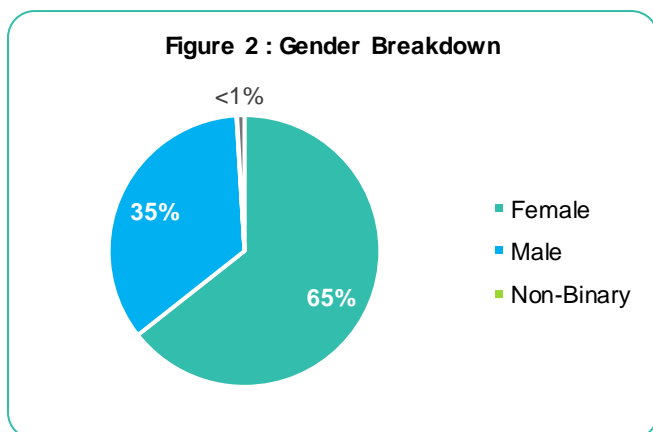
Patient Facing Roles

Survey results indicate that most pharmacists (87%) occupied a patient-facing role (see Table 3). Of the 11% who were non-patient facing, only 7% of these practice in either community or hospital. The remaining work in the pharmaceutical industry, government, regulation, academia or other.

Table 3: Are you in a patient facing role?

| Response	Response #	Response %
Yes	1052	87%
No	135	11%
Unsure	19	2%

Age

The survey posed age-related questions to the respondents to ascertain age specific insights.

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.

Similarly, Figure 3 illustrates that 71 % of survey respondents were 35 or older and 29% were 34 years old or younger.

Figure 3 : Age Group Breakdown
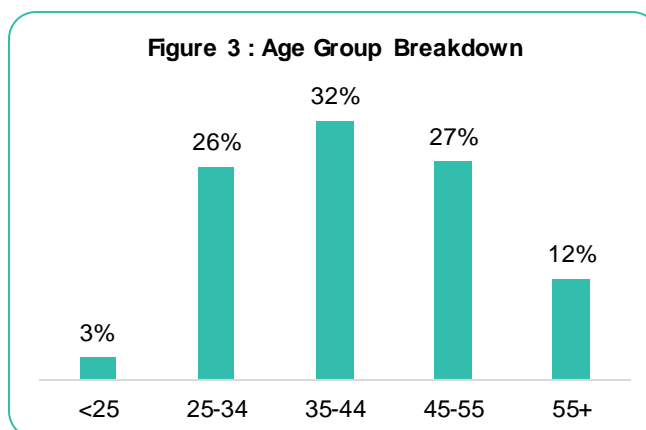
Location Distribution

The survey sought to identify the distribution of pharmacists between rural, city and urban areas. The criteria outlined in Table 4 was applied to segregate the data into the aforementioned 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

Domain: Demographics

TIA: Demographics and Further Education

The distribution of pharmacists by location is shown in Figures 4 to 6.

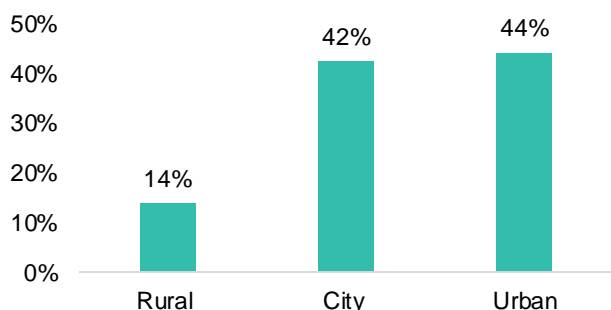### Figure 4: Overall Distribution of Pharmacist Roles

A bar chart showing: Rural 14%, City 42%, Urban 44%.

Figure 5: Distribution of Pharmacists in Community Setting

A bar chart showing: Rural 17%, City 33%, Urban 50%.
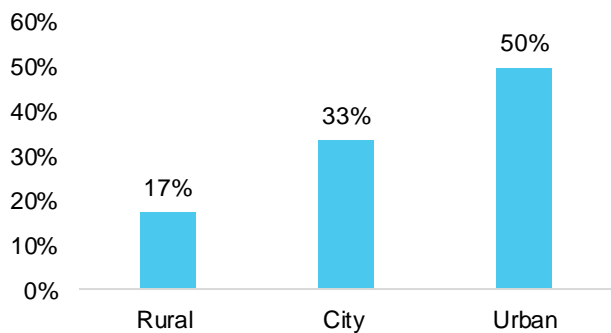
Figure 6: Distribution of Pharmacists in Hospital Setting

A bar chart showing: Rural 1%, City 67%, Urban 32%.
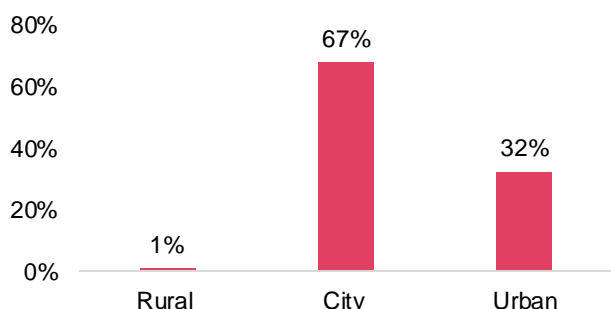
As illustrated in Figure 4, pharmacists were primarily located in city and urban areas. There is a significant difference between the distribution of pharmacists in the community and hospital setting. 67% of pharmacists that work in a hospital setting were located in the city, reflective of where hospitals are located.

Jurisdiction of Qualification

This element sought to understand the breakdown of respondents by country of qualification.

Figure 7: Breakdown of Respondents by Country of Qualification

A bar chart showing: Non EU/EEA Member State (excluding the UK) 2%, EU/EEA Member State 7%, UK 34%, Ireland 57%.
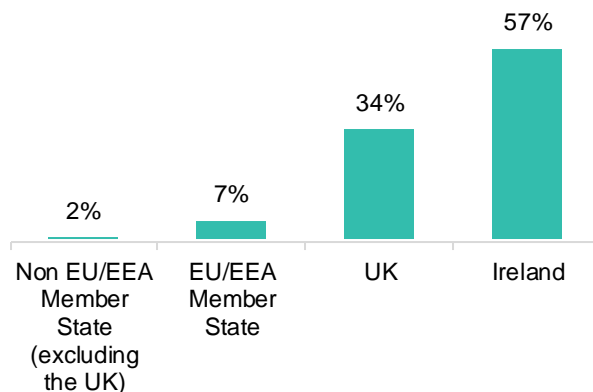
As shown in Figure 7 above, the majority of all survey respondents received their qualification in Ireland (57%) and a significant number (34%) obtained their qualification in the United Kingdom.

This trend is reflected in both the hospital and community cohorts, as shown in Figures 8 and 9 overleaf.

Domain: Demographics

TIA: Demographics and Further Education

Figure 8: Country of Qualification in Community

Figure 8: Country of Qualification in Community
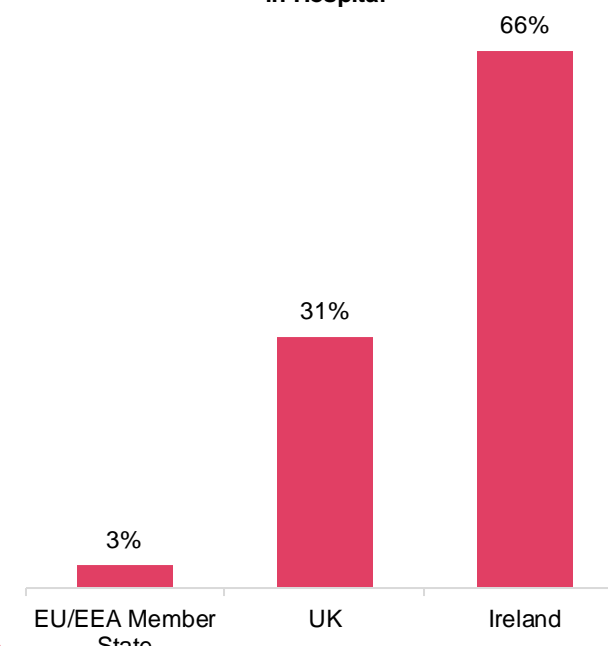
- Non EU/EEA Member State (excluding the UK): 2%
- EU/EEA Member State: 9%
- UK: 37%
- Ireland: 52%

Figure 9: Country of Qualification in Hospital

Figure 9: Country of Qualification in Hospital

- EU/EEA Member State: 3%
- UK: 31%
- Ireland: 66%

Further Education

The survey asked respondents if they had completed any additional formal higher education (see Figure 10 and Figure 11). This was asked to assess if pharmacist respondents had undertaken additional areas of study in their area of practice, or in external or new fields of study.

Figure 10: Additional Formal Higher Education - Community

- Yes: 34%
- No: 66%
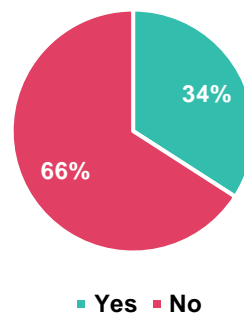
Figure 11: Additional Formal Higher Education - Hospital

- Yes: 86%
- No: 14%
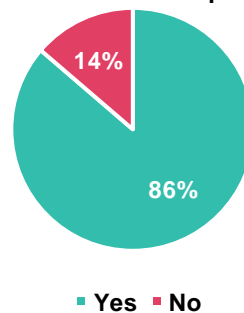
Interestingly, significantly more pharmacists who practiced in the hospital setting completed additional formal higher education when compared with their community based colleagues (86% vs 34%). Based on the free-text data, it was identified that the majority of hospital pharmacists completed a clinical diploma or a Master of Science (MSc) in Hospital Pharmacy.

Domain: Work Characteristics
TIA: Role Identification

2. Role Identification

Introduction

This topic was concerned with gathering information regarding the roles that respondents occupy. Among other things, the following objectives were examined:

1) Understand where and how pharmacists are working (types of roles); and

2) Establish a baseline view of the overall capacity of the patient facing workforce, i.e. total available hours of patient facing pharmacists.

Survey Findings

Patient Facing vs Non-Patient Facing Pharmacists

A workforce planning initiative should take account 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 12, patient facing pharmacists represent a clear majority of the survey respondents (87%).

Figure 12: Patient Facing vs Non Patient Facing Pharmacists
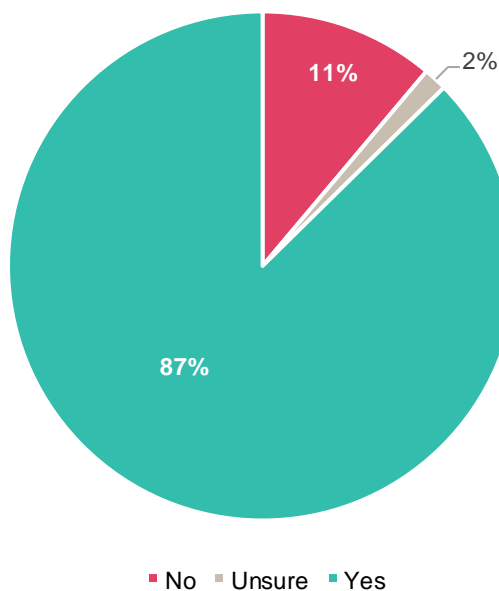
Primary Area of Practice

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

All survey participants were asked to report on their area of practice and the responses reported similar results:

• 66% worked primarily in the community setting;

• 16% worked in a hospital setting; and

• 18% in other areas.

These results are illustrated in Figure 13 below.

Figure 13: Primary Area of Practice
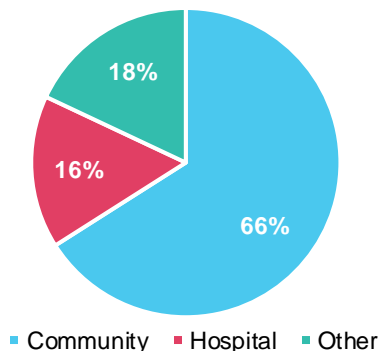
On further examination, (see Figure 14) the majority of pharmacists who work primarily in community and hospital settings were female, with a higher proportion in hospital.

Multiple role combinations can be viewed in Table 5 and 6 overleaf.

Figure 14: Community and Hospital Gender Breakdown
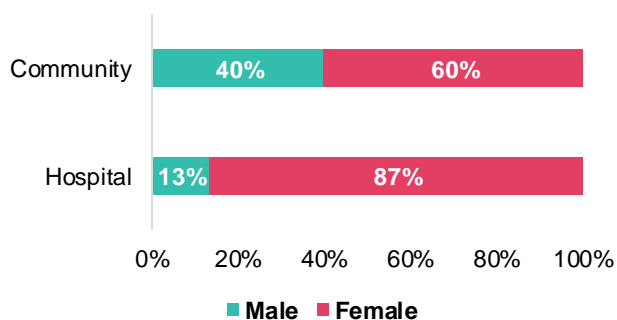
Domain: Work Characteristics

TIA: Role Identification

Table 5: Pharmacy Role Breakdown

Breakdown of Role: Community	Data Overview	
Role	Respondent #	Respondent %
Owner	71	9%
Superintendent Pharmacist	173	22%
Supervising Pharmacist	175	22%
Support Pharmacist	240	30%
Locum	130	16%
Total	789	100%

Breakdown of Role: Hospital	Data Overview	
Role	Respondent #	Respondent %
Head of Pharmacy Department	19	10%
Chief 1 Pharmacist	7	4%
Chief 2 Pharmacist	36	19%
Support Pharmacist	107	55%
Staff Grade Pharmacist	25	13%
Total	194	100%

Breakdown of Role: Other	Data Overview	
Role	Respondent #	Respondent %
Academia	33	16%
Government/Regulation	44	21%
Pharmaceutical Industry	72	34%
Other	63	30%
Total	212	100%

Domain: Work Characteristics

TIA: Role Identification

Table 6: Respondents Working in Multiple Settings

Respondents Working in Multiple Settings	Data Overview	
Total Number of Respondents Working in Multiple Settings	152	
Total Number of Unique Role Combinations	24	

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%

Respondents Working in Multiple Roles - Community	Data Overview	
Total Number of Respondents Working in Multiple Roles	195	
Total Number of Unique Role Combinations	14	

Most Common Combinations	Respondent #	Respondent %
Superintendent Pharmacist; Supervising Pharmacist	100	51%
Support Pharmacist; Locum	25	13%
Superintendent Pharmacist; Supervising Pharmacist; Owner	48	25%
Superintendent Pharmacist; Owner	9	5%
Supervising Pharmacist; Support Pharmacist	3	2%

Respondents Working in Multiple Roles - Hospital	Data Overview	
Total Number of Respondents Working in Multiple Roles	19	
Total Number of Unique Role Combinations	14	

Most Common Combinations	Respondent #	Respondent %
Head of Pharmacy Department; Chief 1 Pharmacist	4	21%
Head of Pharmacy Department; Chief 2 Pharmacist	2	11%
Chief 2 Pharmacist; Supervising Pharmacist	2	11%

Domain: Work Characteristics

TIA: Role Identification

Employment Situation

The survey posed questions regarding the employment type occupied by each respondent. The responses are shown in Figures 15 and 16.

Figure 15: Overall Employment Situation

Category	Percentage
Other	7%
Self-employed (locum)	9%
Self-employed (owner)	11%
Permanent - Part Time	16%
Permanent - Full Time	57%
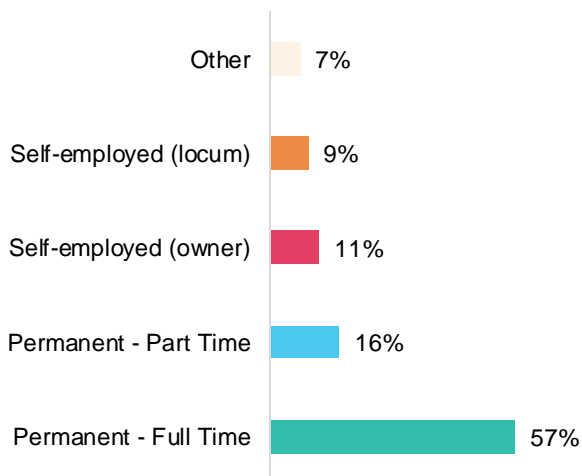
Figure 16: Employment Type (Hospital and Community)

	Community	Hospital
Permanent - Full Time	48%	75%
Permanent - Part Time	18%	18%
Owner	17%	0%
Locum	13%	0%
Other	4%	7%
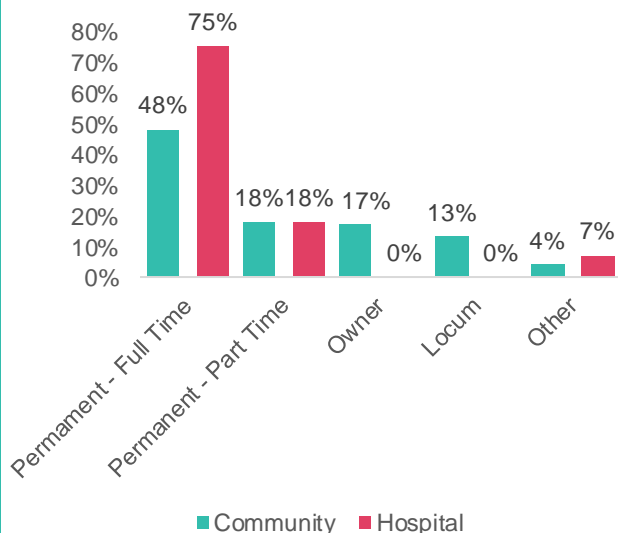
As shown in Figures 15 and 16, the majority of respondents work in either permanent full-time or part-time employment. This pattern is evident across both the hospital and community cohorts.

Time in Role

The survey sought to understand the length of time respondents were in their current primary role.

Figure 17 details that a significant amount of respondents (36% in community and 44% in hospital) have been in their current role between 0-2 years.

Figure 17: Period of Time in Current Role

	Community	Hospital
>15 years	25%	13%
11-15 years	6%	8%
7-10 years	10%	15%
3-6 years	23%	20%
0-2 years	36%	44%
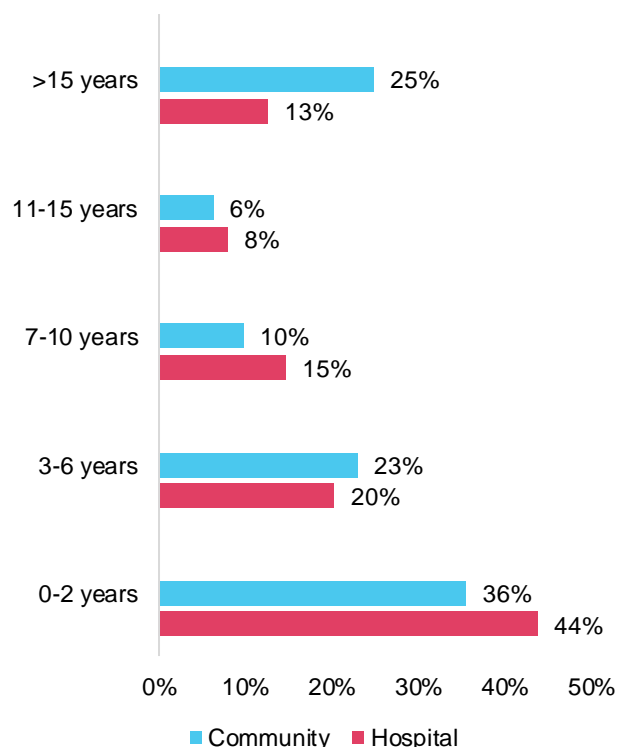
Domain: Work Characteristics
TIA: Role Identification

Hybrid Working

In the wake of the COVID-19 pandemic, remote and hybrid working options were implemented across many professions. This sparked a paradigm shift towards remote working and is likely to remain a long standing legacy of the pandemic.

