

Pharmacy Workforce Survey Analysis Report

November 2025

Commissioned by: Pharmaceutical Society of Ireland

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01

Executive Summary

Executive Summary

Context and Approach for the Workforce Survey

This Pharmacy Workforce Survey Report 2025, commissioned by the Pharmaceutical Society of Ireland (PSI) and developed by Grant Thornton, provides a comprehensive analysis of the current state, challenges, and opportunities facing the pharmacy workforce in Ireland. The two-part survey, conducted in September 2025, received responses from 812 pharmacists for Section 1 and 609 for Section 2.

Purpose and Objectives

The survey and report aim to build on existing register data, offering a more in-depth analysis of the pharmacist workforce's composition, distribution, and characteristics while identifying trends, risks, and challenges affecting the sustainability of the profession. The survey also sought to gather information on registrants' current satisfaction with their roles, career intentions, and development needs, as well as capturing attitudes toward role expansion and wider evolutions in healthcare in Ireland. Findings from the survey will help inform strategic workforce planning, policy development, and evidence-based decisions for workforce optimisation, training, and support by the PSI and other key stakeholders.

1. Workforce Demographics and Practice

- The profession remains predominantly female (approx. 68%), with a workforce concentrated in the 30–49 age range and just over a third working in Dublin.
- Most pharmacists (83%) work in patient-facing roles, primarily in community pharmacy (69%), with 15% in hospital settings.
- Over half of respondents (52%) reported working in more than one area of practice.
- There is a notable diversity in reported qualification backgrounds: 57% qualified in Ireland, 24% in Great Britain, 6% in Northern Ireland and 10% in other EU/EEA countries.

2. Work Patterns and Conditions

- The majority of pharmacists work full-time, with 92% working at least seven hours per day and 65% working eight or more hours. Over 60% of patient facing pharmacists work weekends at least once a month.
- Over 40% of respondents reported never having double pharmacist cover.
- Protected breaks are inconsistent: nearly one third never receive a protected lunch break.
- Employer provided benefits such as enhanced sick leave, family leave, and pensions vary widely, with many pharmacists receiving only statutory minimums.

3. Training, Professional Development, and Role Expansion

- There is strong interest in upskilling: 62% plan to complete training for the Common Conditions Service, and 61% for Continuation of Contraception Service.
- While 90% agree the profession has the *ability* to expand its scope, only 40% feel there is *capacity* to do so, citing workload and resource constraints.
- Nearly half of respondents (47%) are not yet trained to provide vaccinations or emergency medicines, highlighting a gap in workforce readiness for expanded clinical roles.

4. Workforce Challenges and Barriers

- Pharmacists felt the most significant barriers to optimal patient care are increased workload (60%), medication shortages (59%), administrative burden (44%), and staffing shortages (35%).
- Burnout and mental health concerns are prevalent, with 84% reporting job stress and 66% experiencing burnout.
- Locum work remains a key feature, especially in community pharmacy, driven by the need for flexible hours and additional income. More than one in four (27%) respondents undertake locum work.

Executive Summary

Context and Approach for the Workforce Survey

5. Professional Value and Future Directions

- Pharmacists report high levels of satisfaction with their roles (82%) and value patient interaction. However, while nearly all pharmacists (91%) felt valued by their patients only 37% felt valued by the health system and government.
- Pharmacists identified increasing workforce numbers, particularly ensuring at least two pharmacists are on duty to enable protected breaks, as the most impactful change for enhancing patient care.
- There is overwhelming support (95%) for an expanded role for pharmacists within the health system, with strong calls for national leadership, a clear strategy for pharmacy, and better digital integration.
- The Workforce Intelligence Report (2023) and the Community Pharmacy Agreement (2025, published after the survey) aligns with many of these priorities, calling for expanded clinical roles, investment in workforce development, and improved working conditions

Strategic Implications

The survey underscores the need for:

- Systemic reforms to reduce administrative burden and improve staffing levels.
- Investment in training and professional development, especially for new clinical services.
- Enhanced support for pharmacist wellbeing, including protected time for CPD and greater awareness of mental health resources.
- Leadership and strategic direction at the national level to guide the profession through ongoing healthcare transformation.

Conclusion

The pharmacist workforce is highly committed and adaptable but faces persistent challenges related to workload, staffing, and professional recognition. Addressing these issues through targeted reforms and strategic investment will be critical to sustaining a resilient, patient-centered pharmacy profession capable of meeting Ireland's evolving healthcare needs. This analysis builds on data captured through annual workforce surveys since 2022 and demonstrates the value of continuing to track workforce trends and pharmacist sentiment to better understand and address emerging opportunities and challenges within the sector.

Gender Breakdown

68%
Female



31%
Male



Primary Area of Practice



69%

Community



16%

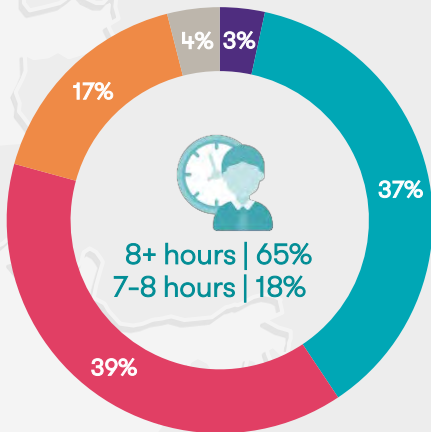
Other

15%

Hospital



Days and Hours Worked on Average



6+ days 5-5.5 days 4-4.5 days 3-3.5 days 0.5 days

Pharmacists Feeling Valued

91%

feel valued by public and patients



37%

feel valued by health system and government



Do you undertake locum work

27%

of pharmacists surveyed undertake locum work



Likelihood of leaving the pharmacy profession

26%

of pharmacists indicated they are likely to leave the profession



Level Of Satisfaction With Role - Community



80%

of community pharmacists are satisfied with their role

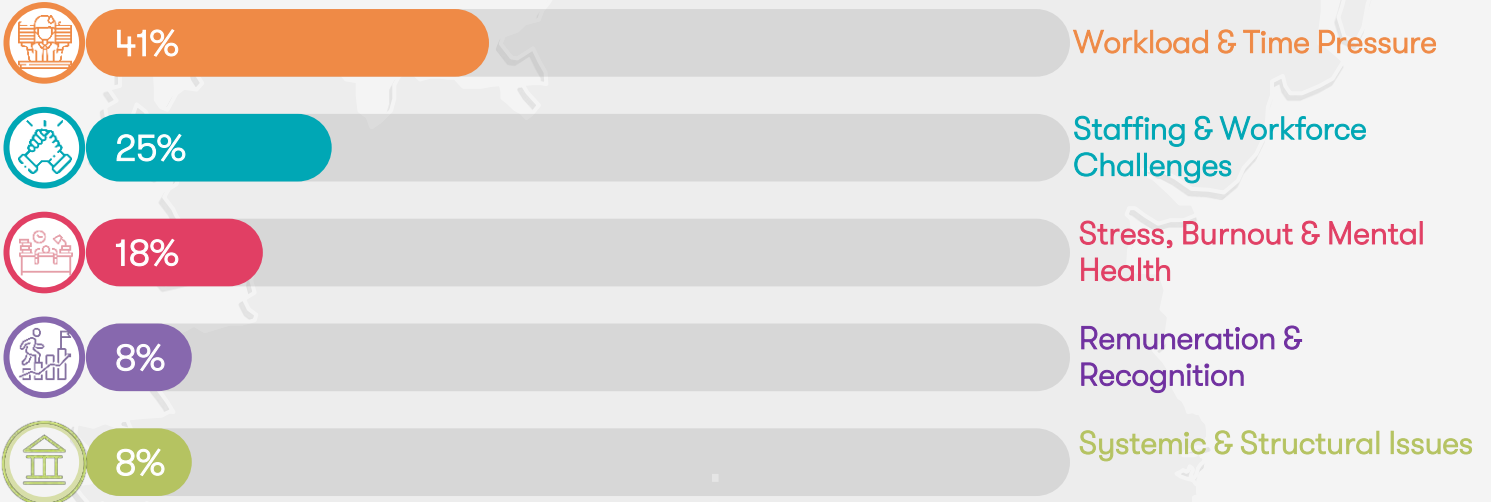
Level Of Satisfaction With Role - Hospital



90%

of hospital pharmacists are satisfied with their role

Main Challenges Facing The Pharmacy Profession



Governance Roles - Community

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

67%
Agree

33%
Disagree



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

82%
Agree

18%
Disagree



I view governance roles as attractive and aspirational

35%
Agree

65%
Disagree



Governance Roles - Hospital

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

65%
Agree

35%
Disagree



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

69%
Agree

31%
Disagree



I view governance roles as attractive and aspirational

39%
Agree

61%
Disagree





02

Introduction

Introduction

Context and Approach for the Workforce Survey

As part of its commitment to examine workforce challenges within pharmacy practice settings and based on recommendations from the 2023 Workforce Intelligence Report, the Pharmaceutical Society of Ireland (PSI) issued a Pharmacy Workforce Survey to all registered pharmacists in September 2025. This survey aimed to build on the findings from the [Workforce Survey Report 2022](#)¹, [Workforce Intelligence Report 2023](#)², the [Pharmacy Workforce Survey Analysis Report 2023](#)³, and the [Survey of the Register Report 2024](#)⁴, and to identify any risks to the continued availability of the pharmacist workforce in Ireland. Pharmacists are highly trained healthcare professionals who possess a unique blend of clinical expertise, medication knowledge and patient care skills. 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. 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 pharmacist workforce in Ireland, encompassing aspects such as demographics, education, practice settings, roles, responsibilities, opportunities and challenges. This report presents a data driven view of the current state of the pharmacist workforce, identifying emerging trends, and offering insights into potential strategies for optimising workforce utilisation and addressing evolving healthcare needs.

For the purposes of this report, it should be noted that a patient-facing pharmacist⁵ is defined as one that provides care directly to a patient and/or any pharmacist whose work has an impact on patient care. 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 as of 1 September were invited to take part in the 2025 Pharmacy Workforce Survey.

The survey was circulated for completion between 1 September and 30 September 2025, receiving 812 responses to Section 1 and 609 responses to Section 2. At the time of the survey, there were 7,766 pharmacists registered with the PSI. The email was received by 7,727 pharmacists*, which translates to a response rate of 10.5% and 7.8% for Section 1 and Section 2 respectively. The data held on the PSI register was the primary data source. This allowed for the validation of findings from the survey and ensured that the data was representative of the pharmacist workforce.

Survey Objectives

01

Seek to understand where and how pharmacists are working (types of roles, hours per week)

02

Establish the proportion of the register of pharmacists working in a locum capacity

03

Measure satisfaction with current career and report on this by role type

04

Measure opinions on future developments

05

Assess intention to stay in current or similar role or to change roles in the foreseeable future

06

Gather opinion on governance roles

07

Analyse and report on any significant differences based on gender, age and location

*Registrants are responsible for providing and maintaining up-to-date contact details on the PSI register. This figure indicates approximately 39 email addresses were invalid or were unable to accept the email sent.



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Survey Methodology, Design and Limitations

Survey Methodology, Design and Limitations

Phase 1: Survey Planning

The initial stage of survey planning involved developing a modular survey structure, enabling future adjustments without disrupting the overall design. The project team from Grant Thornton reviewed key findings from previous reports, including the Workforce Intelligence Report 2023, the Pharmacy Workforce Survey Analysis Report 2023, and the Survey of the Register Report 2024. All information was collated to refine the survey's focus on pharmacy workforce challenges.

