

Pharmacy Workforce Survey Analysis Report

April 2024



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Introduction



Introduction

Introduction

As part of its work to examine workforce challenges within patient-facing pharmacy practice settings and based on recommendations from the [2022 Workforce Intelligence Report](#), the Pharmaceutical Society of Ireland (PSI) issued a pharmacy workforce survey in November 2023. This survey aimed to build on the findings from the [2022 Survey Analysis Report](#) and identify any risks to the continued availability of the patient-facing pharmacist workforce in Ireland.

The pharmacist workforce plays a crucial role in the health system, serving as a cornerstone in ensuring safe and effective medication management and patient care. Pharmacists are highly trained healthcare professionals who possess a unique blend of clinical expertise, medication knowledge and patient care skills. As the current healthcare landscape continues to evolve with changing demographics, and shifting healthcare policies, it becomes increasingly important to understand the dynamics of the pharmacist workforce.

This report aims to provide an overview of the current patient-facing pharmacist workforce in Ireland encompassing aspects such as demographics, education, practice settings, roles, responsibilities, opportunities and challenges. As a result of this, we hope to shed light on the current state of the pharmacist workforce, identify emerging trends, and offer insights into potential strategies for optimising workforce utilisation and addressing evolving healthcare needs.

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

Pharmacy Workforce Survey

All pharmacists registered with the PSI and fifth year pharmacy students, were invited to take part in a Pharmacy Workforce Survey.

This survey was circulated for completion between the 22nd of November 2023 and the 22nd of January 2024 and received 925 responses, 44 of which were from students. At the time of the survey, there were 7,480 pharmacists registered with the PSI and 172 fifth-year pharmacy students, which translates to a response rate of 12% and 26%, respectively. The data held on the PSI register was the primary data reference point. This allowed for the validation of findings from the survey and ensured that the data was representative of the pharmacist workforce.

Survey Objectives

The survey objectives include to:

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

*PSI definition of a patient-facing pharmacist.

Survey Methodology, Design and Limitations



Survey Methodology, Design and Limitations

Introduction

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

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

Phase 1: Survey Planning

The survey planning phase involved adapting and shortening the 2022 survey based on lessons learned and input from the PSI and developing an effective survey communication plan.

The 2023/2024 Pharmacy Workforce Survey was developed using the EU Survey platform. This is a free, online tool developed by the European Commission which fulfills all GDPR requirements.

On the 22nd of November 2023, the PSI distributed the survey to all pharmacists on their register at the time (7,480). One initial e-mail and three reminder e-mails were sent to all registered pharmacists while the survey was open. In an effort to increase the response rate, an e-mail was sent to a number of superintendent pharmacists, the Irish Pharmacy Union (IPU) and Pharmacists in Industry, Education and Regulatory (PIER) with the request that they circulate the link to the survey with their members. The survey was closed on the 22nd January 2024.

A second email, with the same survey, was sent to all the fifth-year pharmacy students (n=172) through the APPEL (Affiliation for Pharmacy Practice Experiential Learning) network. This was also followed up with one reminder e-mail.

Phase 2: Survey Design

This phase involved the design and build of the survey. As this was an adaption of last year's Pharmacy Workforce Survey, this phase initially involved reviewing the questions used in the 2022 survey and adding to it or removing from it, as necessary. The survey was created to be modular in design and involved branching questions that only appear when preceding questions are answered in a specific manner. This means that students and different cohorts of pharmacists, were only asked questions which were relevant to them.

The survey was piloted prior to internal and external testing. When testing the survey, particular attention was paid to the branch points as these would have the biggest impact on the survey overall.

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. The varying question types ensured that insightful feedback was received from survey respondents.

Phase 3: Data Analysis

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

- 1) Descriptive Analysis - Graphs and figures are generated from the raw data using Microsoft Excel® and Power BI®;
- 2) Cohort Identification and Analysis - Specific groups and cohorts were identified for more detailed analysis. These included: gender, age and work setting;
- 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. community pharmacists vs hospital pharmacists; and
- 4) Qualitative Analysis Snapshot - NVivo, a qualitative software, was used to identify, cluster and provide additional thematic insights for long-form questions.

Survey Methodology, Design and Limitations

Limitations

The 2023/2024 Pharmacy Workforce Survey had a response rate of 12%, which is lower than the response rate from the 2022 Pharmacy Workforce Survey (18%). While the findings from this pharmacy workforce survey provide valuable insights into the current state of the pharmacy profession in Ireland, it is essential to acknowledge several limitations that may impact the generalisability and reliability of the results.

1. **Response Bias:** The response rate may introduce response bias, as individuals who chose to participate in the survey might differ systematically from those who did not respond. For example, respondents may be more motivated, experienced, or have stronger opinions about the survey topics compared to non-respondents. As a result, the survey results may not accurately represent the entire pharmacy workforce.
2. **Reduced Statistical Power:** With the response rate, the statistical power of the analysis may be compromised making it difficult to draw significant conclusions.
3. **Limited Generalisability:** Due to the response rate and the potential biases introduced, caution should be exercised when generalising the survey findings to the broader pharmacy workforce.

In an effort to increase the survey response rate, the PSI communicated with the Irish Pharmacy Union (IPU), Pharmacists in Industry, Education and Regulatory (PIER) and several superintendent pharmacists to encourage pharmacists within their organisations to complete the survey. It is possible that collaboration with these external stakeholders may introduce biases or agendas that influence the survey results, and this should be considered when interpreting the findings of the pharmacy workforce survey.

As this is an iteration of the 2022 Survey Analysis Report, comparisons have been made to the findings of that report where appropriate. However, it must be noted that these are not direct comparisons as it cannot be guaranteed that the same respondents have answered both surveys and due to changes in the wording of certain questions and answers.

It is noteworthy that not all data fields on the PSI register are mandatory to complete and therefore, information gaps exist. Data was extrapolated from completed sections to fill in these data gaps.

Survey Findings



Overview of Survey Sections and Themes

Table 1: Overview of Report Structure

Sections	Theme
1. Demographics and Work Characteristics	<ol style="list-style-type: none">1. Demographics2. Role Identification3. Role Details4. Locum Work
2. Work Attitudes and Work Conditions	<ol style="list-style-type: none">1. Pharmacist Viewpoint2. Work Conditions3. Environment and Delegation4. Governance Roles
3. Career Development and Leadership, Trends and Next Steps	<ol style="list-style-type: none">1. Career Progression2. Pharmacy and Advocacy3. Clinical Offering and Role Expansion
4. Student Perspective	<ol style="list-style-type: none">1. Practicing as a Pharmacist

Section 1: Demographics and Work Characteristics



Demographics and Work Characteristics

Theme 1: Demographics

1. Demographics

Introduction

This section delves into the demographic trends shaping the pharmacy profession, shedding light on the current workforce composition and highlighting any notable shifts or disparities that may exist.

Survey Responses

- 7,480 pharmacists were registered with the PSI at the time of the survey;
- 879 pharmacists* responded out of 7,480 on the PSI register (12% response rate);
- 44 students responded out of a cohort of 172 (26% response rate); and
- 925 complete responses** to the survey were recorded.

The data collected was compared to the data available on the PSI register. The demographics of respondents broadly mirror the breakdown seen on the PSI register, except for the age cohort which is slightly skewed towards older pharmacists (see Table 2 below).

Table 2: Survey Respondent Data Compared with PSI Register Data

Key Indicators	PSI Register Data***	Proportion Percentage of Total PSI Register (7480 pharmacists)	Survey Response Numbers	Proportion Percentage of Pharmacist Respondents (879)	Survey Response Rate (per cohort)
Community	4986	67%	555	63%	11%
Hospital	952	13%	129	15%	14%
Student	172	n/a	44	n/a	26%
Qualified in Ireland	3682	49%	467	53%	13%
Qualified outside of Ireland	3726	50%	398	45%	11%
Age group: >36	4683	63%	674	77%	14%
Age group: <35	2779	37%	192	22%	7%
Gender: Male	2543	34%	308	35%	12%
Gender: Female	4712	63%	544	62%	12%
Patient Facing	5938	79%	743	85%	13%
Non-Patient Facing	1342	18%	125	14%	9%

* The 879 pharmacist respondents also includes retired pharmacists. It is also important to note that in some cases, respondents chose not to indicate whether they currently work in a patient facing role or what their current practice setting is.

** The 925 complete responses also includes two respondents who indicated they would not be happy to proceed with the survey.

*** The student data was not obtained from the PSI register but was included to give an overview of response rates.

Demographics and Work Characteristics

Theme 1: Demographics

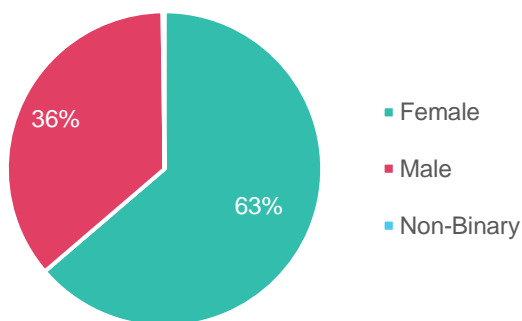
Demographics

Gender

The gender breakdown of survey respondents was examined and compared with data held on the PSI register. Most survey respondents were female (63%) and males represented the next largest cohort of respondents (36%). 0.2% of respondents were non-binary and 11 respondents chose not to indicate their gender and were therefore excluded from the gender analysis in Figure 1.

The gender breakdown of survey respondents aligns closely to that of pharmacists on the PSI register and the responses from the 2022 Survey Analysis Report (65% female and 35% male).

Figure 1: Gender Breakdown



Patient-Facing Roles

Survey results indicate that 86% of pharmacist respondents occupied a patient-facing role, and 14% occupied a non-patient-facing role (see Table 3). This is similar to what was reported in the 2022 Survey Analysis Report where 87% of pharmacist respondents indicated working in a patient facing role.

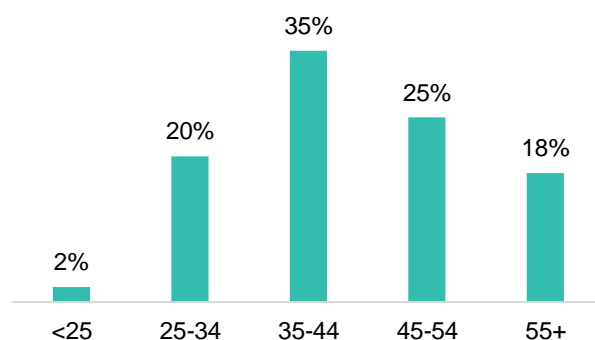
Table 3: Are you in a patient-facing role?

Response	Response #	Response %
Yes	743	86%
No	125	14%

Age

The age distribution within the pharmacy workforce is a critical factor in understanding the present and future dynamics of the profession. As shown in Figure 2, 78% of respondents were 35 or older and 22% were 34 or younger.

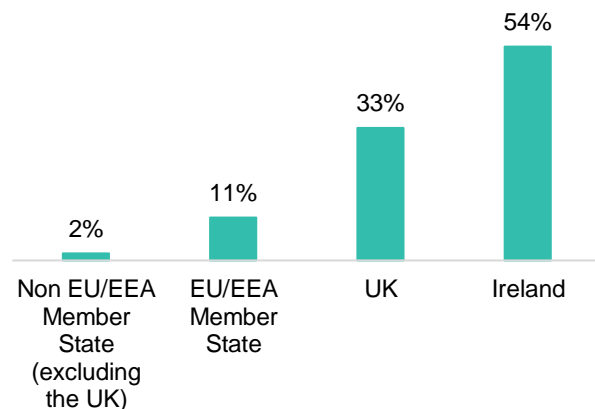
Figure 2: Age Group Breakdown



Jurisdiction of Qualification

The breakdown of respondents by country of qualification was examined and is illustrated in Figure 3.

Figure 3: Breakdown of Respondents by Country of Qualification



Just over half of all survey respondents received their pharmacy qualification in Ireland (54%) and a third (33%) obtained their qualification in the United Kingdom.

Demographics and Work Characteristics

Theme 2: Role Identification

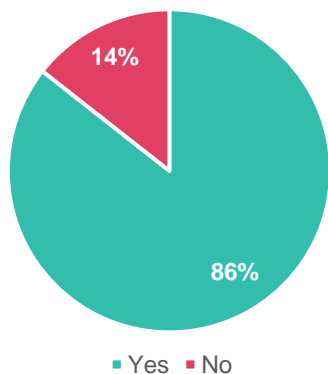
2. Role Identification

This theme examines the diverse array of roles undertaken by pharmacists in the health system. Through this exploration, we aim to recognise the evolving nature of pharmacy practice, identify emerging roles and specialties, and highlight the essential functions performed by pharmacy professionals across different practice settings.

Patient-Facing Vs. Non-Patient Facing Pharmacists

Although it is recognised that pharmacists occupy a variety of important roles both patient-facing and non-patient-facing, this survey was targeted towards the patient-facing cohort. As shown in Figure 4, most responses from pharmacists were from those who are in patient-facing roles (86%). This is similar to the response received from patient-facing pharmacists in the 2022 Survey Analysis Report (87%).

Figure 4: Patient Facing vs. Non Patient Facing Pharmacists



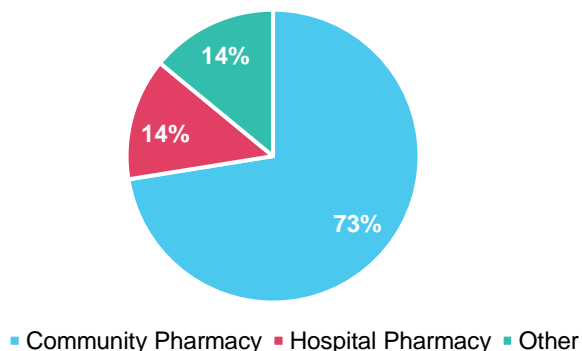
Primary Area of Practice

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

- 73% worked primarily in the community setting;
- 14% worked in a hospital setting; and
- 14% in other areas.

These results are illustrated in Figure 5.

Figure 5: Primary Area of Practice

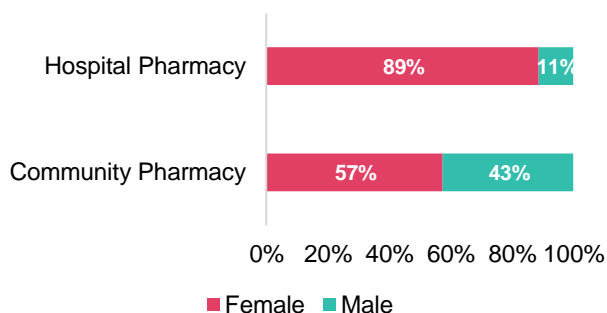


The data collected aligns to the data held on the PSI register which indicates that 4,986 (67%) pharmacists primarily work in the community setting, 952 (13%) work in a hospital setting and 814 (11%) work in other areas.

Most respondents who work primarily in community and hospital settings were female, with a higher proportion in the hospital setting (see Figure 6). Female respondents also occupied the majority of pharmacist roles in industry and role emerging practice (56% and 69% respectively).

Multiple role combinations can be viewed in Table 4 overleaf.

Figure 6: Community and Hospital Gender Breakdown



Demographics and Work Characteristics

Theme 2: Role Identification

Practise in Multiple Settings

10% of survey respondents reported working in more than one practice setting, with the most common combination being the community and hospital settings (34%). Less pharmacist respondents appear to be working in multiple practice settings in 2023 compared to 2022 (10% vs 13%).

Table 4 displays a more detailed breakdown analysis of respondents that work in multiple settings or multiple roles.

Breakdown of Pharmacy Roles

To gain a better understanding of the current landscape of pharmacy roles and identify emerging trends, this report presents the findings of a survey analysis exploring the various roles pharmacists occupy in patient-facing settings, the results of which are displayed in Table 5 (overleaf). This data shows that 'Support Pharmacist' is the most common role amongst community pharmacist respondents (28%) and 'Senior Pharmacist' is the most common role amongst hospital pharmacist respondents (54%). These results closely align to those reported in the 2022 Survey Analysis Report.

The results also indicate that there are several respondents that work in more than one role, in both the community (21%) and hospital settings (2%).

Table 4: Respondents Working in Multiple Settings

Respondents Working in Multiple Settings	Total Survey Respondent %
Total Number of Respondents Working in Multiple Settings	10%

Most Common Combinations	Respondent #	Respondent %
Community, Hospital Pharmacy	31	34%
Community Pharmacy, Role Emerging Practice	29	32%
Community Pharmacy, Industry	10	11%
Community Pharmacy, Other	7	8%
Hospital Pharmacy, Other	4	4%
Hospital Pharmacy, Role Emerging Practice	4	4%
Role Emerging Practice, Other	3	3%
Community Pharmacy, Hospital Pharmacy, Role Emerging Practice	1	1%
Community Pharmacy, Role Emerging Practice, Other	1	1%
Hospital Pharmacy, Industry, Role Emerging Practice	1	1%
Hospital Pharmacy, Role Emerging Practice, Other	1	1%

Demographics and Work Characteristics

Theme 2: Role Identification

Table 5: Pharmacy Role Breakdown

Community	Respondent #	Respondent* %
Owner	8	1%
Superintendent Pharmacist	40	7%
Supervising Pharmacist	138	25%
Support Pharmacist	152	28%
Locum	96	17%
Superintendent Pharmacist, Supervising Pharmacist	45	8%
Superintendent Pharmacist, Supervising Pharmacist, Owner	39	7%
Support Pharmacist, Locum	21	4%
Superintendent Pharmacist, Owner	9	2%
Supervising Pharmacist, Locum	3	0.5%
Superintendent Pharmacist, Support Pharmacist	1	0.2%
Supervising Pharmacist, Support Pharmacist	1	0.2%

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

Hospital	Respondent #	Respondent* %
Executive Manager 1	1	1%
Executive Manager 2	7	5%
Executive Manager 3	3	2%
Chief 1 Pharmacist	2	2%
Chief 2 Pharmacist	24	19%
Senior Pharmacist	70	54%
Staff Grade Pharmacist	17	13%
Locum	2	2%
Senior Pharmacist; Locum	1	1%
Senior Pharmacist; Staff Grade Pharmacist	1	1%
Staff Grade Pharmacist; Locum	1	1%

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

Demographics and Work Characteristics

Theme 2: Role Identification

Employment Status

The survey investigated the current employment landscape for patient-facing pharmacists in Ireland. The responses are shown in Figures 7 and 8. Most respondents reported occupying permanent full-time employment. This is consistent across both community (47%) and hospital (69%) pharmacist respondents and aligns with the data collected in 2022, where 48% of community pharmacists and 75% of hospital pharmacist respondents reported occupying full time permanent employment.

Figure 7: Overall Employment Situation

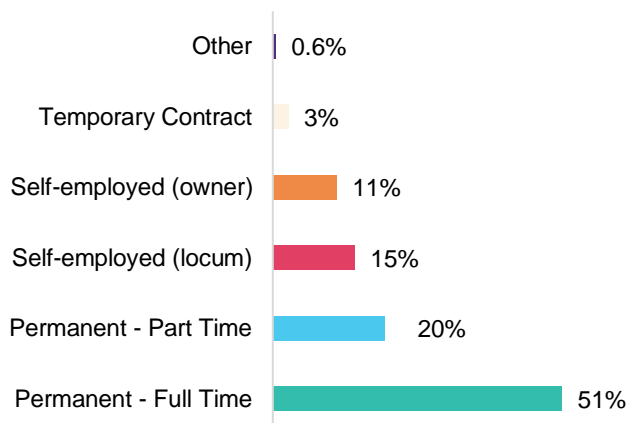
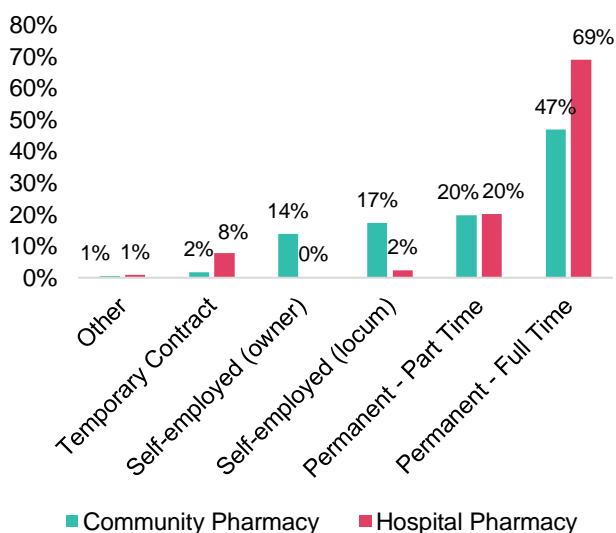


Figure 8: Employment Type (Hospital and Community)

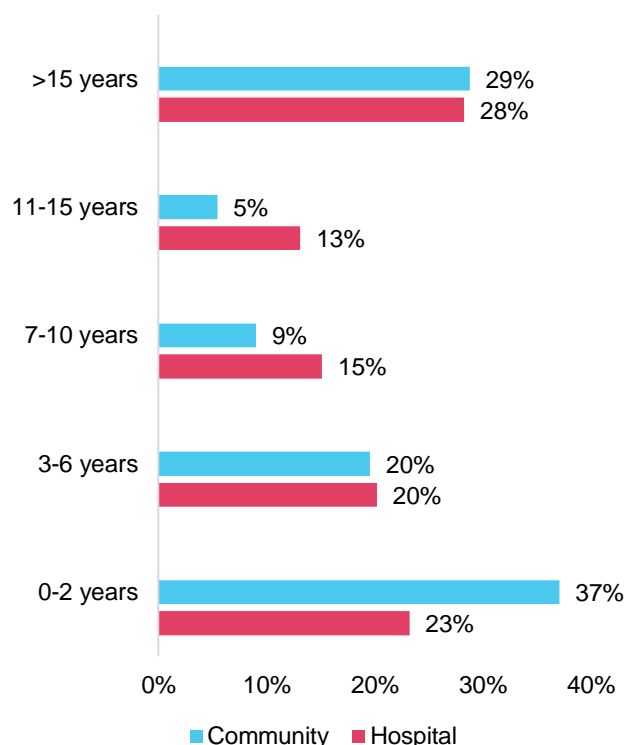


Time in Role

The survey examined the duration of time respondents have occupied their current primary role.