As this is an interesting development in the broader working experience, the survey sought to establish a baseline view amongst respondents regarding the availability of remote or hybrid working options for pharmacists. These results are shown in Figure 18 and Table 7.

Hospital Specialisation

Focusing on respondents who worked in the hospital setting, supplemental questions were asked about role specialisation in a particular clinical direction (e.g. specialisation in a therapeutic area etc.).

Results showed that 57% of respondents in hospital pharmacy roles practice in a specialist area. See Figure 19 below.

Figure 18: Availability of Hybrid Working

■ No ■ Yes
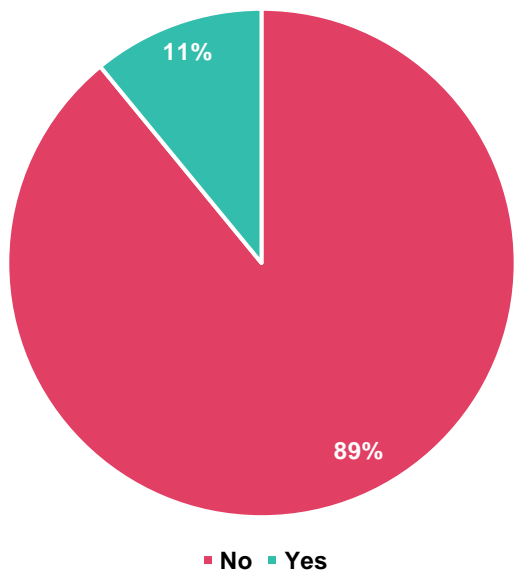
Figure 19: Practice in a Specialist Area - Within a Hospital Setting

■ No ■ Yes
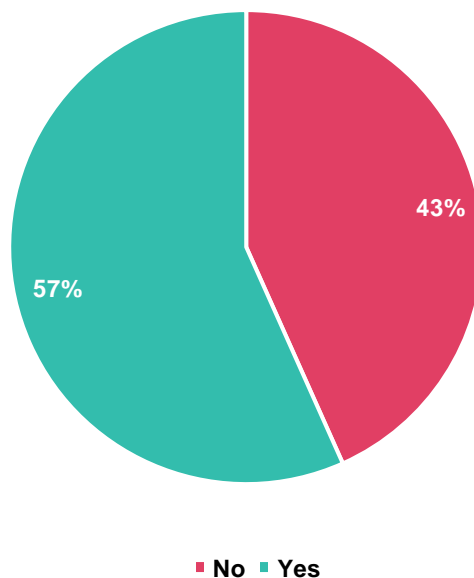
Table 7: Availability of Hybrid Work by Work Setting

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

From the qualitative analysis, the main specialist roles undertaken include:

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

Furthermore 92% of these hospital pharmacists who practice in a specialist area have completed additional formal education.

Domain: Work Characteristics
TIA: Role Details

3. Role Details

Introduction

This topic was concerned with gathering detailed information on the roles occupied by respondents. The following objectives were examined:

1) Breakdown of days worked;
2) The frequency of weekend work; and
3) Details about their current work environment.

Survey Findings

Days Worked in an Average Week

Figures 20 and 21 illustrate the average number of days worked per week by community and hospital pharmacists, respectively.

Within the hospital setting, 67% of respondents reported to work a 5 day week.

Days Worked in an Average Week (Cont'd)

In contrast, of the respondents who work in a community setting, 31% work a 4 day week and 31% work a 5 day week. This data indicates that part-time work is more readily available in the community setting.

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 22 and 23.

A 9 hour day was the most common among community pharmacists (48%) compared with a 7 hour day among hospital pharmacists (50%). These results indicate that, on average, hospital pharmacists work less hours per day, but work more days per week, that their community counterparts.

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

Figure 20: Average Number of Days Worked Worked Per Week - Community

Half a day or less: 1%, 1 day: 2%, 2 days: 5%, 2.5 days: 3%, 3 days: 12%, 4 days: 31%, 5 days: 31%, >5 days: 15%
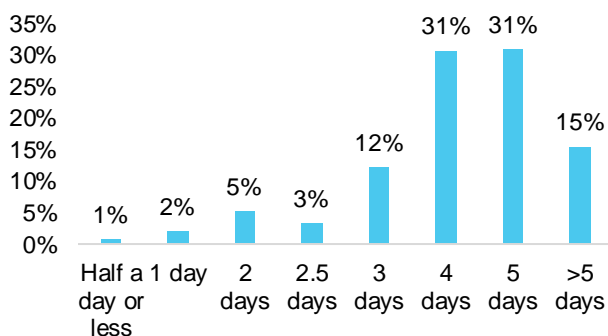
Figure 22: Average Number Of Hours Worked Per Day - Community

0-5: 1%, 6: 0%, 7: 1%, 8: 11%, 9: 48%, 10: 27%, 11: 7%, 12+: 5%
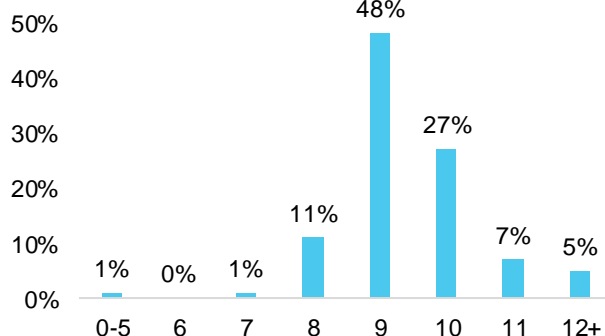
Figure 21: Average Number of Days Worked per Week - Hospital

Half a day or less: 1%, 1 day: 1%, 2 days: 1%, 2.5 days: 5%, 3 days: 6%, 4 days: 13%, 5 days: 67%, >5 days: 6%
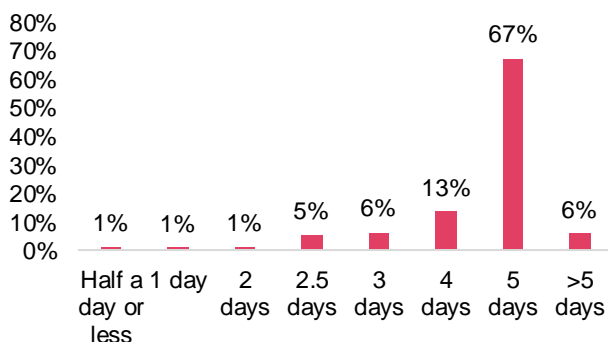
Figure 23: Average Number of Hours Worked Per Day - Hospital

0-5: 2%, 6: 1%, 7: 50%, 8: 33%, 9: 6%, 10: 3%, 11: 0%, 12+: 5%
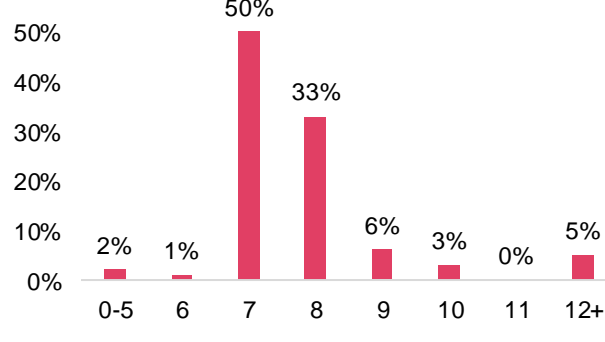
Domain: Work Characteristics

TIA: Role Details

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

Domain: Work Characteristics

TIA: Role Details

Weekend Work

The survey asked respondents a series of questions about weekend work within their roles. This ranged from once a month to four times a month. The results are illustrated in Figures 24 and 25 below.

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

To capture how often pharmacists work weekends, the survey also asked about the frequency of weekend work. These results are shown in Figures 26 and 27 below.

86% of community pharmacists, compared with 38% of hospital pharmacists, work weekends between 2-4 times per month.

Figure 24: Works Weekends - Community

- 17% No
- 83% Yes

■ Yes ■ No
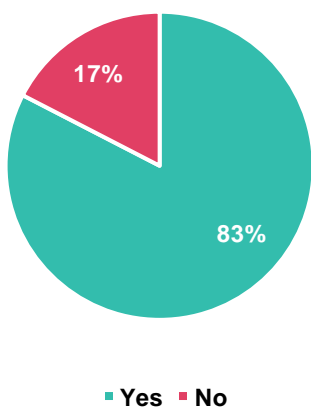
Figure 26: Frequency of Working Weekends - Community

- Four Times a Month: 21%
- Three Times a Month: 17%
- Twice a Month: 48%
- Once a Month: 14%
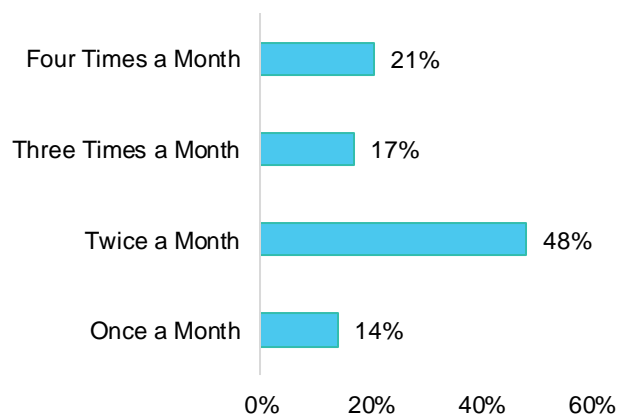
Figure 25: Works Weekends - Hospital

- 23% Yes
- 77% No

■ Yes ■ No
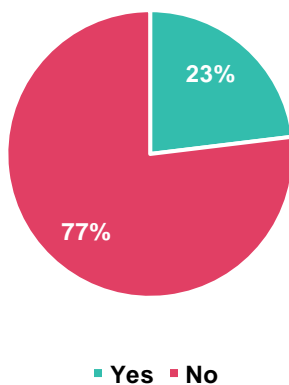
Figure 27: Frequency of Working Weekends - Hospital

- Four Times a Month: 8%
- Three Times a Month: 2%
- Twice a Month: 28%
- Once a Month: 62%
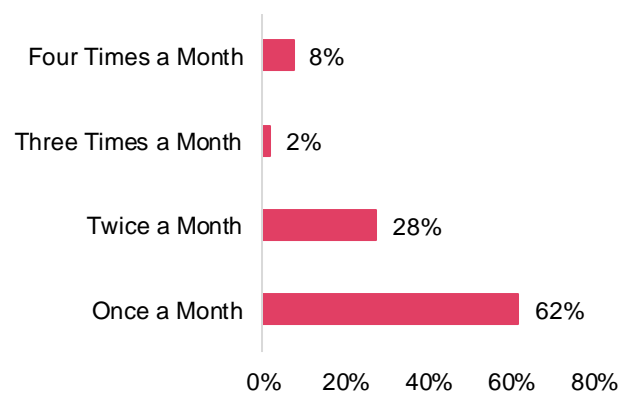
As shown in Figure 24, weekend work is a common element for the majority (83%) of community pharmacist roles. Interestingly the opposite was observed in Figure 25 which examined hospital respondents.

Domain: Work Characteristics
TIA: Role Details

Work Environment

The survey posed questions to respondents about their current working environment with regards to working alongside pharmacist colleagues, the presence of pharmacy technician support and their ability to take protected lunch breaks. Both the community and hospital cohorts were examined and the results are illustrated in Figures 28 and 29.

Figure 28: Work Environment – Community

Legend: ■ Never ■ Rarely ■ Sometimes ■ Most of the Time ■ Always

	Never	Rarely	Sometimes	Most of the Time	Always
Work Beside Technicians	6%		13%	39%	38%
Works Beside Pharmacists	21%	26%	26%	21%	6%
Protected Lunch Break	34%	20%	17%	17%	12%
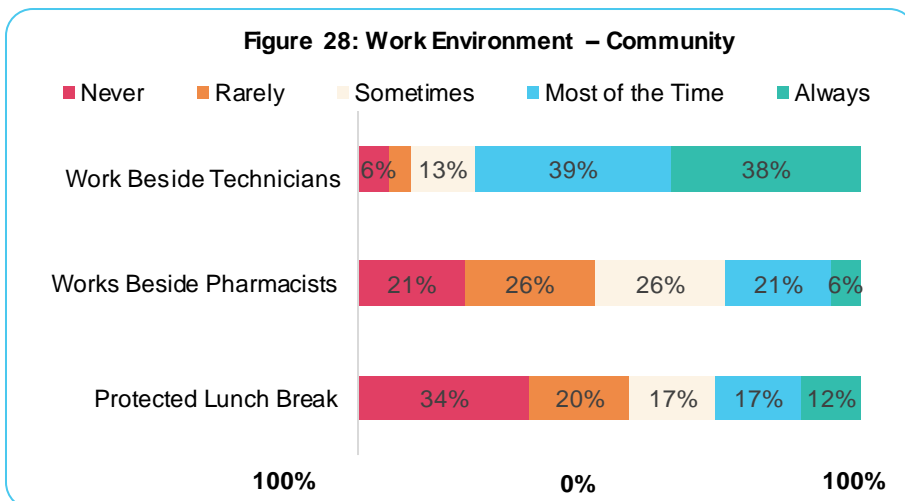
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
10%	13%	**77%**
47%	26%	27%
54%	17%	29%

It is clear form Figure 28 above that the majority of community pharmacists indicated that they do not get a protected lunch break most of the time or always. Similarly, a significant number (47%) rarely or never work beside fellow pharmacists. It is important to note that the majority of respondents (77%) work alongside technicians most, if not all of the time.

Figure 29: Work Environment - Hospital

Legend: ■ Never ■ Rarely ■ Sometimes ■ Most of the Time ■ Always

	Never	Rarely	Sometimes	Most of the Time	Always
Work Beside Technicians			16%	23%	53%
Work Beside Pharmacists			16%	29%	52%
Protected Lunch Break		6%		39%	47%
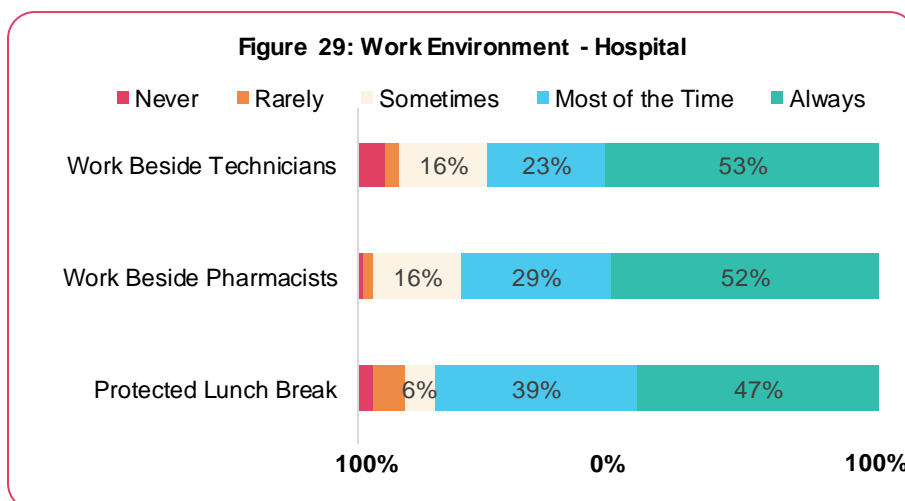
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
8%	16%	**76%**
3%	16%	**81%**
8%	6%	**86%**

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 at 81%. Though there are significantly less community pharmacists that work with other pharmacists (76%) in comparison to hospital pharmacists (81%), this should be viewed in context of their work environment.

Domain: Work Characteristics
TIA: Role Details

Daily Tasks Breakdown for Pharmacists in Patient Facing Roles

The survey aimed to uncover the primary tasks that pharmacists spend time on during their working day. Respondents answered questions on a multitude of tasks to ascertain which tasks they spend the majority of their time doing. These thematic categories offer a valuable insight into the variety of tasks and skills used by pharmacists in the community and in hospitals on a daily basis. Results are shown in Figures 30 and 31.

Figure 30: Time Given To Daily Tasks - Community

Legend: ■ 2 Hours ■ 4 Hours ■ 6 Hours ■ 8 Hours ■ 10+ Hours

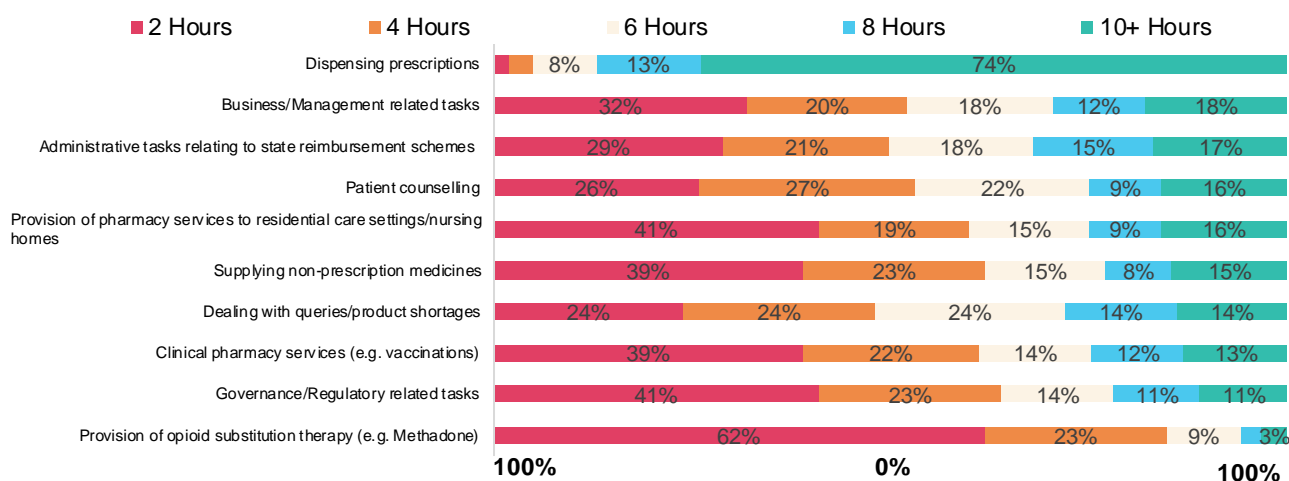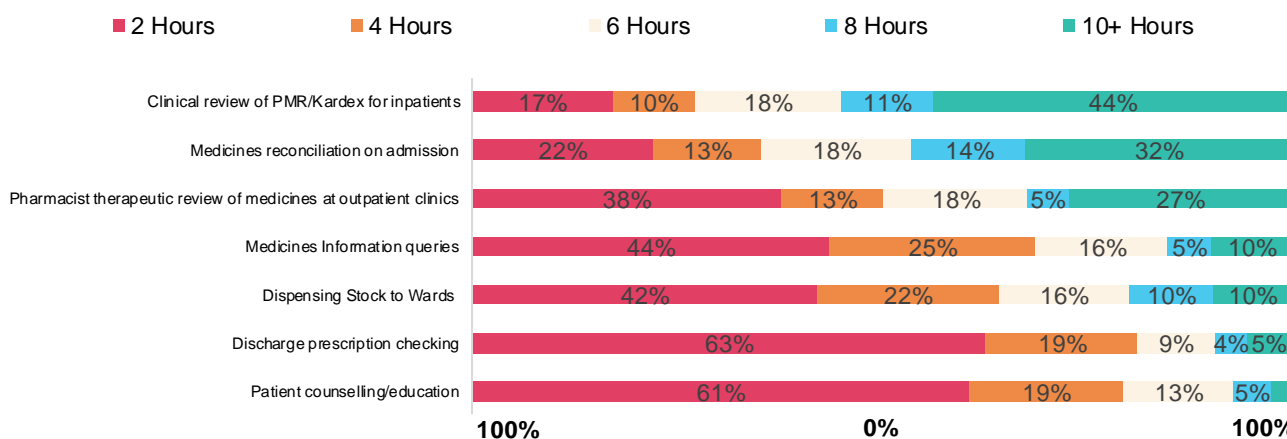| Task	2 Hours	4 Hours	6 Hours	8 Hours	10+ Hours
Dispensing prescriptions		8%		13%	74%
Business/Management related tasks	32%	20%	18%	12%	18%
Administrative tasks relating to state reimbursement schemes	29%	21%	18%	15%	17%
Patient counselling	26%	27%	22%	9%	16%
Provision of pharmacy services to residential care settings/nursing homes	41%	19%	15%	9%	16%
Supplying non-prescription medicines	39%	23%	15%	8%	15%
Dealing with queries/product shortages	24%	24%	24%	14%	14%
Clinical pharmacy services (e.g. vaccinations)	39%	22%	14%	12%	13%
Governance/Regulatory related tasks	41%	23%	14%	11%	11%
Provision of opioid substitution therapy (e.g. Methadone)	62%	23%	9%		3%

100%   0%   100%

In Figure 30, the community respondent cohort noted that a vast majority of their daily time is devoted to dispensing prescriptions (87% spent 8-10+ hours per day on this task). Administrative tasks relating to reimbursement was the second most common task, with 32% spending 8-10+ hours per day completing this task.