The team also worked continuously with the PSI to identify suitable areas of research. This collective information was used to refine the survey scope before developing specific topics or questions. The EU Survey platform was selected for its full compliance with GDPR requirements, ensuring participant data privacy and security. Minimum response thresholds were set for each cohort to ensure the sample reflected the wider pharmacy workforce. This approach prioritised robust data collection and high-quality analysis. Concurrently, a detailed project plan was finalised, outlining key milestone delivery dates.

The team collaborated with the PSI to develop a mitigation strategy in case of low engagement. Minimum response thresholds were identified for each cohort to ensure the survey's statistical significance and representativeness. This planning approach helped to ensure robust data collection, high quality analysis and a strong final output.

Key Elements and Deliverables:

- Reviewed key reports and experience gathered from previous years
- Identified all project research areas
- Established milestone targets for the survey

Phase 2: Survey Design and Build

Once the survey requirements were fully understood, the PSI provided a question databank that could be customised to reflect the challenges facing the pharmacy workforce. The databank was treated as a living document, structured under two sections. Each question was reworked in close collaboration with the PSI to ensure accuracy and relevance. The ALERT* system was applied to guarantee every item was fit for purpose. The survey was built in the EU Survey platform, utilising branching logic so that different pharmacist cohorts (as defined by the PSI register) were only presented with questions relevant to them.

The survey was intentionally designed in two distinct parts: The first section captured demographic and operational data, with the option for participants to complete identifiably or anonymously. The second section focused exclusively on sentiment and was anonymous to encourage honest and unbiased feedback. To maintain this separation, the two sections were connected only through a secure link that appeared on the completion page of Section 1. This approach ensured that participants could transition seamlessly to the sentiment section without compromising anonymity, while still allowing us to gather comprehensive insights across both data sets.

After initial internal testing, the Grant Thornton team also conducted external testing with the PSI paying special attention to branch points, given their critical impact on overall survey flow. This rigorous approach ensured complete oversight of question appearance and respondent routing before final circulation.

Key Elements and Deliverables:

- Gathered requirements for survey questions, logic and design from the PSI
- Agreed the sampling methodology and approach

**ALERT: A quality assurance framework designed to ensure Accuracy, Legitimacy, Evidence, Relevance, and Transparency in all outputs. It is applied to verify that each item meets defined standards and is fit for purpose.*

Survey Methodology, Design and Limitations

Phase 3: Data Gathering

Before distributing the survey, the team determined the minimum acceptable response rate threshold by reviewing previous Pharmacy Workforce Surveys and comparator surveys. Factors such as the number of questions, overall complexity, and target audience were considered to establish the required completion rate.

A robust communication strategy was developed to maximise participation, including the frequency of reminder emails, highlighting the survey's value and providing estimated completion times. Regular progress reports were issued to the PSI throughout the period the survey was live. A link to the survey on the EU Survey Platform was issued to all pharmacists registered in Ireland as of 1 September 2025. We distributed targeted email reminders to superintendent pharmacists of major pharmacy chains as well as to recently graduated pharmacists. These communications emphasised the importance of completing the survey to ensure comprehensive and representative insights across different levels of professional experience and organisational structures. Once the survey closed, on 30 September, the data was prepared for analysis.

Key Elements and Deliverables:

- Determined minimum response rate threshold
- Developed detailed communication plan
- Agreed deadlines for responses
- Monitored and managed survey progress
- Closed the completed survey

Phase 4: Data Analysis

The team analysed two distinct data sources from Section 1 and Section 2 to identify emerging trends and shifts in opinion within the pharmacy workforce. These sources included the 2023 and 2024 Pharmacy Workforce Surveys, the PSI Register, and relevant external data. Particular attention was paid to the qualitative feedback, which required deeper thematic analysis.

To tackle this, the team employed NVivo, a qualitative data analysis software, to code and categorise long form responses, distilling them into concise, actionable bullet points. This approach allowed organisation, coding, and thematic identification in text or unstructured data such as survey comments and open-ended responses. It enabled systematic categorisation and thematic analysis to uncover patterns and insights. Once the qualitative insights were charted, a full statistical analysis of the quantitative data was conducted.

Illustrative graphs and charts were generated to visualise key metrics. Combined, these analyses illuminated the principal trends and issues affecting pharmacists forming a clear evidence base for recommendations and strategic planning.

Key Elements and Deliverables

- Sourced and collated data from the 2022/2023/2024 Pharmacy Workforce Surveys, Survey of the Register Report 2024 and the PSI Register as of September 2025.
- Conducted thematic analysis of qualitative feedback using NVivo
- Performed statistical analysis and generated visualisations
- Synthesised key trends and issues for informed decision making

Phase 5: Report Generation

The project team drafted a comprehensive report. Two primary review rounds were facilitated with the PSI team. The first draft was submitted for feedback, and comments were integrated into a second draft. Final sign off was obtained from PSI. Following report completion, a two page infographic was developed to visualise key results and recommendations in a high quality, publishable style.

Key Elements and Deliverables:

- Draft report with structured sections
- Consolidated feedback from the PSI review
- Revised report incorporating PSI input
- Final report delivered and approved by PSI
- Presentation of findings to the PSI project team and stakeholders

Survey Methodology, Design and Limitations

Limitations

The 2025 Pharmacy Workforce Survey had a response rate of 10.5%, compared with 18% in 2024, 12% in 2023 and 18% in 2022. While the findings from this Pharmacy Workforce Survey provide valuable insights into the current state of the pharmacy profession in Ireland, it is important to acknowledge several limitations that may impact the generalisability and reliability of the results.

Response Bias: The response rate may introduce response bias, as the views of those who chose to participate in the survey might differ 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.

Communication with Superintendents of Large Community Pharmacy Chains: The direct engagement with superintendents of major community pharmacy chains/groups may have influenced the composition of responses. While this approach was intended to increase overall participation, it likely resulted in a disproportionate number of responses from pharmacists employed by these groups. This imbalance could skew the findings, as the perspectives and challenges faced by these pharmacists may differ from others. Consequently, the survey results may over represent issues relevant to community practice in larger pharmacy chains, while underrepresenting those from smaller chains or independent pharmacies.

Two Part Design: The survey was structured into two distinct sections, the first focused on capturing register data, and the second gathered sentiment-based feedback. Although this design aimed to ensure anonymity and encourage candid responses, it introduced the risk of participant drop off between sections. Some respondents may have completed the initial demographic section (Section 1) but opted not to proceed to the sentiment section (Section 2), reducing the completeness of the dataset.

This fall-off could limit the depth of analysis, particularly when linking demographic characteristics to sentiment trends, and may affect the robustness of conclusions drawn from the sentiment data.

Reduced Statistical Power: With the response rate, the statistical power of the analysis may be compromised making it difficult to draw significant conclusions.

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.

As this report is part of an ongoing series of Workforce Survey Reports, comparisons have been made with the findings of previous surveys where appropriate. However, these comparisons are not direct, as it cannot be guaranteed that the same individuals responded to each survey, and some questions or answer options have changed over time. It should also be noted that not all data fields on the PSI register are mandatory. As a result, some information gaps exist. Where possible, data from completed sections was used to address these gaps.

To evaluate the reliability of the survey results, we calculated 95% confidence intervals for the proportions of respondents in each section, as shown in Table 1 below. These intervals suggest that the observed proportions are statistically robust and likely reflective of the broader population.

Table 1: 95% Confidence Intervals

Section	Respondents	Response Rate (%)	95% Confidence Interval
1	812	10.51	9.80% – 11.22%
2	609	7.88	7.29% – 8.47%



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Survey Findings

Survey Findings

Table 2: Overview of Report Structure

Sections	Theme
<p>1. Demographics and Work Characteristics</p>	<ol style="list-style-type: none"> 1. Demographics 2. Pharmacist Qualifications 3. Pharmacist Practice 4. Hospital Pharmacists 5. Community Pharmacists 6. Supervising Pharmacists
<p>2. Sentiments to Recent Changes and Evolutions in Pharmacy</p>	<ol style="list-style-type: none"> 1. Areas of Development 2. Professional Development and Staying Up to Date 3. Opinions on Role Expansion and Professional Identity 4. Pharmacists who do not work in Patient Facing Roles 5. Workforce Patterns, Working Conditions, and Employment Benefits 6. Locum Work Patterns and Preferences 7. Time Allocation Across Key Pharmacy Tasks 8. Barriers to Providing Good Patient Care 9. Governance Roles: Participation, Satisfaction, and Barriers 10. Priorities for Enhancing Patient Care and Safety 11. Professional Value, Wellbeing and Future Directions



Survey Findings

Section 1: Demographics and Work Characteristics

Survey Findings

Section 1

Introduction

This section presents the demographic trends shaping the pharmacy profession, shedding light on the current workforce composition and highlighting any notable shifts or disparities that may exist, see Table 3.

Survey Responses

- 7,766 pharmacists were registered with the PSI at the time of the survey; and
- 812 pharmacists* responded out of 7,766 on the PSI register (10.5% response rate).

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

Table 3: Demographic Trends

Key Indicators	PSI Register Data	Proportion (%) of total PSI register (7766 pharmacists**)	Survey Response Numbers	Proportion Percentage of Pharmacist Respondents (812)	Survey Response Rate (per cohort)
Community	5595	72%	537	66%	10%
Hospital	1180	15%	120	15%	10%
Qualified in Ireland	3788	49%	462	57%	12%
Qualified outside of Ireland	3978	51%	342	42%	9%
Age group: >36	2650	34%	202	25%	8%
Age group: <35	5116	66%	603	74%	12%
Gender: Male	2666	34%	253	31%	9%
Gender: Female	5100	66%	552	68%	11%
Patient Facing	6775	87%	645	79%	10%
Non-Patient Facing	991	13%	131	16%	13%

* The 812 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.

** total number of registered pharmacists as of 1 September 2025.

Survey Findings

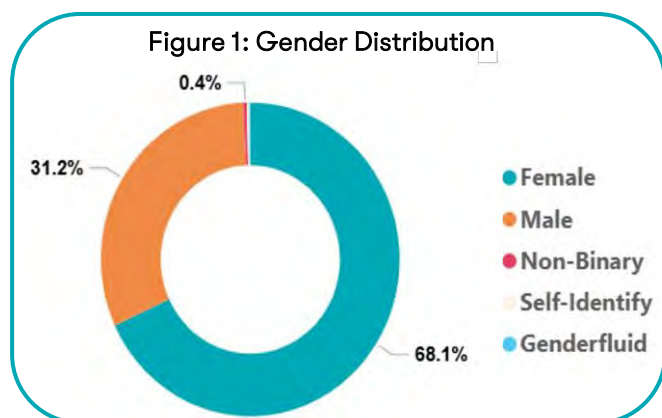
This section primarily examines the demographic profile of survey respondents, focusing on age, gender and geographic location. It also explores the main areas of pharmacy practice.

Respondents were directed to answer detailed questions about community or hospital pharmacy only if they indicated that they worked primarily in, or occasionally located within, those specific settings. This approach ensured that the data collected for each practice area was relevant and accurately reflected the experiences of those actively engaged in those environments.