Figure 9 illustrates that approximately half of respondents (57% in community and 43% in hospital) have been in their current role for less than 6 years. The results of the 2023/2024 Pharmacy Workforce Survey shows a higher percentage of respondents with >15 years' experience in their current role when compared to the 2022 Survey Analysis Report (29% of community pharmacists and 28% of hospital pharmacists vs 25% of community pharmacists and 13% of hospital pharmacists).

Figure 9: Period of Time in Current Role



Demographics and Work Characteristics

Theme 2: Role Identification

Hybrid Working

The rise of remote and hybrid working models has transformed traditional landscapes of work, offering flexibility and adaptability to both employers and employees. This trend has gained further momentum due to the COVID-19 pandemic. As this is a notable development in the broader working experience, the survey examined the availability of remote or hybrid working options for pharmacists. These results are shown in Figure 10 and Table 6. There appears to have been a decrease in the availability of hybrid working since the 2022 Survey Analysis Report, where 11% of pharmacist respondents reported having hybrid working options available to them compared to 8% in 2023.

Figure 10: Availability of Hybrid Working

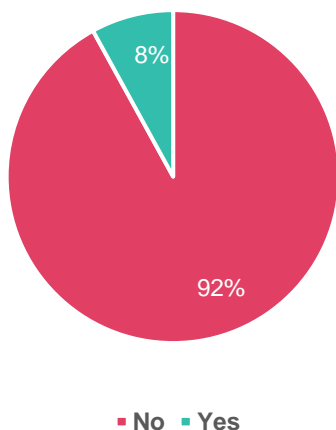


Table 6: Availability of Hybrid Work by Work Setting

Work Setting	Option for Remote Working	
	Yes	No
Community	4%	96%
Hospital	22%	78%

Hospital Specialisation

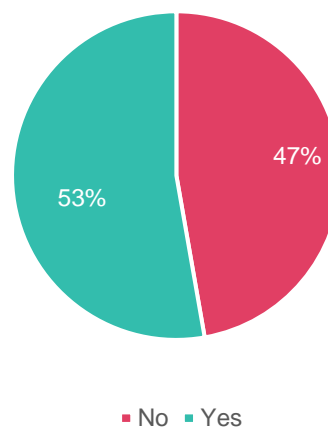
Additional questions were asked about role specialisation in a particular clinical direction (e.g. specialisation in a therapeutic area). Figure 11 illustrates that 53% of respondents in hospital pharmacy roles practice in a specialist area.

Qualitative analysis indicates that the main specialist roles undertaken were:

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

This is broadly similar to the results from the 2022 Survey Analysis Report, where haematology/oncology and antimicrobial stewardship were also in the top three specialist areas, along with paediatrics. However, this year more respondents reported psychiatry as the specialist area they were involved in.

Figure 11: Practice in a Specialist Area - Within a Hospital Setting



Demographics and Work Characteristics

Theme 3: Role Details

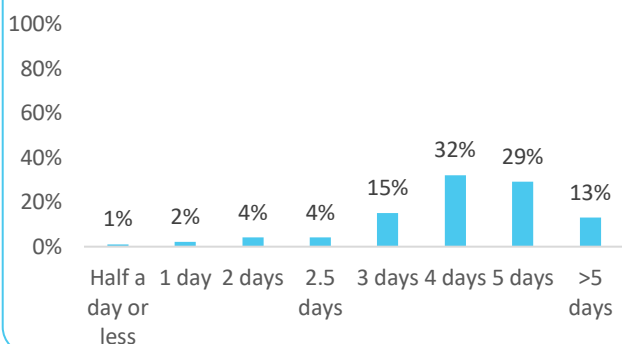
3. Role Details

The work environment and working hours can have a significant impact on the well-being, productivity and job satisfaction of pharmacists. This theme delves into the dynamics of work settings, schedules, and related factors that shape the daily experience of patient-facing pharmacists within the workforce.

Days Worked in an Average Week

Respondents were asked about the average number of days they work per week, the results of which are demonstrated in Figures 12 and 13 below. 29% of community pharmacy respondents reported working a five-day week compared to 59% of respondents in the hospital setting. This is similar to what was reported in the 2022 Survey Analysis Report, where 31% of community pharmacist respondents and 67% of hospital pharmacist respondents reported working a five-day week.

Figure 12: Average Number of Days Worked Worked per Week - Community



Hours Worked in an Average Day

Figures 14 and 15 highlight the average number of hours respondents in the community and hospital settings work per day.

A 9–10-hour day was most common among community pharmacist respondents (71%) compared with a 7–8-hour day among hospital pharmacist respondents (76%). These working hours are very similar to what was reported in the 2022 Survey Analysis Report, where 75% of community pharmacist respondents reported working a 9–10-hour day and 83% of hospital pharmacist respondents reported working a 7–8-hour day.

These results indicate that, on average, hospital pharmacist respondents have shorter working days, but work more days per week, than their community counterparts. A more detailed breakdown of the days and hours worked per role is described in Table 7 overleaf.

Figure 14: Average Number Of Hours Worked Per Day - Community

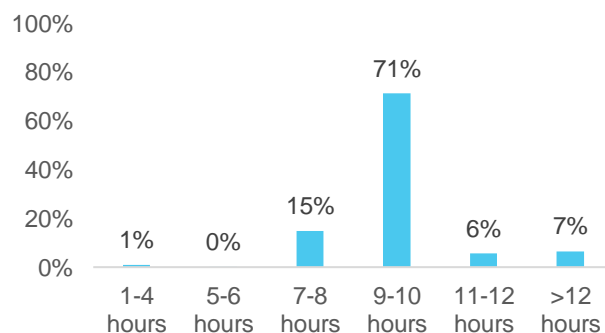


Figure 13: Average Number of Days Worked per Week - Hospital

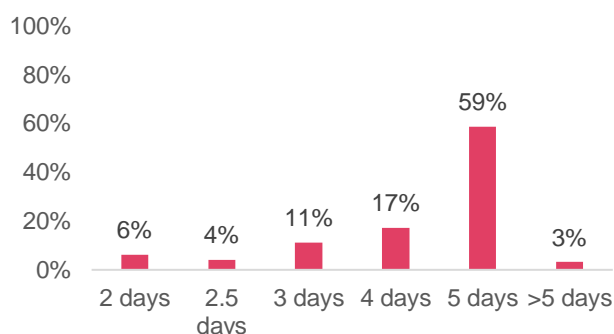
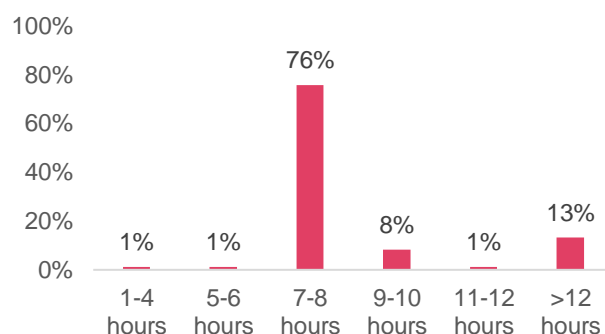


Figure 15: Average Number of Hours Worked Per Day - Hospital



Demographics and Work Characteristics

Theme 3: Role Details

Table 7: 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
Owner	5.5	9.9
Superintendent Pharmacist	5.0	9.7
Supervising Pharmacist	4.4	9.6
Support Pharmacist	3.6	9.3
Locum	3.6	9.2

Breakdown of Days/Hours Worked by Role: Hospital		
Role	Average Days	Average Hours
Chief 1 Pharmacist	5.0	9.5
Chief 2 Pharmacist	4.6	8.9
Executive Manager 1	5.0	7.5
Executive Manager 2	4.5	8.4
Executive Manager 3	5.0	8.2
Senior Pharmacist	4.1	8.1
Staff Grade Pharmacist	4.6	8.2
Locum	2.0	13.0

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

Demographics and Work Characteristics

Theme 3: Role Details

Working Anti-Social Hours

This survey asked respondents if they undertake work during anti-social hours, which was defined as weekends and late nights. Just over 16% of hospital pharmacist respondents reported that they undertake work during anti-social hours compared with 76% of community pharmacist respondents (Figures 16 and 17).

Respondents who indicated that they undertake work during anti-social hours were subsequently asked about the frequency of this work. Figures 18 and 19 below indicate that community pharmacist respondents work anti-social hours more regularly than hospital pharmacist respondents (87% of community pharmacist respondents, compared with 23% of hospital pharmacist respondents work anti-social hours between 2-4 times per month). This should be considered in the context of community pharmacy opening hours.

Figure 16: Works Anti-Social Hours (Weekends and Late Nights) - Community

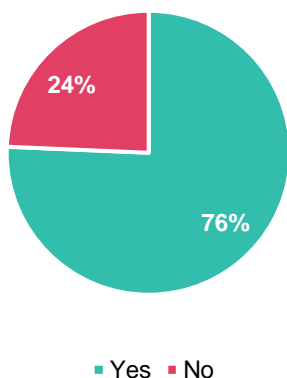


Figure 18: Frequency of Working Anti-Social Hours (Weekends and Late Nights) - Community

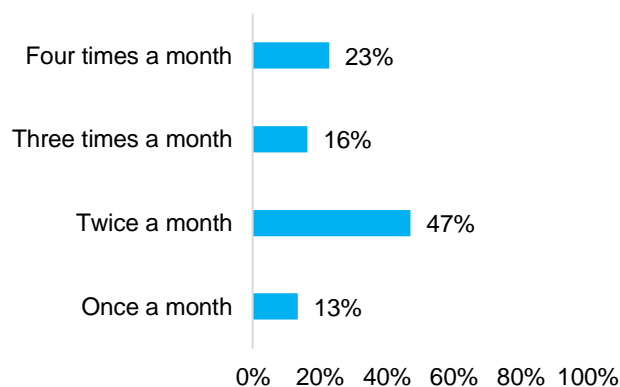


Figure 17: Works Anti-Social Hours (Weekends and Late Nights) - Hospital

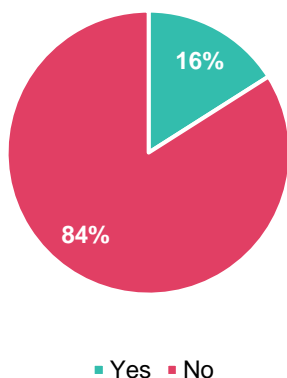
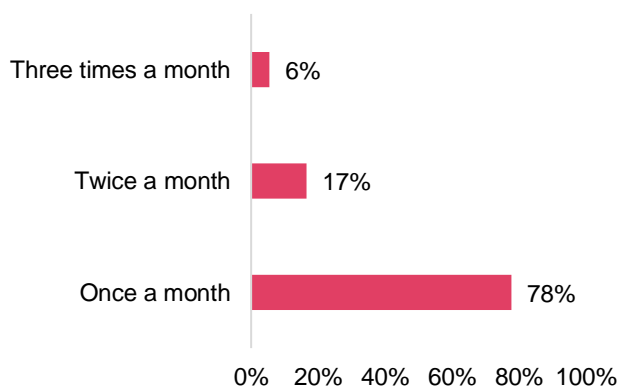


Figure 19: Frequency of Working Anti-Social Hours (Weekends and Late Nights) - Hospital

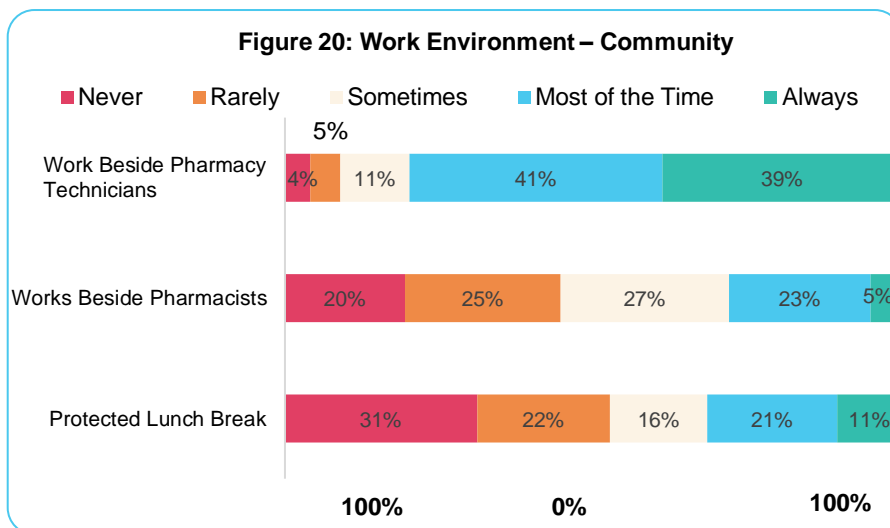


Demographics and Work Characteristics

Theme 3: Role Details

Work Environment

The work environment of pharmacists is a critical factor influencing job satisfaction, performance and overall well-being. This survey examined the working environment with regards to professional support and the ability to take a protected lunch break. The survey results are indicated in Figures 20 and 21 (overleaf).



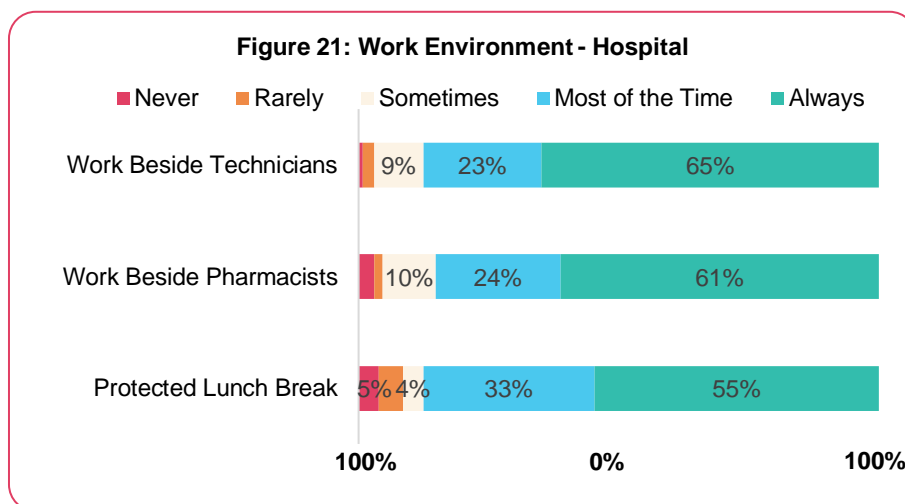
General Sentiment with Statement		
Disagree	Neutral	Agree
9%	11%	80%
45%	27%	28%
53%	16%	32%

Figure 20 above highlights that over half of community pharmacist respondents (53%) indicated that they never or rarely get protected time for a lunch break during their working day. Almost half of community pharmacist respondents (45%) indicated that they rarely or never work beside fellow pharmacists. However, most community respondents (80%) reported working alongside technicians most, if not all, of the time. These results are similar to what was reported last year where 54% of community pharmacist respondents indicated never or rarely getting a protected lunch break, 57% indicated never or rarely working beside fellow pharmacists and 77% indicated working alongside technicians most, if not all, of the time.

Demographics and Work Characteristics

Theme 3: Role Details

Work Environment (Cont'd)



General Sentiment with Statement		
Disagree	Neutral	Agree
3%	9%	88%
5%	10%	85%
9%	4%	88%

Most of the hospital pharmacist respondents reported that they receive protected lunch breaks (88%), this is in contrast with their community pharmacist counterparts. The number of respondents that work beside technicians in hospital settings is slightly higher than in community settings (80% of community respondents and 88% of hospital respondents). However, the number of respondents that work beside other pharmacists is substantially higher in hospital settings than in community settings (85% of hospital respondents vs 28% of community respondents). These results are similar to what was reported last year where 86% of hospital pharmacist respondents indicated that they receive a protected lunch break and 81% reported working beside other pharmacists most, if not all, of the time. However, there appears to be an increase in the number of hospital pharmacist respondents working beside technicians in 2023 vs 2022 (88% vs 76%).

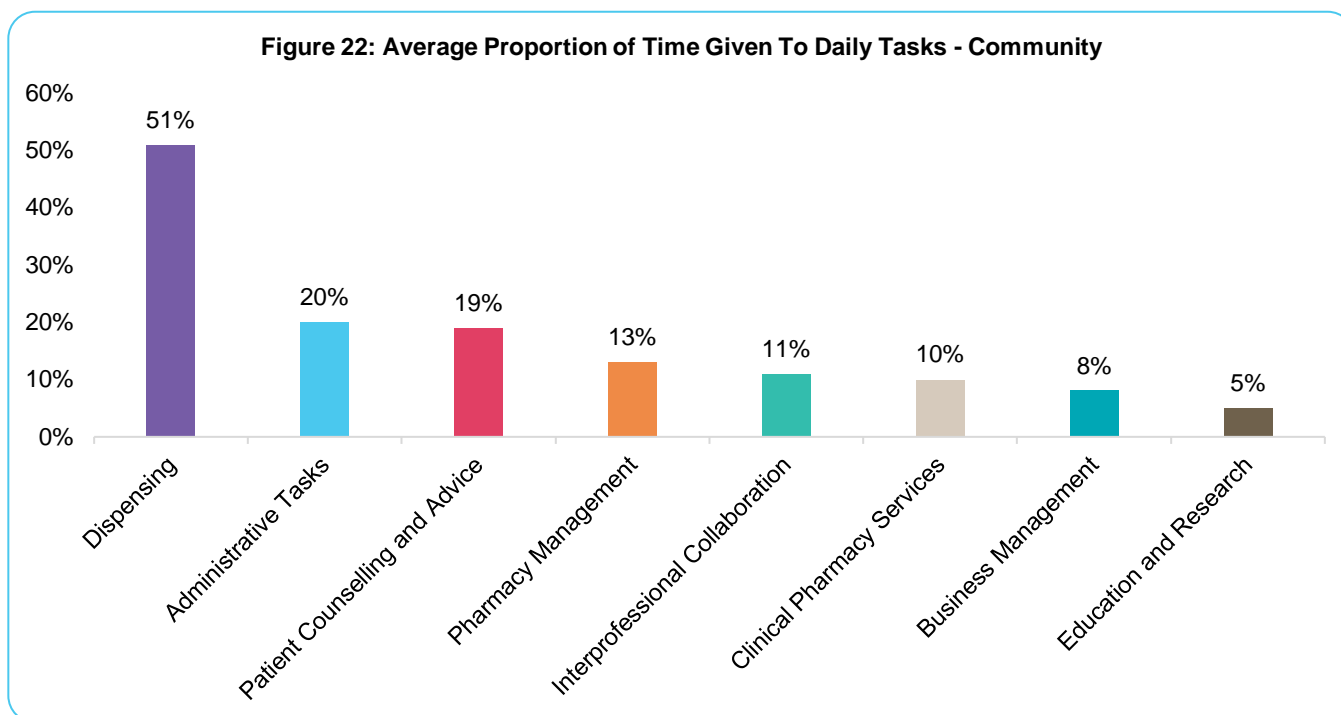
Demographics and Work Characteristics

Theme 3: Role Details

Daily Tasks Breakdown for Pharmacists in Patient-Facing Roles

This theme examined the most common tasks carried out by pharmacists to gauge how patient-facing pharmacists are spending most of their time and to shed light on the multifaceted nature of their responsibilities and the critical contributions they make to patient care. Pharmacists were provided with a range of tasks and asked to indicate approximately what percentage of their time is spent carrying out these tasks in their practice setting.

Figure 22 below highlights the average proportion of time community pharmacist respondents spend on a variety of tasks. Dispensing accounts for the greatest proportion of community pharmacist respondents' time, with community pharmacist respondents indicating that they spend on average 51% of their time dispensing.

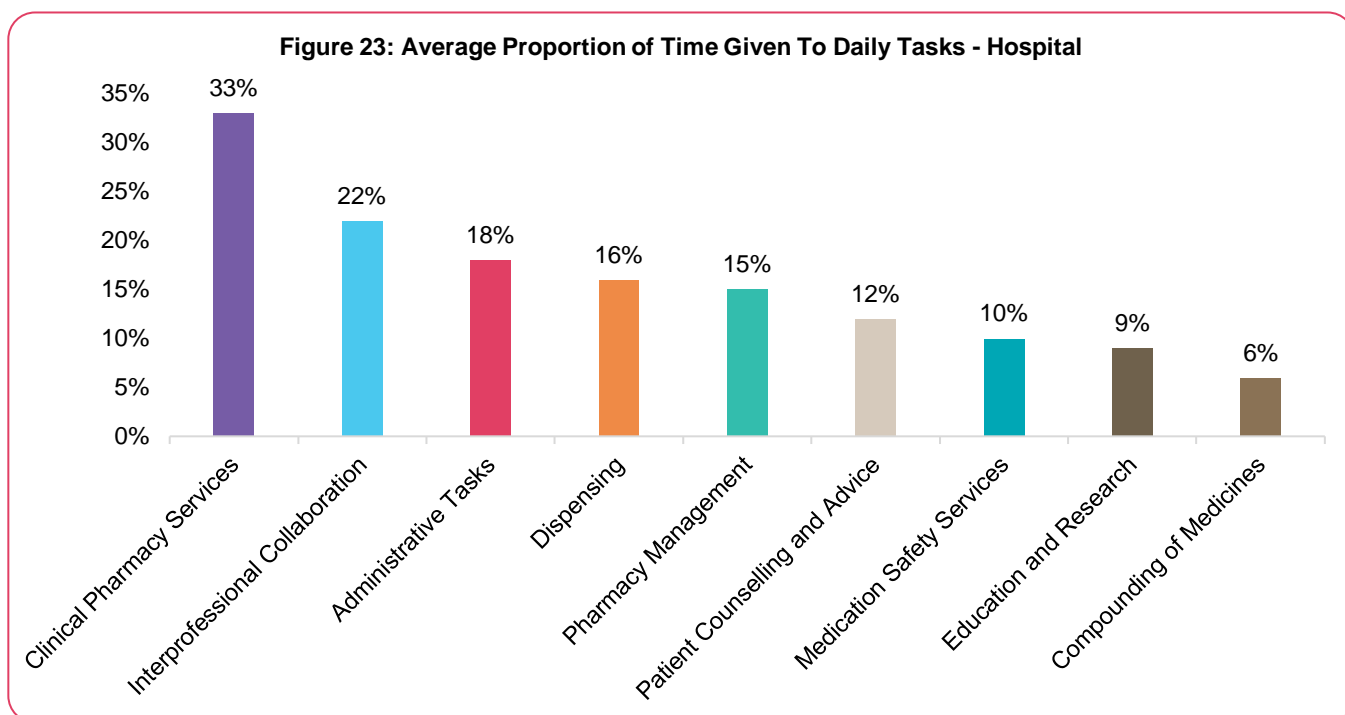


Demographics and Work Characteristics

Theme 3: Role Details

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

Figure 23 highlights the responses from the hospital pharmacy respondent cohort. Clinical pharmacy services accounts for the greatest proportion of hospital pharmacist respondents' time, with respondents indicating that, on average, they spend 33% of their time carrying out this task. Hospital pharmacist respondents seem to be able to spread their time more evenly across a variety of different tasks in comparison to their community pharmacy counterparts.