Figure 31: Time Given To Daily Tasks - Hospital

Legend: ■ 2 Hours ■ 4 Hours ■ 6 Hours ■ 8 Hours ■ 10+ Hours

Task	2 Hours	4 Hours	6 Hours	8 Hours	10+ Hours
Clinical review of PMR/Kardex for inpatients	17%	10%	18%	11%	44%
Medicines reconciliation on admission	22%	13%	18%	14%	32%
Pharmacist therapeutic review of medicines at outpatient clinics	38%	13%	18%	5%	27%
Medicines Information queries	44%	25%	16%	5%	10%
Dispensing Stock to Wards	42%	22%	16%	10%	10%
Discharge prescription checking	63%	19%	9%	4%	5%
Patient counselling/education	61%	19%	13%	5%	

100%   0%   100%

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 on this) and medicines reconciliation (46% spent 8-10+ hours 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.

Domain: Work Characteristics

TIA: Locum

4. Locum

Introduction

This topic was designed to examine and establish the proportion of pharmacists that are currently working in a locum capacity.

Survey Findings

Proportion of Locum Work

Respondents were asked if they undertake locum work. Interestingly, the number of respondents who undertake locum work was noted to be above a quarter (27%), see Figure 32.

Only 3.2% of the respondents indicated that they carry out locum work on top of another role (which was almost universally a support pharmacist).

The average days and hours was determined for the respondents who described their primary role as locum self-employed; 3.8 days and 9 hours, respectively. The hours worked were comparable to other pharmacy roles but the number of days were significantly less.

Practice Area Breakdown For Locum Work

To establish a baseline view of the respondents who undertake locum work, questions concerning the practice area in which they did locum work in were asked.

A significant majority of respondents noted that they do locum work exclusively in the community setting (94%). This is in contrast to the number of respondents who reported that they do locum work in both the hospital and community settings (5%) and those who locum exclusively in the hospital setting (0.62%). These results are shown in Figure 33.

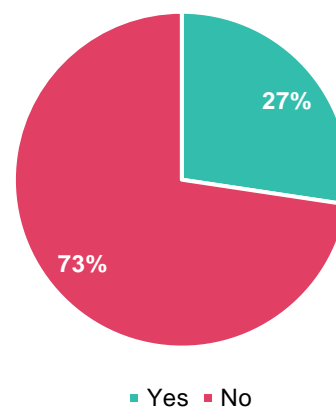**Figure 32: Proportion of Pharmacists Who Undertake Locum Work**

27%

73%

■ Yes ■ No

Figure 33: Practice Area Breakdown For Locums

<1%   5%

94%

■ Both ■ Community ■ Hospital
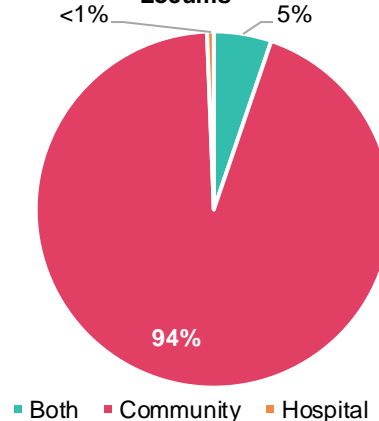
Domain: Work Characteristics
TIA: Locum

Days Spent As A Locum

The survey also identified the frequency of locum work. As shown in Figures 34 and 35, community pharmacists who locum do so over a broader range of days with 46% working in a locum capacity from two days per week to four days per week. Though some hospital pharmacists locum one to two days per week, the majority who locum do so on an infrequent basis (72%). This finding is further emphasised when one examines 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.

Figure 34: Frequency of Locum Work - Community

>5 days	4%
5 days	8%
4 days	21%
3 days	14%
2 days	11%
1 day	15%
Half a Day	5%
Infrequently / Ad hoc	22%

Figure 35: Frequency of Locum Work - Hospital

4 days	2%
3 days	2%
2 days	4%
1 day	16%
Half a Day	4%
Infrequently / Ad hoc	72%
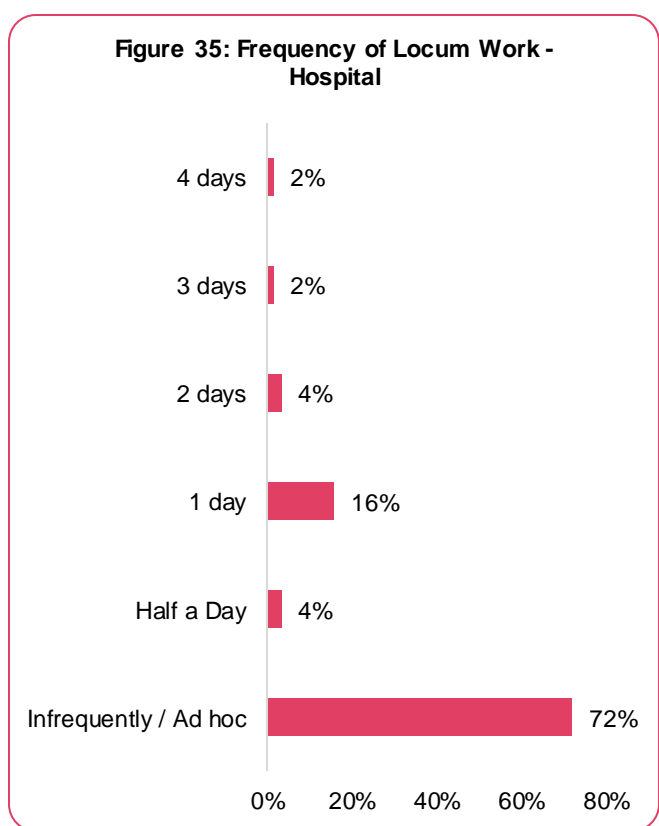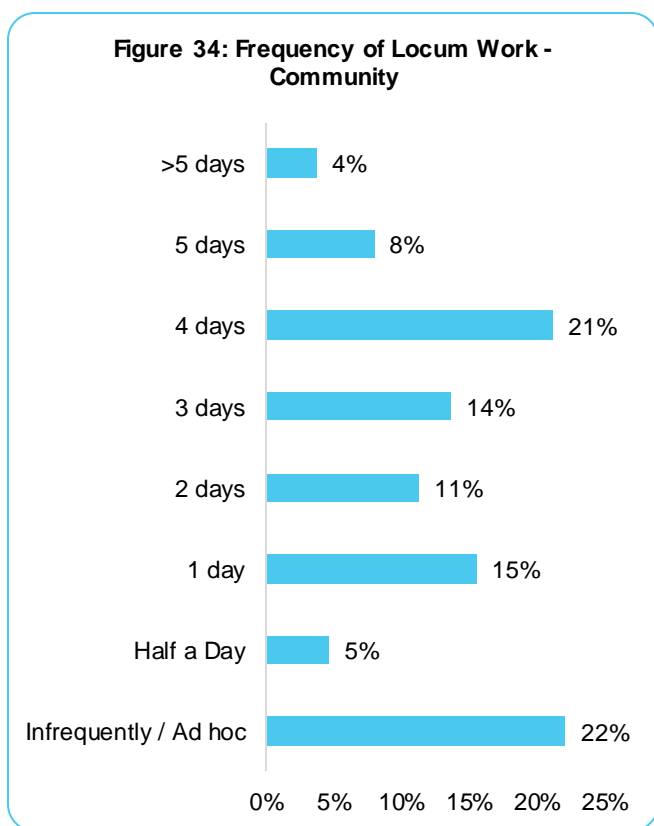
Table 9 : Average Number of Day in a Locum Position*

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.

Domain: Work Characteristics
TIA: Locum

Likelihood To Undertake Locum Work

This element was assessed to see if respondents favoured locum roles over more permanent roles within both the community and hospital setting and to identify any reluctance to take on permanent and governance type roles. The results are illustrated in Figure 36.

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.

Figure 36: Likelihood of Taking Locum Work over Permanent

Legend: Very Unlikely ■ Unlikely ■ Unsure ■ Likely ■ Very Likely

	Very Unlikely	Unlikely	Unsure	Likely	Very Likely
All Respondents	13%	11%	9%	19%	48%
Community	5%	11%	10%	21%	53%
Hospital	46%	17%	7%		26%
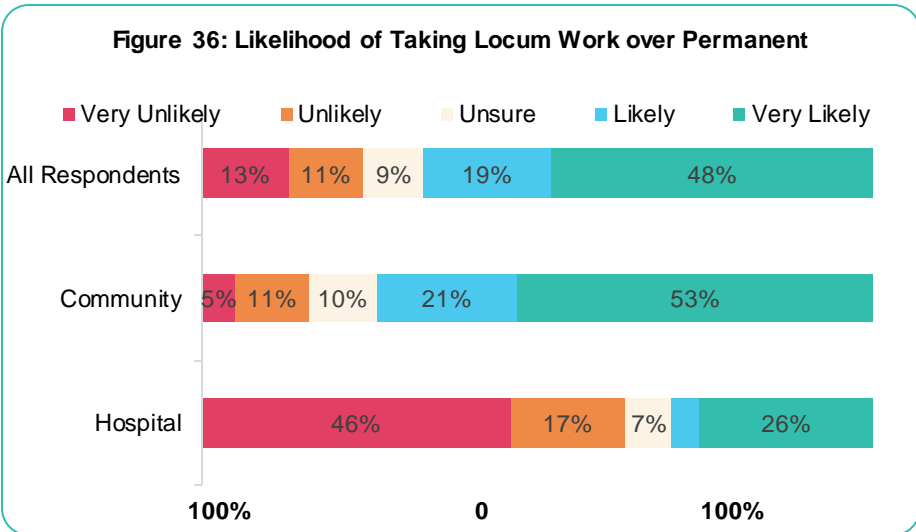
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
24%	9%	**67%**
16%	10%	**74%**
63%	7%	30%

Domain: Work Characteristics
TIA: Locum

Factors Influencing Locum Work

It is important to consider the factors that motivate or demotivate pharmacists to engage in locum work. For this report, the attitudes in relation to push and pull factors were assessed for both community and hospital respondents who undertake locum work. The community pharmacist responses are shown in Figure 37 below.

Figure 37: Factors Influencing Locum Work - Community

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Flexible Working Hours		7%		19%	72%
Additional Income			11%	22%	60%
Less Administrative Burden		9%	14%	24%	48%
Less Regulatory Burden	6%	14%	20%	18%	42%
Varied Work Experience			14%	41%	39%
Building a Network	8%	14%	31%	27%	20%

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%**

It is evident that there is a consensus around the main reasons for pursuing locum work in the community cohort. It appears that locum positions are viewed in a favourable light by the community pharmacist cohort.

Hospital pharmacists were asked the same set of questions to provide a comparison between the two cohorts. See overleaf for the results of the hospital cohort.

Domain: Work Characteristics
TIA: Locum

Figure 38: Factors Influencing Locum Work - Hospital

Legend: ■ Strongly Disagree ■ Disagree Neutral ■ Agree ■ Strongly Agree

Factor	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Additional Income			8%		88%
Varied Work Experience		6%		42%	44%
Flexible Working Hours	7%	13%	9%	33%	38%
Building a Network	8%	17%	26%	43%	6%
Less Administrative Burden	16%	25%	21%	20%	18%
Less Regulatory Burden	14%	29%	23%	18%	16%

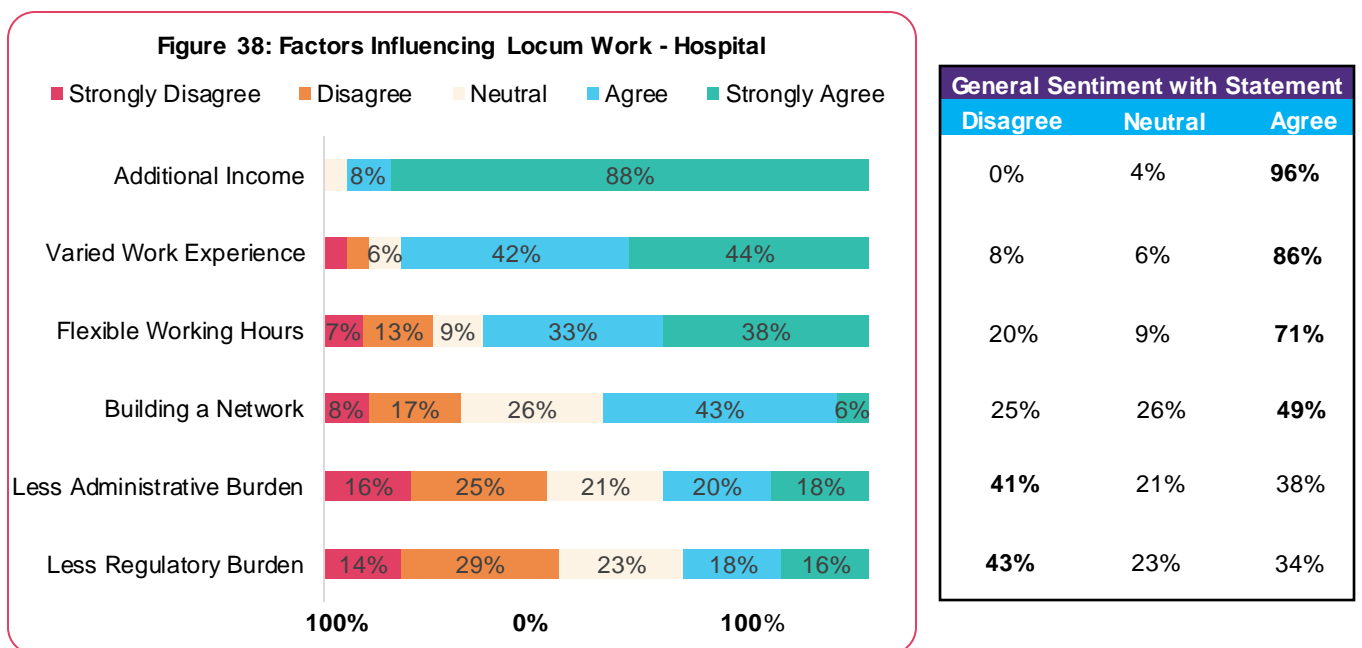| General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
0%	4%	**96%**
8%	6%	**86%**
20%	9%	**71%**
25%	26%	**49%**
41%	21%	38%
43%	23%	34%

Figure 38 shows responses from hospital pharmacists. Interestingly, additional income was cited as a key factor influencing hospital pharmacist towards locum work.

Though some influencing factors are similar to their community colleagues, there is a distinct difference in the top three factors. Namely, the focus among community pharmacists is on flexible working hours, whereas in the hospital cohort the focus is on additional income. This may offer an insight into the respective working conditions in which both cohorts respectively operate.

The survey asked if a perceived lower regulatory burden was one of the reasons they choose to locum. For hospital pharmacists, who (according to what was said in the focus groups) don't feel burdened by regulation in their role to the same extent as community pharmacists, this may not be one of the main reasons for choosing to locum.

Domain 2:
Work Attitudes and Work Conditions

Domain: Work Attitudes

TIA: Pharmacist Viewpoint

1. Pharmacist Viewpoint

Introduction

This topic focused on gathering information regarding the respondent's viewpoint of their profession. The following objectives were examined:
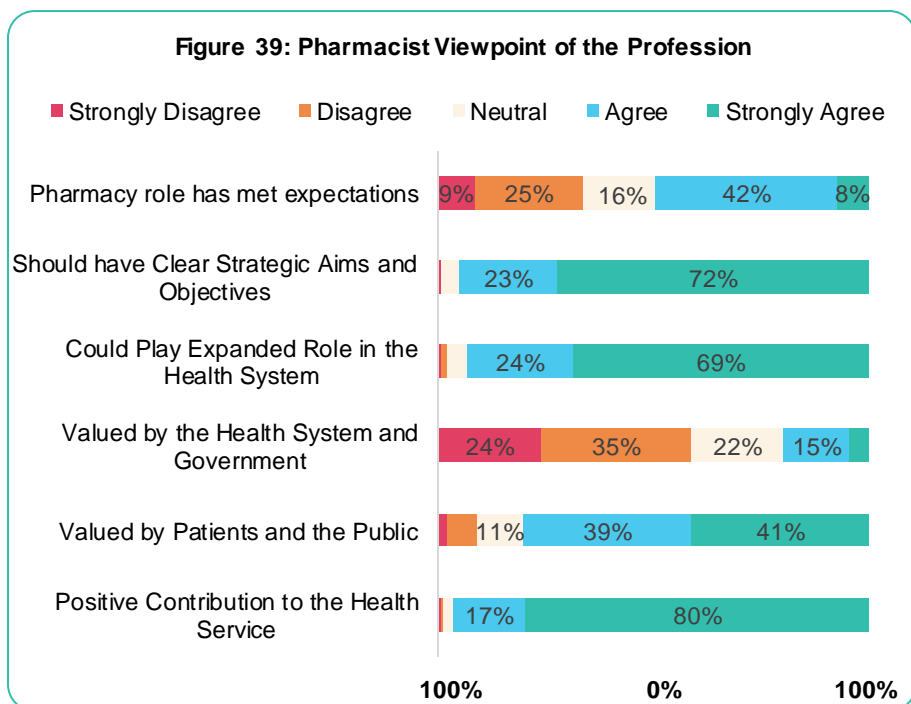
1) Understand the respondents viewpoint of their profession and if they feel valued;
2) Evaluate retention factors; and
3) Evaluate if many are seeking alternative career options.