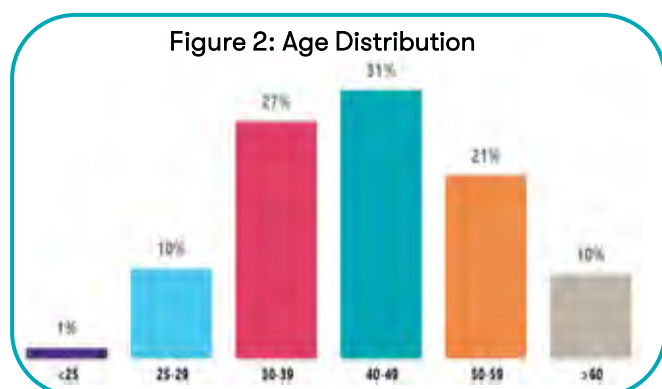
1. Demographics

Gender and Age Distribution

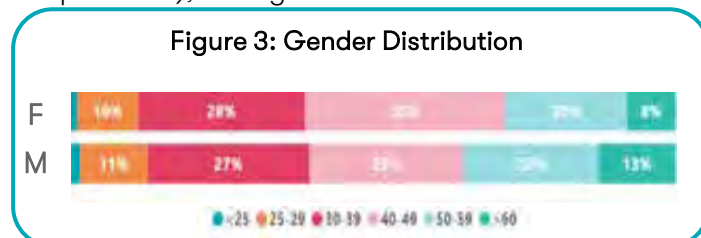
The gender breakdown of survey respondents was examined and compared with data held on the PSI register. Most survey respondents were female (68%) and males represented the next largest cohort (31%). Non-binary, genderfluid, and self-identify made up 0.4% of respondents with the remaining (0.3%) choosing not to disclose, see Figure 1. The gender breakdown of survey respondents aligns closely to that of pharmacists on the PSI register as of 1 September 2025 (female 65%, male 34%)



The highest age distribution bracket of respondents was 40-49 years at 31%, with over 60% of respondents above the age of 40, see Figure 2.

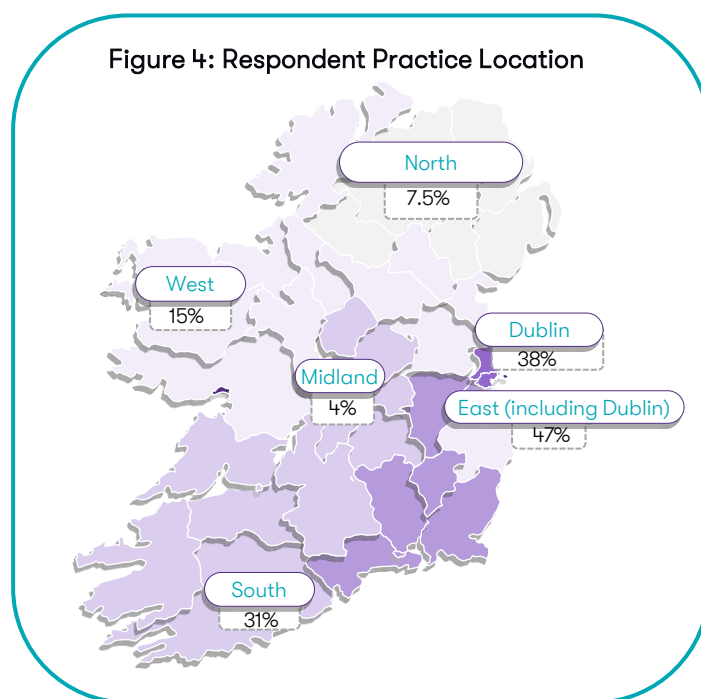


The largest demographic group by age and gender was females aged 40-49 (33% of female respondents), see Figure 3.



Geographic Location

Respondents reported practising in all regions of Ireland, with representation from both urban and rural settings. As per Figure 4, the largest proportion of pharmacists reported working in Dublin (38%).



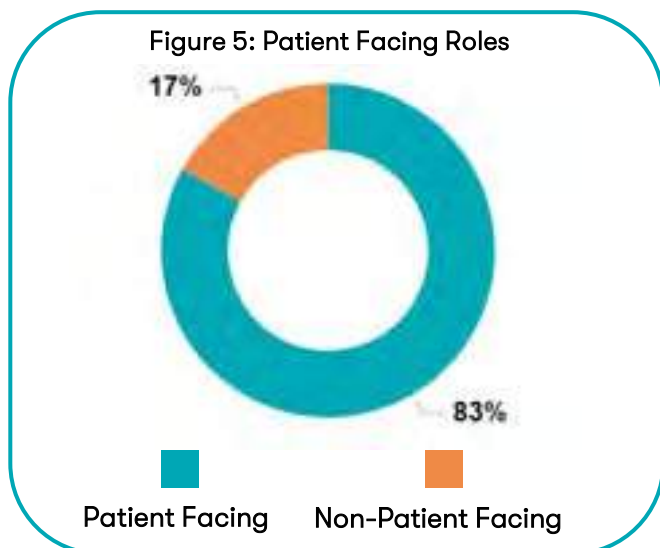
2. Pharmacist Qualifications

The majority of respondents received their qualification in Ireland (57%), with Great Britain, (24%) and Northern Ireland (6%), also significant qualification locations. EU/EEA Member States accounted for 10%, and non-EU/EEA Member States (excluding the UK) for 3%. Among EU/EEA countries, notable locations include Italy, Hungary, Poland, Portugal, Romania, and Spain. For non-EU/EEA countries, qualifications were obtained in places like Australia, India, New Zealand, Pakistan, Philippines, South Africa, and the United States.

Survey Findings

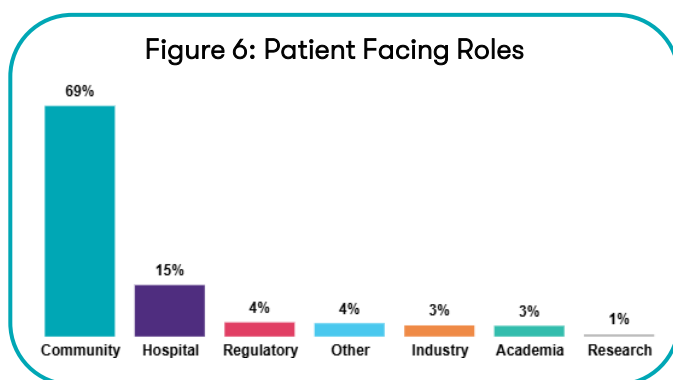
3. Pharmacist Practice

The survey distinguished between patient-facing and non-patient-facing roles, see Figure 5. The results show that the majority of respondents, 83%, identified as working in patient-facing roles, while 17% respondents reported working in non-patient-facing roles.



Primary Practice Area

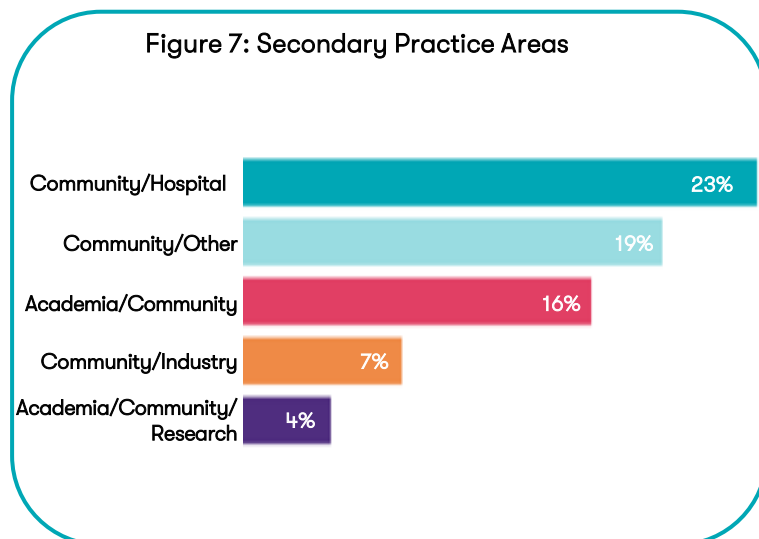
Respondents were asked to indicate their primary area of pharmacy practice, as per Figure 6. The majority (69%) work in Community Pharmacy with 15% reporting to work in Hospital Pharmacy. Regulatory and other were both identified by 4% of respondents.



While there was some uneven distribution of roles when segregated by gender, it was not deemed to be statistically significant overall within the available data.

Secondary Practice Areas

A significant number (52%) of respondents reported working in more than one setting, either through locum work or holding multiple roles. As per Figure 7, Community/Hospital (22%), Community/Other (19%) and Academia/Community (16%) were the top three dual practice areas identified.



The remainder of respondents who specified when answered 'other:' worked in a variety of different industries/practices such as drug treatment services, vaccination clinics, addiction services, publications and media, GP practices, consulting and clinical writing.

Primarily Employed by the HSE

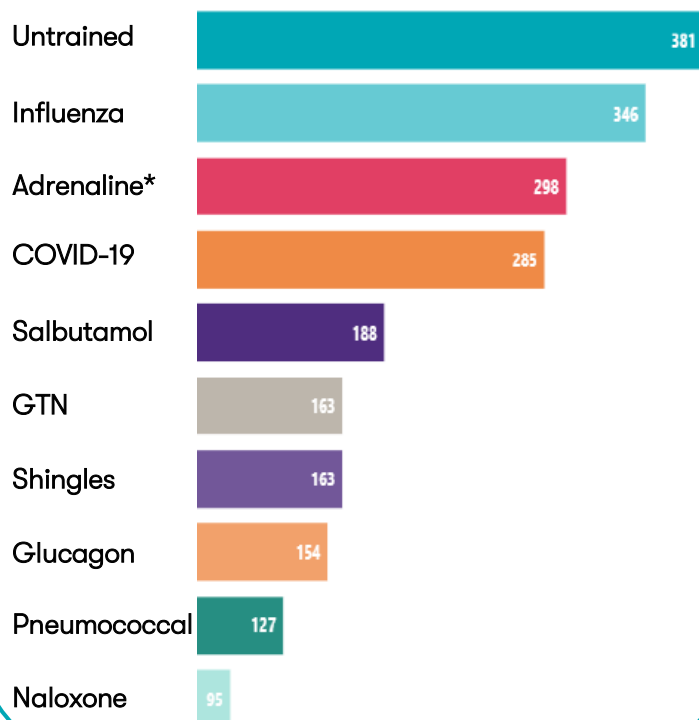
14% of respondents were primarily employed by the HSE.

Training to Provide Vaccinations and Emergency Medicines

Respondents were asked whether they are trained to provide specific vaccinations or emergency medicines (see Figure 8). Nearly half of respondents (47%) reported that they are not trained to provide any vaccinations or emergency medicines. Among those trained, the most common competencies were administering influenza vaccinations (43%), Covid-19 vaccinations (35%), and adrenaline administration (37%). Other notable areas of training included administering salbutamol (23%), shingles vaccines (20%), GTN (20%), and Glucagon (19%). Less frequently reported were the administration of pneumococcal vaccinations (16%) and Naloxone (13%).

Survey Findings

Figure 8: Pharmacist Training



*Please note, all pharmacists who are certified to provide any vaccination service receive training in adrenaline as part of the overall skills programme. The phrasing of this question may have caused confusion when asked to select which of the following they are 'trained to provide'.

Additional Vaccinations and Emergency Medicines

Respondents were asked whether they would like pharmacists to deliver additional vaccinations or emergency medicines beyond those currently provided. The majority (64%), indicated that they do not wish to see any expansion in this area.

Table 4: Preferences for Further Vaccination or Emergency Medicine Areas

Vaccination	Percentage of Mentions (%)
Travel Vaccines	33%
Other Vaccines (Chickenpox, Hepatitis, Tetanus, etc.)	15%
HPV Vaccine	12%
General Support for Expansion	11%
Emergency Medicines	7%
Minor Ailments / POM Medicines	6%
RSV Vaccine	6%
Childhood Vaccines	5%
Vitamin B12	4%

However, 26% of respondents expressed interest in pharmacists delivering additional services, suggesting potential demand for expanded clinical roles. Among respondents who indicated interest in pharmacists delivering additional vaccinations or emergency medicines, several recurring themes emerged. The number of mentions of each respective vaccination area per respondent is highlighted in Table 4.

Travel Vaccinations: This was by far the most frequently mentioned category, including vaccines for typhoid, rabies, yellow fever, and other travel immunisations.