Demographics and Work Characteristics

Theme 4: Locum Work

4. Locum Work

Introduction

Locum pharmacy work plays a crucial role in ensuring the continuity and quality of pharmacy services, particularly in dynamic healthcare environments where staffing needs can fluctuate unpredictably. This theme focuses on the landscape of locum work within the pharmacy profession.

Proportion and Setting of Locum Work

35% of patient-facing pharmacist respondents stated that they undertake locum work (Figure 24). This has increased from 2022 where 27% of pharmacist respondents reported undertaking locum work. Figure 25 demonstrates that community is by far the most common practice setting to undertake locum work, with 92% of the locum pharmacist respondents reporting that they only locum in the community setting. This aligns with what was reported in the 2022 Survey Analysis Report, where 94% of locum pharmacist respondents only undertook locum work in the community setting.

Figure 24: Do you Undertake Locum Work

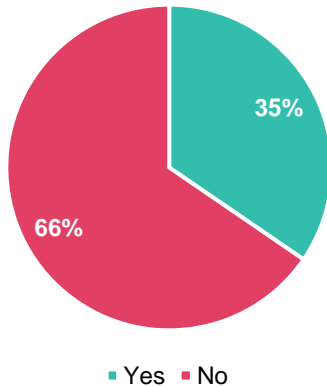
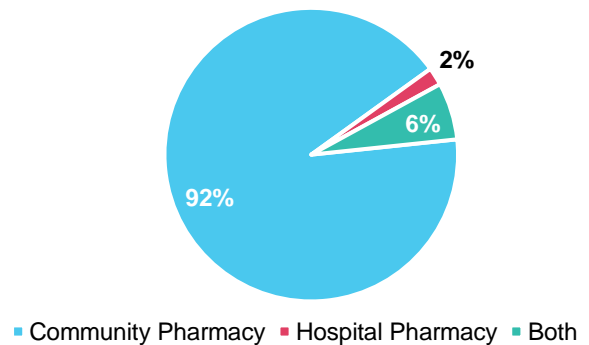


Figure 25: Practice Area Breakdown For Locums



Demographics and Work Characteristics

Theme 4: Locum Work

Frequency of Locum Work

The survey respondents who indicated undertaking locum work were then asked about the frequency of this work, the results of which are outlined in Figures 26 and 27 below. Although more respondents appear to be carrying out locum work in 2023 vs 2022 (35% vs 27%), the frequency of this work has reduced when compared to last year, with the average number of locum days per week recorded as 1.5 in 2023 and 2.6 in 2022.

Almost half of respondents who primarily practice in a community setting (47%) indicated that they undertake locum work on three or more days per week. Many respondents who primarily practise in a hospital setting undertake locum work on an infrequent or ad hoc basis (74%).

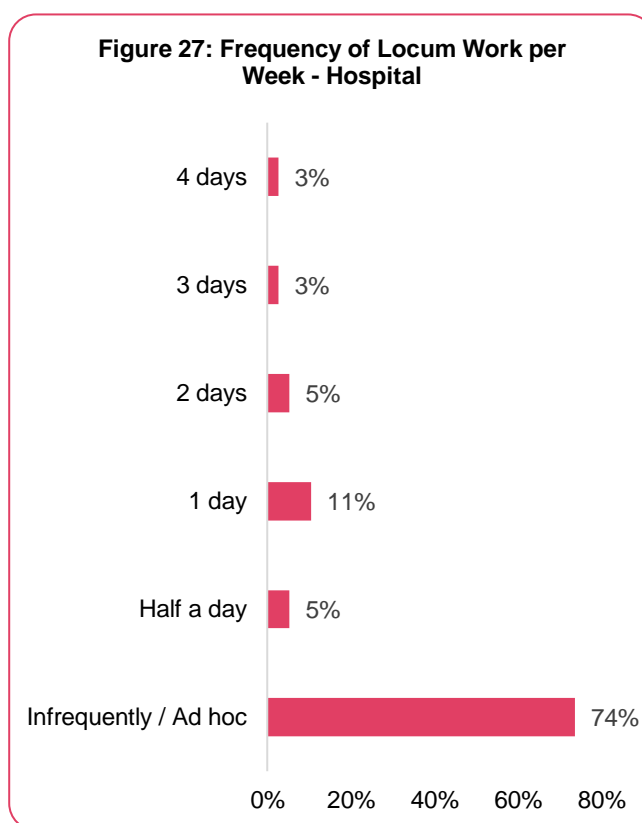
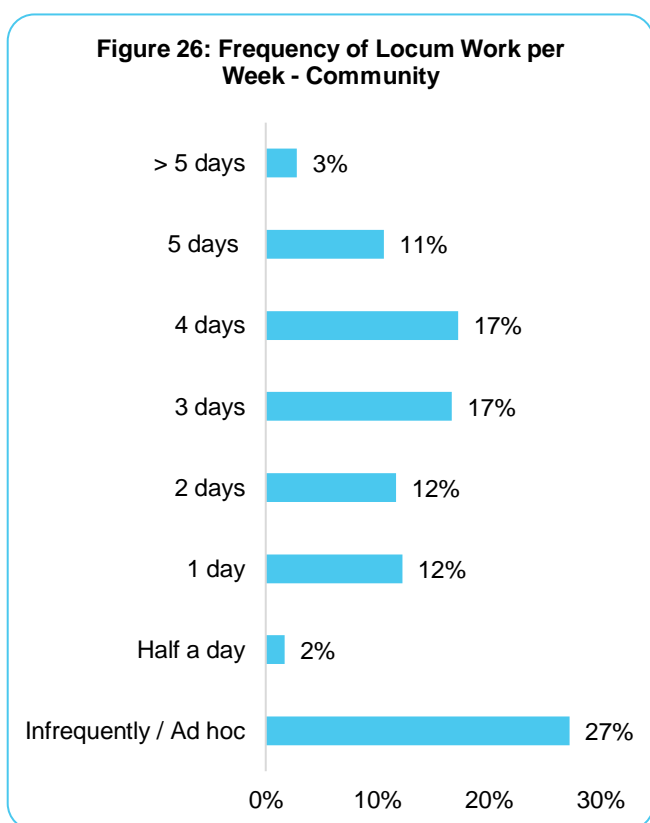


Table 8: Average Number of Day in a Locum Position*

Setting	Average Number of Locum Days (Excluding Ad hoc)	Mode
All Respondents	1.5 Days	1 Day
Community	3.1 Days	4 Days
Hospital	1.5 Days	1 Day

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

Demographics and Work Characteristics

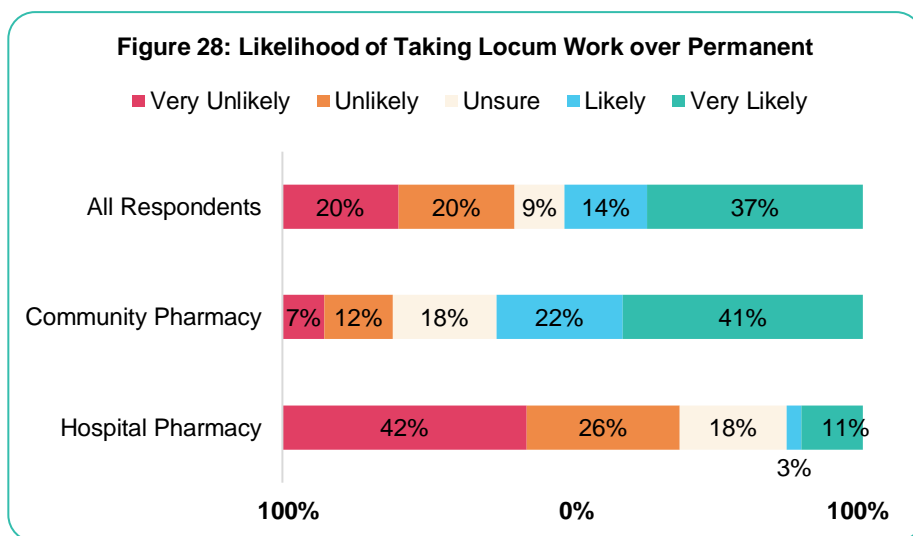
Theme 4: Locum Work

Likelihood To Undertake Locum Work

In this section, we further explore locum work and the factors influencing pharmacists' likelihood to choose locum work over a permanent position.

Respondents who indicated undertaking locum work were asked what the likelihood of choosing locum work over a permanent role was, the results of which are demonstrated in Figure 28. Over half of those respondents (51%) are likely to continue to work in a locum capacity, rather than take on a permanent role. Respondents who work primarily in community pharmacy are more likely than their hospital pharmacy counterparts to take on locum work over a permanent role (63% vs 13%).

Respondents were in general less likely to consider taking on locum work over a permanent role in 2023 versus 2022 (51% vs 67%). This is particularly evident amongst hospital pharmacists, where 30% of respondents said they would be likely to take on locum work over a permanent role in 2022, versus only 13% of respondents in 2023.



General Sentiment with Statement		
Unlikely	Unsure	Likely
40%	9%	51%
19%	18%	63%
68%	18%	13%

Demographics and Work Characteristics

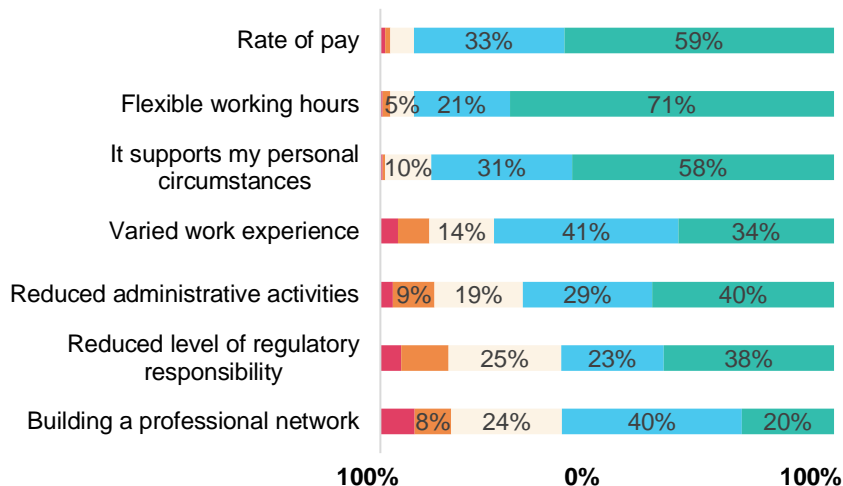
Theme 4: Locum Work

Factors Influencing Locum Work

This survey investigated the potential reasons why pharmacists may choose to undertake locum work. The three most common reasons cited by both hospital and community pharmacist respondents were rate of pay, supporting one's personal circumstances and flexible working hours (Figures 29 and 30).

Figure 29: Factors Influencing Locum Work - Community

■ Very Unimportant ■ Unimportant ■ Neutral ■ Important ■ Very Important

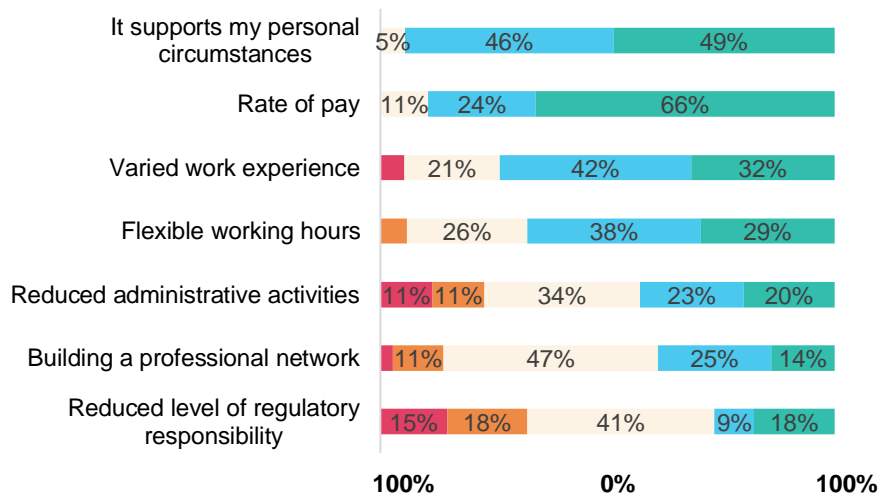


General Sentiment with Statement

	Unimportant	Neutral	Important
Rate of pay	2%	5%	93%
Flexible working hours	2%	5%	93%
It supports my personal circumstances	1%	10%	89%
Varied work experience	11%	14%	75%
Reduced administrative activities	12%	19%	69%
Reduced level of regulatory responsibility	15%	25%	60%
Building a professional network	16%	24%	60%

Figure 30: Factors Influencing Locum Work - Hospital

■ Very Unimportant ■ Unimportant ■ Neutral ■ Important ■ Very Important



General Sentiment with Statement

	Unimportant	Neutral	Important
It supports my personal circumstances	0%	5%	95%
Rate of pay	0%	11%	89%
Varied work experience	5%	21%	74%
Flexible working hours	6%	26%	68%
Reduced administrative activities	23%	34%	43%
Building a professional network	14%	47%	39%
Reduced level of regulatory responsibility	32%	41%	26%

Section 2: Work Attitudes and Work Conditions



Work Attitudes and Work Conditions

Theme 1: Pharmacist Viewpoint

1. Pharmacist Viewpoint

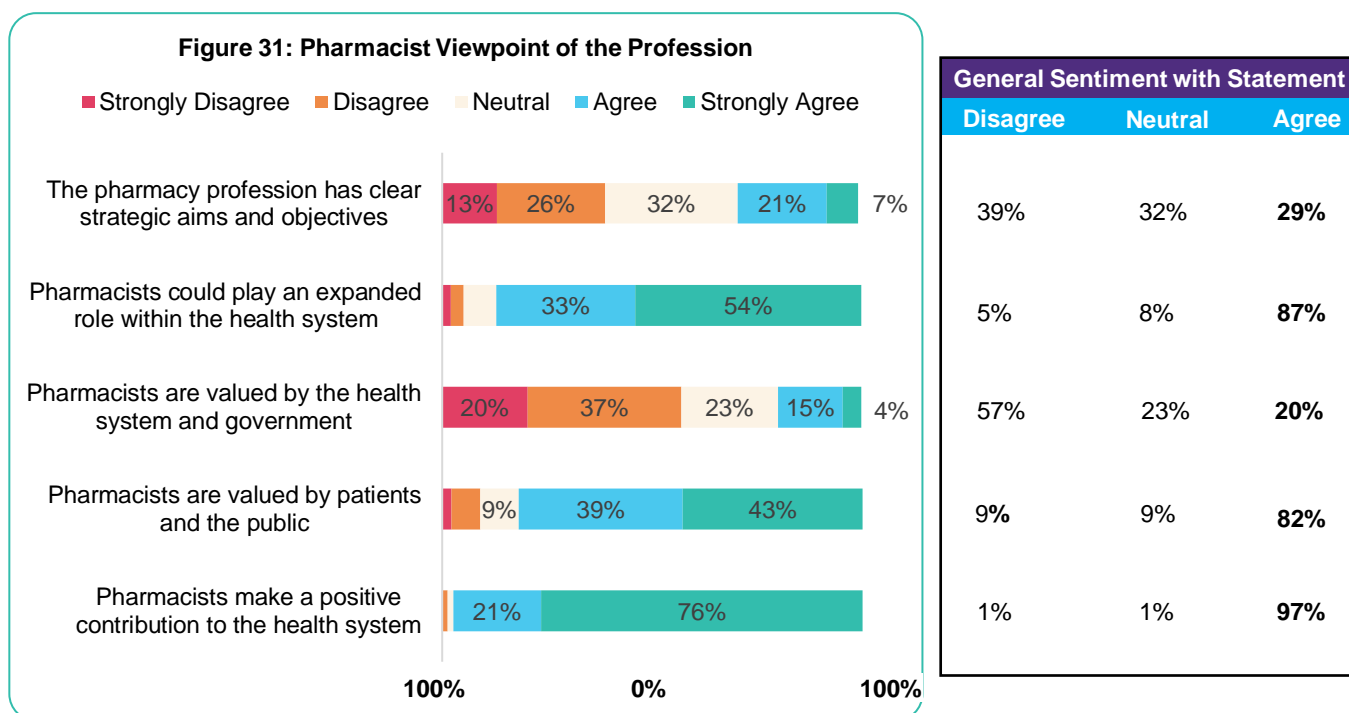
Introduction

Within the dynamic landscape of healthcare, pharmacists stand as pivotal figures, bridging the gap between patients and medicines. Their roles extend far beyond dispensing, encompassing medication management, patient education and collaborative care coordination. This section of the survey investigates the perspectives, challenges, and aspirations of patient-facing pharmacists.

Pharmacist Viewpoint of the Profession

Pharmacists were asked about their viewpoint of the pharmacy profession, the results of which are displayed in Figure 31 below. It is clear from this analysis that respondents understand the value they can have on the health service, however, they feel this is not recognised by the health system and government. Almost all respondents (97%) agree that pharmacists make a positive contribution to the health service and 82% of all respondents agreed that pharmacists are valued by patients and the public. However, only 20% of respondents agreed that they are valued by the health system and the Government. These results are almost identical to what was seen in the 2022 Survey Analysis Report (97%, 80% and 19% respectively).

87% of all respondents agreed that pharmacists could play an expanded role in the health system. However, only 29% of respondents agree that the pharmacy profession has clear strategic aims and objectives in place.

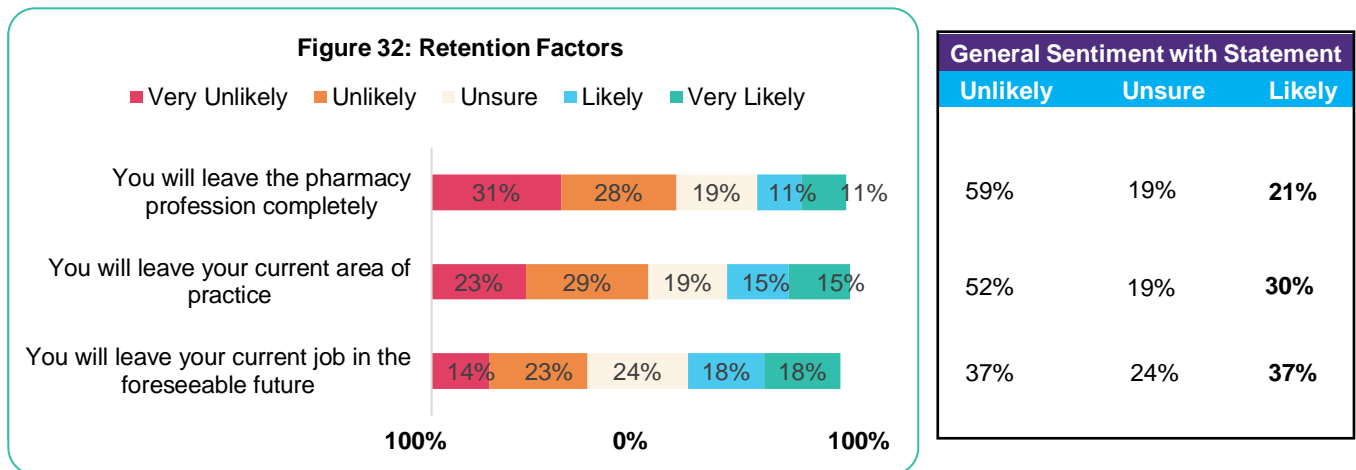


Work Attitudes and Work Conditions

Theme 1: Pharmacist Viewpoint

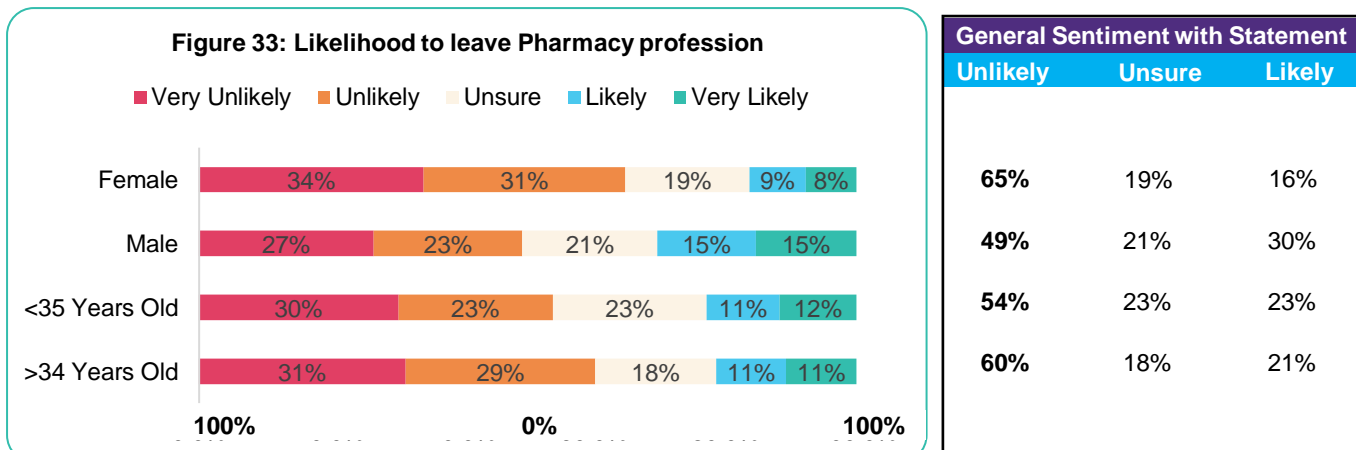
Retention

This survey analysis investigates the critical issue of retention within the pharmacist workforce. These results are illustrated in Figure 32. 37% of respondents indicated a likelihood of leaving their current role in the foreseeable future. Almost a third (30%) of respondents indicated a likelihood of leaving their current area of practice. 21% of respondents highlighted that they would likely leave the pharmacy profession completely. This is substantially different to the sentiments expressed in the 2022 Survey Analysis Report, where 57% of pharmacists surveyed said they would be likely to leave the profession.