Survey Findings

Pharmacist Viewpoint of the Profession

As shown in Figure 39 below, almost all respondents (97%) felt that their profession makes a positive contribution to the health service. Though 80% of all respondents agreed that the pharmacy profession is valued by patients and the public, 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. In terms of strategic aims, 95% of respondents agreed that the profession should have clear strategic aims and objectives.

Figure 39: Pharmacist Viewpoint of the Profession

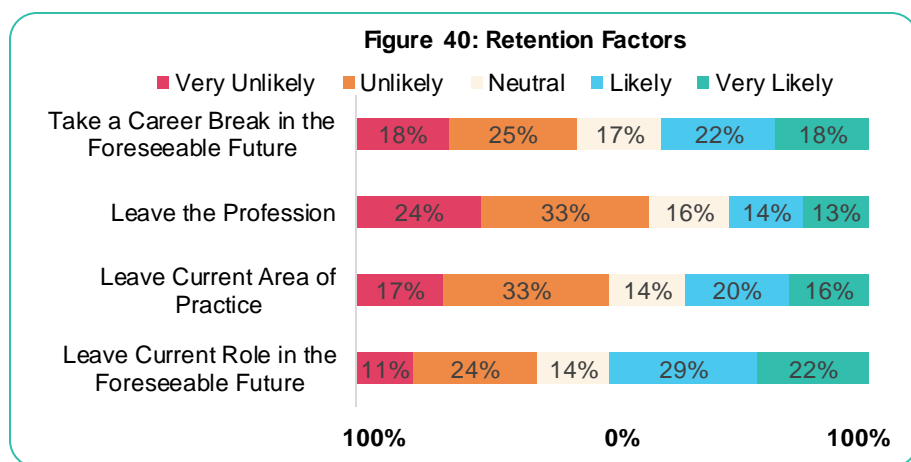| Statement	General Sentiment with Statement		
	Disagree	Neutral	Agree
Pharmacy role has met expectations	34%	17%	**50%**
Should have Clear Strategic Aims and Objectives	1%	4%	**95%**
Could Play Expanded Role in the Health System	2%	5%	**93%**
Valued by the Health System and Government	**59%**	22%	**19%**
Valued by Patients and the Public	9%	11%	**80%**
Positive Contribution to the Health Service	1%	2%	**97%**

Domain: Work Attitudes

TIA: Pharmacist Viewpoint

Retention

The survey contained questions designed to better understand retention among the pharmacist workforce. These results are illustrated in Figure 40.

A significant number of the respondents (51%) indicated a likelihood of leaving their current role in the foreseeable future. Over a quarter (27%) of respondents indicated a likelihood of leaving the profession permanently.
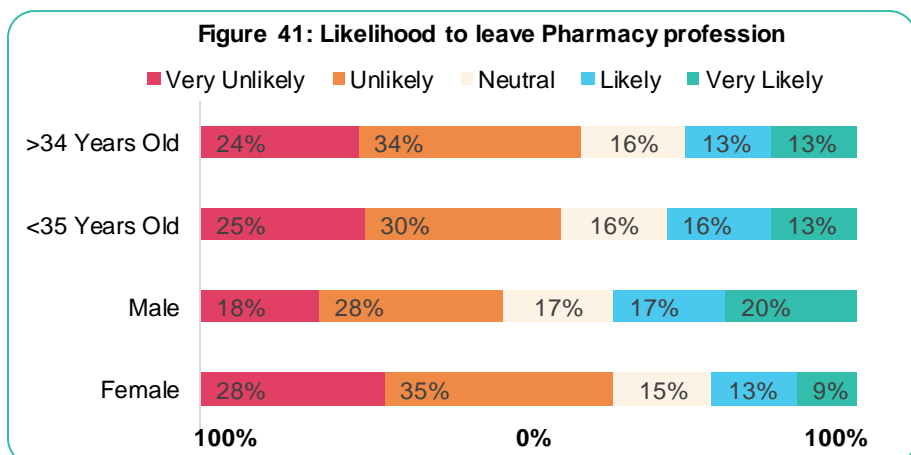
Figure 40: Retention Factors

Legend: ■ Very Unlikely ■ Unlikely ■ Neutral ■ Likely ■ Very Likely

	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
Take a Career Break in the Foreseeable Future	18%	25%	17%	22%	18%
Leave the Profession	24%	33%	16%	14%	13%
Leave Current Area of Practice	17%	33%	14%	20%	16%
Leave Current Role in the Foreseeable Future	11%	24%	14%	29%	22%

100%   0%   100%

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
43%	17%	40%
57%	16%	**27%**
50%	14%	36%
35%	14%	**51%**

Likelihood to Leave Pharmacy Profession

A deeper analysis was conducted to determine if there was a trend for leaving emerging among any one specific age cohort. It was expected that the younger generation (<35 years old) would be more mobile and might be looking for a career opportunities overseas as this has been reported in the literature from other countries [1-4]. However, the survey data did not support this assumption. The profile of those over 34 years old was almost identical to those 34 years and younger as shown in Figure 41 below. Further, the data suggests that females are more likely (63%) to stay in the pharmacy profession, compared to males (46%).

A further analysis of those who indicated that they would leave the profession is outlined on Table 10. This gives a breakdown based on role type and work setting.

Figure 41: Likelihood to leave Pharmacy profession

Legend: ■ Very Unlikely ■ Unlikely ■ Neutral ■ Likely ■ Very Likely

	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
>34 Years Old	24%	34%	16%	13%	13%
<35 Years Old	25%	30%	16%	16%	13%
Male	18%	28%	17%	17%	20%
Female	28%	35%	15%	13%	9%

100%   0%   100%

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
58%	16%	26%
55%	16%	29%
46%	17%	37%
63%	15%	22%

Domain: Work Attitudes

TIA: Pharmacist Viewpoint

Table 10: Respondents Leaving the Profession by Role

Leave the Profession: Community Respondents	Likely		Very likely	
Role	Response #	Response %	Response #	Response %
Owner	15	11%	13	11%
Superintendent Pharmacist	36	27%	27	22%
Supervising Pharmacist	32	24%	18	15%
Support Pharmacist	22	17%	33	27%
Locum	28	21%	31	25%
Total	133	100%	123	100%

Leave the Profession: Hospital Respondents	Likely		Very likely	
Role	Response #	Response %	Response #	Response %
Head of Pharmacy Department	1	8%	1	9%
Chief 1 Pharmacist	0	0%	1	9%
Chief 2 Pharmacist	0	0%	1	9%
Support Pharmacist	10	83%	5	45%
Staff Grade Pharmacist	0	0%	1	9%
Locum	1	8%	2	18%
Total	12	100%	11	100%

Domain: Work Attitudes

TIA: Pharmacist Viewpoint

Opportunities for Alternative Careers

Another element explored under the Pharmacist Viewpoint topic was the likelihood of respondents to seek alternative career options. The survey asked what the likelihood would be to retire, return to full-time study or move to an alternative career. This was done to assess the potential reasons behind the intention to leave their current role, and what they intend to do next.
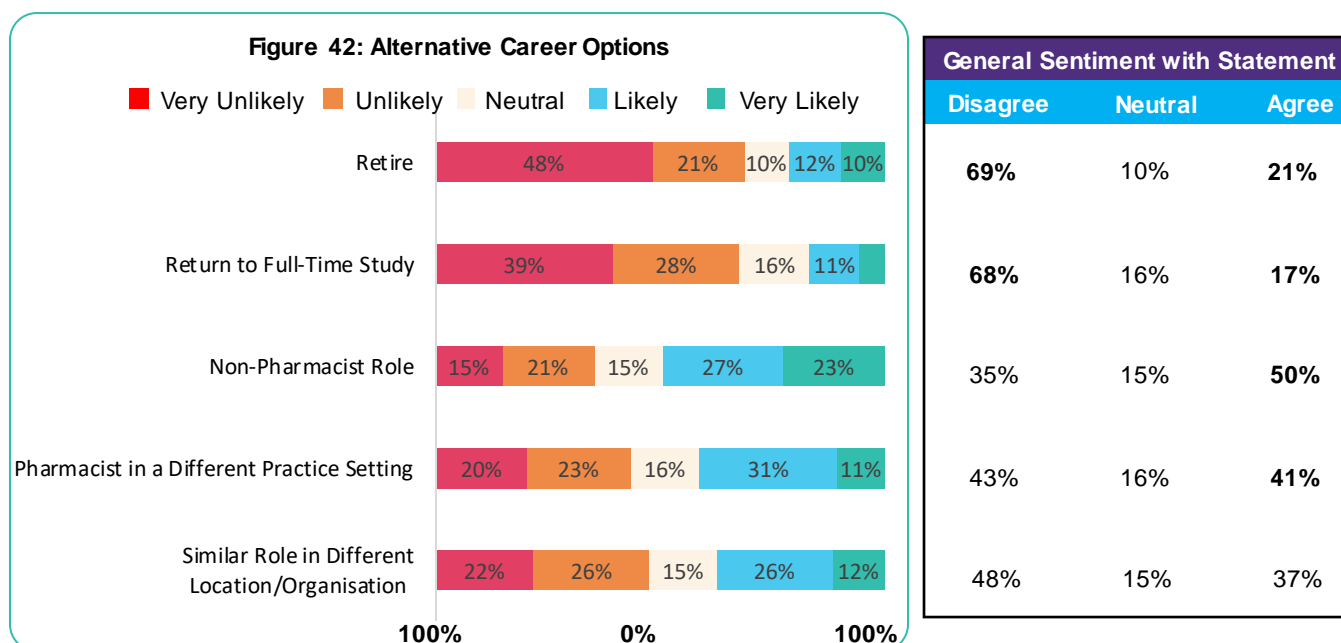
On average, just under half of the entire survey respondents (N=609) chose to answer this series of questions. See table 11 for a breakdown of the results.

Table 11: Alternative career paths for Respondents

Survey Question	Respondents #	Answer %
Leave the Profession	1033	81%
Retire	565	44%
Return to full-time study	607	48%
Seek a non-pharmacist role	624	49%
Seek a role as a pharmacist in a different practice setting	622	49%
Seek a similar role in a different location/organisation	625	49%

The results in Figure 42 show that 21% of respondents were positively inclined to retire in the foreseeable future, as opposed to 69% who responded that retirement was unlikely. Further, half of respondents (50%) indicated that it was likely that they would undertake a non-pharmacist role in the future. Only 17% of respondents reported that they would be likely to return to full-time study, compared to 68% feeling this course of action is unlikely.

Interestingly, 41% of respondents indicated that they would change their practice setting. These respondents primarily practice in the community (71%). Further analyses can be viewed on table 12 overleaf.

Figure 42: Alternative Career Options

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
69%	10%	**21%**
68%	16%	**17%**
35%	15%	**50%**
43%	16%	**41%**
48%	15%	37%

Domain: Work Attitudes

TIA: Pharmacist Viewpoint

Opportunities for Alternative Careers

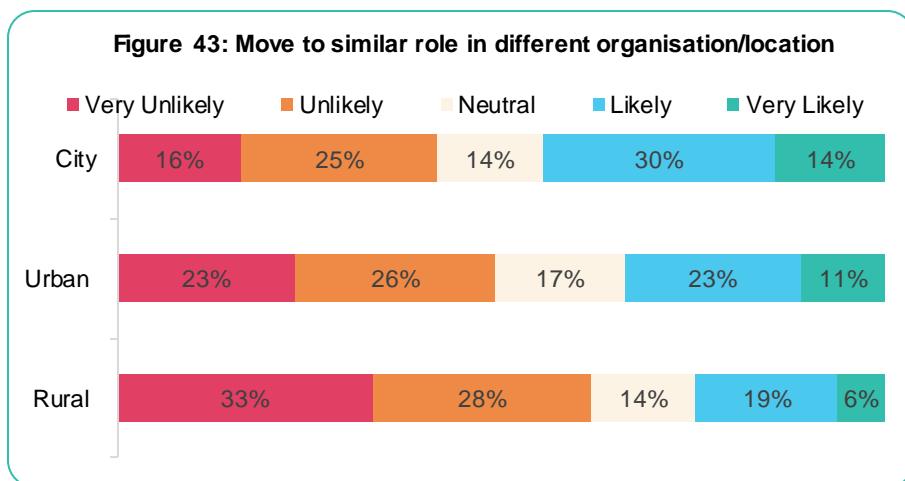**Table 12:** Respondents Inclined to Leave the Pharmacy Profession Age Range Breakdown

Retire	Likely		Very likely	
Age Range	**Response #**	**Response %**	**Response #**	**Response %**
<25	0	0%	0	0%
25-34	4	6%	2	4%
35-44	4	6%	3	5%
45-55	35	53%	15	27%
55+	23	35%	35	64%

Return to full-time study	Likely		Very likely	
Age Range	**Response #**	**Response %**	**Response #**	**Response %**
<25	5	7%	1	3%
25-34	20	30%	15	44%
35-44	23	34%	13	38%
45-55	15	22%	4	12%
55+	4	6%	1	3%

Seek a non-pharmacist role	Likely		Very likely	
Age Range	**Response #**	**Response %**	**Response #**	**Response %**
<25	5	3%	4	3%
25-34	54	32%	49	35%
35-44	50	30%	57	40%
45-55	41	25%	29	21%
55+	17	10%	2	1%

Seek role as a pharmacist in a different practice setting	Likely		Very likely	
Age Range	**Response #**	**Response %**	**Response #**	**Response %**
<25	9	5%	6	9%
25-34	75	39%	30	45%
35-44	58	31%	21	32%
45-55	36	19%	7	11%
55+	12	6%	2	3%

Seek a similar role in a different location/organisation	Likely		Very likely	
Age Range	**Response #**	**Response %**	**Response #**	**Response %**
<25	7	4%	7	10%
25-34	60	37%	37	51%
35-44	62	39%	17	23%
45-55	25	16%	10	14%
55+	7	4%	2	3%

Domain: Work Attitudes

TIA: Pharmacist Viewpoint

Opportunities for Alternative Career (Cont'd)

Figure 43 below shows that 44% of respondents that currently work in city or urban areas are likely to move to a different location or organisation. By contrast, there was general disagreement from those based in urban (49%) and rural (61%) locations to move to a similar role in a different organisation/location. These findings show the contrast between those who work in rural areas in comparison to city and urban areas, which have the same net agreement for this question. This may indicate that those working in rural locations are less likely to have the same number of opportunities for similar roles.

Figure 43: Move to similar role in different organisation/location

	Very Unlikely	Unlikely	Neutral	Likely	Very Likely
City	16%	25%	14%	30%	14%
Urban	23%	26%	17%	23%	11%
Rural	33%	28%	14%	19%	6%

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
41%	14%	**44%**
49%	17%	44%
61%	14%	25%

Domain: Work Conditions

TIA: Work Conditions

2. Work Conditions

Introduction

This topic focused on examining the work conditions for community and hospital pharmacists. Key aspects of job satisfaction and retention were investigated, including job stress and professional support. By evaluating these elements, this topic was able to provide an overview of the current work conditions for both community and hospital pharmacist respondents.

Survey Findings

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 44. Some interesting insights captured in the survey include the following:

• 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;

• When asked if they enjoy their role, over half (52%) agreed;

• 30% of respondents agreed that they had sufficient professional support in their role, whereas 47% did not; and

• A very prominent and worrying finding from this research was that almost all of the community pharmacist group (93%) reported job stress as a common feature of their role.

Figure 44: Community Work Conditions

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree
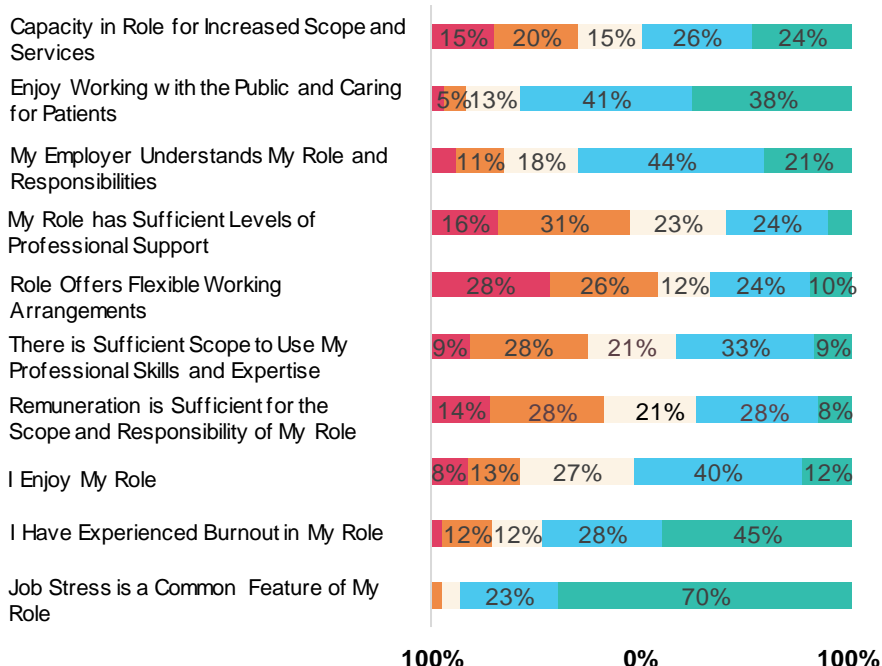
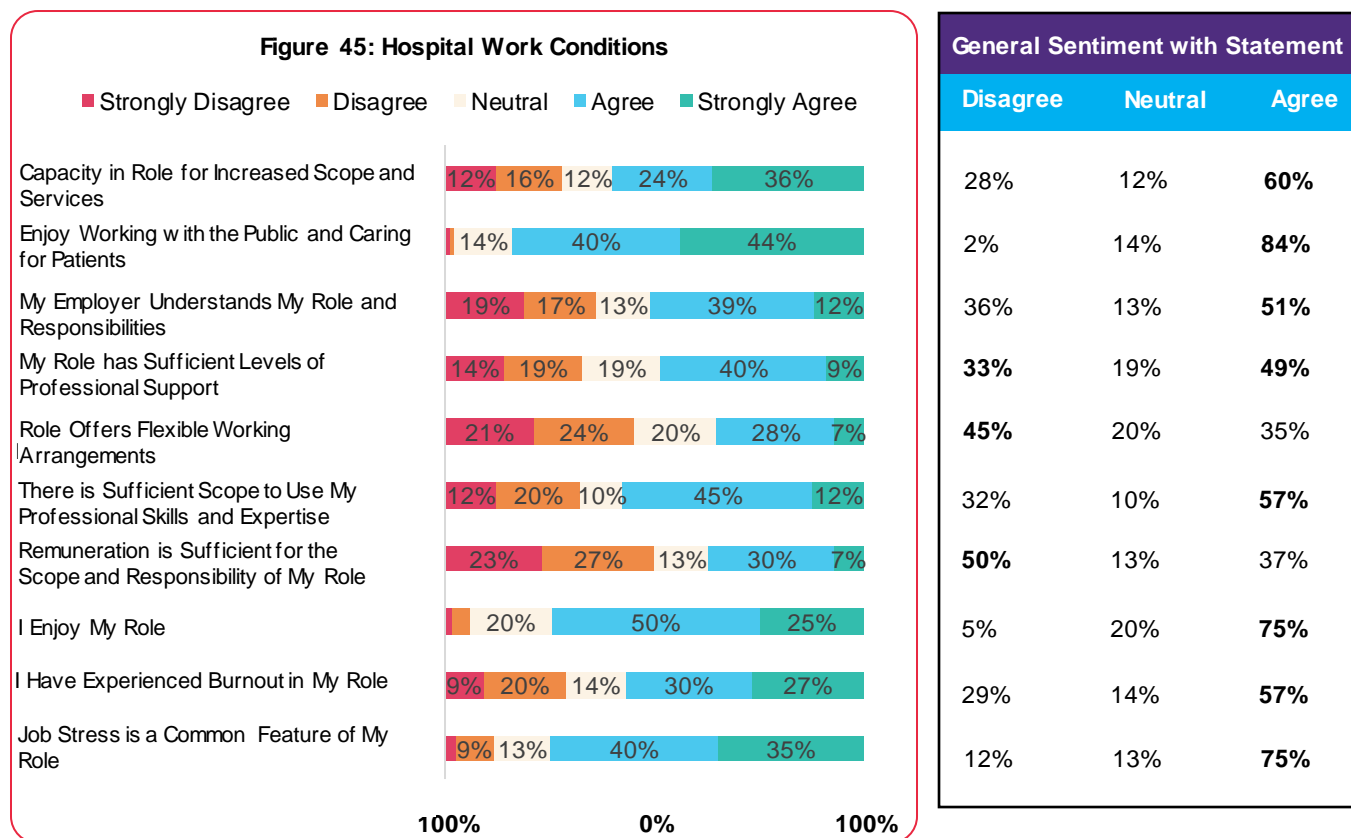| Statement		Disagree	Neutral	Agree
	General Sentiment with Statement			
Capacity in Role for Increased Scope and Services	15% 20% 15% 26% 24%	35%	15%	**50%**
Enjoy Working with the Public and Caring for Patients	5% 13% 41% 38%	8%	14%	**79%**
My Employer Understands My Role and Responsibilities	11% 18% 44% 21%	17%	18%	**65%**
My Role has Sufficient Levels of Professional Support	16% 31% 23% 24%	**47%**	23%	**30%**
Role Offers Flexible Working Arrangements	28% 26% 12% 24% 10%	**54%**	12%	34%
There is Sufficient Scope to Use My Professional Skills and Expertise	9% 28% 21% 33% 9%	37%	21%	**42%**
Remuneration is Sufficient for the Scope and Responsibility of My Role	14% 28% 21% 28% 8%	**42%**	21%	36%
I Enjoy My Role	8% 13% 27% 40% 12%	21%	27%	**52%**
I Have Experienced Burnout in My Role	12% 12% 28% 45%	15%	12%	**73%**
Job Stress is a Common Feature of My Role	23% 70%	2%	5%	**93%**

100%   0%   100%

Domain: Work Conditions
TIA: Work Conditions

Hospital Pharmacist Work Conditions

To provide a comparison with the community pharmacist cohort, the conditions of hospital pharmacist respondents were examined using the same question criteria. The results are shown below in Figure 45. Interesting insights included:

- 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;
- Another striking finding was that three quarters (75%) of hospital respondents felt that job stress was a common feature of their role.