Childhood Vaccinations: Many respondents suggested catch-up programmes for MMR and full primary immunisation schedules.

HPV Vaccination: A significant number highlighted HPV as a priority for expanded pharmacist delivery.

Emergency Medicines: Buccolam for seizures, adrenaline for anaphylaxis, naloxone for opioid overdose and aspirin for cardiac emergencies.

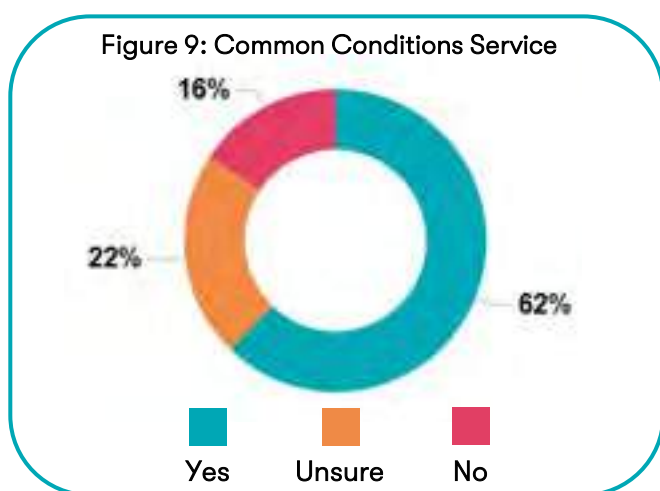
Additional Services: Some respondents proposed minor ailment schemes, antibiotic prescribing under structured protocols, vitamin B12 injections, whooping cough for pregnant women and depot contraceptive administration.

General Support for Expansion: Several responses expressed openness to pharmacists aligning with GP vaccination schedules.

Survey Findings

Plans to Undertake Training for the Common Conditions Service

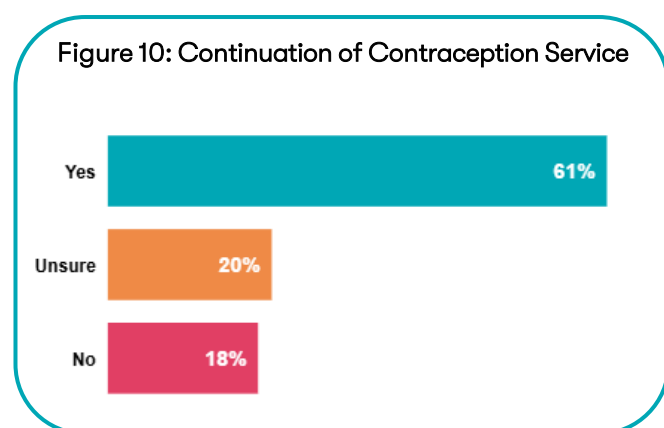
At the time of the survey, the development of the Common Conditions Service and Contraception Service, as recommended by the [Expert Taskforce to Support the Expansion of the Role of Pharmacy](#)⁶ was underway, with a planned launch for 2026. The majority of respondents (62%) indicated that they intend to complete the training, as per Figure 9. A smaller proportion (16%) stated that they do not plan to undertake the training, while 22% of respondents were unsure.



Among those who answered “No” or “Unsure,” analysis revealed five recurring themes. The most common reason, cited by approximately 58% of respondents, was role relevance, with many indicating the service does not apply to their current setting, such as hospital or non-patient-facing roles. Concerns about workload and time constraints accounted for around 23%, reflecting fears of adding responsibilities to already high-pressure environments. Issues related to remuneration and resources were mentioned by roughly 11%, highlighting the need for fair compensation and employer support. Uncertainty and lack of information represented about 9%, with respondents requesting clearer details on training and implementation. Finally, career stage and future plans were noted by approximately 3%, including those nearing retirement or transitioning away from patient-facing roles.

Plans to Undertake Training for Continuation of Contraception Service

Respondents were asked whether they plan to undertake the necessary training to provide the Continuation of Contraception Service, once available. The majority of respondents (61%) indicated that they intend to complete the training, as per Figure 10. A smaller proportion of respondents (18%) stated they do not plan to undertake the training, while 20% were unsure. Among those who answered “No” or “Unsure”, to whether they plan to undertake the necessary training to provide the Continuation of Contraception Service the reasoning mirrors that of the Common Conditions Service. Respondents cited largely the same concerns: role relevance (particularly for those in hospital or non-patient-facing roles), workload and time constraints, need for clear remuneration and resources, and uncertainty around training and implementation. Responses relating to both services emphasised that without adequate support—such as staffing, financial incentives, and clear guidance—taking on additional responsibilities would be challenging. Career stage considerations (e.g., retirement or role changes) were also mentioned in both cases, underscoring that successful adoption of either service depends on addressing these shared barriers.



Survey Findings

4. Hospital Pharmacists

Respondents were asked to indicate which role(s) they hold in their hospital pharmacy work. The most common role was Senior Pharmacist, reported by 53%, followed by Chief II Pharmacist (15%), with the breakdown of roles indicated in Figure 11.

Specialist Practice Areas in Hospital Pharmacy

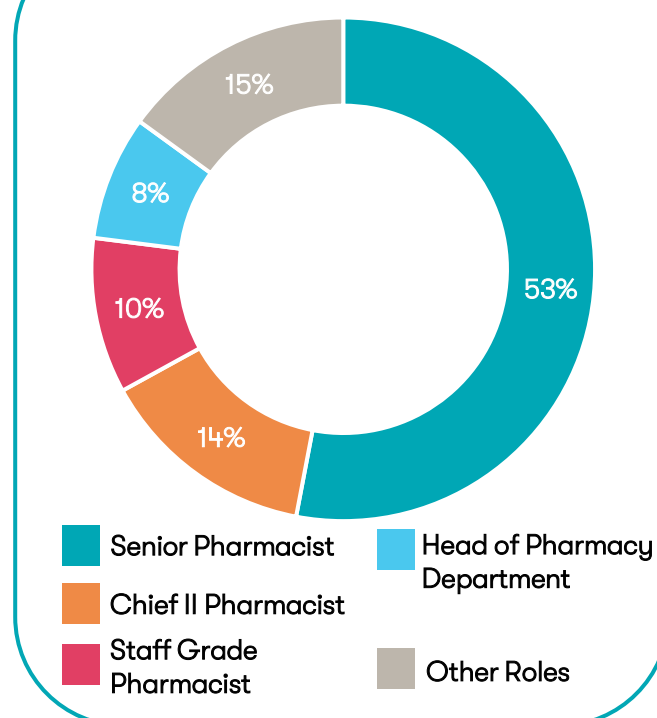
Respondents were asked whether they practise in a specialist area within hospital pharmacy. One in ten indicated that they work in a specialist area. Among those who specified their area of specialisation, a wide range of advanced clinical and technical roles were highlighted as summarised in Table 5. The most frequently mentioned areas include:

Table 5: Specialist Practice Areas

Specialty / Area	Frequency of Mentions
Antimicrobial Stewardship	20
Oncology	19
Mental Health	12
Critical Care / ICU	6
Palliative Care	6
Education / Research	6
Paediatrics / Neonatal	5
Other Specialties	28

These responses demonstrate the breadth of expertise within hospital pharmacy, with many pharmacists working in highly specialised clinical domains that support complex patient care pathways. The emergence of advanced specialist grades in areas such as medication safety, antimicrobial stewardship and paediatrics reflects the evolving scope of hospital pharmacy practice.

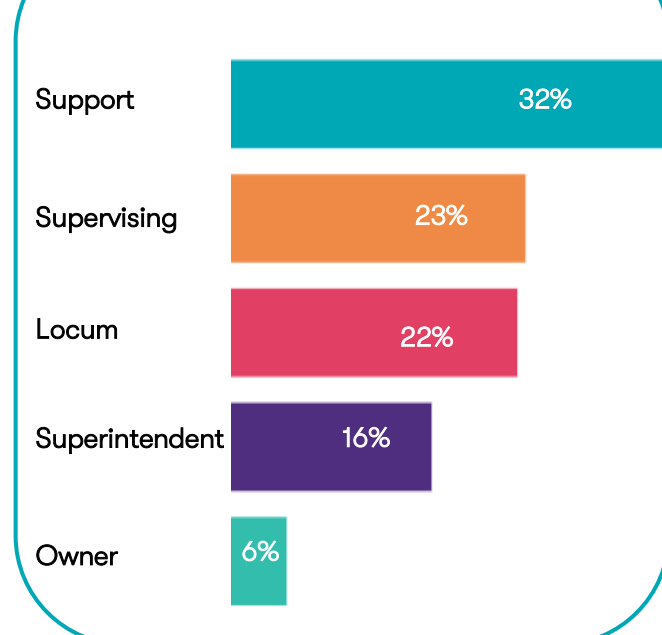
Figure 11: Hospital Pharmacist Roles



5. Community Pharmacists

Respondents were asked to indicate which role(s) they hold in community pharmacy practice. The most frequently reported role was Support Pharmacist, cited by 32% respondents, followed by Supervising Pharmacist, 23%, and Locum Pharmacist 22%. A full breakdown of roles is depicted in Figure 12 below.

Figure 12: Community Pharmacist Roles



Survey Findings

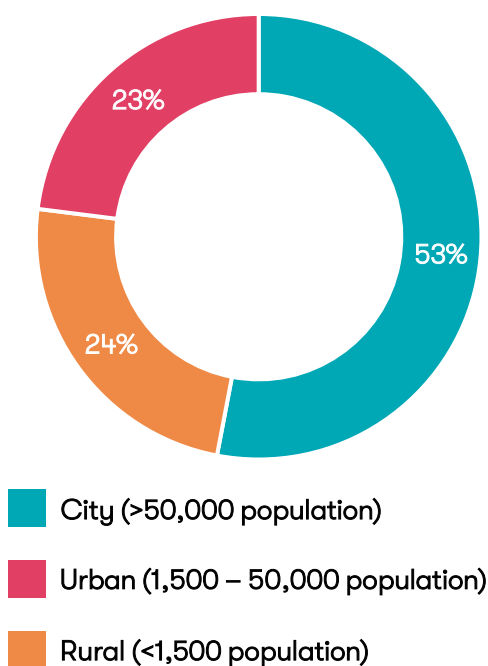
6. Supervising Pharmacists*

Supervising Pharmacists were presented with additional questions to provide further insights into the pharmacies for which they are responsible.

Pharmacy Location Type

The majority of Supervising Pharmacist respondents shared their pharmacy is located in a city (53%), with 24% in rural locations and 23% in urban settings, as per Figure 13.

Figure 13: Community Pharmacy Locations



Pharmacy Type

Table 6 indicates the type of pharmacy in which supervising pharmacist respondents currently work.

Table 6: Pharmacy Type

Pharmacy Type	% of Respondents
Single Outlet	47%
Group (including symbol group) or chain with 2–5 outlets	27%
Group (including symbol group) or chain with 6–19 outlets	13%
Group (including symbol group) or chain with 20+ outlets	21%

Accessibility for People with Disabilities

Among those who answered, 96% reported their pharmacy is accessible, while 4% indicated it is not.

Pharmacy Statistics

To gather more detailed insights into how each pharmacy is run and collect information on workforce workload, Supervising Pharmacists were asked about their pharmacy's Opening Hours (Table 7), Prescription Volume (Table 8), and Pharmacist Cover (Table 9).

Table 7: Opening Hours

Opening Hours	% of Respondents
<40 hours	2%
40–49 hours	24%
50–59 hours	56%
60–69 hours	8%
>70 hours	7%

Table 8: Prescription Volume

Prescription Volume (items per day)	% of Respondents
0–99	8%
100–199	29%
200–299	36%
300–399	23%
>400	8%

Table 9: Pharmacist Cover

Double Pharmacist Cover	% of Respondents
Never	41%
Less than half of opening hours	22%
Half of opening hours	11%
More than half	18%
Always	7%

Pharmacy Teams

Pharmacy Technicians are present in 93% of responding pharmacies, and additional OTC team members in 94%, with most providing support for the majority of opening hours. Registered Pharmaceutical Assistants were employed in 2% of pharmacies.