Likelihood to Leave Pharmacy Profession

Further analysis was conducted to determine whether there were differences in the probability of leaving the profession amongst respondents of varying age or gender cohorts. Female respondents reported a higher likelihood of staying in the pharmacy profession compared to their male counterparts (65% vs 49%). The likelihood of leaving the profession across the different age cohorts is broadly similar with younger respondents reporting a slightly higher likelihood of staying in the pharmacy profession (60% vs 54%). This is similar to what was reported in 2022, where female respondents reported they are more likely than male respondents to stay in the pharmacy profession (63% vs 46%) and younger respondents slightly more likely to stay in the profession compared to older respondents (58% vs 55%).

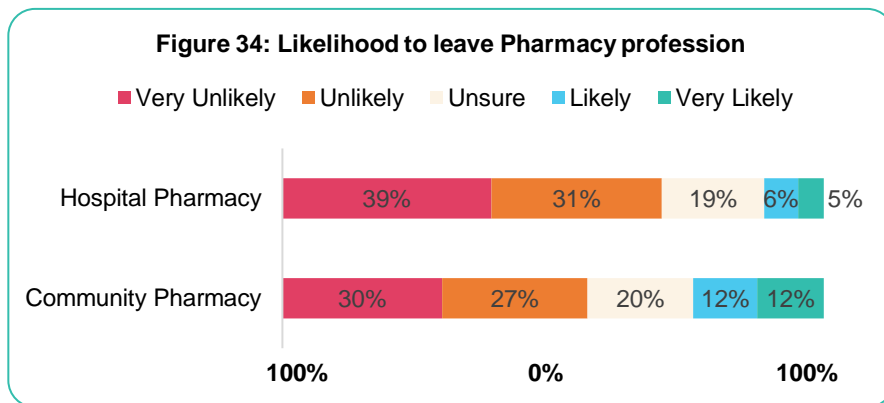


Work Attitudes and Work Conditions

Theme 1: Pharmacist Viewpoint

Likelihood to Leave Pharmacy Profession (Cont'd)

Further analysis was completed to investigate whether there were any differences between pharmacists working in different practice settings and their likelihood to leave the pharmacy profession, the results of which are outlined in Figure 34. These results illustrate that hospital pharmacist respondents are more likely to stay in the pharmacy profession (70%) compared to community pharmacist respondents (56%). This is almost the same as what was reported in the 2022 Survey Analysis Report, where 71% of hospital pharmacist respondents indicated they would be likely to remain in the pharmacy profession vs 53% of community pharmacist respondents.



General Sentiment with Statement		
Unlikely	Unsure	Likely
70%	19%	11%
56%	20%	24%

Work Attitudes and Work Conditions

Theme 1: Pharmacist Viewpoint

Likelihood to Leave Pharmacy Profession (Cont'd)

Over one fifth (21%) of the patient-facing pharmacist respondents indicated that they plan on leaving the profession. Further qualitative analysis was conducted to determine the main reasons pharmacists are choosing to change profession, the results of which are illustrated below (Figure 35). The reasons given were grouped into seven key themes and the most cited themes were stress and burnout (26%), lack of career progression (19%) and poor working conditions (18%).

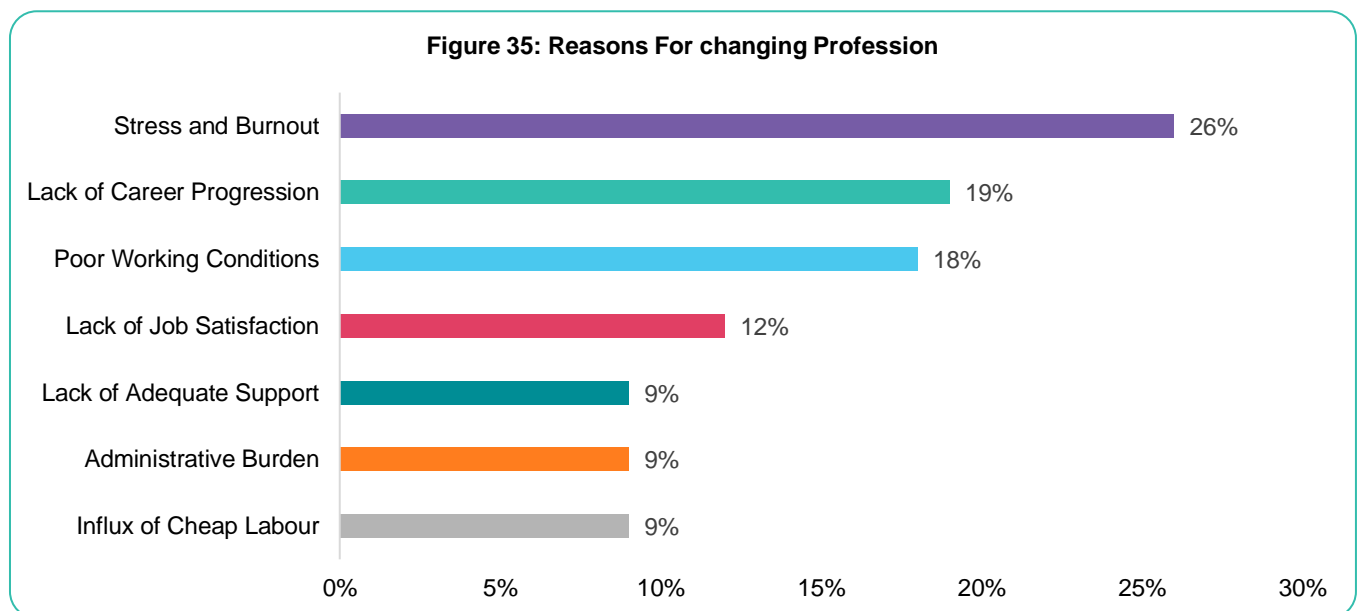


Table 9: Popular reasons for changing profession

Popular Themes	Mentions	Percentage (%)
Stress and Burnout	33	26%
Lack of Career Progression	25	19%
Poor Working Conditions	23	18%
Lack of Job Satisfactions	15	12%
Lack of Adequate Support	11	9%
Administrative Burden	11	9%
Influx of Cheap Labour	11	9%

Work Attitudes and Work Conditions

Theme 2: Work Conditions

2. Work Conditions

Introduction

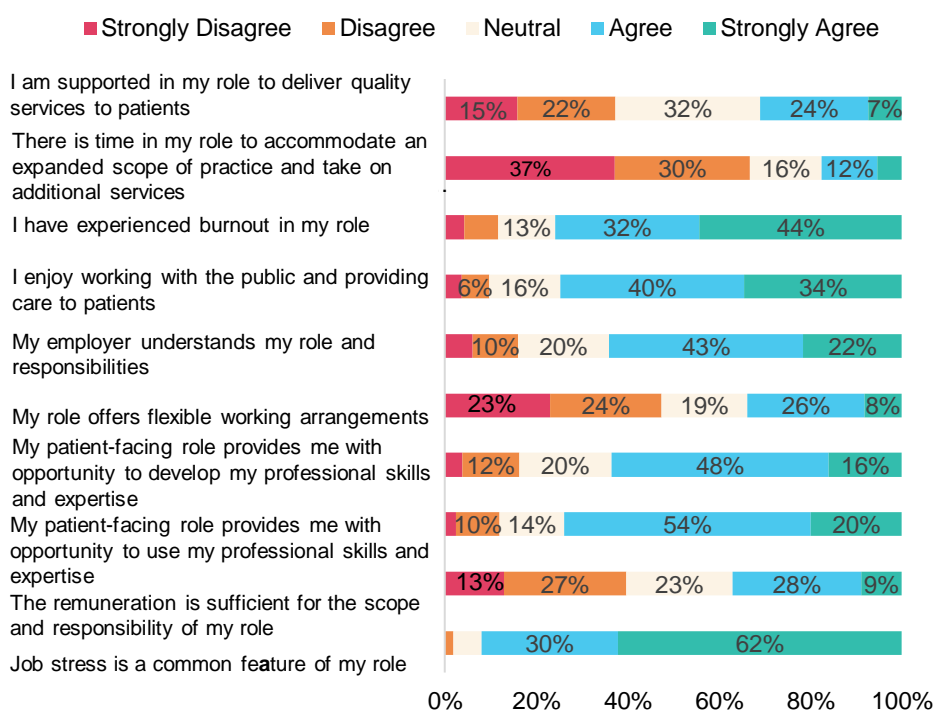
The working conditions experienced by pharmacists play an important role in shaping their job satisfaction and well-being. The survey analysis looks at key aspects of working conditions such as job stress, workload, staffing levels and job satisfaction.

Community Pharmacist Work Conditions

Community pharmacist respondents were asked ten questions to establish a view of their current working conditions. The results are captured in Figure 36 and summarised below:

- 18% of respondents agreed that they had time in their role to accommodate an expanded scope of practice and take on additional services. These results show that community pharmacist respondents have reduced capacity for these services in 2023 vs 2022, when 50% of the community pharmacist respondents indicated that they had capacity in their role for increased scope and services*;
- 75% of respondents stated that they enjoyed working with the public and providing care to patients;
- Most community pharmacist respondents (74%) agree that their role provides them with opportunities to use their professional skills and expertise;
- 31% of respondents agreed that they had sufficient support in their role, whereas 37% did not; and
- Almost all of the community pharmacist respondents (92%) reported job stress as a common feature of their role with 76% reporting that they have experienced burnout in their role.

Figure 36: Community Work Conditions



General Sentiment with Statement		
Disagree	Neutral	Agree
37%	32%	31%
67%	16%	18%
12%	13%	76%
10%	16%	75%
16%	20%	64%
47%	19%	34%
16%	20%	64%
12%	14%	74%
40%	23%	37%
2%	6%	92%

*It should be noted that this question was phrased differently in the 2023/2024 survey, where respondents were asked about 'time' in their role instead of 'capacity' as was the case in the 2022 survey. As a result, it is not possible to make direct comparisons.

Work Attitudes and Work Conditions

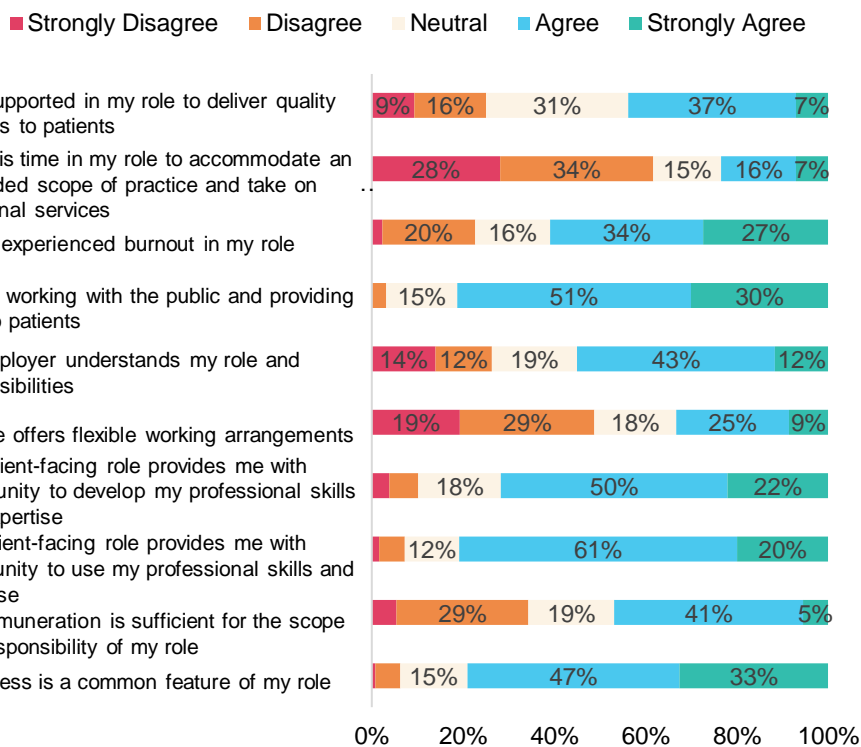
Theme 2: Work Conditions

Hospital Pharmacist Work Conditions

The same set of ten questions were used to glean an insight into the working conditions experienced by hospital pharmacists, the results are displayed in Figure 37. Key insights include:

- 23% of all hospital respondents felt that they had time in their role to accommodate an expanded scope of practice and take on additional services. This demonstrates a substantial reduction in the capacity of hospital pharmacists to accommodate an expanded scope of practice and take on additional services when compared to the results from the 2022 Survey Analysis Report, where 60% of hospital pharmacist respondents agreed that they had capacity in their role for increased scope and services*;
- 81% of hospital pharmacist respondents noted that they enjoy their role working with the public and providing care to patients;
- The majority of hospital pharmacists surveyed (81%) agree that their role provides them with opportunities to use their professional skills and expertise;
- 44% of hospital pharmacist respondents agreed that they had sufficient support in their role; and
- 79% of hospital pharmacist respondents reported job stress as a common feature of their role with 61% reporting that they have experienced burnout in their role.

Figure 37: Hospital Work Conditions



General Sentiment with Statement

	Disagree	Neutral	Agree
I am supported in my role to deliver quality services to patients	25%	31%	44%
There is time in my role to accommodate an expanded scope of practice and take on additional services	62%	15%	23%
I have experienced burnout in my role	23%	16%	61%
I enjoy working with the public and providing care to patients	3%	15%	81%
My employer understands my role and responsibilities	26%	19%	55%
My role offers flexible working arrangements	49%	18%	33%
My patient-facing role provides me with opportunity to develop my professional skills and expertise	10%	18%	78%
My patient-facing role provides me with opportunity to use my professional skills and expertise	7%	12%	81%
The remuneration is sufficient for the scope and responsibility of my role	34%	19%	47%
Job stress is a common feature of my role	6%	15%	79%

*It should be noted that this question was phrased differently in the 2023/2024 survey, where respondents were asked about 'time' in their role instead of 'capacity' as was the case in the 2022 survey. As a result, it is not possible to make direct comparisons.

Work Attitudes and Work Conditions

Theme 2: Work Conditions

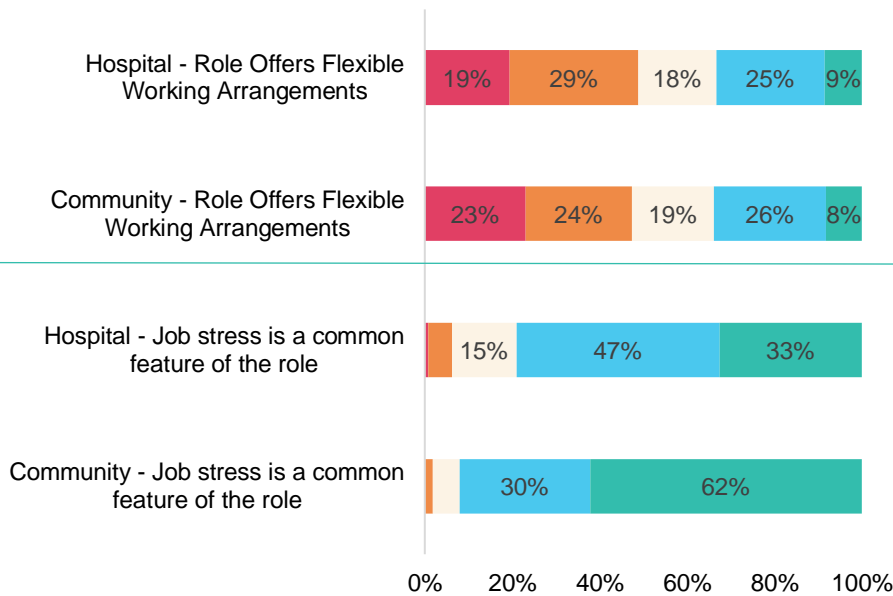
Further Examination of Work Conditions

The vast majority of community pharmacist respondents agree that job stress is a common feature of their role (92%) and over three-quarters (79%) of hospital pharmacist respondents also share this opinion. These results demonstrate that reported stress levels have not had any noteworthy change since 2022, when 93% of community pharmacist respondents and 75% of hospital pharmacist respondents reported job stress as a common feature of their role.

Further analysis was conducted on the availability of flexible working arrangements in community and hospital practice settings. The results are similar across both practice settings, with 49% of community pharmacist respondents and 47% of hospital pharmacist respondents disagreeing that their role offers flexible working arrangements. However, over a third of respondents agree that they do experience flexible work arrangements in their role (33% and 34% for hospital and community pharmacist respondents respectively). These results are similar to what was reported in the 2022 Survey Analysis Report, where 34% of community pharmacist respondents and 35% of hospital pharmacist respondents reported having flexible working arrangements in their role.

Figure 38: Role Stress and Flexible Work Arrangements – Comparisons between Community and Hospital

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



General Sentiment with Statement		
Disagree	Neutral	Agree
49%	18%	33%
47%	19%	34%
6%	15%	79%
2%	6%	92%

Work Attitudes and Work Conditions

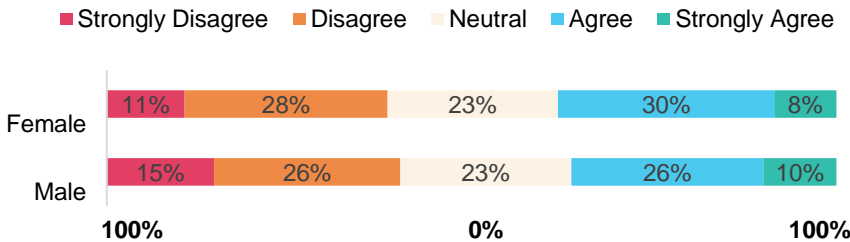
Theme 2: Work Conditions

Further Examination of Work Conditions (Cont'd)

As evidenced in Figure 39, no significant differences were noted between male and female community pharmacist respondents regarding remuneration for pharmacy employment. A similar proportion of community pharmacist respondents believe they receive sufficient remuneration as those who believe remuneration is insufficient. This is in contrast with the hospital pharmacist respondents who generally believe they are remunerated sufficiently for pharmacy employment (Figure 40). A larger proportion of female hospital pharmacist respondents (48%) agree they are sufficiently remunerated in comparison to their male counterparts (41%).

These findings differ from those in the 2022 Survey Analysis Report, where both hospital and community pharmacist respondents disagreed that they were remunerated sufficiently. There is a particular contrast to be seen with the hospital pharmacist cohort, where in 2022 only 29% of female respondents and 38% of male respondents believed they were receiving sufficient remuneration compared to 49% of male respondents and 41% of female respondents in 2023.

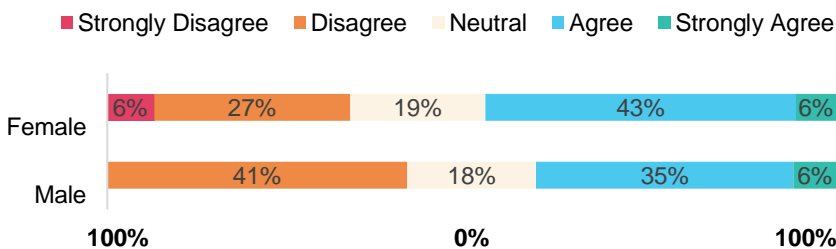
Figure 39: Remuneration - Community



General Sentiment with Statement

	Disagree	Neutral	Agree
Female	39%	23%	38%
Male	40%	23%	36%

Figure 40: Remuneration - Hospital



General Sentiment with Statement

	Disagree	Neutral	Agree
Female	33%	19%	48%
Male	41%	18%	41%

Work Attitudes and Work Conditions

Theme 3: Environment and Delegation

3. Environment and Delegation

Introduction

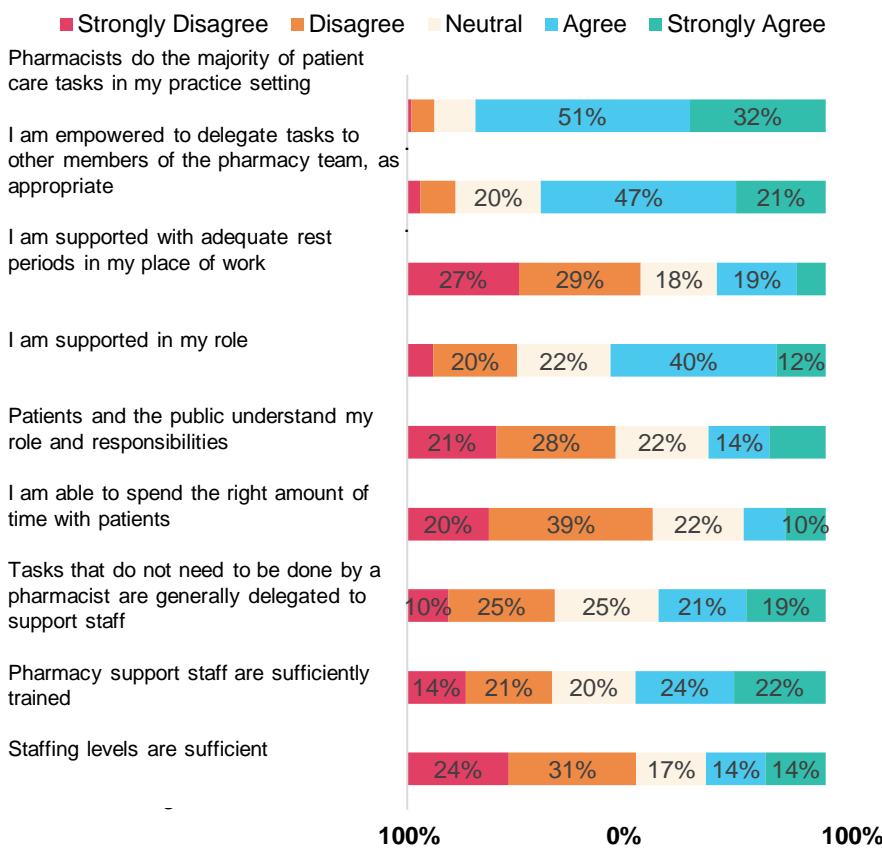
In the ever-evolving landscape of pharmacy practice, the work environment and delegation of tasks play pivotal roles in shaping the effectiveness, efficiency, and satisfaction of pharmacists. Understanding the dynamics within pharmacy practice settings, including workload distribution, task delegation practices, and the overall work environment, is crucial for optimising workflow, enhancing patient care, and ensuring the retention of pharmacists in the profession.