Figure 45: Hospital Work Conditions

Legend: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Capacity in Role for Increased Scope and Services	12%	16%	12%	24%	36%
Enjoy Working with the Public and Caring for Patients		14%		40%	44%
My Employer Understands My Role and Responsibilities	19%	17%	13%	39%	12%
My Role has Sufficient Levels of Professional Support	14%	19%	19%	40%	9%
Role Offers Flexible Working Arrangements	21%	24%	20%	28%	7%
There is Sufficient Scope to Use My Professional Skills and Expertise	12%	20%	10%	45%	12%
Remuneration is Sufficient for the Scope and Responsibility of My Role	23%	27%	13%	30%	7%
I Enjoy My Role		20%		50%	25%
I Have Experienced Burnout in My Role	9%	20%	14%	30%	27%
Job Stress is a Common Feature of My Role	9%	13%		40%	35%

100%   0%   100%

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
28%	12%	**60%**
2%	14%	**84%**
36%	13%	**51%**
33%	19%	**49%**
45%	20%	35%
32%	10%	**57%**
50%	13%	37%
5%	20%	**75%**
29%	14%	**57%**
12%	13%	**75%**

Domain: Work Conditions

TIA: Work Conditions

Further Examination of Work Conditions

Community Pharmacist

As evidenced in Figure 46 below, job stress was significant factor across all community pharmacist roles. The results were similar for both males and females.
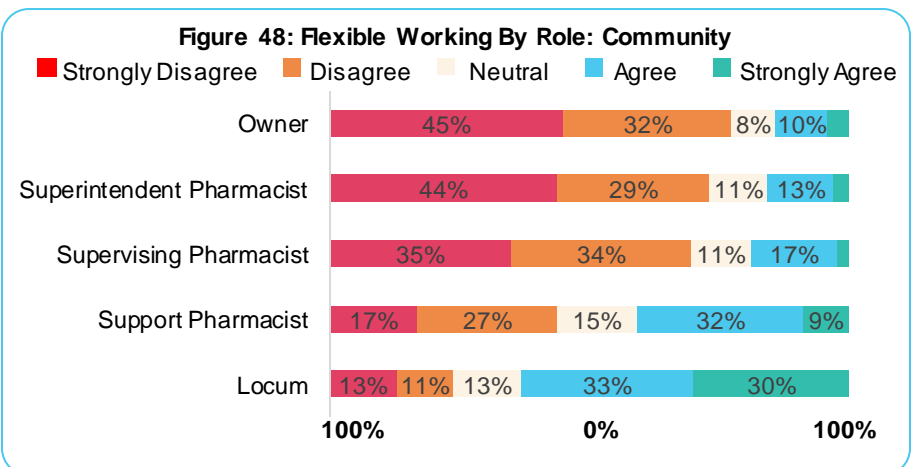
Figure 46: Stress By Role: Community

Legend: ■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Role	Agree	Strongly Agree
Owner	27%	69%
Superintendent Pharmacist	20%	76%
Supervising Pharmacist	22%	74%
Support Pharmacist	26%	68%
Locum	6% / 23%	68%

Scale: 100% — 0% — 100%
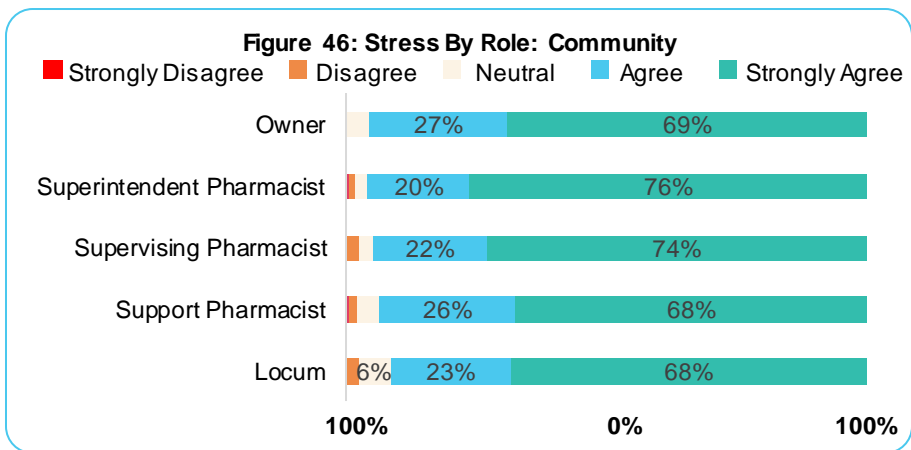
General Sentiment with Statement

Disagree	Neutral	Agree
0%	4%	**96%**
2%	2%	**96%**
2%	3%	**96%**
2%	4%	**94%**
2%	6%	**92%**

Figure 47: Remuneration - Community

Legend: ■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	14%	26%	26%	26%	9%
Female	16%	28%	19%	30%	8%
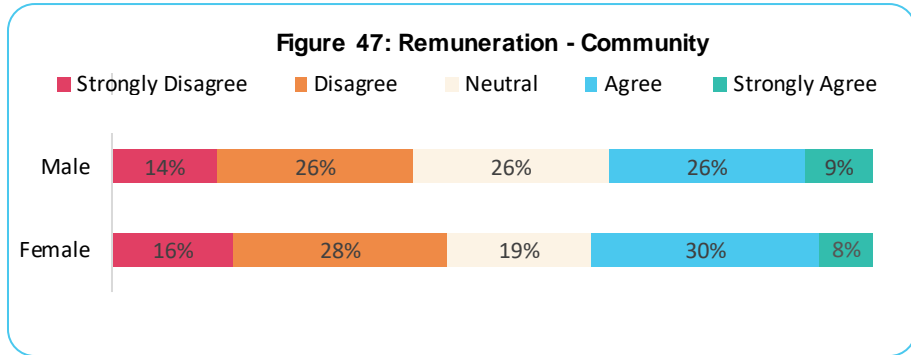
General Sentiment with Statement

Disagree	Neutral	Agree
40%	26%	35%
44%	19%	38%

Neither male nor female cohorts reported a significant disagreement with regards to the remuneration received by community pharmacists (see Figure 47). Figure 48 shows which roles offer greater flexibility, with locum work at the forefront.

Figure 48: Flexible Working By Role: Community

Legend: ■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Role	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Owner	45%	32%	8%	10%	
Superintendent Pharmacist	44%	29%	11%	13%	
Supervising Pharmacist	35%	34%	11%	17%	
Support Pharmacist	17%	27%	15%	32%	9%
Locum	13%	11%	13%	33%	30%

Scale: 100% — 0% — 100%

General Sentiment with Statement

Disagree	Neutral	Agree
77%	8%	14%
73%	11%	16%
70%	11%	19%
44%	15%	41%
24%	13%	**63%**

Domain: Work Conditions

TIA: Work Conditions

Further Examination of Work Conditions

Hospital Pharmacist

As indicated in Figure 49 below, a significant majority of pharmacists, across each role, indicated that they experience stress in their role. Job stress relating to hospital pharmacy did not show a significant variation between male and female respondents.

Figure 49: Stress By Role : Hospital

Legend: Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

Role	Disagree	Neutral	Agree	Strongly Agree
Chief 2 Pharmacist	25%	25%	25%	25%
Staff Grade Pharmacist			8%	92%
Senior Pharmacist	12%	18%	18%	53%
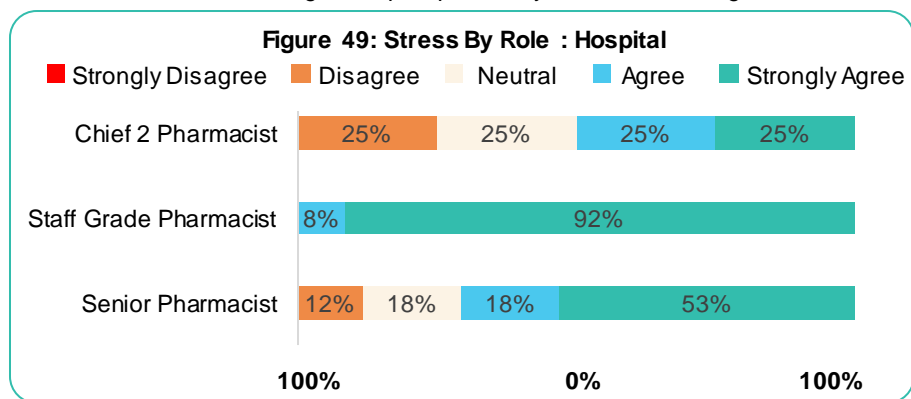
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
0%	4%	**96%**
2%	2%	**96%**
2%	3%	**96%**

As shown in Figure 50, no significant differences were noted between male and female hospital pharmacists regarding sufficient remuneration for hospital pharmacist services. Both agreed to a similar extent that remuneration is currently not sufficient.

Figure 50: Remuneration - Hospital

Legend: Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Male	13%	29%	29%	23%	6%
Female	24%	28%	11%	31%	7%
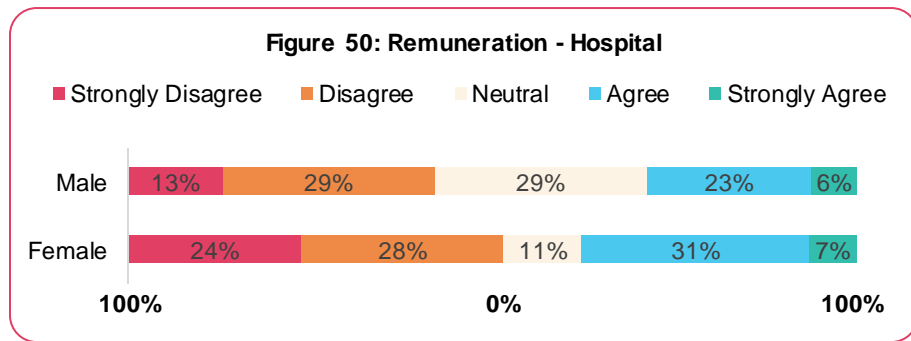
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
42%	29%	29%
52%	11%	38%

Figure 51 illustrates which roles offer greater flexibility within hospital pharmacy, with Staff Grade Pharmacists reporting the highest flexibility at 100% agreement.

Figure 51: Flexible Working: Hospital

Legend: Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree

Role	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Head of Pharmacy Department		33%		67%	
Chief 2 Pharmacist		20%		40%	40%
Senior Pharmacist	13%	17%	17%	26%	26%
Staff Grade Pharmacist				38%	62%
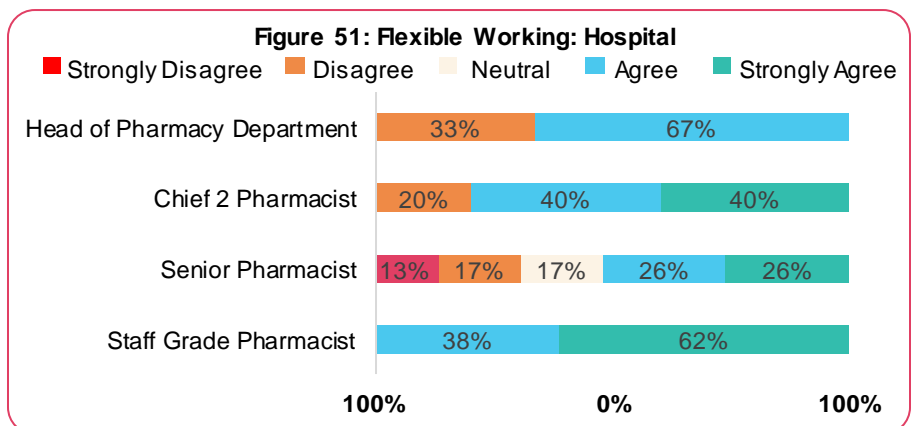
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
33%	0%	**67%**
20%	0%	**80%**
30%	17%	**52%**
0%	0%	**100%**

Domain: Work Conditions

TIA: Work Conditions

Qualitative Analysis of Work Conditions

In addition to evaluating work conditions, we asked all respondents 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 52 and Table 13 for more detail.

Over a quarter of respondents (26%) mentioned that a high salary is an attractive element of the role, with 13% mentioning that meaningful and rewarding job elements of the career are important and attractive factors. Only 9% mentioned that skills acquisition are factors that would attract them to the profession, however this must be viewed in the context of this survey and respondents' interpretation of the question.

Figure 52: Factors of Attraction to a Career as a Patient Facing Pharmacist
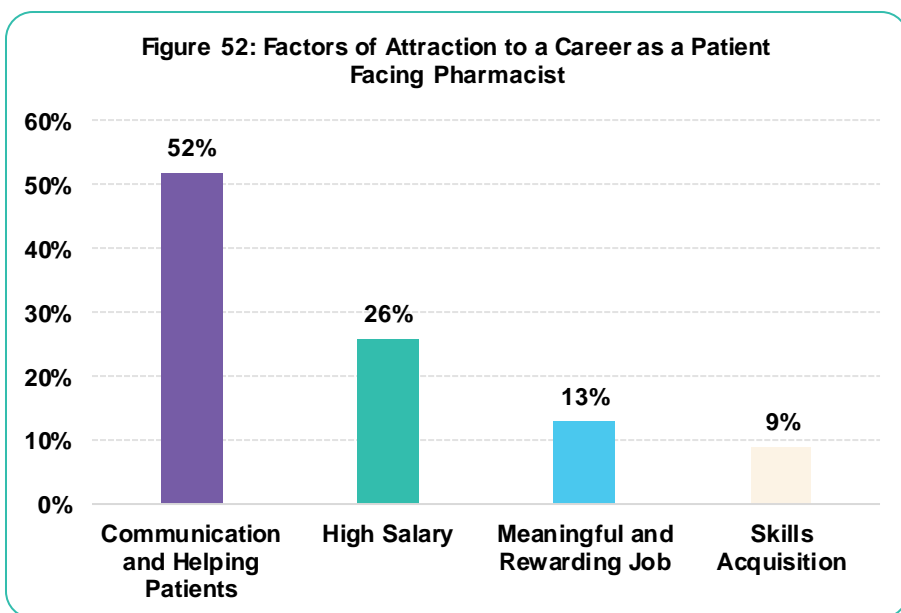
Table 13: Some Popular Factors that attract to a Pharmacist Career

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

Domain: Work Conditions
TIA: Environment and Delegation

3. Environment and Delegation

Introduction

This topic was concerned with gathering information about respondents current working environments and the tasks that they believe could be delegated to the wider pharmacy support team. As such, this topic sought to examine the following points:

1) Identify the tasks respondents believe could be delegated; and
2) Understand the scope for further delegation of tasks within the patient facing practice.

Survey Findings

Working Environment

Survey participants were asked to indicate their level of agreement with the five statements outlined in figure 53.

Both community and hospital respondents did not believe that they were sufficiently staffed (57% of community respondents and 78% of hospital respondents). It is also evident from the survey analysis that 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 53: Work Conditions - Community

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
48%	22%	30%
57%	17%	26%
32%	17%	**51%**
33%	17%	**50%**
57%	14%	29%

Figure 54: Work Conditions - Hospital

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
68%	20%	12%
62%	18%	20%
47%	15%	38%
32%	20%	**48%**
78%	7%	15%

Domain: Work Conditions

TIA: Environment and Delegation

Environment and Delegation

Qualitative analysis was conducted to gain insight regarding other additional tasks that could be delegated to support staff. Responses show a variety of tasks that could be delegated to support staff as shown in Qualitative Figure 55 and Table 14 below.