*A pharmacist with three or more years of post-registration experience who is in whole-time charge and is responsible for the day-to-day operation of the pharmacy. A supervising pharmacist can only act in this role for one pharmacy.

Survey Findings

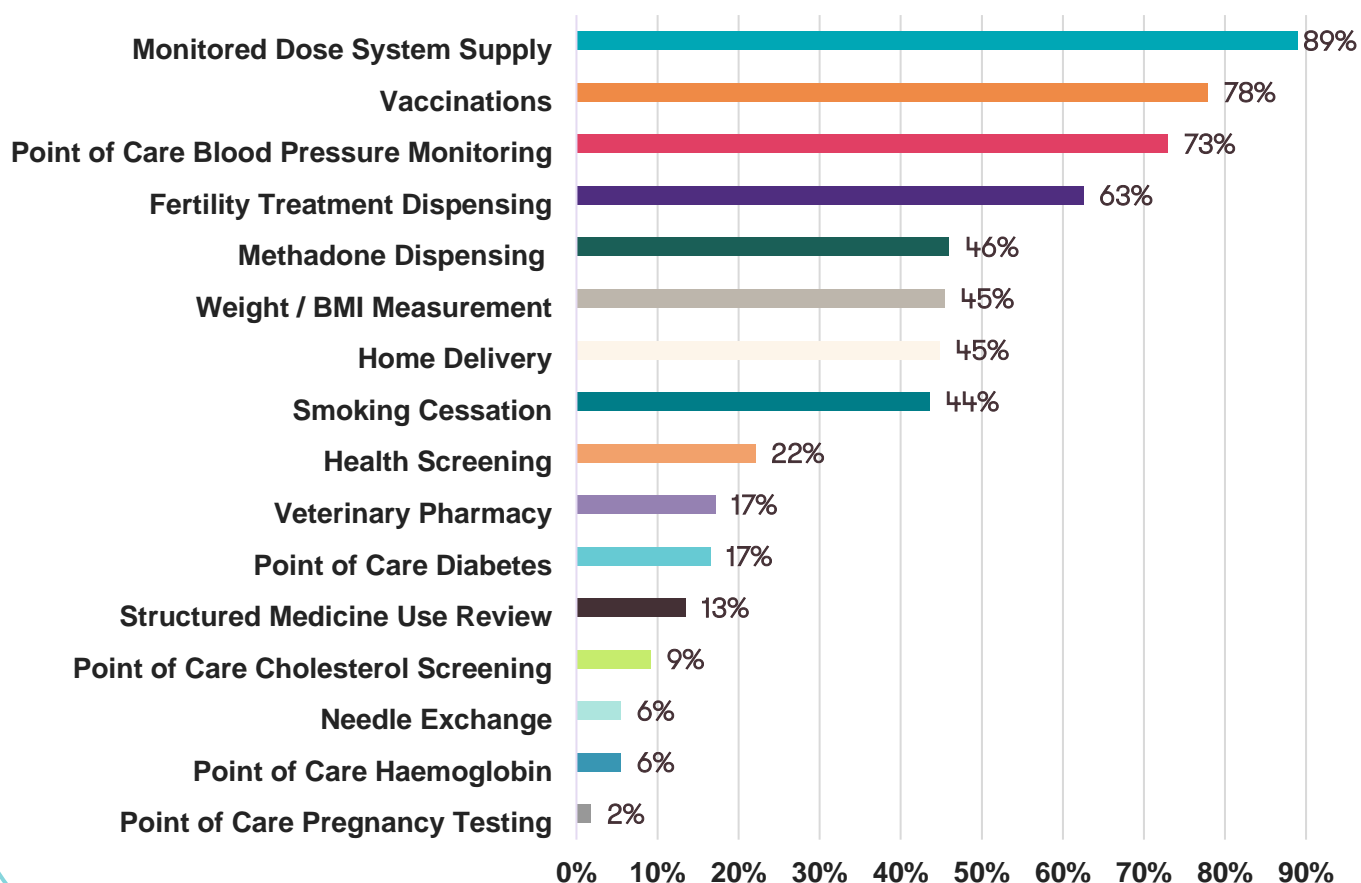
Pharmacy Services Offered

Community Pharmacies offer a wide variety of services as indicated in Figure 14 below. Monitored dosage systems (89%), vaccinations (78%) and blood pressure monitoring (73%) were the most widely offered services, with fertility treatment dispensing (63%) and methadone dispensing (46%) completing the top five services offered by the respondents respective pharmacies.

Student Placements

Supervising Pharmacists were asked about their willingness to take on pharmacy students during their 2nd, 4th, and 5th year placements. Overall, there was little variation in terms of interest to take on a pharmacy student in relation to their MPharm programme year. Typically, 62% of pharmacists would offer student placements while 38% would not.

Figure 14: Pharmacy Services Offered





Survey Findings

Section 2: Sentiments to Recent Changes and Evolutions in Pharmacy

Survey Findings

Section 2

Section Two was accessed via a completion link embedded in Section One, resulting in a respondent pool of 609 individuals (down from 812 respondents in Section One). This linkage led to variations in response rates and altered percentage distributions when compared to Section One, due to the differing sample sizes.

1. Areas of Development

The survey results reveal a strong and consistent appetite among pharmacists for strategic development across multiple dimensions of practice. These priorities reflect both the evolving healthcare landscape and the profession's readiness to embrace expanded roles in patient care. Respondents were asked to rank seven key areas, and the distribution of top ranked priorities provides valuable insight into which areas the profession sees the greatest need for progress (Table 10).

Table 10: Areas of Development

Rank	Area of Development	% Ranked as Top Priority	Key Insight
1	Appointment of a Chief Pharmaceutical Officer	31%	Strongest priority, reflects desire for leadership within the Department of Health.
2	Governance and Staffing Guidance	27%	Emphasis on safe staffing levels, skill mix standards, and protected rest periods.
3	National Strategy for Pharmacy	21%	Need for a clear vision defining pharmacy's role in integrated healthcare.
4	Expanded Clinical Scope	21%	Mid-tier support for broader clinical responsibilities in pharmacy practice.
5	Professional Leadership Body	18%	Indicates desire for coordinated advocacy and a unified professional voice.
6	ePrescribing Infrastructure	15%	Priority for digital transformation and streamlined prescribing processes.
7	Regulation of Pharmacy Technicians	Lowest overall (30% of respondents ranked this the lowest priority)	Perceived lower priority.

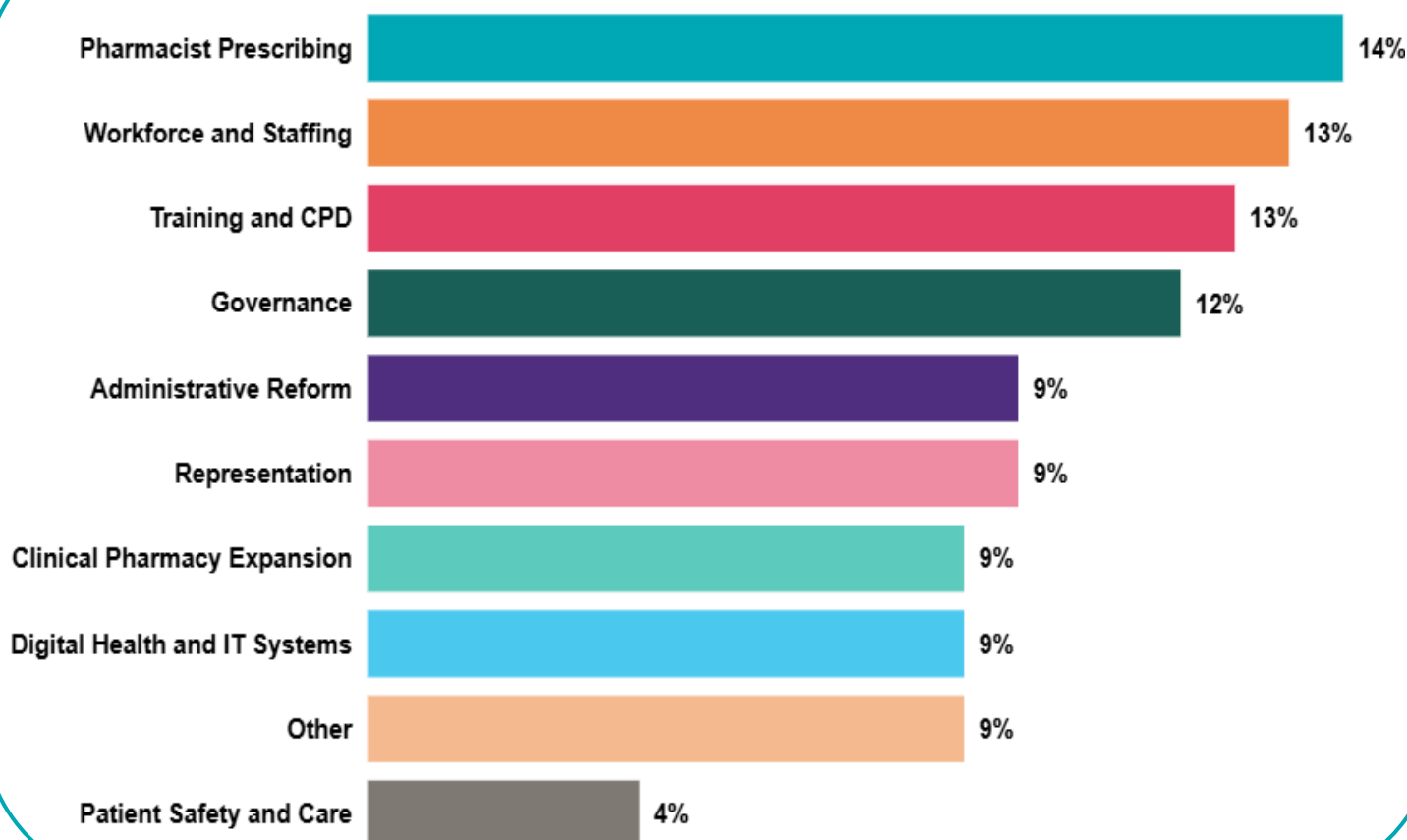
Survey Findings

Pharmacists' Perspectives on Future Development Areas

Figure 15 represents responses from pharmacists who were asked, via a free text box, what additional areas of development they would like to see in the pharmacy sector in Ireland. This visualisation captures the most frequently mentioned themes, reflecting the profession's evolving priorities. The chart highlights strong interest in areas such as digital integration, clinical training, public health services, and workforce sustainability.

These insights provide valuable direction for future workforce planning and policy development, ensuring that pharmacists are supported in delivering high quality, patient centred care. Notably, many responses emphasised the need for enhanced clinical training and prescribing rights, reflecting growing confidence in pharmacists' ability to manage patient care directly. Others called for better integration with digital health systems, improved public health initiatives, and reforms to support workforce sustainability such as protected breaks and clearer career progression pathways. These priorities align closely with recent policy shifts in Ireland.

Figure 15: Future Development Areas



Survey Findings

2. Professional Development and Staying Up to Date

To understand how pharmacists in Ireland maintain professional knowledge and stay informed about developments in their area of practice, respondents were asked to select all applicable methods from a list of options. The results reveal a strong preference for flexible, accessible learning formats (Table 11).