Working Environment

Community pharmacist respondents were asked to indicate their level of agreement with the following statements outlined below in Figure 41.

- 55% of community respondents did not believe they were sufficiently staffed and over half of the community pharmacist respondents (59%) believe they do not spend the right amount of time with their patients;
- 56% of community respondents indicated that they are not supported with adequate rest periods in their place of work;
- Most community respondents (83%) agree they do the majority of patient care tasks in their practice setting; and
- 68% of community respondents reported that they are empowered to delegate tasks to other members of the pharmacy team, however, only 40% of respondents agreed tasks that do not need to be done by a pharmacist are generally delegated to support staff.

Figure 41: Work Environment - Community



General Sentiment with Statement

Disagree	Neutral	Agree
7%	10%	83%
12%	20%	68%
56%	18%	26%
26%	22%	52%
50%	22%	28%
59%	22%	20%
35%	25%	40%
35%	20%	46%
55%	17%	29%

Work Attitudes and Work Conditions

Theme 3: Environment and Delegation

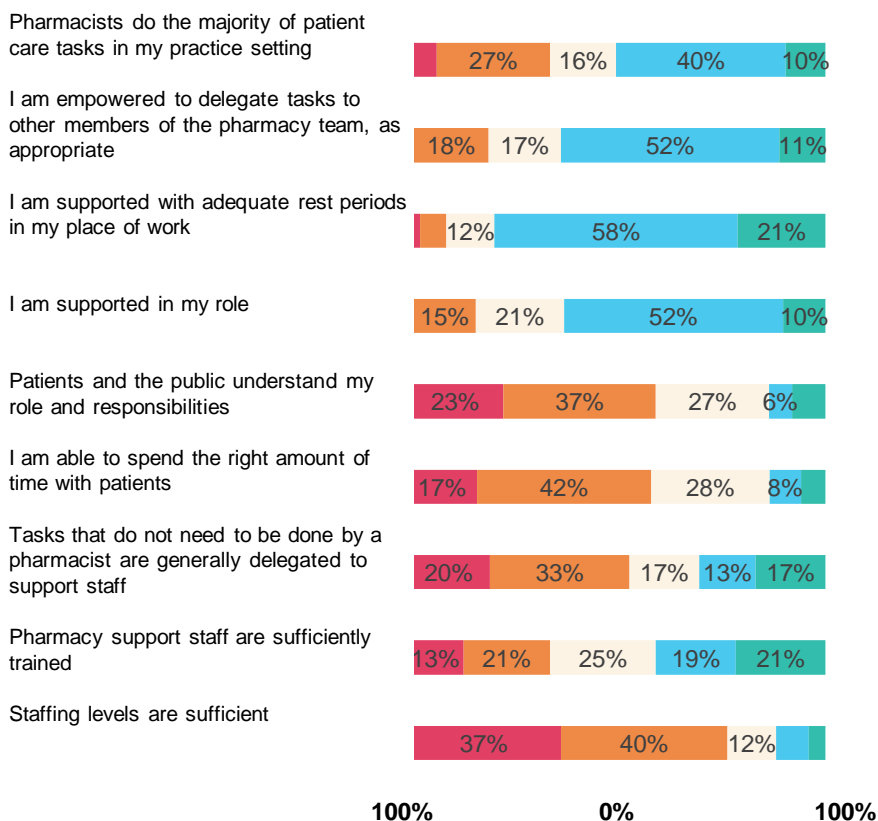
Working Environment (Cont'd)

Hospital pharmacist respondents were provided with the same statements and asked to indicate their level of agreement with them, the results of which are outlined below in Figure 42.

- Over three quarters (77%) of hospital respondents did not believe they were sufficiently staffed and over half (58%) believe they do not spend the right amount of time with their patients;
- Most hospital pharmacist respondents (79%) reported that they are supported with adequate rest periods in their place of work;
- 50% of hospital pharmacist respondents reported that pharmacists do the majority of patient care tasks in their practice setting; and
- The majority of hospital pharmacist respondents (63%) reported that they are empowered to delegate tasks to other members of the pharmacy team, however, only 30% of respondents agreed tasks that do not need to be done by a pharmacist are generally delegated to support staff.

Figure 42: Work Environment - Hospital

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



General Sentiment with Statement

	Disagree	Neutral	Agree
Pharmacists do the majority of patient care tasks in my practice setting	34%	16%	50%
I am empowered to delegate tasks to other members of the pharmacy team, as appropriate	20%	17%	63%
I am supported with adequate rest periods in my place of work	9%	12%	79%
I am supported in my role	16%	21%	63%
Patients and the public understand my role and responsibilities	60%	27%	14%
I am able to spend the right amount of time with patients	58%	28%	13%
Tasks that do not need to be done by a pharmacist are generally delegated to support staff	53%	17%	30%
Pharmacy support staff are sufficiently trained	34%	25%	41%
Staffing levels are sufficient	77%	12%	12%

Work Attitudes and Work Conditions

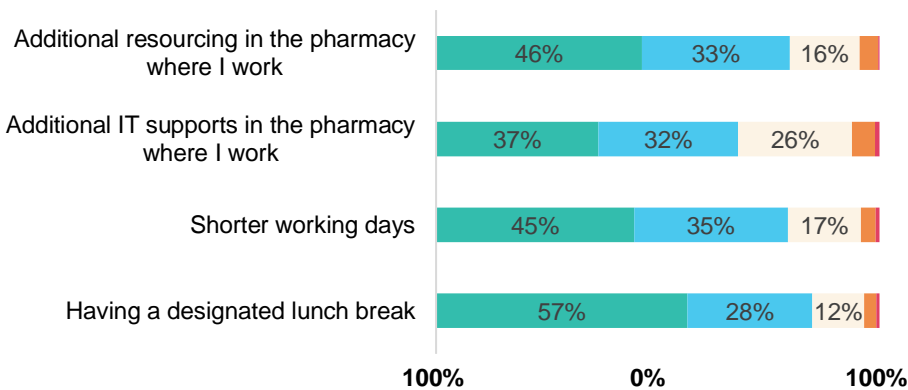
Theme 3: Environment and Delegation

Work Environment and Patient Safety

Respondents were asked about the positive impact they believe the following measures outlined in Figure 43 and 44 would have on patient safety. Community respondents believed that having a designated lunch break (85%) would be the most impactful. This was followed closely by additional resourcing (80%) and shorter working days (79%). Almost all of the hospital respondents believed additional resourcing (92%) would have the biggest positive impact on patient safety, followed by additional IT supports (88%).

Figure 43: Work Environment and Patient Safety - Community

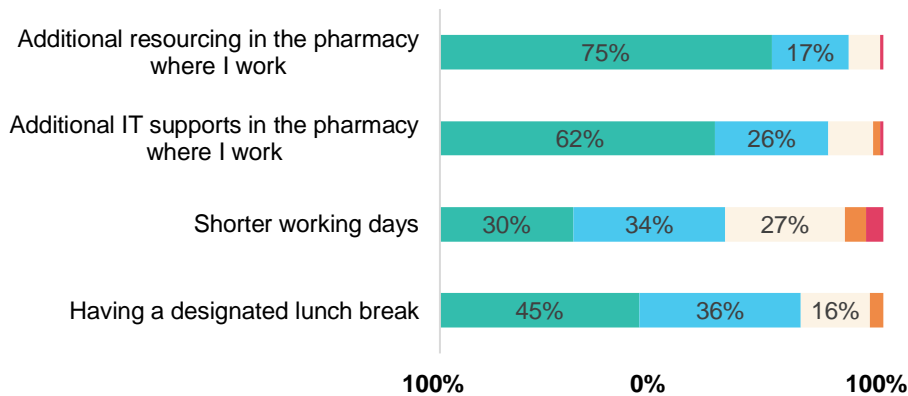
■ Very Impactful ■ Impactful ■ Neutral ■ Unimpactful ■ Very Unimpactful



General Sentiment with Statement		
Impactful	Neutral	Unimpactful
80%	16%	5%
68%	26%	6%
79%	17%	4%
85%	12%	3%

Figure 44: Work Environment and Patient Safety - Hospital

■ Very Impactful ■ Impactful ■ Neutral ■ Unimpactful ■ Very Unimpactful



General Sentiment with Statement		
Impactful	Neutral	Unimpactful
92%	7%	0.8%
88%	10%	2%
64%	27%	9%
81%	16%	3%

Work Attitudes and Work Conditions

Theme 3: Environment and Delegation

Work Environment and Patient Safety

Respondents were then asked if they had any further suggestions on how patient safety could be improved. Almost one quarter of responses (24%) centred around improving staffing levels, this was closely followed by improving medication safety (21%). Responses were analysed by theme and a breakdown of the most cited themes are presented below in Figure 45 and Table 10.

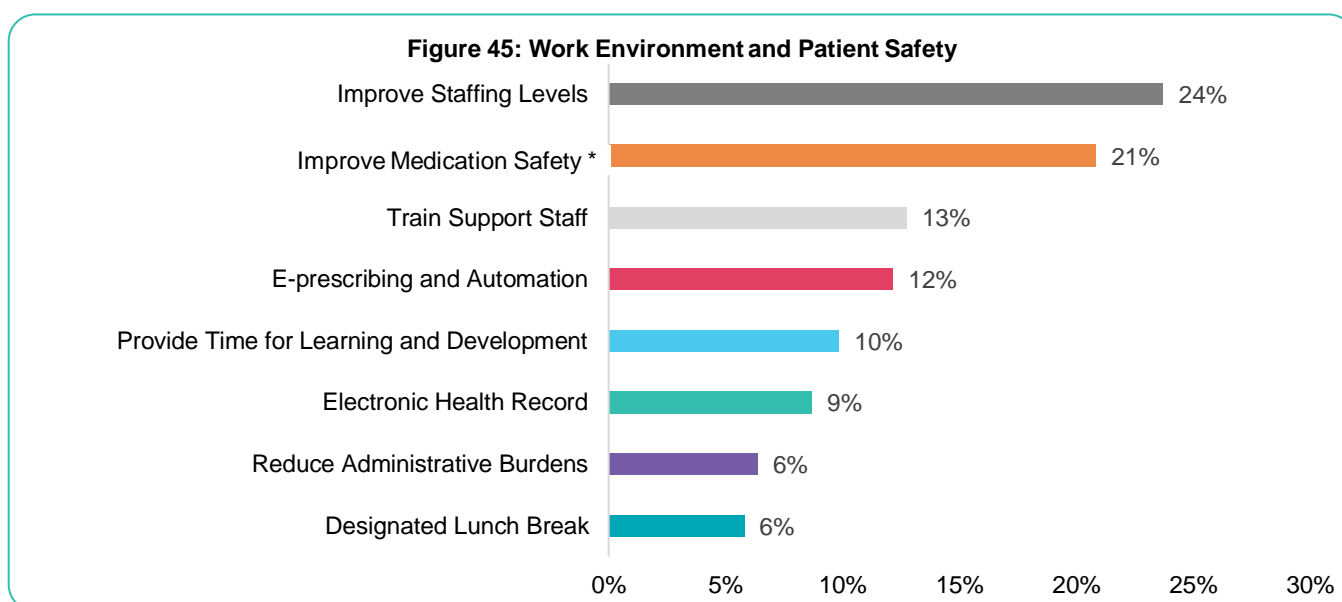


Table 10: Popular suggestions on how work environment and patient safety could be improved

Popular Themes	Mentions	Percentage (%)
Improving Staffing Levels	41	24%
Improve Medication Safety	36	21%
Train Support Staff	22	13%
E-prescribing and Automation	21	12%
Provide Time for Learning and Development	17	10%
Electronic Health Record	15	9%
Reduce Administrative Burdens	11	6%
Designated Lunch Break	10	6%

*Please see appendix 2 for a sample of responses.

Work Attitudes and Work Conditions

Theme 3: Environment and Delegation

Delegation

This theme investigated the opinion and perspectives of pharmacist respondents regarding which tasks they believe could be effectively delegated to a greater extent in their practice setting. This was a long form question, and the responses were split up into several key themes, as illustrated below in Figure 46. The most commonly cited tasks were administrative tasks, medication reconciliation and accuracy checking.

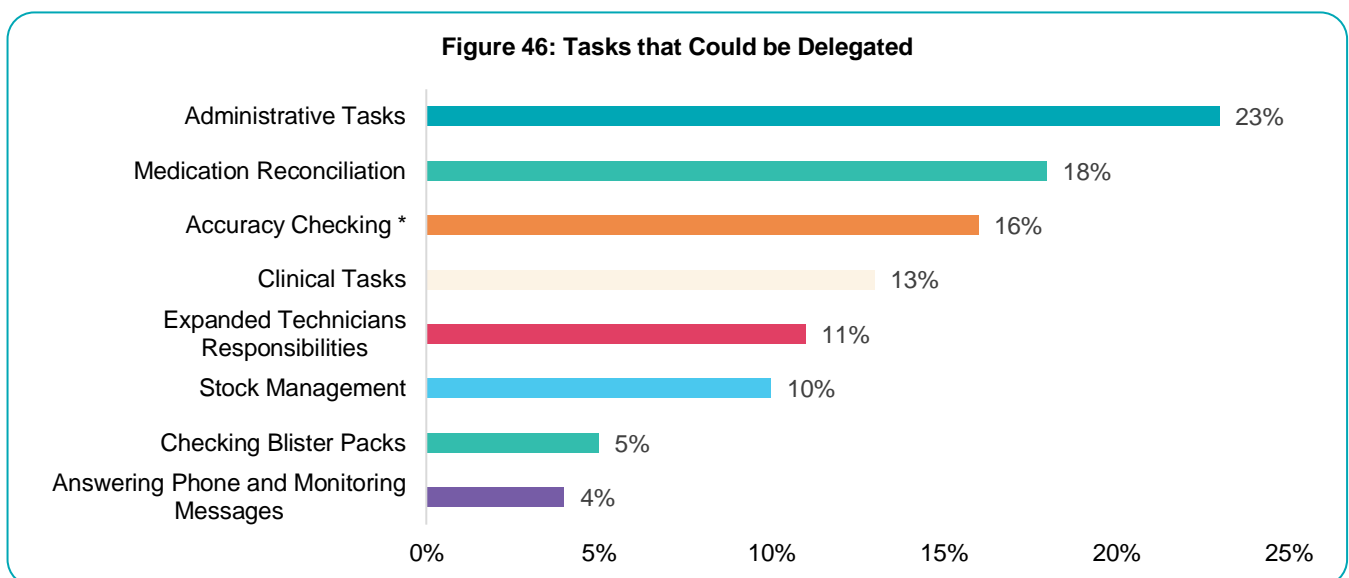


Table 11: Popular tasks that could be delegated

Popular Themes	Mentions	Percentage (%)
Administrative Tasks	44	23%
Medication Reconciliation	34	18%
Accuracy Checking	31	16%
Clinical Tasks	25	13%
Expanded Technicians Responsibilities	22	11%
Stock Management	19	10%
Checking Blister Packs	10	5%
Answering Phone and Monitoring Messages	7	4%

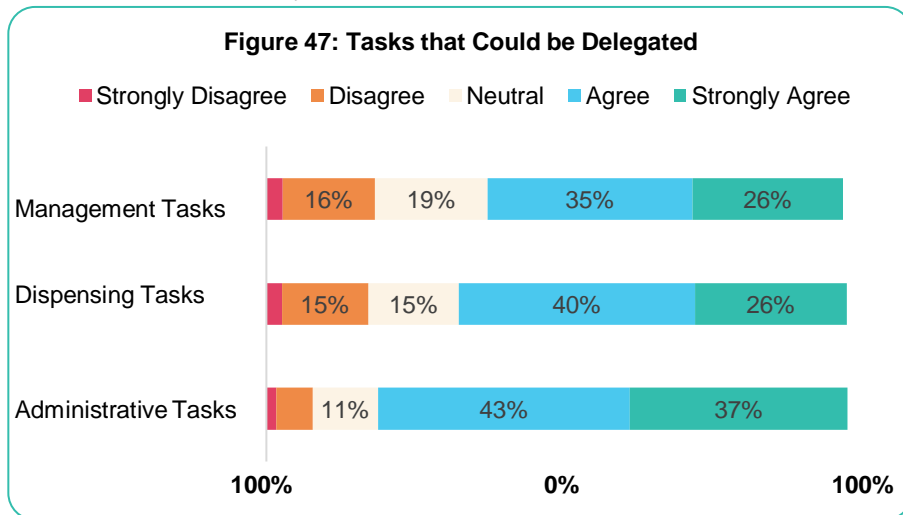
*Please see appendix 2 for a sample of responses.

Work Attitudes and Work Conditions

Theme 3: Environment and Delegation

Delegation (Cont'd)

Survey respondents were asked their opinion on what tasks they believe could be delegated to a greater extent in their practice setting, the results of which are displayed in Figure 47 below. Most pharmacist respondents believe management, dispensing and administrative tasks could be further delegated (61%, 66% and 80% respectively). These results are broadly similar to what was reported last year with the slight exception of administrative tasks where a smaller proportion of respondents agree these tasks can be delegated in 2023 vs 2022 (80% vs 89%). The appropriate delegation of tasks in pharmacy practice helps to free up pharmacists' time and therefore, is a fundamental aspect of ensuring efficient and effective healthcare delivery.



General Sentiment with Statement		
Disagree	Neutral	Agree
19%	19%	61%
18%	15%	66%
9%	11%	80%

Work Attitudes and Work Conditions

Theme 4: Governance Roles

4. Governance Roles

Introduction

This section of the workforce survey report focuses on examining governance roles within patient-facing pharmacy settings. By governance roles, we are referring to chief pharmacists, executive managers, pharmacy owners, superintendent pharmacists and supervising pharmacists. The survey examined pharmacists' perception of governance roles and whether they are viewed as aspirational. Respondents were asked if they hope to take on a governance role in the future and what could be done to make these roles more attractive. Pharmacists currently in governance roles were asked if they were satisfied in their role.

Satisfaction in Governance Roles

284 respondents held governance roles at the time this survey was distributed and of those, 45% were male and 53% were female. This is very similar to what was reported in 2022 where 45% of respondents in governance roles were male and 55% were female. While the gender breakdown of those who occupy governance roles appears balanced, it is important to remember that there are less men in the pharmacy profession (65% female and 35% male). Pharmacists who occupied governance roles were asked how satisfied they were in their role and results indicated that female respondents are generally more satisfied in governance roles when compared to their male counterparts (54% vs 41%). This echoes the results from the 2022 Survey Analysis Report where male respondents indicated a 40% satisfaction level in governance roles compared to female respondents at 50%.

Likelihood of Taking a Governance Role in the Future

Governance in patient-facing pharmacy practice settings plays an essential role in assuring patient safety. All pharmacists surveyed were asked if they hope to take on a governance role in the future (Figures 48 and 49). The majority of respondents across both community and hospital practice settings indicated that they do not wish to take on a governance role in the future (74% and 68% respectively).

Figure 48: Do You Hope To Take On A Governance Role in The Future? - Community

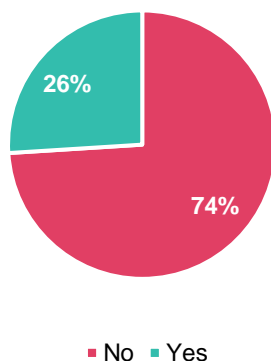
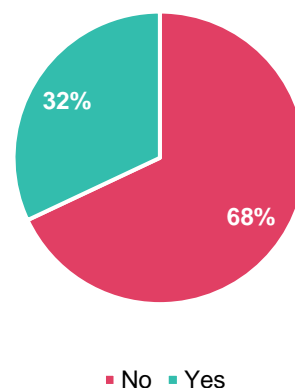


Figure 49: Do You Hope To Take On A Governance Role in The Future? - Hospital



Work Attitudes and Work Conditions

Theme 4: Governance Roles

Governance Role-Qualitative Analysis

Pharmacists who currently occupy a governance role were asked if they were satisfied in this role, this was then followed up with a long form question to identify reasons for this dissatisfaction / satisfaction, the results of which are illustrated in Figures 50 and 51 below. Qualitative analysis of these responses aims to identify pharmacists' perspectives on governance roles and key factors influencing satisfaction levels. The most common reasons cited by pharmacists for dissatisfaction were more responsibility, the associated administrative burden, job stress and lack of supports. On questioning those respondents who reported satisfaction in their governance role, by far the most common reason cited for this was career progression. This differs to what was reported in the 2022 Survey Analysis Report, where only 6% of answers referenced career progression and the most common reason reported was the authority to make decisions and implement work practices.

Figure 50: Why are you not satisfied with your governance role?