Figure 55 - Tasks that Could be Delegated
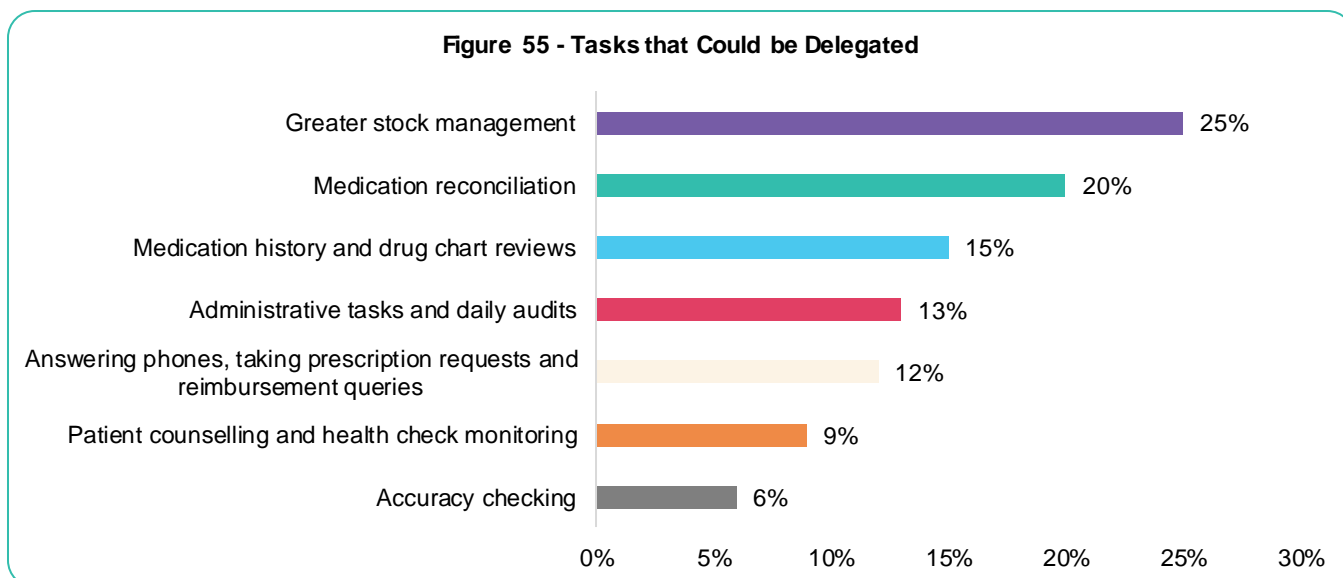
Table 14: Popular tasks that could be delegated

Popular Themes	Mentions	Percentage (%)
Greater 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%

Domain: Work Conditions

TIA: Environment and Delegation

Delegation of Tasks

To help understand how respondents could be assisted by the wider pharmacy support team, the survey sought to understand the tasks which respondents believed could be delegated. As such, sentiment questions were asked on three task categories as follows:

1) Management;
2) Administrative; and
3) Dispensing.

It should be noted that no definition was provided for these categories.

As shown in Figure 56, most respondents believed that these tasks could be further delegated to support staff (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.

Figure 56: Tasks that Could be Delegated
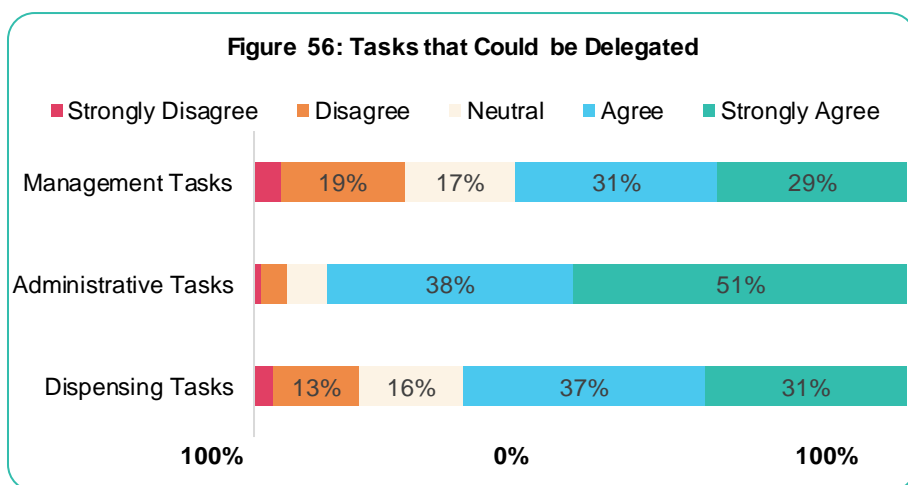
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
23%	17%	**60%**
5%	6%	**89%**
16%	16%	**68%**

Domain: Work Conditions

TIA: Employee Benefits

4. Employee Benefits

Introduction

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

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.

Survey Findings

Employee Benefits in Patient Facing Roles

The additional employee benefits respondents receive are an important consideration when evaluating working conditions. The findings from this research are shown in Figures 57 and 58.

Some of the key differences identified include:

- 90% of hospital respondents receive additional paid sick leave benefits compared to 22% in the community cohort;

- A significant number of community respondents (46%) have the option to join a work-related pension scheme. However, this is in stark contrast to the experience amongst the hospital cohort, with 99% having access to a pension scheme; and

- Paternity and maternity leave is far more advantageous among hospital respondents than with their community colleagues. For example, 96% of hospital respondents receive paid maternity leave additional to the statutory state scheme compared to only 15% of community pharmacists.

Figure 57: Employee Benefits - Community

	Yes	No
Sick Leave Benefits	22%	78%
Pension Scheme	46%	54%
Paternity Leave	18%	82%
Maternity Leave	15%	85%
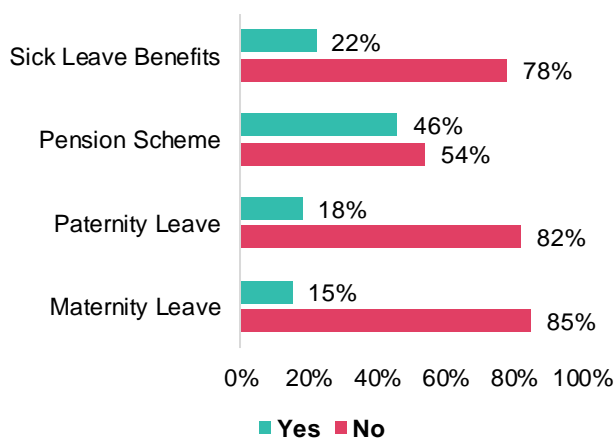
Figure 58: Employee Benefits - Hospital

	Yes	No
Sick Leave Benefits	90%	10%
Pension Scheme	99%	1%
Paternity Leave	86%	14%
Maternity Leave	96%	4%
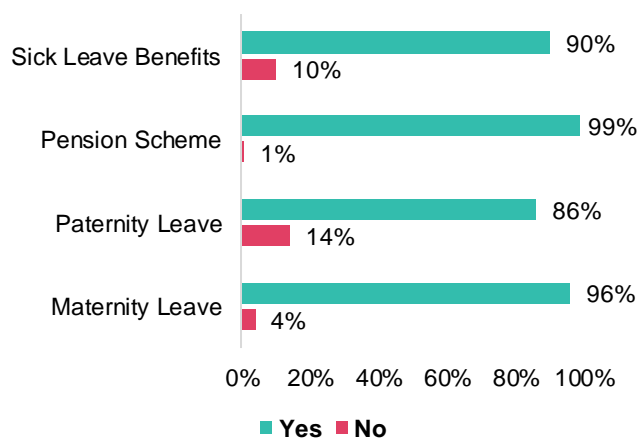
Domain: Work Conditions

TIA: Employee Benefits

Annual Leave Days Received from Employer

A significant employee benefit is the amount of annual leave days received by respondents. The survey captured data comparing the amount of annual leave days received by community and hospital respondents while also looking at the breakdown of annual leave days by employment location. This data is presented in Figures 59 and 60 below.

Figure 59 shows that a large majority (88%) of hospital pharmacists respondents receive more than 26 days of annual leave per annum. This is in contrast to the experience of community pharmacists among which 5% indicated that they receive more than 26 days annual leave.

Figure 60 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.

Figure 59: Number Of Annual Leave Days Received From Employer
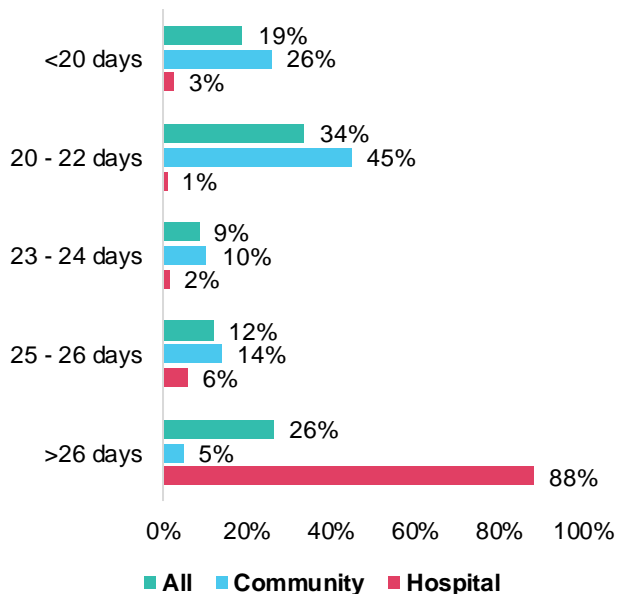
Figure 60: Number Of Annual Leave Days Received From Employer
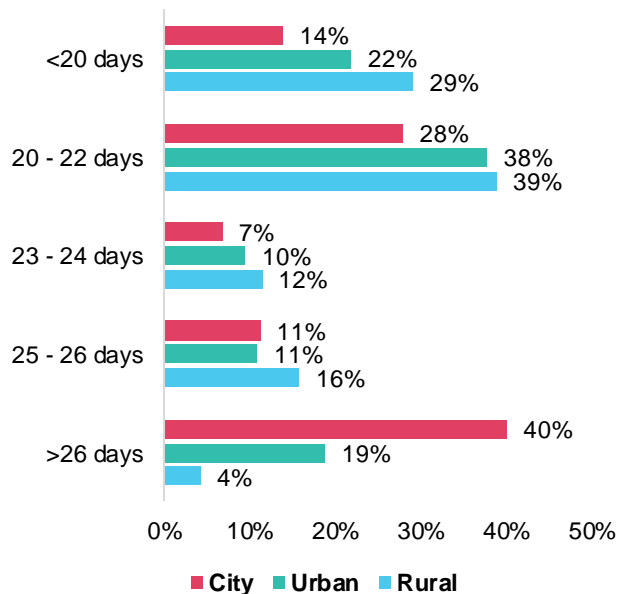
Domain: Work Conditions

TIA: Student Perspective

5. Student Perspective

Introduction

Students were invited to participate in the PSI workforce survey as they are a core element of the future pharmacy workforce. The PSI was very interested in hearing the views of 5th year pharmacy students, whose opinions on future plans are outlined below.

Note there was low level of respondents for this topic, 32 out of 187 respondents. Hence, these results are not statistically significant but give an insight into potential areas of interest from a pharmacy student perspective.

Practicing as a Pharmacist

As outlined in Figure 61, the vast majority of those who answered this question are planning on practicing as a pharmacist on completion of their studies.

Working in Ireland

Figure 62 highlights that the vast majority of respondents are planning to work in Ireland upon finishing their studies.

Figure 61: Planning on Practising as a Pharmacist

- Yes
- No

13%
87%
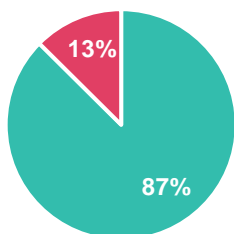
Figure 62: Planning on Working in Ireland or Aboard
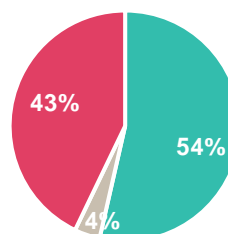
- Ireland
- Abroad
- Unsure

43%
4%
54%

Domain: Work Conditions

TIA: Student Perspective

Working in Ireland

The opinions of current 5th year pharmacy students are outlined in Figure 63 below with respect to their career choices upon finishing their studies in university.

The results indicate that almost half (42%) of those that responded disagree it will be likely that locum work will be their principal source of income. However, there are 29% neutral about deciding their primary role prior to registration. By contrast, 84% of those who responded agreed that they will do locum work in some capacity. This suggests that while it may not be their primary role, student pharmacists are interested in locum work.

The vast majority (81%) of respondents believe that they will work in a patient facing role in future.

Figure 63: Chosen Area after Qualifying
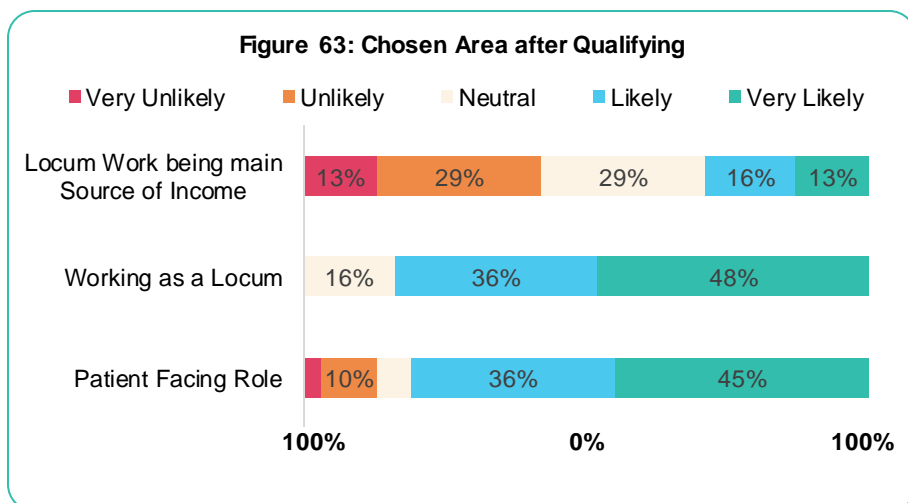
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
42%	29%	29%
0%	16%	**84%**
13%	6%	**81%**

Domain: Work Conditions

TIA: Governance Roles

6. Governance Roles

Introduction

This section of the report addresses governance roles in the pharmacy profession, with a focus on community and hospital settings. For the purpose of this survey, the focus was on the clinical governance roles of supervising and superintendent.

Survey Findings

Satisfaction in Governance Roles

This topic sought to understand the general sentiment amongst pharmacists that currently work in a governance role. The results are shown in Figure 64 and 65. Within the community setting, pharmacists reported similar rates of satisfaction in governance roles. In contrast, in the hospital setting, Chief 1 Pharmacists and Chief 2 Pharmacists reported 100% dissatisfaction rates in governance roles.

Figure 64: Satisfied in Governance Role: Community

	Yes	No
Owner	44%	56%
Superintendent Pharmacist	47%	53%
Supervising Pharmacist	45%	55%

Figure 65: Satisfied in Governance Role: Hospital

	Yes	No
Head of Pharmacy Department	60%	40%
Chief 1 Pharmacist		100%
Chief 2 Pharmacist		100%
Senior Pharmacist	25%	75%
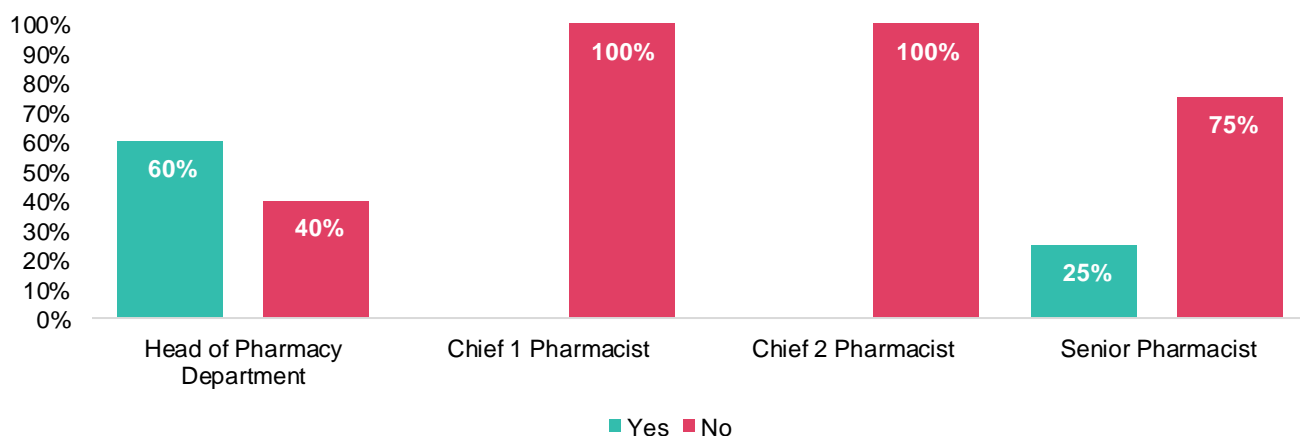
Domain: Work Conditions

TIA: Governance Roles

Satisfaction in Governance Roles (Cont'd)

Those in governance roles were asked if they were satisfied in their role. This is analysed by gender in Figures 66, 67 and Table 15, and by role in Figure 68. Male respondents indicated a 40% satisfaction level in governance roles compared to female respondents at 50%.

Figure 66: Satisfaction in Governance Roles - Males

40% 60%

Yes No

Figure 67: Satisfaction in Governance Roles - Females

50% 50%

Yes No
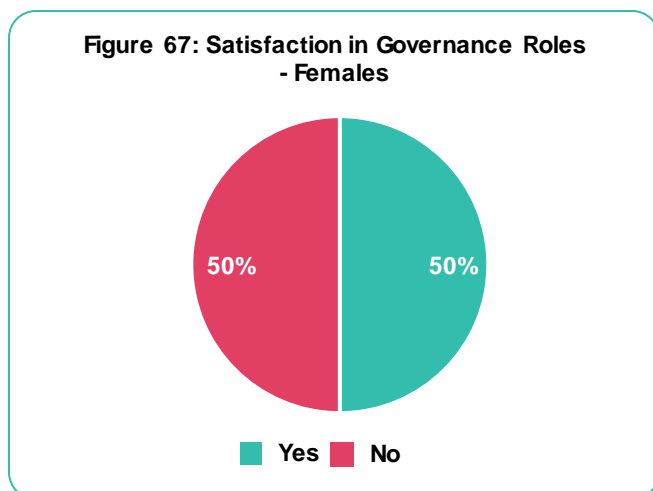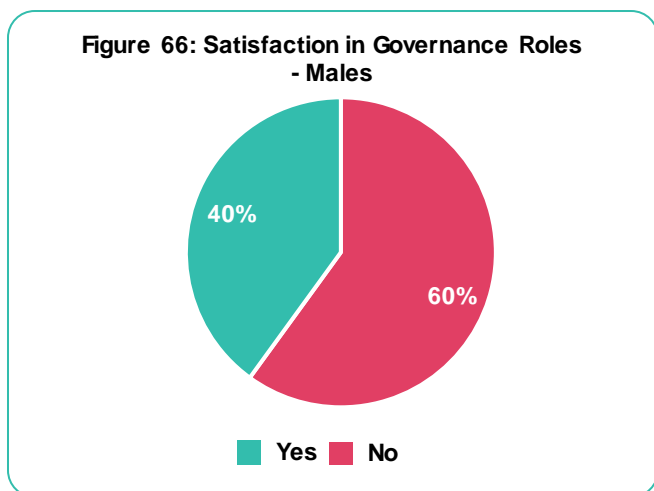
Table 15: Gender Breakdown of Governance Role Satisfaction

Gender Breakdown of Governance Role Satisfaction		
Gender	**Male**	**Female**
Yes	84	125
No	110	108
Total	194	233
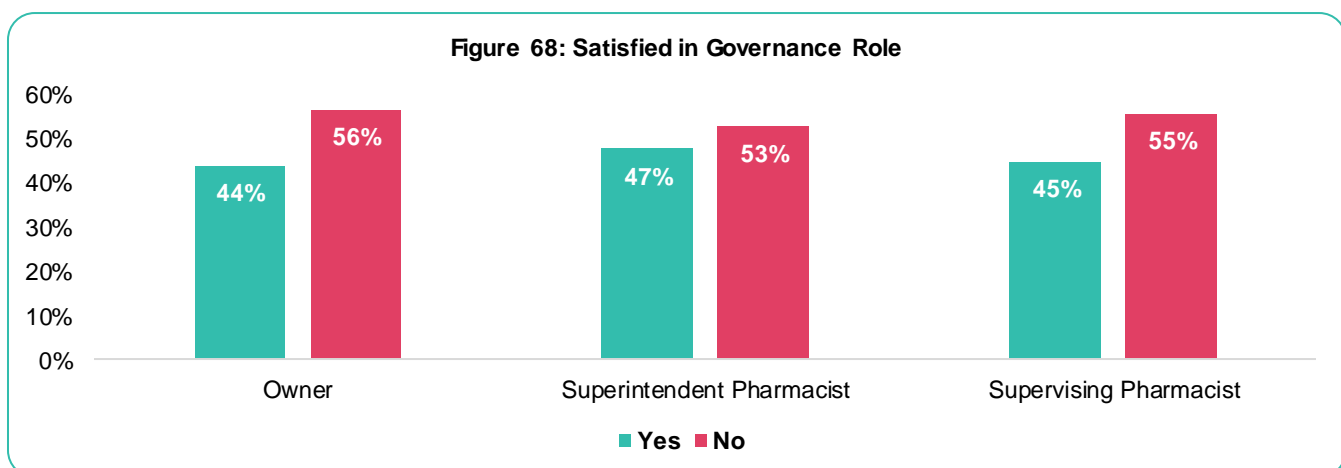
Figure 68: Satisfied in Governance Role

	Owner	Superintendent Pharmacist	Supervising Pharmacist
Yes	44%	47%	45%
No	56%	53%	55%

Yes No

Domain: Work Conditions

TIA: Governance Roles

Likelihood of Taking a Governance Role in the Future

Survey Findings

All survey participants were asked their likelihood of taking on a governance role in the future. As illustrated in Figures 69 and 70, a minority of respondents expressed a desire to take up a governance role in the future.