Table 11: Method of Staying Informed

Method of Staying Informed	Percentage of Respondents
Training courses (online)	70%
Short webinars on dedicated topics	70%
Reading journals/articles	63%
Discussions with other pharmacists/healthcare professionals	59%
Conferences/events (online)	50%
Conferences/events (in-person)	40%
Training courses (in-person)	31%
Undertaking research	20%

One respondent suggested an online forum for sharing current issues and webinars, citing *Pharmabuddy* as an example. This platform unaffiliated with the PSI or IOP but is used by pharmacists to post questions and receive responses from peers who have faced similar situations.

Access to Dedicated Time for Professional Development

When asked whether respondents are afforded dedicated time by their employer to undertake additional training, research, or other continuing professional development (CPD) activities, the majority of pharmacists indicated that they are not (Figure 16).

Practitioner Health Matters Programme (PHMP)

This confidential service offers medical care and psychological support to pharmacists and pharmaceutical assistants experiencing stress, burnout, mental health challenges, or substance misuse. When asked whether they were aware of the PHMP, only 34% indicated that they were (Figure 17).

Figure 16: Dedicated CPD Time

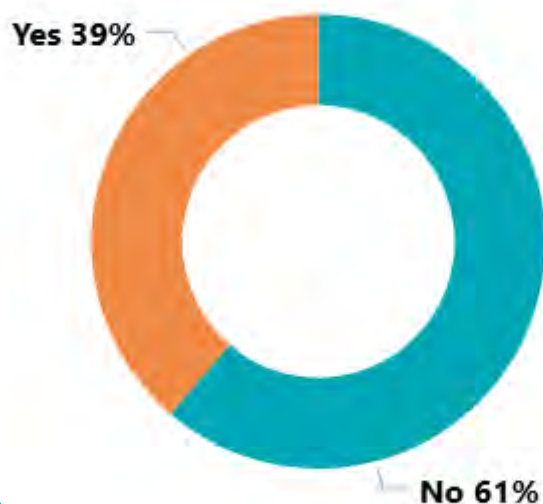
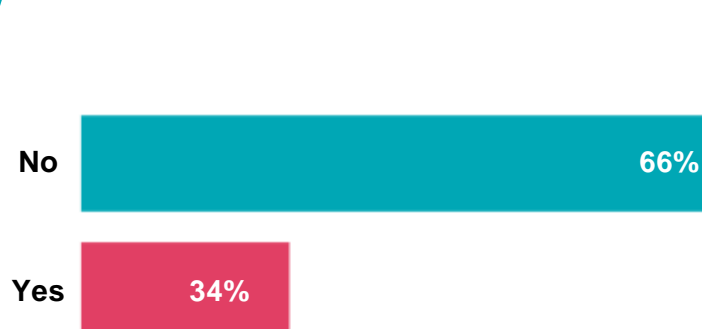


Figure 17: PHMP Awareness



Survey Findings

3. Opinions on Role Expansion and Professional Identity

Figure 18 below illustrates responses to a series of opinion-based questions regarding the evolving role of pharmacists in Ireland. These insights provide a clear picture of professional sentiment toward expanded responsibilities and identity within the healthcare system.

Capacity for Expanded Scope

- When asked whether the pharmacy profession has the capacity to accommodate an expanded scope of practice and take on additional services, opinions were mixed. While 60% disagreed, a combined 40% agreed or strongly agreed.

Meeting Career Expectations

- Responses to whether current experience meets expectations for the pharmacist role reveal a more positive outlook: 66% agreed, while 34% disagreed.

Desire for More Clinical Services

- A strong majority expressed interest in performing more clinical services, with 86% agreeing. Only 14% disagreed, underscoring a clear appetite for expanding pharmacists' clinical responsibilities.

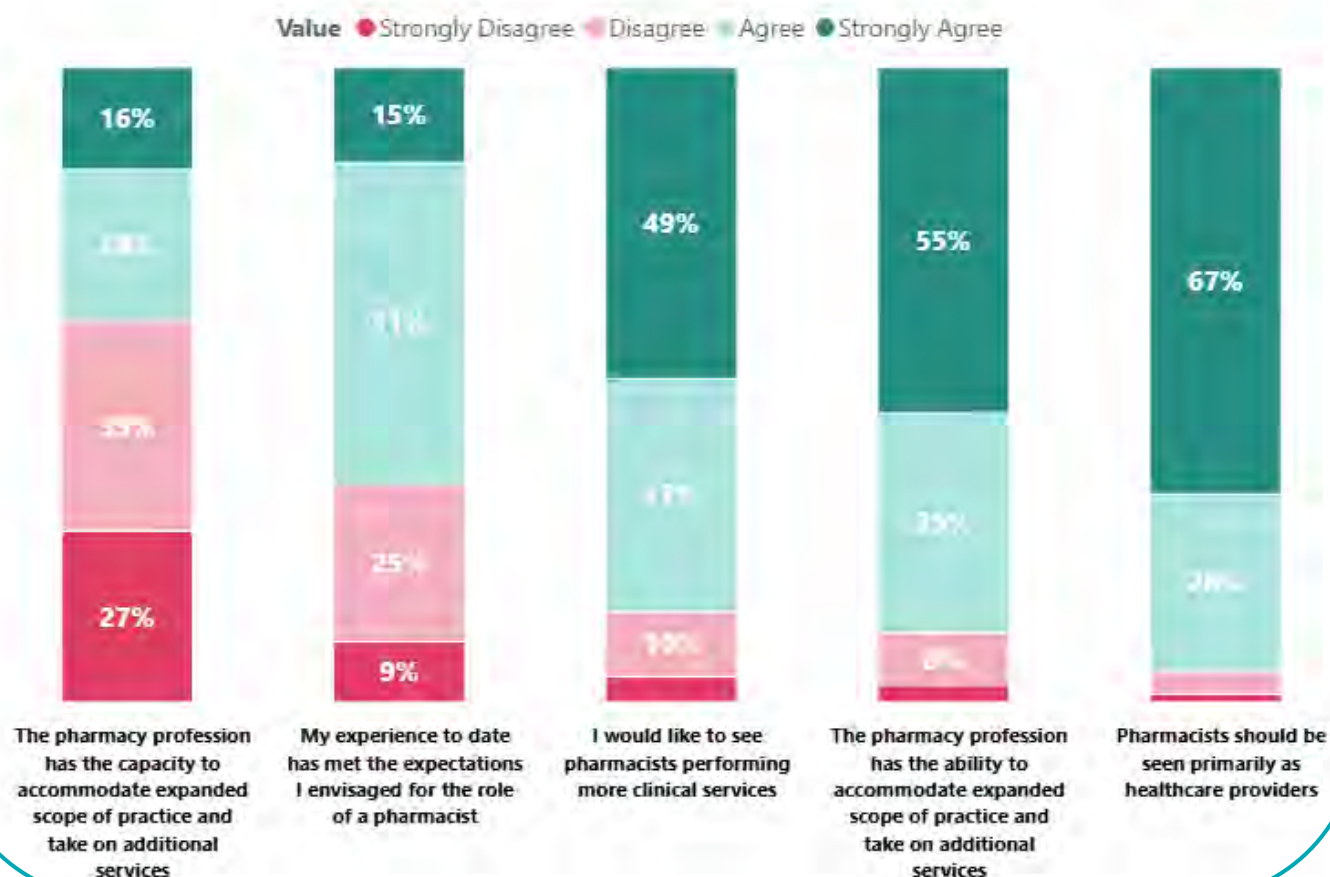
Ability to Accommodate Expanded Scope

- When asked about the profession's ability (as opposed to capacity) to accommodate expanded scope, confidence was higher: 90% agreed, with minimal disagreement at only 8%.

Pharmacists as Healthcare Providers

- The strongest consensus emerged around professional identity: 95% agreed that pharmacists should be seen primarily as healthcare providers.

Figure 18: Pharmacists' Opinions on Role Expansion and Professional Identity



Survey Findings

4. Pharmacists who do not work in Hospital or Community Pharmacy

Among respondents who confirmed that they do not currently work in either community or hospital pharmacy, additional questions explored their career history and future intentions. The data reveals that a notable proportion of these pharmacists have previously worked in patient facing roles, indicating a strong foundation of clinical experience within the non patient facing workforce.

This section of the survey was completed by 115 respondents who confirmed that they do not work in either community or hospital pharmacy. Of these, 97% reported having previously worked in hospital or community pharmacy, while 3% indicated they had never done so. When asked about future intentions, 18% stated that they plan to return to a patient-facing role in hospital or community pharmacy, 38% said they do not intend to return, and 48% indicated they might consider returning under certain conditions. Respondents who answered 'no' or 'maybe' to returning to a patient facing role in hospital or community pharmacy were asked to elaborate. The following reasons were shared:

- **Work-Life Balance:** Frequent mentions of family commitments, childcare, and long hours as barriers.
- **Working Conditions:** Lack of lunch breaks, understaffing, and stress cited as deterrents.
- **Career Satisfaction:** Industry roles praised for better support, flexibility, and opportunities for specialisation.
- **Patient Interaction:** Several respondents miss patient contact and would return if conditions improved.
- **Location and Circumstances:** Living abroad or health limitations affect decision.

The majority of respondents remain open to returning to hospital or community pharmacy under certain conditions, particularly if improvements in working conditions and flexibility are introduced. However, a significant proportion express satisfaction with their current roles especially those in industry highlighting better work-life balance and professional development opportunities outside traditional pharmacy settings.

All questions from this point on, were only answered by pharmacists who indicated that they work in either community or hospital pharmacy (including occasional/part-time locums). Consequently, the overall response count was reduced to 564 respondents for this section.

5. Workforce Patterns, Working Conditions, and Employment Benefits

Primary Pharmacy Type Among Respondents

The survey asked participants to identify the type of pharmacy that represents their primary workplace. The responses reveal a diverse distribution across different organisational structures:

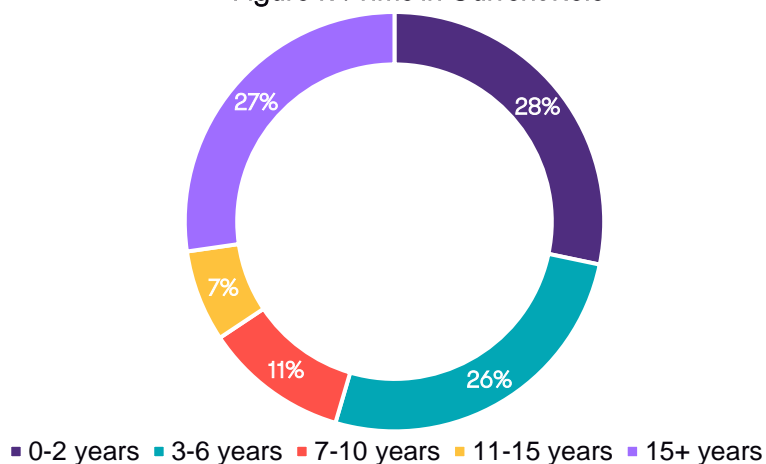
- **Single Outlet:** 43% work in standalone pharmacies, indicating that independent practice remains a significant component of the sector.
- **Group or Chain with 2–5 Outlets:** 24% are employed in smaller group or symbol chains, reflecting moderate consolidation.
- **Group or Chain with 6–19 Outlets:** 14% work in mid-sized chains, suggesting a smaller share of the workforce in this category.
- **Group or Chain with 20+ Outlets:** 19% are part of large chains, highlighting the growing influence of corporate pharmacy models.

Length of Time in Current Role

The data reveals a bimodal distribution of experience: A significant proportion (28%) are relatively new to their roles (0–2 years), suggesting recent recruitment or career transitions. Nearly the same proportion (27%) have been in their roles for 15+ years, indicating a core of highly experienced professionals who provide continuity and institutional knowledge.