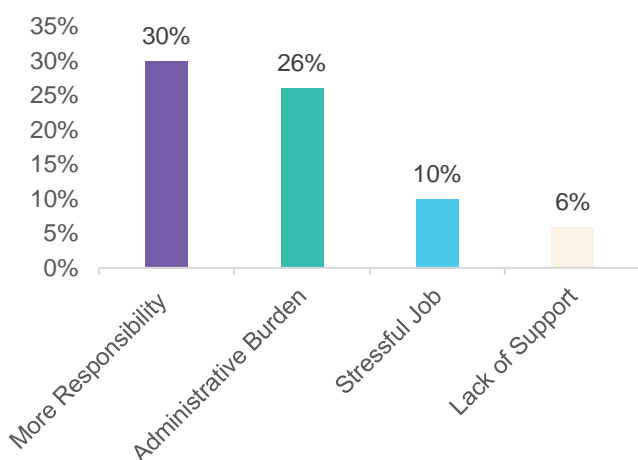


Table 12: Popular themes for dissatisfaction

Popular Themes	Mentions	Percentage (%)
More Responsibility	61	30%
Administrative Burden	53	26%
Stressful Job	21	10%
Lack of Support	13	6%

Figure 51: Why are you satisfied with your governance role?

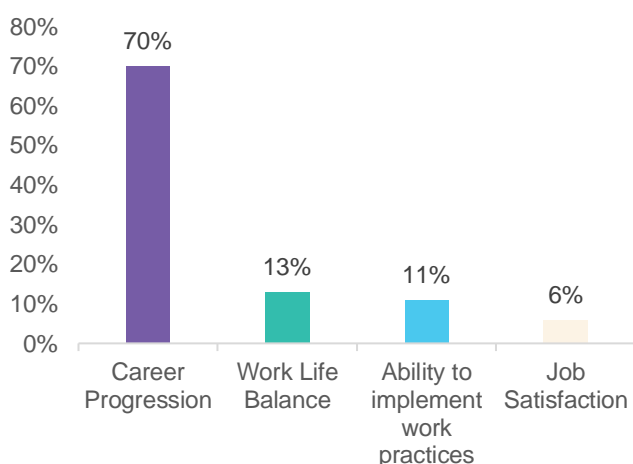


Table 13: Popular themes for satisfaction

Popular Themes	Mentions	Percentage (%)
Career Progression	37	70%
Work Life Balance	7	13%
Ability to Implement Work Practices	6	11%
Job Satisfaction	3	6%

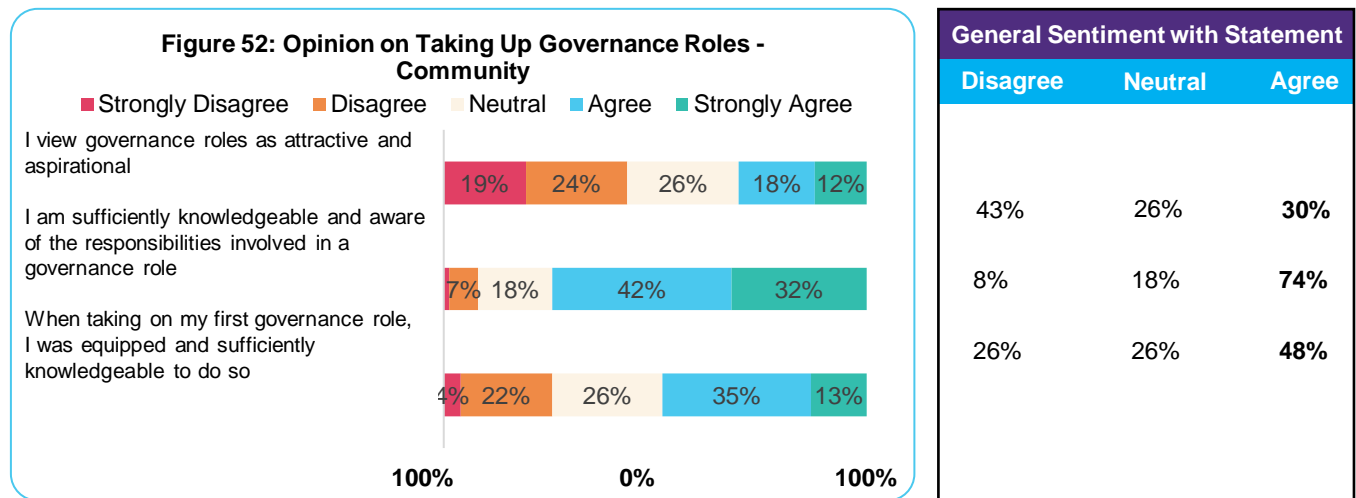
Work Attitudes and Work Conditions

Theme 4: Governance Roles

Likelihood of Taking a Governance Role in the Future – Community

This section delves into how pharmacists perceive leadership and governance roles within their profession, exploring their attitudes, aspirations, and challenges in assuming leadership positions.

Figure 52 provides an insight into community pharmacist respondents views on taking on governance roles. 30% of community pharmacist respondents view governance roles as attractive and aspirational, which represents a substantial increase from 2022 where only 17% of community pharmacist respondents viewed these roles as attractive. On the contrary, in 2023 a smaller proportion of pharmacist respondents agreed that when taking on their first governance role, they felt equipped and sufficiently knowledgeable to do so (48% vs 62%). However, 74% of pharmacist respondents reported that they are sufficiently knowledgeable and aware of the responsibilities involved in a governance role. This represents very little change from what was reported in 2022, where 71% of pharmacist respondents indicated an awareness of the responsibilities involved in governance roles.

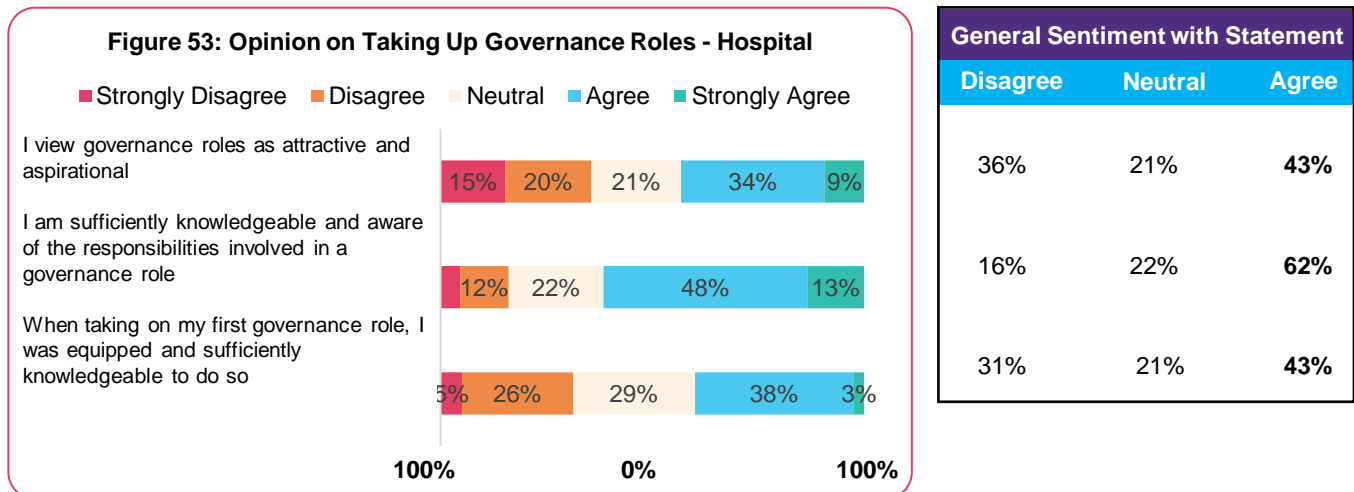


Work Attitudes and Work Conditions

Theme 4: Governance Roles

Likelihood of Taking a Governance Role in the Future – Hospital

Figure 53 displays the thoughts and opinions of hospital pharmacists on taking on governance roles. 43% of hospital pharmacist respondents view governance roles as attractive and aspirational, which, similar to the community cohort, represents a significant increase from the 2022 Survey Analysis Report where 28% of hospital respondents viewed governance roles as attractive and aspirational. A larger proportion of hospital pharmacist respondents reported being aware of the responsibilities involved in governance roles and that, when taking on their first governance role, felt equipped and sufficiently knowledgeable to do so when compared to data from the 2022 Survey Analysis Report (62% vs 53% and 43% vs 31%).



General Sentiment with Statement		
Disagree	Neutral	Agree
36%	21%	43%
16%	22%	62%
31%	21%	43%

Work Attitudes and Work Conditions

Theme 4: Governance Roles

Factors to Make Governance Roles More Attractive- Community and Hospital

Pharmacists were asked an open-ended question to identify factors they believe would make governance roles more attractive. There were a variety of responses recorded which were grouped into key themes as illustrated below in Figure 54. Mentioned in over half of the responses (57%) was increased autonomy, support and pay. Other notable factors which would make governance roles more attractive to pharmacists were more flexibility, a decreased administrative burden, a better work-life balance and non-monetary benefits, such as protected lunch breaks.

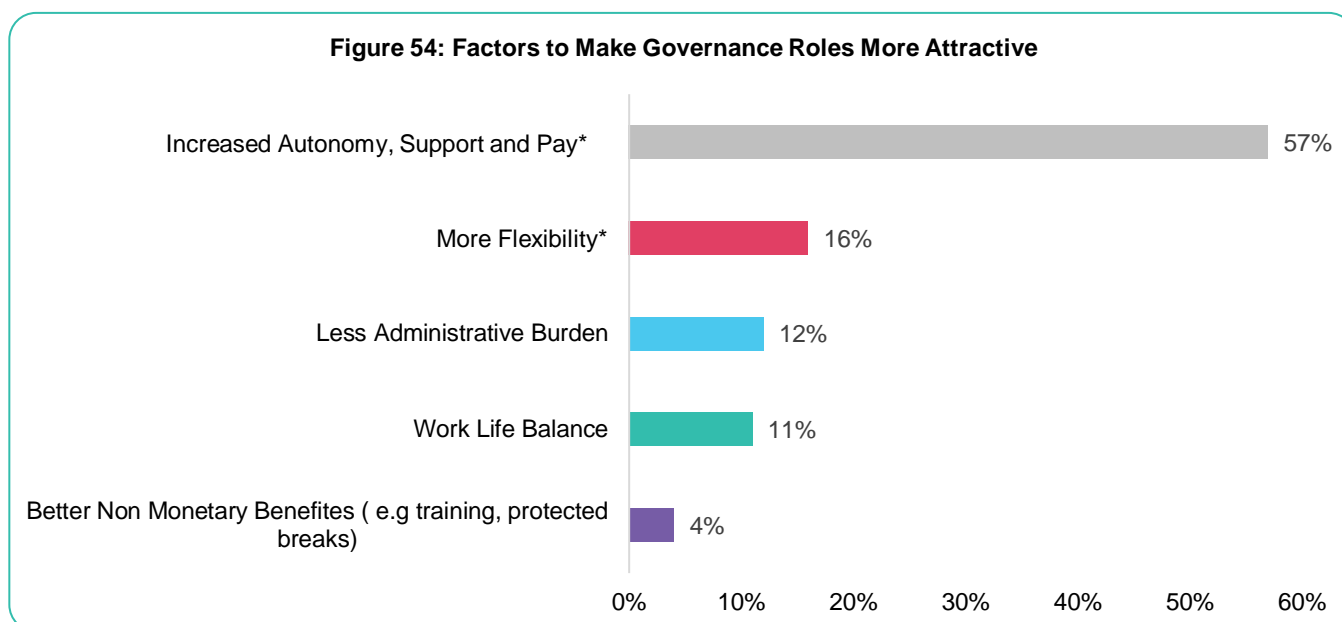


Table 14: Factors to Make Governance Roles More Attractive

Popular Themes	Mentions	Percentage (%)
Increased Autonomy, Support and Pay	201	57%
More Flexibility	55	16%
Less Administrative Burden	41	12%
Work Life Balance	40	11%
Better Non Monetary Benefits (e.g. training, protected breaks)	13	4%

*Please see appendix 2 for a sample of responses.

Section 3:

Career Development and Leadership, Trends and Next Steps



Career Development and Leadership

Theme 1: Career Progression

1. Career Progression

Introduction

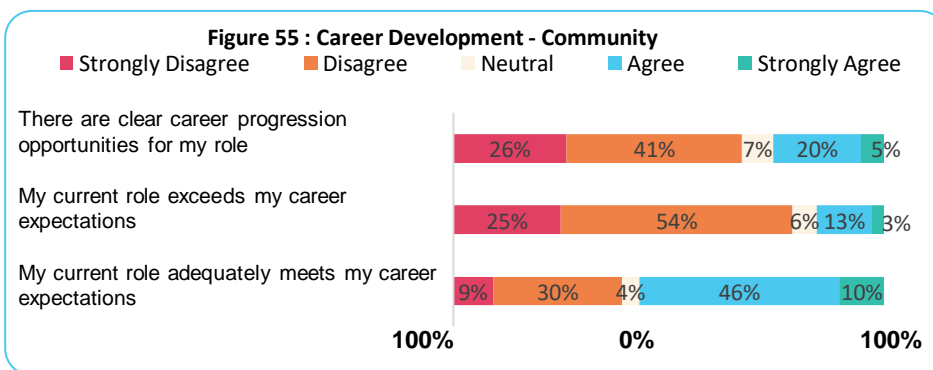
This section of the survey aims to delve into the insights and perspectives of pharmacists regarding avenues for career advancement, exploring factors such as professional development opportunities, career expectations and challenges hindering career progression.

Career Development in Community and Hospital Environments

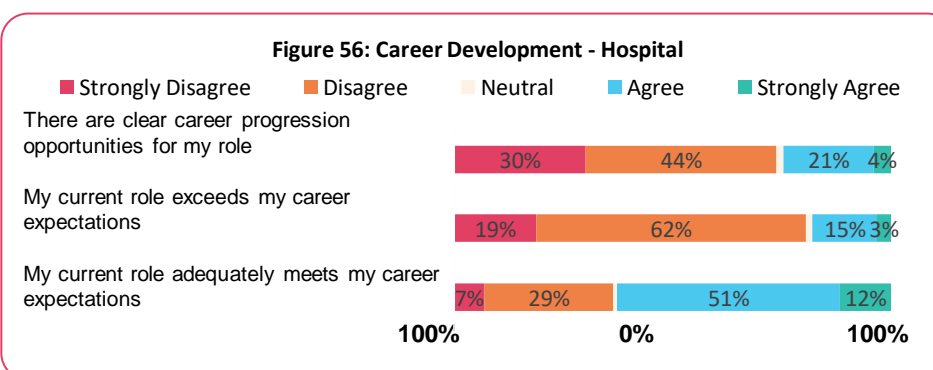
Most pharmacist respondents across both community and hospital practice settings disagree that there are clear career progression opportunities for their role (67% and 74% respectively). Despite this, the majority of respondents feel as though their current role adequately meets their career expectations. This is particularly evident amongst the hospital cohort, where 63% of pharmacist respondents believe their current role meets their career expectations.

Additional Analysis of Qualitative Responses for Career Progression

The lack of career progression in patient-facing pharmacy practice settings is a theme that was iterated on multiple occasions throughout the qualitative analysis of the data. Respondents referenced this as one of the reasons why they would be likely to leave the profession. Respondents referenced that particularly in community pharmacy you can reach the ceiling a couple of years after graduating resulting in a lack of ambition and motivation. Respondents feel as though the scope of clinical services they provide could be expanded and that introducing initiatives such as independent pharmacist prescribing would enable more structured career progression.



General Sentiment with Statement		
Disagree	Neutral	Agree
67%	7%	26%
79%	6%	16%
39%	4%	57%



General Sentiment with Statement		
Disagree	Neutral	Agree
74%	2%	25%
80%	2%	18%
36%	1%	63%

Career Development and Leadership

Theme 2: Pharmacy and Leadership

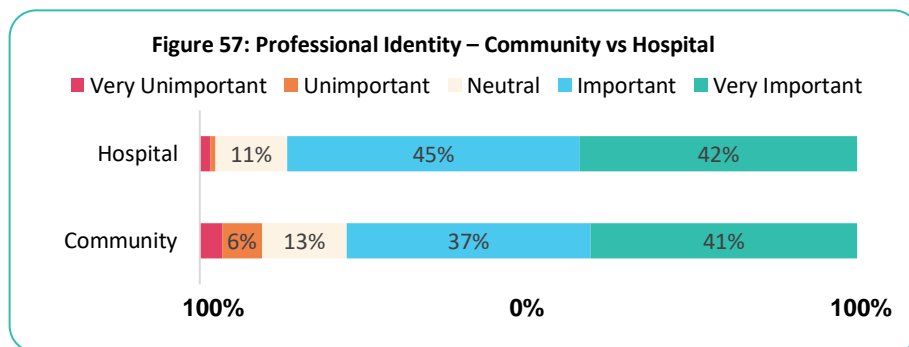
2. Pharmacy and Leadership

Introduction

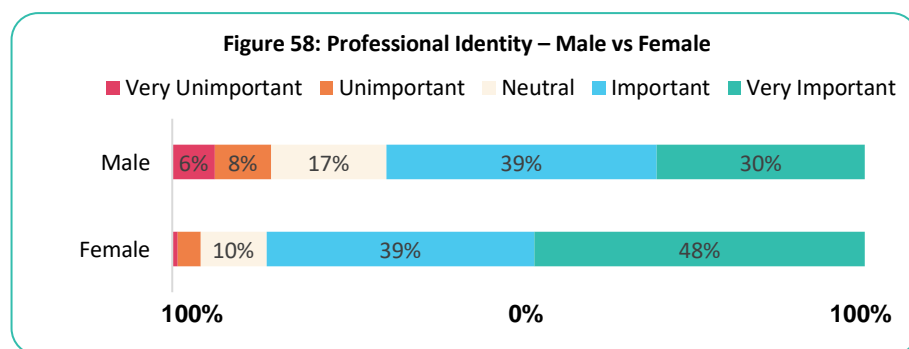
This theme examines the concept and perceptions surrounding professional leadership in pharmacy and their impact.

Professional Identity

Most pharmacist respondents recognise the importance of their professional identity as demonstrated in Figures 57 and 58 below. This sentiment is true across all cohorts, particularly for hospital pharmacist respondents and female respondents, most of which view their professional identity as important (87% and 86% respectively). This is almost identical to the results reported in the 2022 Survey Analysis report where 87% of hospital pharmacists and 87% of female respondents viewed their professional identity as important.



General Sentiment with Statement		
Unimportant	Neutral	Important
2%	11%	87%
9%	13%	78%



General Sentiment with Statement		
Unimportant	Neutral	Important
14%	17%	69%
4%	10%	86%

Career Development and Leadership

Theme 2: Pharmacy and Leadership

Most Important Advancements for the Pharmacy Profession

This open-ended question aimed to identify key areas for advancement in the pharmacy profession that pharmacists believe will be important in shaping the future of their profession. There were a variety of responses for this question which were separated out into key themes as illustrated below in Figure 59. Independent prescribing was the most common advancement cited by respondents and this was followed by expansion of the healthcare role of the pharmacist and the introduction of a minor ailments scheme. The majority of responses centred around expanding the role of the pharmacist to include the provision of more clinical services. This is in line with what was reported in the 2022 Survey Analysis Report where the expansion of the healthcare role (25%) and independent prescribing (23%) were also key themes. Electronic prescribing was the most common theme cited in the 2022 Survey Analysis report (29%) and although it was also referenced several times in 2023, it appears to have decreased in priority.

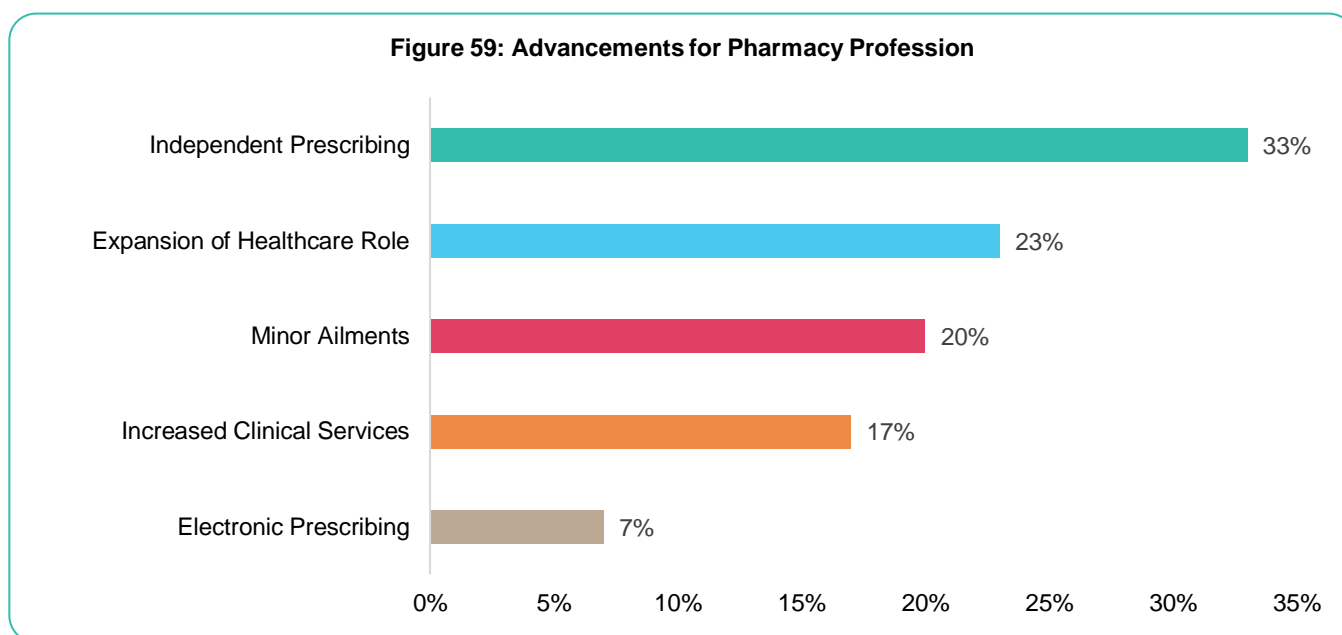


Table 15: Advancements for Pharmacy Profession

Popular Themes	Mentions	Percentage (%)
Independent Prescribing	130	33%
Expansion of Healthcare Role	89	23%
Minor Ailments	78	20%
Increased Clinical Services	65	17%
Electronic Prescribing	29	7%

Career Development and Leadership

Theme 2: Pharmacy and Leadership

Maximising the Role of Pharmacists

Pharmacists were asked an open-ended question on what changes they think could be made to ensure they are optimally utilised by the Irish health system. The responses were broad but centred around expanding the role of the pharmacist to allow for the provision of more clinical services. The most common responses were as follows:

- Increased Clinical Services Offering (22%);
- Minor Ailments Scheme and Independent Prescribing (19%); and
- Reduced Administrative Burden (17%).