Figure 69 shows that over three quarters (78%) of respondents are unlikely to take on a governance role in the future in the community setting. Governance roles are even less sought after in the hospital setting, with 83% of respondents unlikely to seek a future governance role, as shown in Figure 70.

On analysing the results with respect to gender, the majority (82%) of female respondents indicated that they would not take up a governance role in future. Among the male respondents, 79% acknowledged that they would not pursue a future governance role.

Figure 69: Are You Likely To Take On A Governance Role In The Future? - Community

22%

78%

Yes No
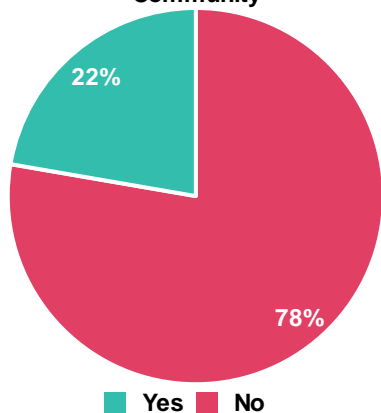
Figure 70: Are You Likely To Take On A Governance Role In The Future? - Hospital

17%

83%

Yes No
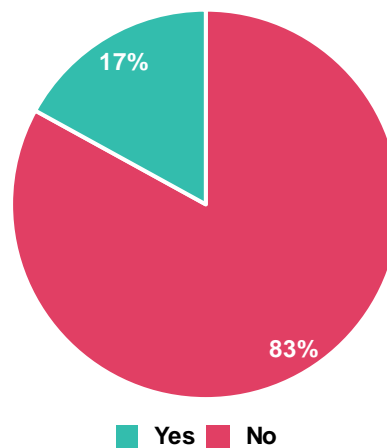
Figure 71: Are You Likely To Take On A Governance Role In The Future?– Males

21%

79%

Yes No
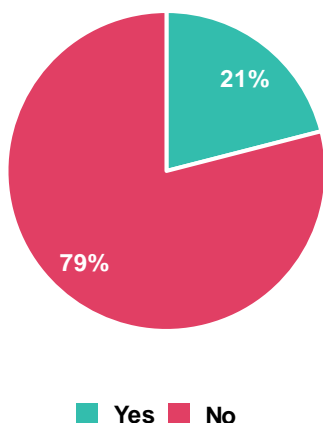
Figure 72 – Are You Likely To Take On A Governance Role In The Future? - Females
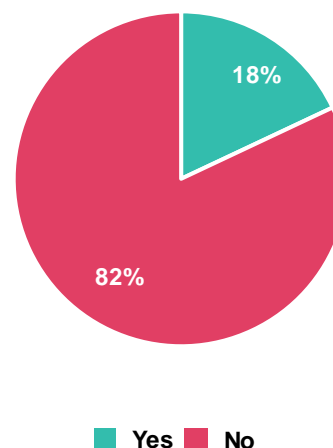
18%

82%

Yes No

Domain: Work Conditions

TIA: 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 73 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. Only 17% of respondents viewed a community pharmacy governance role as an attractive and aspirational career choice.

Figure 73: Opinions on Taking Up Governance Roles - Community
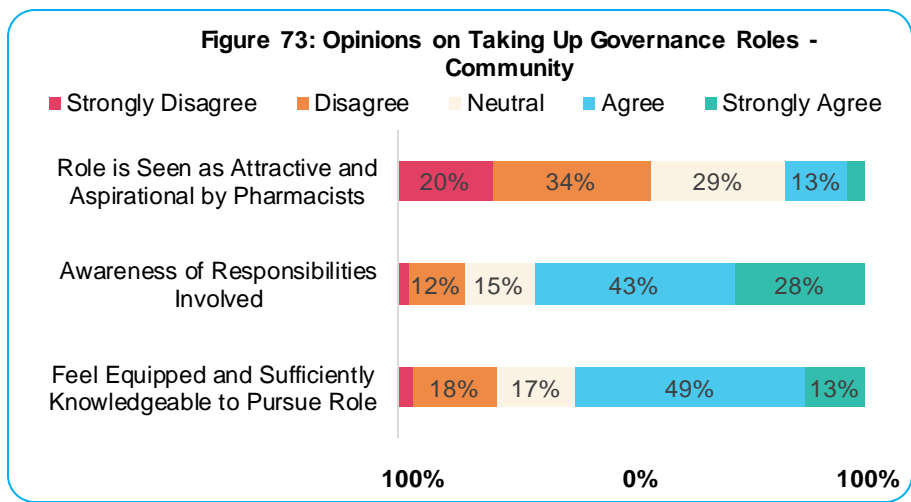
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
54%	29%	**17%**
14%	15%	**71%**
21%	17%	**62%**

Figure 74 provides an insight into hospital pharmacists' views on taking up governance roles. Of note, the majority (53%) of respondents were aware of the responsibilities involved. In contrast to their community pharmacist counterparts, 46% disagreed that they were appropriately equipped and knowledgeable to pursue a governance role. There was also disagreement (48%) that a hospital governance role is an attractive and aspirational position.
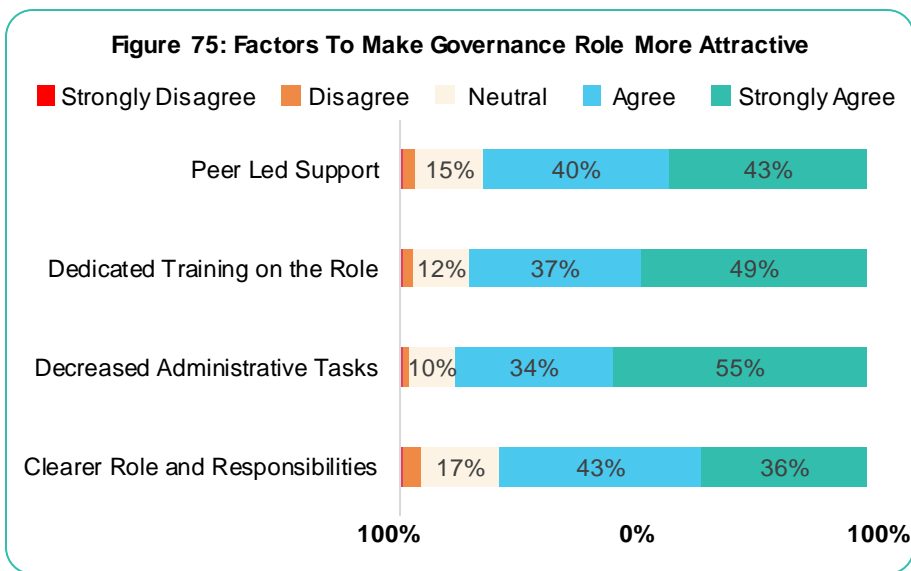

Figure 74: Opinions on Taking Up Governance Roles - Hospital
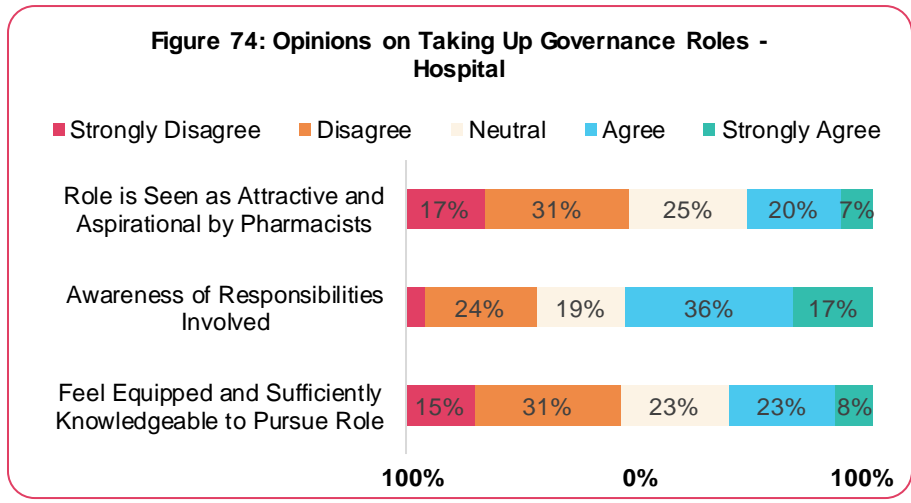
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
48%	25%	27%
28%	19%	**53%**
46%	23%	31%

Domain: Work Conditions

TIA: Governance Roles

Factors to Make Governance Roles More Attractive a Governance Role in the Future – Community and Hospital

All survey participants were asked about factors which would make a governance role more attractive. All factors outlined in Figure 75 were rated highly. However, decreased administrative tasks was rated the most significant factor with 88% of respondents in agreement that it would make a governance role more attractive.

Figure 75: Factors To Make Governance Role More Attractive

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

Factor	Neutral	Agree	Strongly Agree
Peer Led Support	15%	40%	43%
Dedicated Training on the Role	12%	37%	49%
Decreased Administrative Tasks	10%	34%	55%
Clearer Role and Responsibilities	17%	43%	36%

100%   0%   100%

General Sentiment with Statement		
Disagree	Neutral	Agree
4%	15%	**82%**
3%	12%	**85%**
2%	10%	**88%**
5%	17%	**79%**

Domain: Work Conditions

TIA: Governance Roles

Governance Role Qualitative Analysis

Qualitative analysis was conducted with regards to all pharmacist's impressions of Governance Roles across both community and hospital settings.

Pharmacists in governance roles were asked why they were not satisfied with governance roles. Results indicate that time consuming administrative activities are the single biggest reason why these respondents are dissatisfied (Figure 76). On the contrary, the authority to make decisions and implement work practices is the principal reason that was reported to give job satisfaction in their current governance role (see Figure 77).

Figure 76: Why are you not satisfied with governance role?
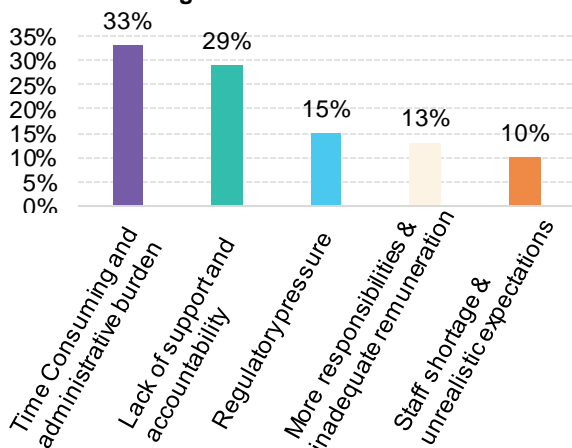
Popular Themes	Mentions	Percentage (%)
Time consuming and administrative burden	66	33%
Lack of support and accountability	59	29%
Regulatory pressure	30	15%
More responsibilities and inadequate remuneration	27	13%
Staff shortage and unrealistic expectations	19	10%

Figure 77: Why are you satisfied with governance role?
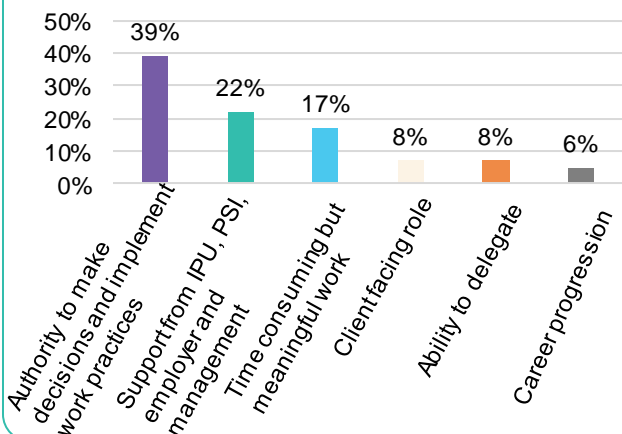
Popular Themes	Mentions	Percentage (%)
Authority to make decisions and implement work practices	16	39%
Support from IPU, PSI, employer and management	9	22%
Time consuming but meaningful work	7	17%
Client facing role	3	8%
Ability to delegate	3	8%
Career progression	2	6%

Domain 3:

Career Development and Leadership Trends and Next Steps

Domain: Career Development and Leadership

TIA: Career Progression

1. Career Progression

Introduction

The purpose of this topic was to investigate community and hospital pharmacists views on career progression and whether their current role meets their career goals.
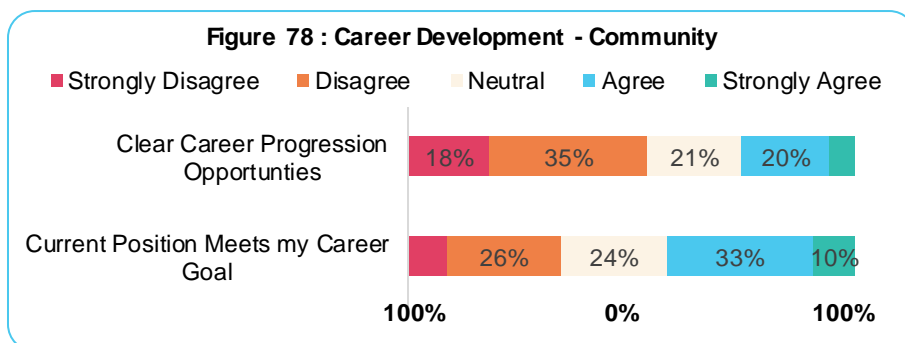
Survey Findings

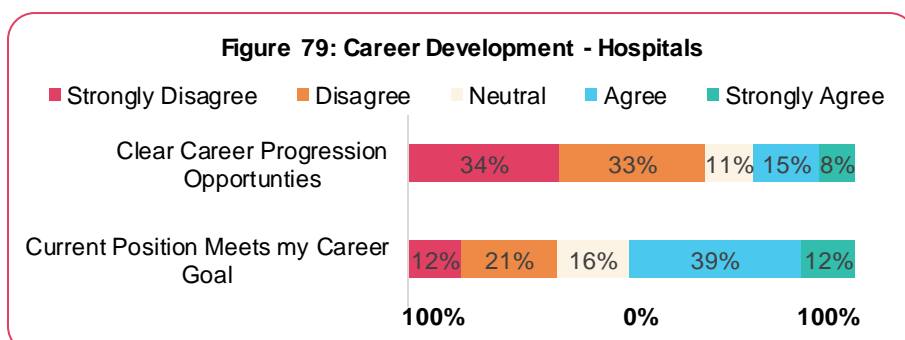#### Career Development in Community and Hospital Environments

As illustrated in Figures 78 and 79, there is a notable trend amongst community and hospital respondents who reported that they don't have clear opportunities for career progression. The majority of respondents in both cohorts held this viewpoint, 67% in hospital and 53% in community. Though this finding does not bode well for community and hospital roles, there was modest agreement on their position in regards to meeting their career goals. In both cohorts a significant number (51% in hospital and 43% in community) agreed that their position meets, to some extent, their career goals. Though this is a heartening finding, at least a third of each cohort held the polar opposite view with 34% of those working in the community setting and 33% in the hospital setting reporting 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 in their current role. Many respondents noted that once a community pharmacist reaches a supervising position there is limited career progression opportunities. Similar to community respondents, hospital respondents reported their practice area has a lack of 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.

Figure 78 : Career Development - Community

Legend: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

Clear Career Progression Opportunties	18%	35%	21%	20%
Current Position Meets my Career Goal		26%	24%	33%	10%

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
53%	21%	26%
34%	24%	**43%**

Figure 79: Career Development - Hospitals

Legend: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree

Clear Career Progression Opportunties	34%	33%	11%	15%	8%
Current Position Meets my Career Goal	12%	21%	16%	39%	12%

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
67%	11%	23%
33%	16%	**51%**

Domain: Career Development and Leadership

TIA: Pharmacy Agenda and Advocacy

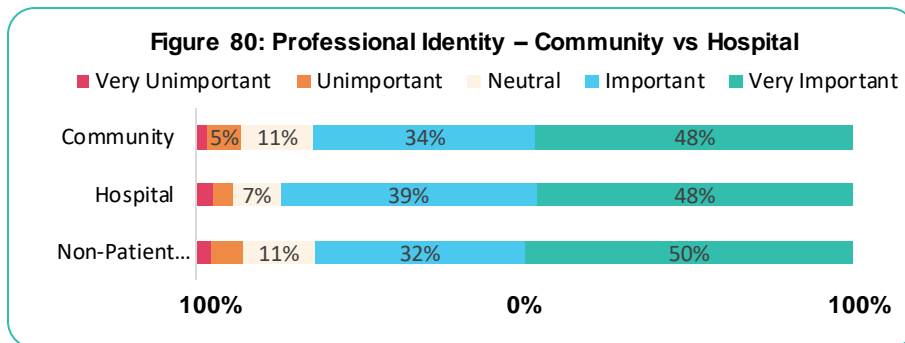### 2. Pharmacy Agenda and Advocacy

Introduction

This topic examined respondents views on the profession as a whole. Primarily the following aspects were examined:

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

Survey Findings

Professional Identity

As illustrated in Figures 80 and 81 below, there was a strong consensus amongst 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 81 illustrates the agreement with this statement among males and females.