Mid-career representation (3–10 years) accounts for 37%, while only 7% have between 11–15 years in their current role, as per Figure 19.

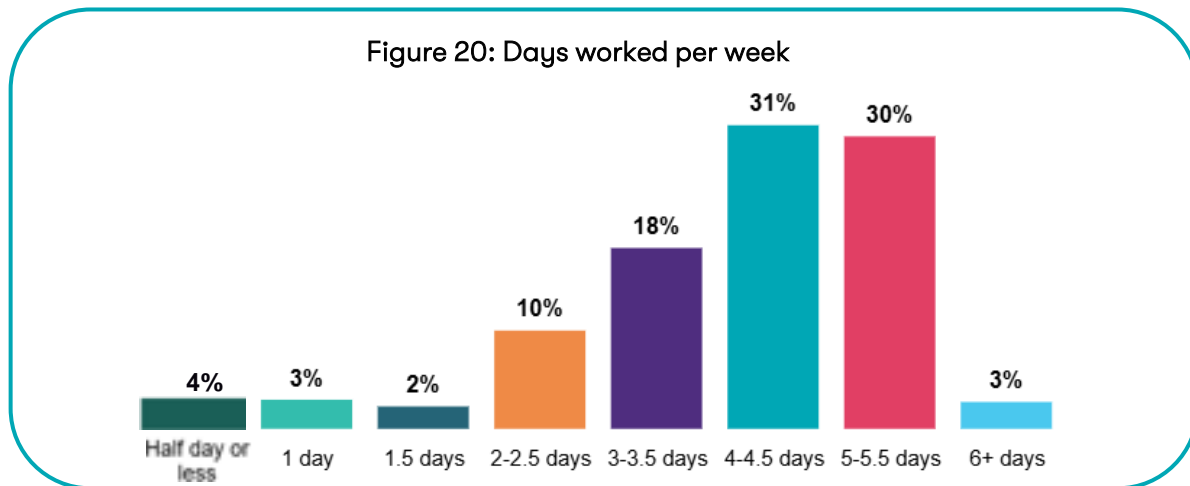
Figure 19: Time in Current Role



Survey Findings

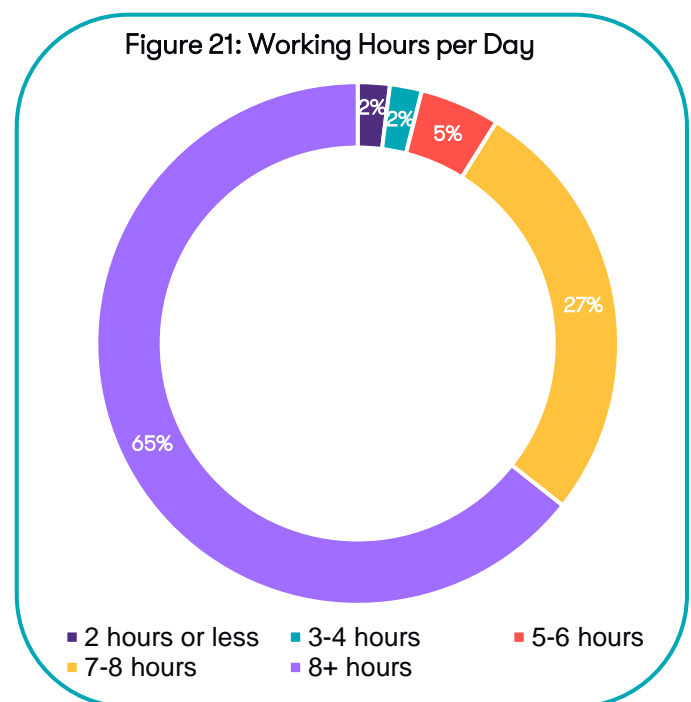
Days worked per week

As per Figure 20, the data shows that the majority of pharmacists work full-time, with 61% working between 4 and 5.5 days per week. A smaller proportion (18%) work 3–3.5 days, indicating some level of part-time engagement. Very few respondents work 6+ days (3%) or less than one day per week. Approximately 21% of respondents reported working part-time schedules, such as half days or between 1 and 2.5 days per week.



Working Hours

Figure 21 shows for pharmacists in patient-facing roles, a significant majority (65%) of respondents reported working 8 or more hours per day, while an additional 27% work 7–8 hours daily. This means that over nine in ten pharmacists (92%) work at least seven hours per day. In contrast, only 5% work 5–6 hours, and a very small proportion just 4% combined work 4 hours or less, indicating that shorter shifts or flexible arrangements are extremely limited. These findings suggest that long working hours are a structural feature of the profession, which may contribute to stress, fatigue, and challenges in maintaining work-life balance issues frequently highlighted in qualitative responses and linked to burnout concerns. The lack of flexibility is particularly relevant to earlier findings on career intentions, where respondents cited long hours and insufficient breaks as major barriers to returning to patient-facing roles.



Weekend Working Patterns

Table 12 highlights the extent of weekend work among pharmacists.

Hours, Days, and Weekend Work

When combined with earlier findings on weekly working days and daily hours, a clear picture emerges:

- **Long Hours:** 65% of pharmacists work 8+ hours per day.
- **Full-Time Commitment:** Over 61% work 4–5.5 days per week, with only a small minority working less than two days.
- **Weekend Workload:** Just under half work two weekends a month or more.

Table 12: Weekend Working Patterns

Frequency	Percentage
Yes – every weekend	11%
Yes – three weekends a month	4%
Yes – two weekends a month	33%
Yes – one weekend a month	14%
A few times a year	19%
I never work weekends	17%

Survey Findings

Protected Time for Lunch Breaks

Access to protected lunch breaks varied considerably. 33% of respondents reported always having protected time for lunch while 31% stated never having protected time for lunch and a further 36% indicated more variability in protected lunch breaks (13% having it more than half of the time, 7% half of the time, and 16% less than half of the time).

Working with Others in the Pharmacy

Table 13: Working with Other Pharmacists

Frequency	Percentage
Always	23%
More than half of the time	22%
About half of the time	8%
Less than half of the time	23%
Never	24%

Table 14: Access to Support Staff in the Dispensary

Frequency	Percentage
Always	51%
More than half of the time	19%
About half of the time	6%
Less than half of the time	8%
Never	17%

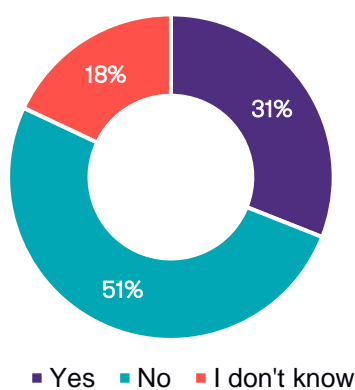
Table 15: Tutor/Preceptor to students

Response	Percentage
Currently a tutor/preceptor	12%
Not currently, but would consider	24%
Used to be, but no longer involved	16%
Do not act as tutor/preceptor	48%

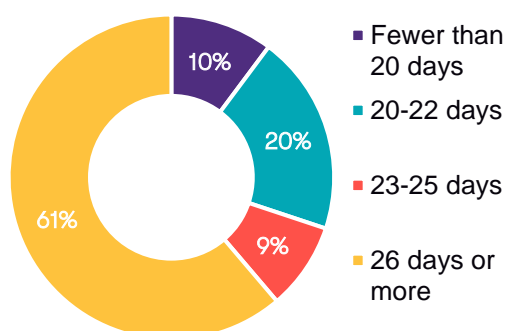
Employer Provided Benefits

The survey explored several key employer-provided benefits beyond statutory entitlements, including annual leave, sick leave, family leave, and pension schemes. The findings reveal significant variability across the the sector for those in patient-facing roles, with implications for workforce retention and job satisfaction. The data paints a picture of inconsistent employer support, with many pharmacists receiving only statutory minimums for leave and sick pay, and limited enhancements for family related benefits.

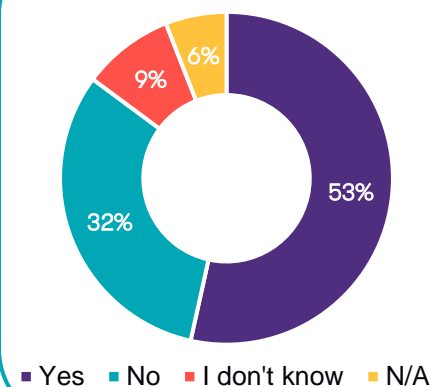
Paid Sick Leave (Beyond Statutory Entitlement)



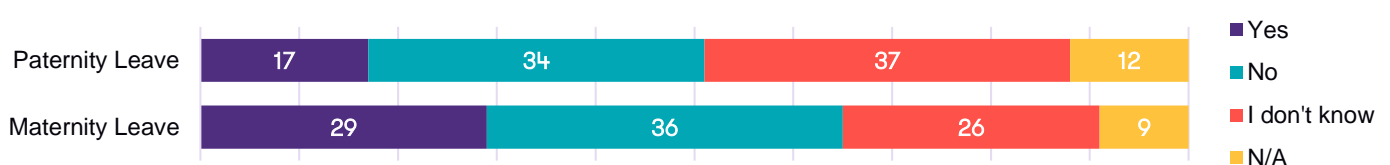
Annual Leave



Pension Schemes



Family Leave Support (supplemental payments)



Survey Findings

Pharmacist Vacancies

The survey examined the prevalence of pharmacist vacancies in respondents' workplaces over the past 12 months and whether vacancies remain unfilled at present. The findings highlight ongoing recruitment and retention challenges across the sector. See figures 22 and 23.

Figure 22: Vacancies in the Past 12 Months

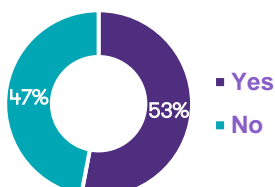
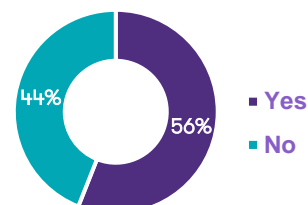


Figure 23: Current Vacancies



6. Locum Work Patterns and Preferences

The survey examined how often locum pharmacists are required, their likelihood of choosing locum work over permanent roles, and the typical frequency of locum shifts. These insights highlight workforce flexibility and the role of locums in sustaining service delivery. While 28% of workplaces never require locums, over 70% need locum support occasionally or regularly, with 18% requiring locums weekly. See Tables 16 and Figures 17.

Table 16: Frequency of Locum Requirements

Frequency	Percentage
Never	28%
Less than once a month	22%
1–2 times per month	20%
Once per week or more	14%
A few times per week	14%
Every day	4%

Table 17: Likelihood to choose locum work over a permanent role

Likelihood	Percentage
Very likely	36%
Likely	24%
Unlikely	18%
Very unlikely	22%

Figure 24: Locum Work Frequency per Week

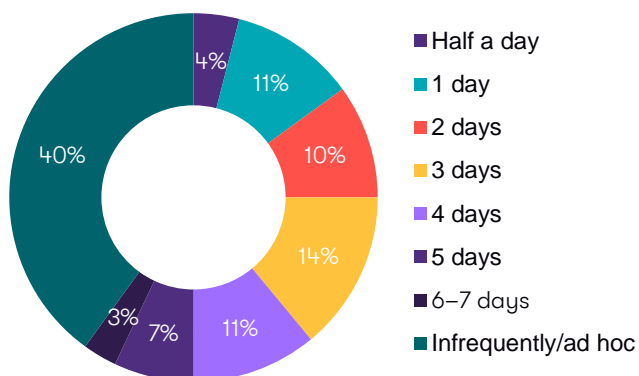
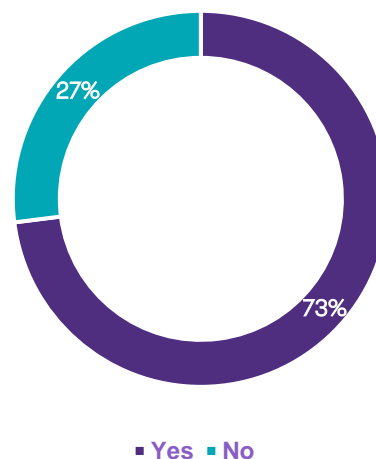


Figure 25: Participation in Locum Work



Survey Findings

Practice Areas for Locum Work

- **Community pharmacy:** 96% respondents
- **Hospital pharmacy:** 4% respondents

Locum work is overwhelmingly concentrated in community pharmacy, with minimal representation in hospital settings. This reflects structural differences in staffing models and the greater flexibility of community roles. The data highlights the critical role of locum pharmacists in addressing workforce shortages, particularly in community pharmacy.