Main Challenges Facing the Pharmacy Profession

Pharmacists were asked an open-ended question to get an insight into their thoughts and opinions on the main challenges facing the pharmacy profession. The responses were broad but could be sectioned into four key themes, as illustrated below in Figure 60. These themes were identical to the main themes reported in the 2022 Survey Analysis Report, with overburden and poor retention as the most cited challenge in both 2022 and 2023.

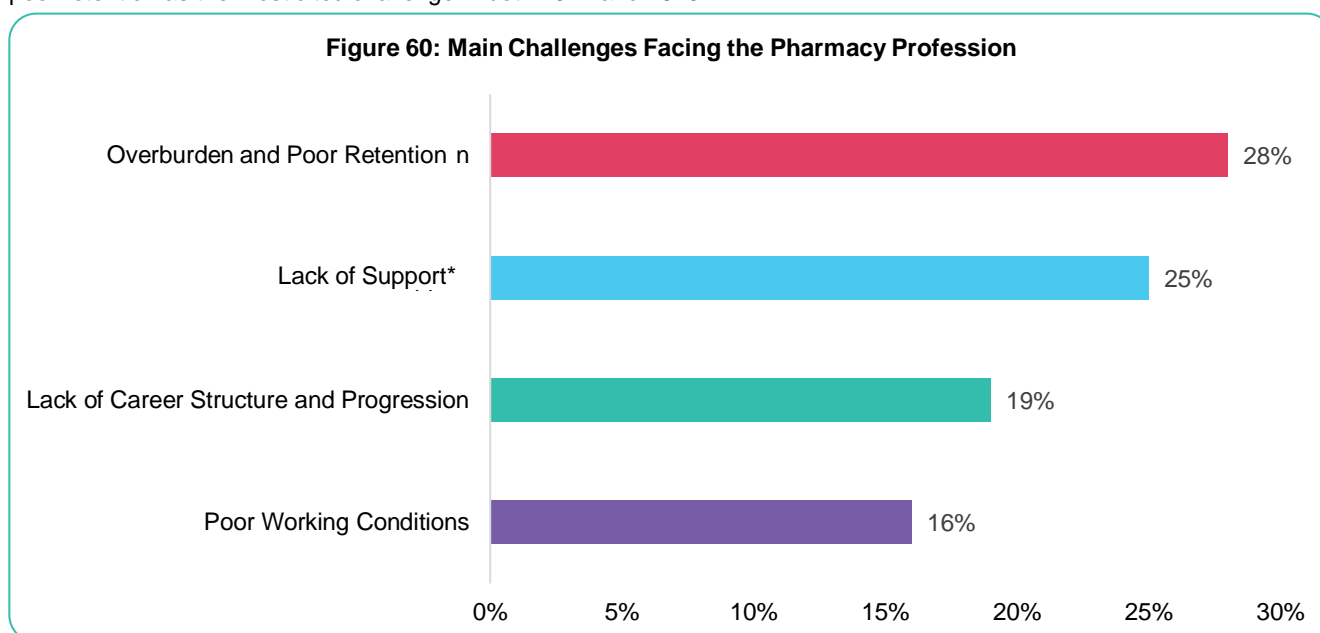


Table 16: Main Challenges Facing the Pharmacy Profession

Popular Themes	Mentions	Percentage (%)
Overburden and Poor Retention	151	28%
Lack of Support	138	25%
Lack of Career Structure and Progression	101	19%
Poor Working Conditions	85	16%

*Please see appendix 2 for a sample of responses.

Trends and Next Steps

Theme 3: Clinical Offering and Role Expansion

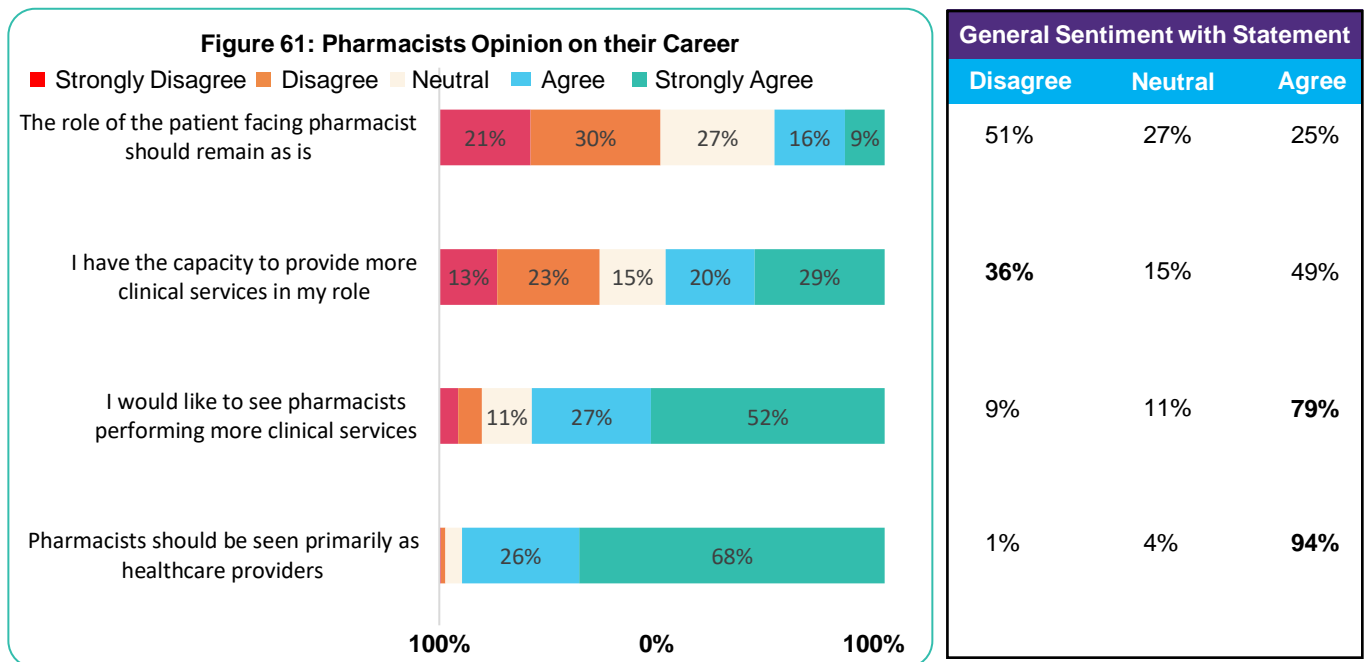
3. Clinical Offering and Role Expansion

Introduction

This theme examined the perspectives of pharmacists regarding their clinical contributions and the potential for expanding their current roles. By examining the insights and opinions of pharmacists, this theme aims to provide a comprehensive analysis of the current state and future possibilities for leveraging pharmacists' expertise to enhance healthcare delivery.

Opinion on Pharmacist Roles

Figure 61 illustrates that almost all respondents (94%) agree that pharmacists should be seen primarily as healthcare providers. This point is further emphasised by 79% of respondents agreeing that they would like to see pharmacists performing more clinical services. These insights clearly demonstrate an appetite for an expansion of the role of the pharmacist, however, pharmacists may need additional supports if this is to happen, as currently 36% of pharmacist respondents feel as though they would not have the capacity in their current role to provide these additional clinical services.



Trends and Next Steps

Theme 3: Clinical Offering and Role Expansion

Additional Services

Respondents were asked about additional services they would like to see patient-facing pharmacists delivering. These primarily centred around expanding the role of the pharmacist to include services such as independent prescribing, the provision of a minor ailments scheme and a general expansion of clinical services e.g. an increased vaccination programme. These service offerings align with the most common themes reported in the 2022 Survey Analysis Report, where independent prescribing and minor ailments also featured in the top three service suggestions.

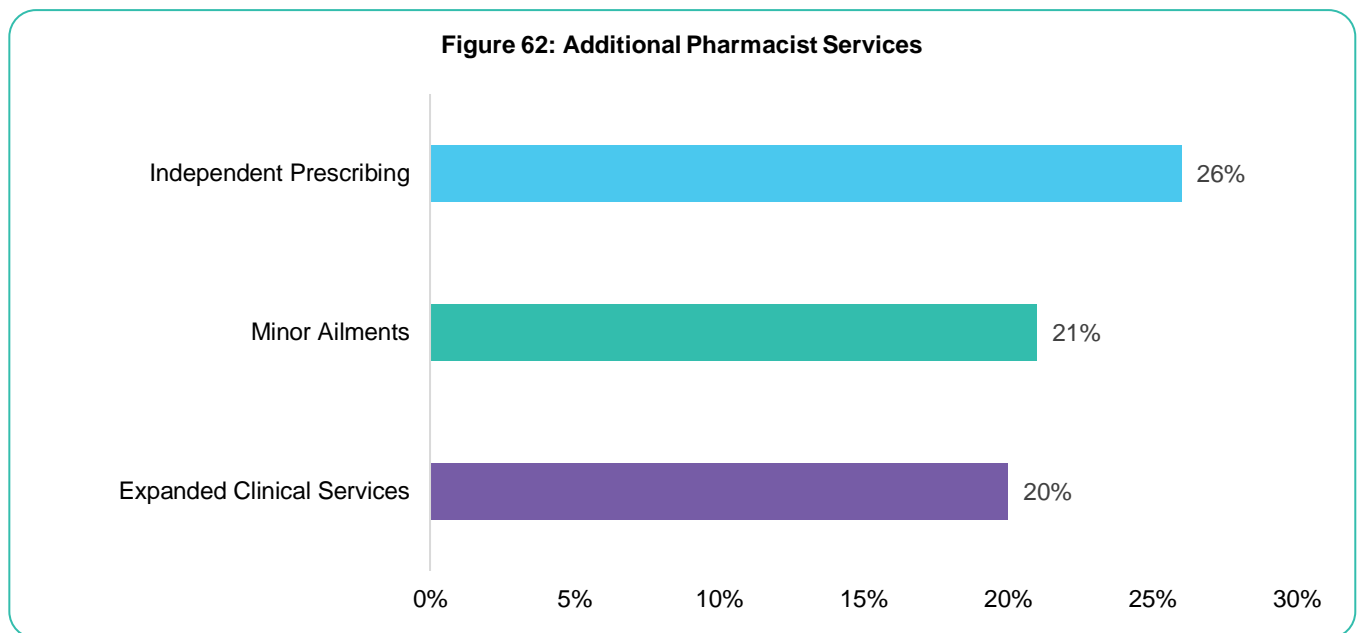


Table 17: Additional Pharmacist Services

Popular Themes	Mentions	Percentage (%)
Independent Prescribing	76	26%
Minor Ailments	62	21%
Expanded Clinical Services	60	20%

Section 4: Student Perspective



Student Perspective

Theme 1: Practising as a Pharmacist

1. Practising as a Pharmacist

Introduction

As the future stewards of pharmacy care, pharmacy students play a pivotal role in shaping the trajectory of the profession. Understanding their career aspirations and intentions regarding practicing in a patient-facing role is essential for workforce planning and ensuring the availability of skilled professionals to meet evolving healthcare needs. 5th year pharmacy students were contacted through APPEL (Affiliation for Pharmacy Practice Experiential Learning) and 44 out of 172 students participated in the survey.

Future Pharmacist Practice

Figure 63 demonstrates that almost all 5th year pharmacy student respondents plan on practicing in a patient-facing role upon qualification. This is similar to what was reported in the 2022 Survey Analysis Report (87%).



Student Perspective

Theme 2: Work Conditions

2. Qualitative Analysis of Work Conditions

Pharmacy students who indicated that they plan on practicing as a patient-facing pharmacist upon qualification were asked an open-ended question to investigate the reasons for this decision, the results of which are illustrated below in Figure 64. Almost half of the responses (43%) mentioned communicating with and helping patients as an attractive factor for a career as a patient-facing pharmacist. This is in line with the results from the 2022 Survey Analysis Report where this was also the most common reason cited for planning on practicing as a patient-facing pharmacist. Other notable reasons include job satisfaction (32%) and salary and flexibility (24%).

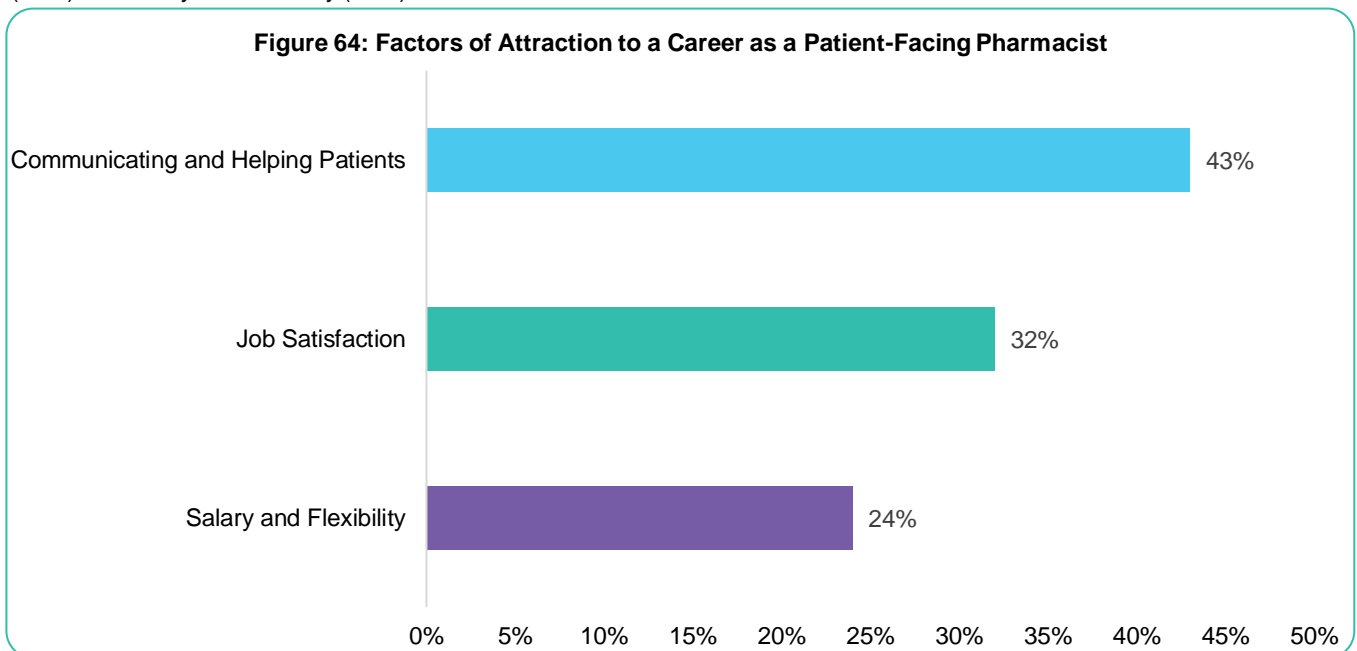


Table 18: Attractive Factors Associated with the Career of a Pharmacist

Popular Themes	Mentions	Percentage (%)
Communication and Helping Patients	16	43%
Job Satisfaction	12	32%
Salary and Flexibility	9	24%

A small proportion of the students surveyed (11%) indicated that they do not plan on practicing as a patient facing pharmacist upon qualification. These students were asked an open-ended question to investigate the reasons for this decision. The most common reasons cited were:

- Poor work-life balance and
- Poor benefits

Discussion on Survey Findings



Discussion on Survey Findings

Summary of Key Findings

Introduction

The pharmacist workforce stands at the forefront of healthcare delivery. In today's dynamic healthcare landscape, where demographic shifts, technological advancements, and evolving healthcare policies shape the demand and expectations placed on healthcare professionals, understanding the nuances of the pharmacist workforce is paramount. 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. This discussion section will examine the key survey findings and explore potential underlying factors behind them. The discussion points are broken down into four main sections and the key findings are categorised under each of these sections as summarised in the table below.

Sections	Theme	Key Findings
1. Demographics and Work Characteristics	Demographics	<ul style="list-style-type: none">63% of pharmacists who responded to the survey were female and 36% were male.The practice setting with the highest female:male ratio is in hospital where 89% of pharmacist respondents were female.
	Role Identification	<ul style="list-style-type: none">69% of hospital pharmacist respondents reported occupying permanent full-time positions compared with just 47% of community pharmacist respondents.Most respondents do not have hybrid working options, with even fewer respondents having this option in 2023 vs 2022 (8% vs 11%).
	Role Details	<ul style="list-style-type: none">On average, hospital pharmacist respondents have shorter working days, but work more days per week than their community pharmacy counterparts.The majority of community pharmacist respondents report working anti-social hours (76%) compared to only 16% of hospital pharmacist respondents. Of the respondents who work during anti-social hours, community pharmacist respondents reported doing this more frequently compared to hospital pharmacist respondents.A large proportion of the community pharmacists surveyed do not work alongside other pharmacists. This differs to hospital pharmacists who generally work as part of a larger team of pharmacists. It was also noted that most hospital pharmacist respondents reported getting a protected lunch break most, if not all, of the time.
	Locum Work	<ul style="list-style-type: none">35% of pharmacist respondents indicated that they undertake locum work, with community pharmacist respondents undertaking locum work more frequently than their hospital counterparts.Community pharmacist respondents reported being much more likely than hospital pharmacist respondents to take on locum work over a permanent position (63% vs 13%).

Discussion on Survey Findings

Summary of Key Findings

Sections	Theme	Key Findings
2. Work Attitudes And Work Conditions	Pharmacist Viewpoint	<ul style="list-style-type: none"> Almost all pharmacist respondents recognise the value they can have on the health system; however, they feel this is not recognised by the health system and government.
	Work Conditions	<ul style="list-style-type: none"> 21% of respondents reported that they are likely to leave the pharmacy profession, with community pharmacist respondents more likely to leave compared to hospital pharmacist respondents (24% vs 11%). The main reasons reported for leaving the profession were stress and burnout (26%), lack of career progression (19%) and poor working conditions (18%). Job stress is something that is experienced by both community and hospital pharmacists. However, it appears to be more prevalent in the community setting, where almost all community pharmacist (92%) respondents reported job stress as a common feature of their role.
	Environment and Delegation	<ul style="list-style-type: none"> Respondents were asked about measures that could be implemented which would have a positive impact on patient safety. Community pharmacist respondents believed that having a designated lunch break would be the most impactful whereas hospital pharmacist respondents felt additional resourcing would be the most impactful. Many pharmacists surveyed believe management, dispensing and administrative tasks could be further delegated (61%, 66% and 80% respectively).
	Governance Roles	<ul style="list-style-type: none"> For the most part, respondents across both community (74%) and hospital (68%) settings who are not currently in a governance role would not hope to take one on in the future and for those currently in governance roles, female respondents are generally more satisfied in these roles compared to male respondents (54% vs 41%).
3. Career Development Leadership, Trends and Next Steps	Career Progression	<ul style="list-style-type: none"> Most respondents across both community and hospital practice settings disagree that there are clear career progression opportunities for their role (67% and 74% respectively).
	Pharmacy and Leadership	<ul style="list-style-type: none"> Nearly all pharmacist respondents recognise the importance of their professional identity. This sentiment is true across all cohorts, particularly for hospital pharmacist and female pharmacist respondents, most of whom view their professional identity as important (87% and 86% respectively). Respondents believe the most important advancements for the pharmacy profession are independent prescribing, expansion of the healthcare role of pharmacists and the introduction of a minor ailments scheme.
	Clinical Offering and Role Expansion	<ul style="list-style-type: none"> Almost all respondents (94%) agree that pharmacists should be seen primarily as healthcare providers and 79% agree that they would like to see pharmacists providing more clinical services e.g. independent prescribing and the introduction of a minor ailments scheme.

Discussion on Survey Findings

Summary of Key Findings

Sections	Theme	Key Findings
4. Student Perspective	Practicing as a pharmacist	<ul style="list-style-type: none">Almost all 5th year pharmacy student respondents plan on practicing in a patient-facing role upon qualification. The most common reasons cited for this career choice are communicating and helping patients, job satisfaction, salary and flexibility.

Discussion on Survey Findings

Pharmacy Demographics

Most pharmacists registered in Ireland are female (65%)¹ occupying the majority of pharmacist roles across all practice settings. Women have made significant strides in higher education over the past few decades, often outpacing men in terms of enrolment and completion rates². Given that the pharmacy degree is highly competitive, this may be a possible explanation as to why there are more females registered as pharmacists compared to males.

The results of this survey also demonstrate that women occupy most pharmacist roles in the hospital setting (89%).

Pharmacist Workforce in Ireland

The number of pharmacists in Ireland has increased dramatically over the past two decades. Despite the opening of two new schools of pharmacy, namely RCSI in 2002 and UCC in 2003, over half of new registrants to the PSI over this time have qualified via the EU route, predominantly from the UK³. The high proportion of pharmacists practicing in Ireland who qualified in the UK may be due to the large number of Irish students who choose to study pharmacy in the UK due to the limited number of university spaces in Ireland and more achievable entrance requirements in the UK.

However, it is possible that the number of Irish qualified pharmacists on the PSI register may increase over the next decade, should additional student places become available through existing and/or new accredited schools of pharmacy in the State. This is in line with the Higher Education Authority's (HEA) strategy to build healthcare capacity to respond to a national healthcare skills shortage.⁴

Role Identification

This theme examined the diverse roles and responsibilities shouldered by pharmacists across various healthcare settings.