Figure 80: Professional Identity – Community vs Hospital

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
7%	11%	**82%**
6%	7%	**87%**
7%	11%	**82%**

Figure 81: Professional Identity – Male vs Female
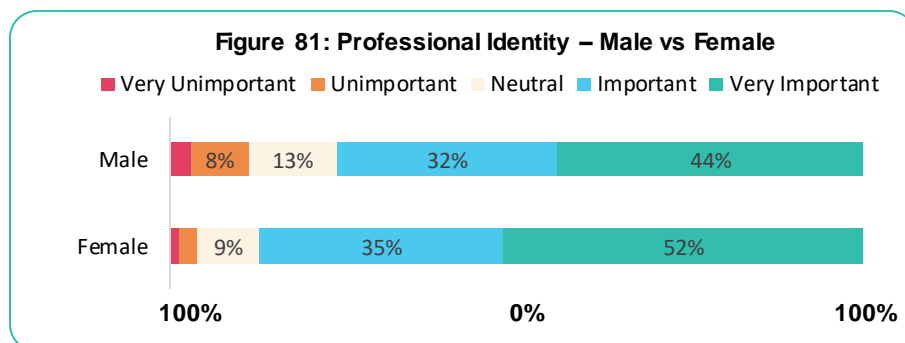
General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
11%	13%	**76%**
4%	9%	**87%**

Domain: Career Development and Leadership

TIA: Pharmacy Agenda 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 healthcare system at large. The responses for this question were broad but could be separated out into four main themes (see Table 82):

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

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

Figure 82: Advancements for Pharmacy Profession

Electronic prescribing	Expansion of primary healthcare role	Independent Prescribing	Career advancement & recognition
29%	25%	23%	16%
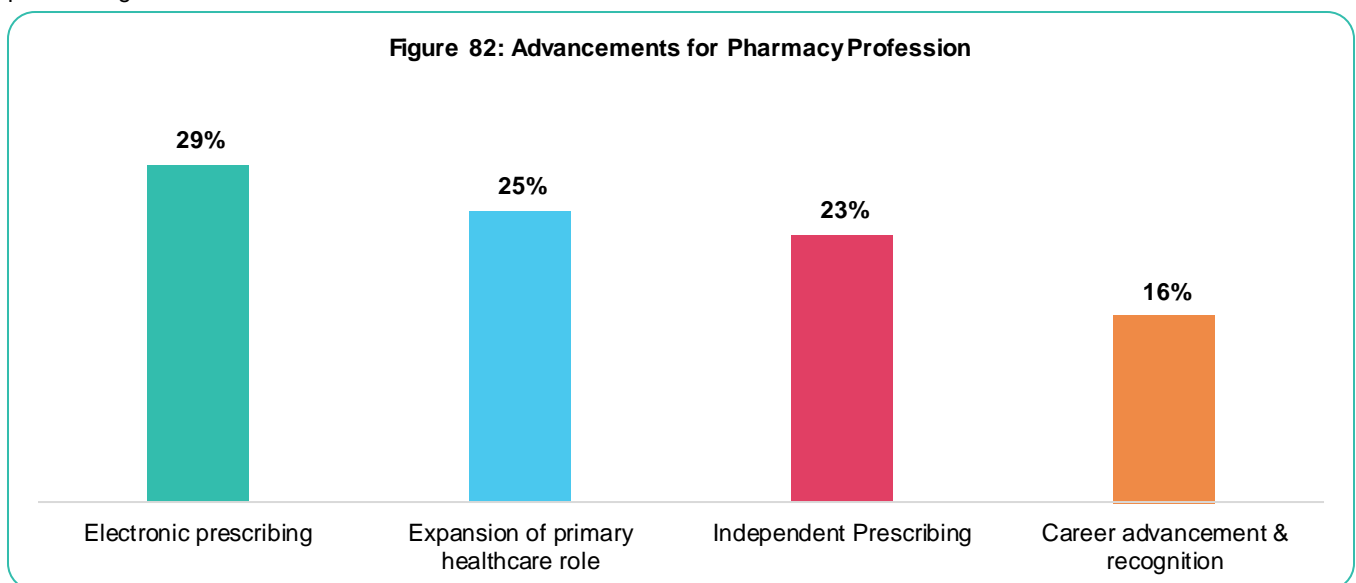
Community respondents placed an emphasis on the need for independent pharmacist prescribing. This was paired with a desire for the introduction of e-prescribing. In addition, community respondents also noted that decreased administration burden would help liberate pharmacists' time and facilitate better engagement with pharmacist specific roles such as patient counselling.

In tandem with information previously presented in this report, 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 parallel to this opinion, 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.

Domain: Career Development and Leadership

TIA: Pharmacy Agenda and Advocacy

Maximising the Role of Pharmacists

Pharmacists were asked what could be changed to ensure they were optimally utilised in the Irish health service. The responses were diverse but generally aligned with Professional 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%);
- Specialists pharmacists 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. Overburdening and poor working conditions were referenced in 70% of the replies. Concerns over lack of support in the role were also cited.

Figure 83: Main Challenges facing the Pharmacy Profession

36% Overburden causing burnout and poor retention	34% Poor working conditions
12% Lack of career structure and progression	9% Lack of support / Pharmacy advocacy
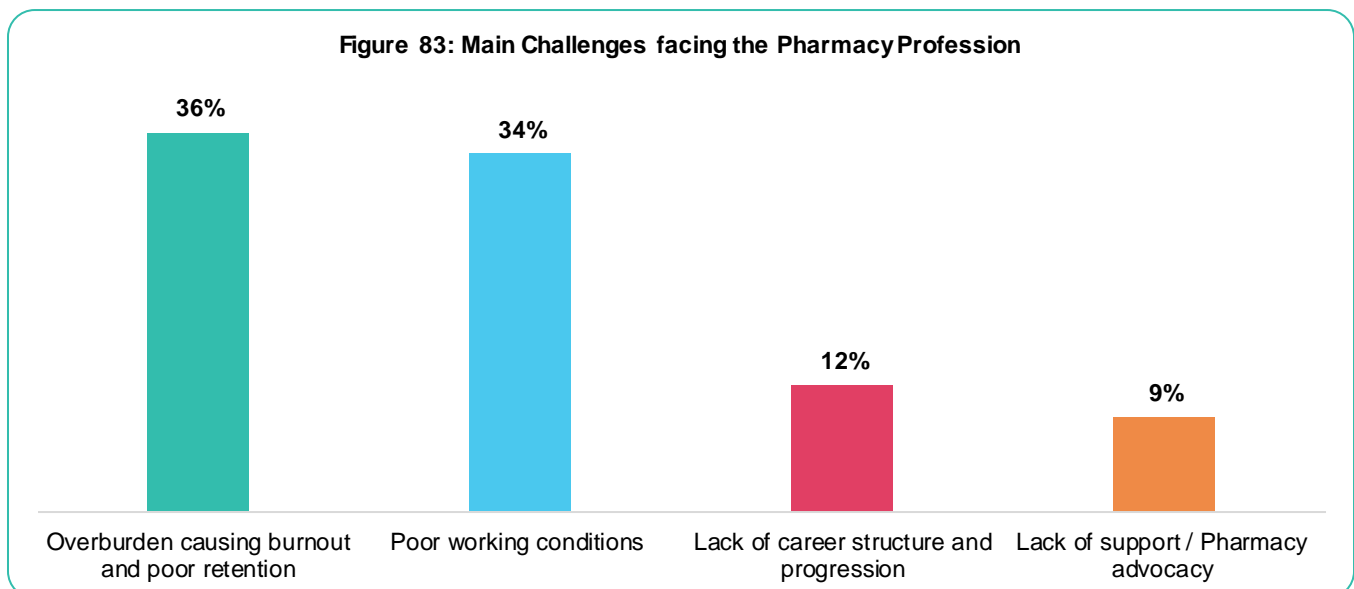
Domain: Trends and Next Steps

TIA: Retail/Clinical Offering and Role Expansion

3. Role Maximisation and Expansion

Introduction

This topic focused on examining respondent's opinions towards expanding their role and taking on additional responsibility. By including this topic, the survey aimed to fulfil the following objectives;
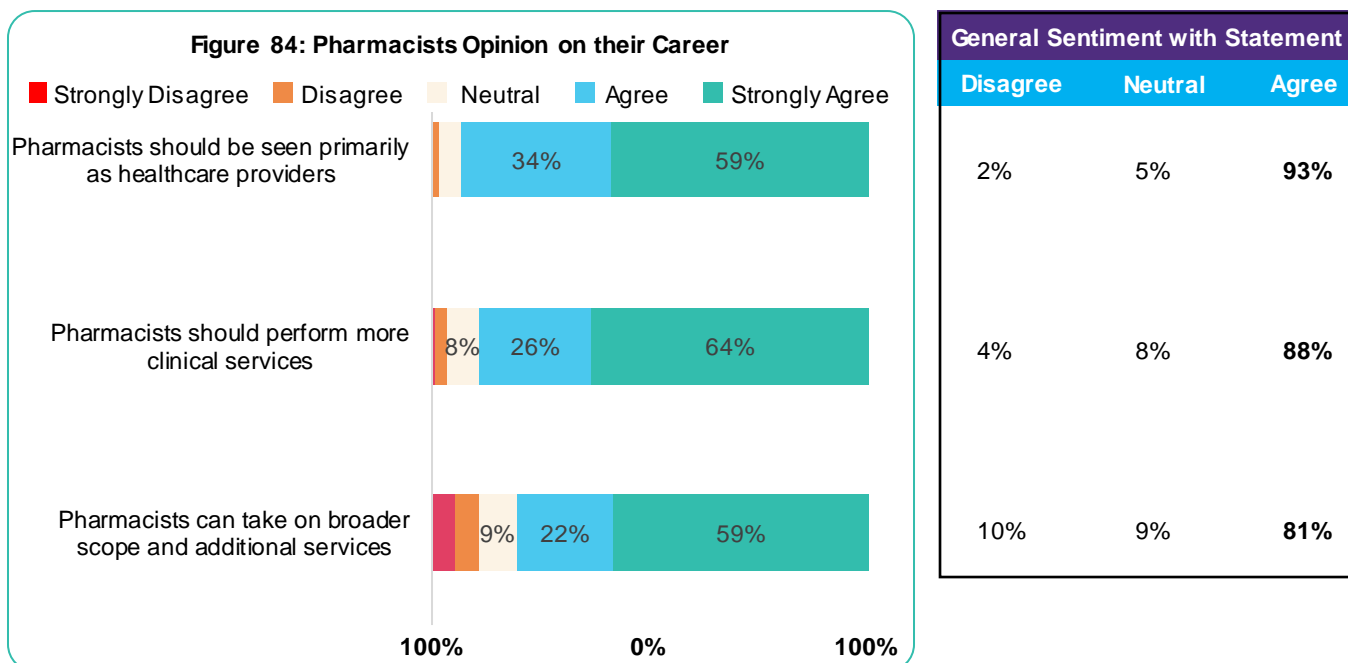
1. To understand if respondents felt their skillset was being fully utilised; and
2. To determine if respondents felt they had additional capacity and an interest in expanding their role.

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

Survey Findings

Opinion on Pharmacist Roles

Figure 84 illustrates the career opinions held by the survey respondents.

Figure 84: Pharmacists Opinion on their Career

General Sentiment with Statement		
Disagree	**Neutral**	**Agree**
2%	5%	**93%**
4%	8%	**88%**
10%	9%	**81%**

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 88% of respondents indicated that pharmacists should perform more clinical services.

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 85 overleaf. The three most commonly cited service suggestions were:

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

Domain: Trends and Next Steps

TIA: Retail/Clinical Offering and Role Expansion

Additional Services (Cont'd)

Figure 85 illustrates the percentage frequency of the three most common additional pharmacists services that pharmacists would like to provide. A thematic analysis of this can be viewed in the appendices.

Figure 85: Additional Pharmacist Services

Service	Percentage
Patient Health Management	20%
Minor Ailments	17%
Independent Pharmacist Prescribing	10%
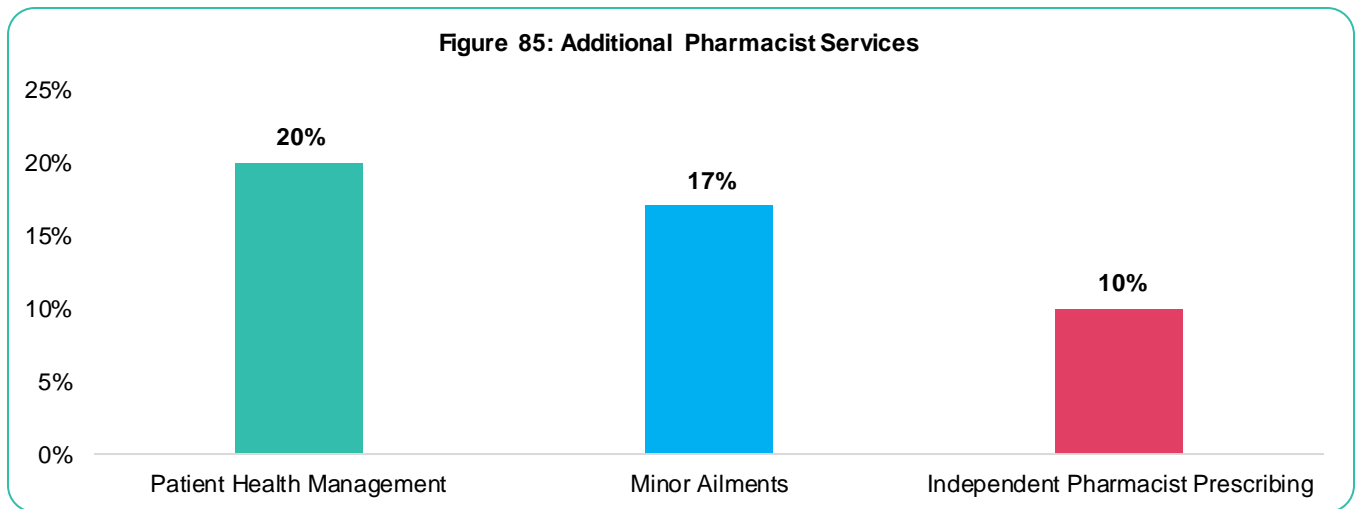
Section 4

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 explain 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 overleaf.

Survey Section	Domain	Associated TIAs	Key Findings
1	Demographics Work Characteristics	1. Demographics and Further Education 2. Role Identification 3. Role Details 4. Locum	• 65% of people who practice as pharmacists are female. In hospitals, 87% are female, which may be explained by working conditions, arrangements and benefits associated with this setting; • Locum work is mostly undertaken by community pharmacists, due to flexibility and variety in the work it provides; and • 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.
2	Work Attitudes Work Conditions	1. Pharmacist Viewpoint 2. Work Conditions 3. Environment and Delegation 4. Employee Benefits 5. Student Perspective 6. Governance Roles	• 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; • 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; • There appears to be capacity for increased scope and service provision as well as a desire to further utilise skills; • The vast majority of respondents reported experiencing job stress, in particular community pharmacists; • Delegation of tasks to support staff is a key area for action, in particular administrative tasks; • Hospital pharmacists appear to receive more employee benefits in comparison to community pharmacists; • Most pharmacy students intend to practice as a pharmacist in Ireland once they graduate; and • There is considerable dissatisfaction amongst those currently in governance roles and such roles are not generally seen as attractive positions.
3	Career Development and Leadership Trends and Next Steps	1. Career Progression 2. Pharmacy Agenda and Advocacy 3. Retail/Clinical Offering and Role Expansion	• There is a perceived lack of clear career progression opportunities and demand for specialist roles; • The pharmacy profession should have clear strategic objectives and leadership; • Pharmacists feel under appreciated and underutilised. • Extended scope to utilise their clinical skills, delegate tasks and more time with patients would be welcomed; and • Pharmacists want to be primarily viewed as trusted healthcare professionals.

Discussion on Survey Findings
Demographics and Work Characteristics

Pharmacy Demographics

The PSI register provides valuable insights into the demographics of the pharmacist profession. There are considerably more females (65%) than males practicing 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. Within 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, 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 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 practice 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 surveyed pharmacists 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.

Discussion on Survey Findings

Demographics and Work Characteristics

Role Identification

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

One of the key findings within this topic 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.[5]

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 Figure 41 of 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 topic reveal further insights into what the typical role of a pharmacists looks like, particularly in relation to the working days and hours. The survey has found some notable differences in the daily working environment 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 experienced 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

According to the results of this survey, it is apparent that locum work is more commonly occupied by pharmacists working in the community. Of the approximately one third of pharmacists undertaking locum work, almost all (94%) are community-based pharmacists, compared to only 5% of hospital pharmacists. 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 model of care regulations whereby a pharmacy cannot open without a pharmacist present. Considering the significantly high number of pharmacies, this creates a demand for locum pharmacists to be onsite in order to open for business.

Firstly, 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.

On the other hand, locum work among community pharmacists is much more prevalent, with a total of 74% choosing this option. It is clear that community pharmacists appreciate the flexibility provided by both their contracted roles as well as the flexibility of locum work, with this being their primary reason for seeking locum arrangements.

Discussion on Survey Findings

Work Attitudes and Work Conditions

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 are decreased. 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 topic 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.

According to the survey, community pharmacists working arrangements tend to provide more flexibility and variety due to many opting to carry out locum work. The community setting allows pharmacists to chose the number of days they work per week, more so than typical hospital full-time or part-time contracts. So, the high level of stress experienced by community pharmacists may be outweighed by the perceived advantages of such working arrangements.

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 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.

Discussion on Survey Findings
Career Development and Leadership

Student Perspectives

Although student responses are limited by the respondent 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 lack of experience in clinical and patient-facing roles.

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.

For example, 67% of those in a governance role within a hospital are unhappy and this number stands at 54% for those who work in a community setting. In tandem, 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 70% (290 out of 435) of respondents stated that there was a vacancy in the past 12 months. In the hospital setting, 92% (12 out of 13) of respondents reported vacancies 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 grievances voiced previously in this report. All in all, this culminates in a negative impact on the availability and attraction of pharmacists to patient-facing roles.

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.

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 Section 3, 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.

Domain: Work Characteristics
Further Considerations and Workforce Capacity

Pharmacy Workforce Capacity

Pharmacies in Ireland must register their trading details with the PSI. Since it is also a legal requirement for community pharmacies to have at least one pharmacist on the premises, these opening hours can be used to estimate the minimum number of hours required by the profession. For an average week (with bank holidays excluded), community and hospital pharmacies open for approximately 9 hours per day (with a cumulative total of 109,374 hours). This value represents the minimum number of hours required to be worked by pharmacists. This is not the same for pharmacists working in hospitals, and was out of scope for this project. However, it is possible to estimate the total number of hours pharmacists in both settings work on a weekly basis for the entire profession. This was estimated by 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 is illustrated below in Table 15. Therefore, all the data mentioned below has been extrapolated and is considered representative of the entire profession.

Estimating the Total Number of Pharmacists Practicing in 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 practicing 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. Therefore, the total number of pharmacists who practice in community, even irregularly, is estimated to be 5,012 or approximately 71% of the total pharmacy workforce. For hospitals, this figure is 1,098 or 15.5% of the total pharmacy workforce. Both figures align closely with the data stored on the PSI register. Their database stated that 5,182 pharmacists practice in the community and 1,046 practice in hospitals.

Table 15: 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**

Domain: Work Characteristics

Further Considerations and Workforce Capacity

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 (see Table 15). Annual leave was also factored into the calculation by determining the total number of hours earned by pharmacists per week before deducting it from final capacity figure.

When calculating the number of days, 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. Finally, 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 total workforce capacity for community pharmacists, inclusive of part-time locums, is approximately 162,995 hours and for hospital pharmacists, 36,771 hours. By using the registered opening hours, it was possible to estimate that community pharmacies require pharmacists to work 109,374 hours per week. Therefore, only 1.49 pharmacists per pharmacy are available on average, requiring many pharmacies to operate with only one professional. Due to the current regulations, the pharmacist would not be able to take a break for their entire shift without closing the pharmacy.

Closing Remarks

This report has brought several issues to light as expressed by the survey respondents. It is clear action needs to be taken to address the challenges facing the current patient-facing pharmacy workforce and for the future profession. It is important to note that this report does not focus on non-patient facing roles as they were outside the scope of this project.

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Appendices

Appendix 1

Thematic Analysis

Table 16: 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%