69% of hospital pharmacist respondents reported occupying permanent full-time positions compared with just 47% of community pharmacist respondents. A possible explanation for this may be that most hospital roles are permanent full-time positions in comparison to community roles, which may be viewed as more flexible. The daily hours worked across these practice settings also likely has an influence on the number of days worked per week. Community pharmacist respondents generally work longer hours than hospital pharmacist respondents and so may only need to work part time to build up an equivalent number of hours per week.

Remote working has gained significant traction since the COVID-19 pandemic. Pharmacists were asked whether they have hybrid working options available to them, the majority of whom did not. There appears to have been a decrease in the availability of hybrid working options since the 2022 Survey Analysis Report, where 11% of respondents reported having hybrid working options available to them compared to 8% in 2023. This may be due to the easing of restrictions surrounding the COVID-19 pandemic and the fact that most patient-facing pharmacy work cannot be done from home.

Discussion on Survey Findings

Role Details

In the dynamic realm of healthcare, pharmacists stand as vital contributors to patient care, entrusted with ensuring safe and effective medication management. Understanding the intricacies of pharmacists' work hours and work environment is essential for fostering a supportive and sustainable healthcare workforce.

Community pharmacist respondents in general work longer days when compared to hospital pharmacist respondents, however, they work fewer days per week. Despite working longer days, most community pharmacist respondents indicated that they rarely or never get a protected lunch break, whereas almost all hospital pharmacist respondents reported getting a protected lunch break most, if not all, of the time. Over three quarters of community pharmacist respondents report working anti-social hours and 23% of these indicated that they work anti-social hours four times per month. This contrasts with hospital pharmacist respondents, where only 16% of them work anti-social hours and they undertake work during these hours much less frequently. It is plausible that these long and anti-social hours reported by community pharmacist respondents is contributing to greater job stress, lower satisfaction rates and higher rates of attrition. There are several factors associated with working these hours that contribute to the increased likelihood of stress, including:

- **Social isolation:** Longer working days and anti-social hours often result in limited social interaction with friends, family, and colleagues who may work traditional Monday – Friday, 9 – 5 working hours. This social isolation can lead to feelings of loneliness and detachment, exacerbating stress levels.
- **Difficulty balancing work and personal life:** Working long days and antisocial hours can make it challenging to balance work responsibilities and personal commitments, such as family time, social engagements, and self-care activities.
- **Lack of support systems:** During anti-social hours, pharmacists may have limited access to support services, such as other healthcare professionals and support staff.

Locum

Over one third (35%) of pharmacist respondents indicated that they undertake locum work. The main reasons respondents choose to undertake locum work is for the rate of pay, flexible working hours and because it supports their personal circumstances. Survey responses indicated that almost all locum work is carried out solely in community pharmacies (92%). The reason for this may be due to the nature of community pharmacies and how there is often only one pharmacist on duty at any one time. If this pharmacist is on leave or unexpectedly sick, there is an urgent need for pharmacist cover so that the pharmacy can open and meet patients' needs. In a hospital setting, there are generally multiple pharmacists working at any one time and so it is more feasible for pharmacists to cover for a colleague if they are off.

Although more respondents appear to be carrying out locum work in 2023 vs 2022 (35% vs 27%), the frequency of this work appears to have reduced when compared to last year, with the average number of locum days per week recorded as 1.5 in 2023 and 2.6 in 2022. Potential reasons for this may be due to anecdotally reduced demand for locum pharmacists and lower rates of pay versus 2022. This aligns with the fact that respondents are in general less likely to take on locum work over a permanent role in 2023 vs 2022 (51% vs 67%).

Pharmacist Viewpoint

Almost all pharmacist respondents agree that they make a positive contribution to the health service and that they feel valued by patients and the public. Most respondents also agreed that pharmacists could play an expanded role within the health system, by offering services such as independent prescribing and increased vaccination services. However, respondents feel as though their scope is limited due to a lack of clear strategic aims and objectives for the pharmacy profession and a lack of support from the government and health system. These sentiments were also documented multiple times throughout the qualitative (free text) areas of the survey. As referenced in the 2023 Pharmacy Workforce Intelligence Report, a Chief Pharmaceutical Officer or similar other role to provide strategic leadership and expert advice to the Department of Health, Government, broader health system, and regulatory bodies may help the voices of pharmacists to be heard at a national decision-making level.⁵ This may help to improve the perceived view of a lack of strategic aims within the profession. This is an action which is currently ongoing and has been assigned to stakeholders under the realm of the Department of Health.

Discussion on Survey Findings

Retention may be an issue across all patient-facing pharmacy settings with 21% of pharmacist respondents indicating that they are likely to leave the pharmacy profession completely in the foreseeable future. This is an issue that must be explored to ensure the continuity of supply of patient-facing pharmacists.

Work Conditions

The working conditions for pharmacists play a crucial role in shaping their professional experience and overall well-being. The survey analysis looked at key aspects of working conditions such as job stress, workload, staffing levels and job satisfaction. The general sentiment across both community and hospital pharmacist respondents was broadly similar, however, there were some notable differences.

Hospital pharmacist respondents reported having more support in their roles (44% feel supported in their role to deliver quality services to patient's vs 31% of community pharmacists) and are more satisfied that the remuneration they receive is sufficient for the scope and responsibility of their role (47% vs 37%). Although respondents across both practice settings are reporting high levels of job stress (79% of hospital pharmacists and 92% of community pharmacist respondents indicated job stress is a common feature of their role), these findings may correlate with the fact that fewer hospital pharmacist respondents report experiencing job stress and burnout when compared to community pharmacist respondents.

It is possible that by addressing these issues surrounding working conditions this may help with pharmacist retention.

Environment and Delegation

The pharmacy working environment plays a pivotal role in shaping the quality of patient care as well as pharmacist satisfaction levels. Most respondents believe they are working in environments which are understaffed, resulting in a lack of adequate supports and an inability to delegate tasks to the extent they would like. 80% of pharmacist respondents indicated that they believe administrative tasks could be delegated to a greater extent in their practice setting.

A common theme seen in the survey responses was the administrative burden put on pharmacists. Community pharmacist respondents report spending on average 20% of their time on administrative tasks and hospital pharmacist respondents report spending on average 18% of their time on administrative tasks.

This may be a contributing factor to respondents reporting that they are unable to spend sufficient time with patients (58% of community pharmacists and 59% of hospital pharmacist respondents indicated that they are not able to spend the right amount of time with patients).

When pharmacists were asked about environmental measures which could be implemented to improve patient safety, among the most common measures cited by respondents include improving staffing levels (24%), training of support staff (13%), ePrescribing and automation (12%) and reduced administrative burdens (6%).

As referenced in the 2023 Pharmacy Workforce Intelligence Report, the regulation of pharmacy technicians could be considered to allow for further delegation of tasks from pharmacists.⁵

Electronic prescribing is another important advancement which may help to alleviate the administrative burden placed on pharmacists. Although, some administrative tasks can be delegated to technicians and support staff, the entire pharmacy workforce and wider healthcare system would benefit from improved digital systems to reduce administrative and regulatory burdens and increase efficiency.⁶

According to the survey results, respondents are happy to broaden their scope of practice and use their clinical knowledge and expertise for the benefit of the public and wider health system. It should be noted that the Expert Pharmacy Taskforce are currently seeking to take action in this area to expand the role of the pharmacist.

Governance Roles

Most respondents across both community and hospital settings who are currently not in governance roles indicated that they do not hope to take on a governance in the future. This aligns with the general sentiment that most respondents (74% of community pharmacists and 68% of hospital pharmacists) do not view governance roles as attractive and aspirational. Increased responsibilities (30%), increased administrative burdens (26%), job stress (10%) and lack of supports (6%) are clear demotivating factors for those in governance roles.

These are concerning statistics as governance roles play a crucial role in patient-facing pharmacy settings, ensuring accountability, adherence to regulatory standards and optimal patient care. It is imperative that measures are taken to make governance roles desirable. Potential strategies include increasing autonomy, support and pay (57%), more flexibility (16%) and reducing the administrative burden placed on pharmacists in governance roles (12%).

Discussion on Survey Findings

Career Progression

For many of the pharmacists who responded to the survey, career progression and professional development are important, with 19% of responses highlighting it as one of the key challenges currently facing the pharmacy profession. Most respondents across both community and hospital practice settings do not think that there are clear career progression opportunities for pharmacists (67% and 74% respectively). The current career progression opportunities in patient-facing pharmacy practice settings are not seen as attractive or aspirational with the majority of respondents across both community and hospital practice settings indicating that they do not wish to take on a governance role in the future (74% and 68% respectively). These results indicate the need for reform on the career structure of patient-facing pharmacists in both hospital and community settings and the need to introduce more opportunities for career progression and professional development in order to help with retention in the pharmacy profession.

Pharmacy Leadership

Pharmacy leadership plays a crucial role in shaping the landscape of the profession and ensuring optimal patient care outcomes. Within the context of the workforce survey, it is evident that advocating for the advancement and recognition of pharmacists' roles is important to the pharmacists surveyed. Advancements to the pharmacy profession are crucial for improving patient outcomes, optimising healthcare delivery, supporting professional growth, and addressing emerging healthcare challenges. Respondents noted that the most important advancements for the pharmacy profession are independent prescribing (33%) and expansion of the healthcare role (23%).

Role Expansion

The results of this survey demonstrate that there is an appetite for an expansion of the role of the pharmacist with over half of the pharmacist respondents (52%) reporting that they would like to see pharmacists performing more clinical services.

Internationally, pharmacy practice has extended significantly through the addition of roles, such as pharmacist prescribers, consultant pharmacists in hospitals, vaccinating pharmacists and GP pharmacists⁸. A significant new development in the UK will see all newly qualified pharmacists from 2026 be independent prescribers on the day of registration.⁹ This represents a major change to the pharmacy profession where pharmacists are being recognised for their clinical skills and expertise and the benefit they can have for patients and the public, as well as the wider health system.

Independent prescribing allows pharmacists to take on a more prominent role in patient care, allowing them to make independent prescribing decisions fostering a sense of autonomy and professional fulfilment. It also offers pharmacists the opportunity to engage in further education and training and creates opportunities for career progression. It is worth noting that the Minister for Health launched an Expert Taskforce to support the expansion of the role of pharmacists in July 2023 and it is likely that expansion of the role of the pharmacist will be explored as part of this review.⁷

Student Perspectives

The vast majority of 5th year MPharm student respondents reported that they plan on practicing as a patient-facing pharmacist upon qualification. The most common reasons for this decision were communicating and helping patients, job satisfaction, salary and flexibility. However, it is important to note that these results are limited by the small sample size of this cohort.

Closing Remarks

This report has provided valuable insights into the current state of the pharmacy workforce. While the sample size may be limited, the data collected offers insights into workforce dynamics and trends within the pharmacy profession. Although generalisation of the results to the broader population may be challenging, the patterns observed within this sample shed light on potential areas of concern. As mentioned in the Pharmacy Workforce Intelligence Report, a potential strategy to increase response rates in future may be to explore the possibility of including this survey as part of the PSI registration process and to highlight the importance of pharmacists' contribution in gaining a comprehensive understanding of the current state of the pharmacy profession.⁵

Overall, the findings are broadly similar to what was reported in the 2022 Survey Analysis Report and underscore the importance of addressing key areas such as career development, workplace conditions and the need for additional supports in patient-facing pharmacy settings.

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Appendices



Appendix 1

Further Considerations and Workforce Capacity

Pharmacy Workforce Capacity Estimation

Estimating the workforce capacity of patient-facing pharmacists is a crucial aspect of healthcare management and planning. Patient-facing pharmacists play a pivotal role in the healthcare system, providing essential medication management, counselling, and ensuring safe and effective medication use. The workforce capacity of these professionals encompasses various factors, including the number of pharmacists registered with the PSI, their distribution across different practice settings, their scope of practice, and the demands of patient care. Estimating the workforce capacity of patient-facing pharmacists aids in identifying potential workforce shortages, allowing proactive measures to be taken to address workforce imbalances and ensure continued availability of pharmacy professionals to patients and the public.

It is a legal requirement for pharmacy businesses in Ireland to have at least one pharmacist on site during opening hours and all pharmacies must register their trading hours with the PSI.

Based on this information, an estimate can be made on the minimum number of pharmacist hours required. For example, for an average week (excluding bank holidays), pharmacies are open for approximately nine hours per day (with a cumulative total of 120,267 hours per week). This represents the minimum number of hours which requires a pharmacist resource for the number of community pharmacies in the country to be open to the public. It must be noted that this is an estimation and is based on average opening hours and minimum pharmacist requirements.

The total number of hours worked by patient-facing pharmacists across both community and hospital practice settings was also estimated. This calculation was based on dividing the total number of survey respondents (879) into the total number of pharmacists registered with the PSI (7,480) and extrapolating the data as illustrated below in Table 15.

It is important to note that a number of assumptions were made to arrive at this estimation of pharmacist workforce capacity, and these are clearly laid out on the following page.

Table 15: Community and Hospital Pharmacy Workforce Capacity

2023 Community Pharmacists Workforce Capacity					
Role	Pharmacists	Days	Hours	Annual Leave	Workforce Capacity (h)
Owner	643	5.17	9.97	20.4	30641
Permanent	2172	4.62	9.56	21.7	87268
Part-time	994	2.99	9.16	20.2	23690
Locum	802	3.47	9.09	20.4	22436
Other	25	4	10.16	20.9	916
Temporary Contract	75	3.88	9	20.9	2354
Non-Community Locum	610	0.54	9.09	0	2994
Total	5322	3.52	9.43	20.7	170299
2023 Hospital Pharmacists Workforce Capacity					
Role	Pharmacists	Days	Hours	Annual Leave	Workforce Capacity (h)
Permanent	826	4.91	8.08	25.8	29456
Part-time	241	3.1	8.5	24.9	5376
Locum	28	3.33	7.5	18	623
Temporary Contract	93	3.35	7.85	23.6	2110
Other	9	3	7.5	24.5	176
Non-Hospital Locum	56	0.59	7.5	0	248
Total	1253	3.05	7.82	23.36	37988

Appendix 1

Further Considerations and Workforce Capacity

Estimating the Total Number of Pharmacists Practicing in the Community

In the workforce survey, pharmacists were asked to select their primary area of practice. Respondents that selected community or hospital were separated into their respective groups. Those that selected “other”, consisted of pharmacists working in addiction services, hospice etc. Those pharmacists who primarily work in other settings but also temporarily within community or hospital settings, were also captured and listed as non-community or non-hospital locums.

The estimated number of pharmacists who practice in the community, including irregularly, is estimated to be 5,322 or approximately 71% of the total pharmacy workforce.

For hospitals, it is estimated to be 1,253 or 17% of the total pharmacy workforce. This estimation aligns closely with the data held on the PSI register.

The estimated number of pharmacists across both practice settings has increased slightly when compared to the 2022 Survey Analysis report, which is to be expected considering there are more pharmacists on the PSI register.

Estimating the Total Number of Hours Pharmacists Practice

As part of the survey, pharmacists were asked to estimate the number of days they work per week and the number of hours they work per day. The total number of hours worked per day was asked as a range and so the average number of hours was used e.g., if a pharmacist indicated they work 9-10 hours per day, 9.5 hours was used in the calculation. The number of hours worked by pharmacists varied considerably so each role was calculated individually to improve the overall estimation (Table 15).

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

Assumptions

When calculating the number of days worked, some assumptions were required. Respondents who selected 5+ days were recorded as 6 days. Regarding locum work, some pharmacists selected “Infrequently/Ad hoc”. This was estimated to be 1 day a month. Respondents were not asked to indicate the number of annual leave days they receive, and so estimates were based off responses from the 2022 Survey Analysis report.

Estimating the Total Workforce Capacity

The estimated total workforce capacity for community pharmacists, inclusive of part-time locums, is approximately 170,299 hours. For hospital pharmacists it is estimated to be 37,988 hours. The workforce capacity has increased slightly from what was reported in the 2022 Survey Analysis report, where the estimated workforce capacity in community was 162,995 hours and 36,771 hours in hospital.

The estimated increase in the capacity of the patient-facing pharmacy workforce signifies a promising trend within the healthcare landscape. This increased capacity not only enhances access to pharmacy care but also contributes to improved patient outcomes and healthcare system efficiency.

Appendix 2

Improved Medication Safety

Pharmacists were asked for their suggestions on how patient safety could be improved in their practice setting. A popular theme was **'Improved Medication Safety'**. A sample of some of the responses are displayed in the table below.

Improved Medication Safety
<ul style="list-style-type: none">• “Proactively assess areas for medication safety issues.”• “Safety culture is an issue in the hospital setting, it can feel that as pharmacists we are policing medication safety with a lack of support and fear from other healthcare professionals.”• “National clinical pharmacy guidance / medication safety documents.”• “Increased medication safety staff to train other staff members.”• “Provision of case studies and briefings on medication safety incidents.”

Appendix 2

Accuracy Checking

Pharmacists were asked for their opinion and perspectives on which tasks they believe could be effectively delegated to a greater extent in their practice setting. A popular theme was **'Accuracy Checking'**. A sample of some of the responses are displayed in the table below.

Accuracy Checking
<ul style="list-style-type: none">• “Accuracy checking post pharmacist initial check.”• “If pharmacy technicians were a regulated healthcare profession, there could be expanded roles such as medication reconciliation and accuracy checking.”• “Introduce accuracy checking technicians.”• “I think accuracy checking could be done by trained technicians, there should be a distinction between a clinical check and an accuracy check.”• “Dispensing and accuracy checking of prescriptions following clinical review by a pharmacist.”• Qualified accuracy checking technicians, as in UK.”• Dispensary technicians could be trained to accuracy check prescriptions if they weren't the one to prepare them.”

Appendix 2

Increased Autonomy, Support and Pay

Pharmacists were asked for their opinion on what factors they believe would make governance roles more attractive. A popular theme was '**Increased Autonomy, Support and Pay**'. A sample of some of the responses are displayed in the table below.

Increased Autonomy, Support and Pay
<ul style="list-style-type: none">• "Give autonomy to pharmacists to make clinical decisions."• "Give pharmacists more authority in non-pharmacists owned business."• "More support staff."• "More support financially and professionally."• "Better support from management."• "Less of a blame culture and more support and understanding from the PSI."• "Less red tape and more support, particularly from the HSE."• "More support and guidelines."• "The salary difference between a governance role and support role is minimal. Higher salaries to reflect the increased level of responsibility would make governance roles more attractive for pharmacists."• "Better pay and better benefits."• "Specified rate of pay across the sector for a specific role."• "Offer good salaries as well as good working benefits."• "Currently these roles carry a lot more responsibility, but it is not always reflected in the pay scale/benefits."• "Increase pay and better staffing levels."

Appendix 2

More Flexibility

Pharmacists were asked for their opinion on what factors they believe would make governance roles more attractive. A popular theme was **'More Flexibility'**. A sample of some of the responses are displayed in the table below.

More Flexibility
<ul style="list-style-type: none">• "Increased work schedule flexibility."• "More flexibility e.g. allowing pharmacists to job share."• Allow flexibility rather than rigidity when it comes to SOPs."• Flexibility in working hours/days."• "Flexible hours and hybrid model."• "Have more flexible working arrangements in these roles rather than them having to be full time 5 days a week."

Appendix 2

Lack of Support

Pharmacists were asked for their opinion on what they believe are the main challenges facing the profession. A popular theme was '**Lack of Support**'. A sample of some of the responses are displayed in the table below.

Lack of Support
<ul style="list-style-type: none">• “Failure of PSI to support pharmacists.”• “Difficult working conditions in community pharmacy with inadequate support.”• “Lack of funding supports for undertaking further education.”• “Lack of skilled support staff.”• “I feel let down by the stakeholders who should be supporting and advocating for us as a profession.”• “Lack of sufficient support from employers and staff is putting a lot of stress on pharmacists.”• “Lack of support from senior pharmacists and management.”• “Lack of support and recognition of superintendent roles in hospital.”• “Lack of IT support and infrastructure.”• “Lack of hospital pharmacy support from regulatory body.”• “There needs to be more support for pharmacists and more protection.”• “No support from the PSI or the IPU.”• “Lack of support and resources from the government despite increased responsibility.”

Pharmacy Workforce Survey

2023/
2024

Gender Breakdown

63%
Female



36%
Male



Primary Area of Practice



73%
Community



14%
Other

14%
Hospital



Factors To Make Governance Roles More Attractive



57%

Increased Autonomy,
Support and Pay



16%

More Flexibility



12%

Less Administrative
Burden



11%

Work Life Balance



4%

Better Non-
Monetary Benefits

Do you undertake locum work

35%

of pharmacists surveyed
undertake locum work



Planning on practicing as a pharmacist

89%

of 5th year pharmacy students
surveyed plan on practicing as a
patient-facing pharmacist



Pharmacy Workforce Survey

2023/
2024

Level Of Satisfaction With Role - Community



56%

of community pharmacists surveyed are satisfied with their role

Level Of Satisfaction With Role - Hospital



67%

of hospital pharmacists surveyed are satisfied with their role

Main Challenges Facing The Pharmacy Profession



28%

Overburden and Poor Retention



25%

Lack of Support



19%

Lack of Career Structure and Progression



16%

Poor Work Conditions

Governance Roles - Community

When taking on my first governance role, I was equipped and sufficiently knowledgeable to do so

48%

Agree

26%

Disagree



Governance Roles - Hospital

When taking on my first governance role, I was equipped and sufficiently knowledgeable to do so

40%

Agree

31%

Disagree



I am sufficiently knowledgeable and aware of the responsibilities involved in governance roles.

74%

Agree

8%

Disagree



I am sufficiently knowledgeable and aware of the responsibilities involved in governance roles.

62%

Agree

16%

Disagree



I view governance roles as attractive and aspirational

30%

Agree

43%

Disagree



I view governance roles as attractive and aspirational

36%

Agree

43%

Disagree