Why People Choose Locum Work

The survey results highlight several key motivations for individuals opting for locum roles, see Figure 26.

• Additional Income

The most significant driver is financial gain, with **53%** identifying additional income as a key reason and another **30%** citing it as a contributing factor. This indicates that locum work is often pursued to supplement earnings or achieve greater financial flexibility.

• Flexible Working Hours

Flexibility stands out as the dominant non-financial motivator. An overwhelming **67%** consider flexible hours a key reason, while **20%** see it as a contributing factor. This suggests that control over scheduling is a major appeal for locum professionals.

• Varied Work Experience

Exposure to diverse environments and roles is also important, with **37%** marking varied work experience as a key reason and **39%** as a contributing reason. This reflects a desire for professional growth and adaptability.

• Building a Professional Network

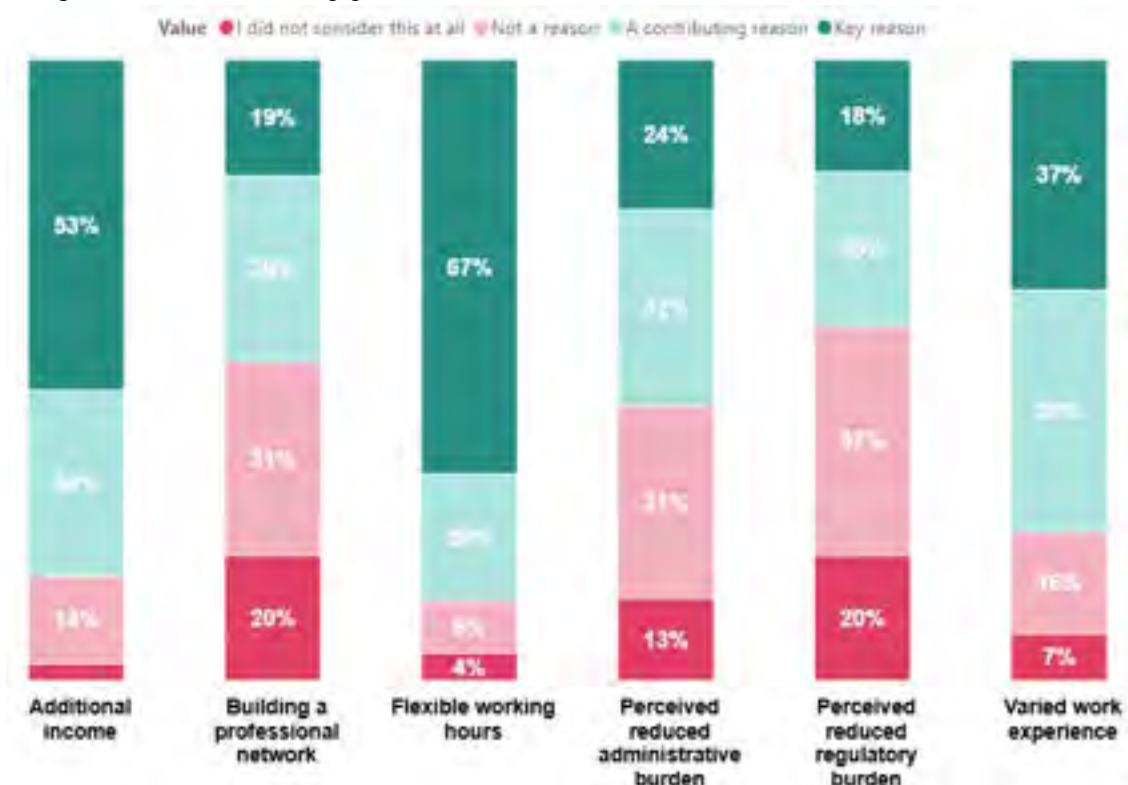
Networking is moderately influential: **19%** view it as a key reason, and **30%** as a contributing factor. While not the primary driver, it remains a notable benefit for career development.

• Reduced Administrative and Regulatory Burden

Administrative and regulatory considerations rank lower but still matter.

1. Reduced administrative burden: 24% key reason, 32% contributing reason.
2. Reduced regulatory burden: 18% key reason, 25% contributing reason.

Figure 26: Reasons Why you Choose to Work as a Locum Pharmacist



Survey Findings

7. Time Allocation Across Key Pharmacy Tasks

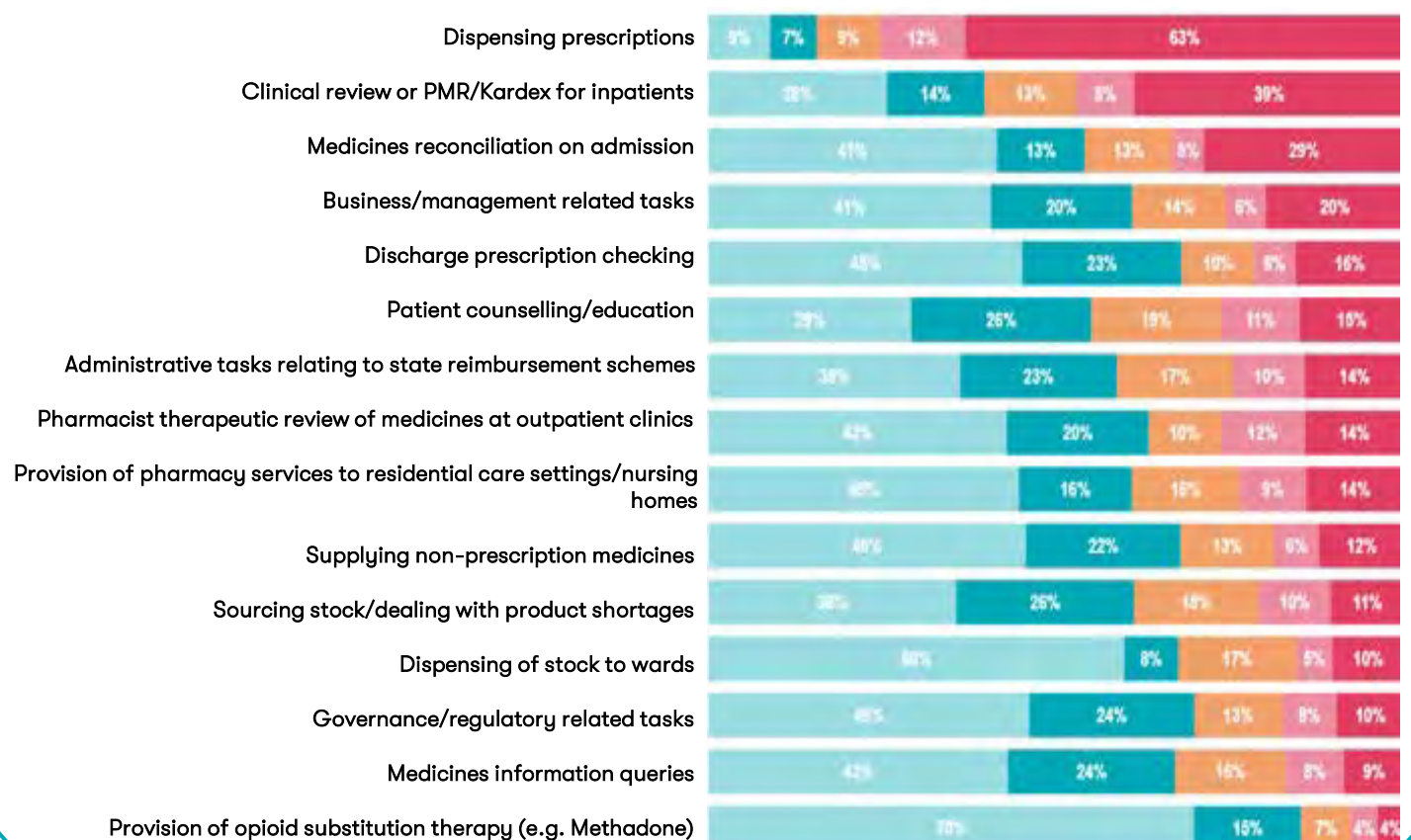
Figure 27 illustrates how pharmacists distribute their working hours across a range of professional activities. Responses were categorised into time bands: 2 hours, 4 hours, 6 hours, 8 hours, and 10+ hours per week.

- Dispensing Prescriptions**
 The most time intensive activity is dispensing prescriptions, with 63% of respondents spending 10+ hours and an additional 12% spending 6 hours weekly. This confirms that dispensing remains the core function in most pharmacy roles, despite growing expectations for clinical services.
- Patient Counselling and Education**
 While counselling is a critical component of patient care, time allocation is more modest: 29% spend 2 hours, and only 15% dedicate 10+ hours weekly. This suggests limited capacity for extended patient interaction, likely due to workload pressures.
- Clinical Services and Reviews**
 Activities such as clinical pharmacy services (e.g., vaccinations) and clinical review of PMR/Kardex for inpatients show mixed engagement.
- Administrative and Governance Tasks**
 36% spend 2 hours on reimbursement related tasks. 46% spend 2 hours on governance activities. These figures highlight the administrative burden that competes with clinical priorities.
- Business and Management Responsibilities**
 Around 41% spend 2 hours on business related tasks, reflecting the dual clinical commercial nature of community pharmacy roles.

The data highlights an ongoing challenge in balancing pharmacists' clinical ambitions with current workload demands. While many express strong interest in expanding patient-facing clinical services, a significant portion of their time is devoted to dispensing prescriptions, a core clinical responsibility, alongside other operational tasks. This allocation of time can constrain opportunities for broader clinical engagement and professional development.

Figure 27: Time Allocation Across Key Pharmacy Tasks

● 2 hours ● 4 hours ● 6 hours ● 8 hours ● 10+ hours



Survey Findings

8. Main Barriers to Providing Good Patient Care

The survey reveals that 96% of respondents experienced at least one barrier to delivering optimal patient care in the past year, as per Figure 28. The most significant barriers identified include:

1. Increased Workload and Pressure

- 60% of respondents cited a general rise in workload as the primary barrier. This reflects growing demands on pharmacists, driven by expanded clinical roles, vaccination programs, and administrative responsibilities.

2. Medication Shortages

- 59% reported medication shortages as a major obstacle. Global supply chain disruptions, manufacturing delays, and regulatory complexities have contributed to persistent shortages, impacting continuity of care.

3. Administrative and Regulatory Burden

- 44% highlighted time spent on PCRS reimbursement tasks, while 38% noted regulatory compliance duties as significant barriers.

4. Staffing Challenges

- Insufficient pharmacist staff (35%) and non-pharmacist staff (35%) were frequently mentioned. Workforce shortages exacerbate workload pressures and limit service capacity, particularly in high-demand periods such as flu season.

5. Communication Gaps

- 44% identified inadequate communication between healthcare professionals/services (HCPs), and 9% cited poor communication with patients. These gaps can lead to fragmented care, misunderstandings, and delays in treatment.

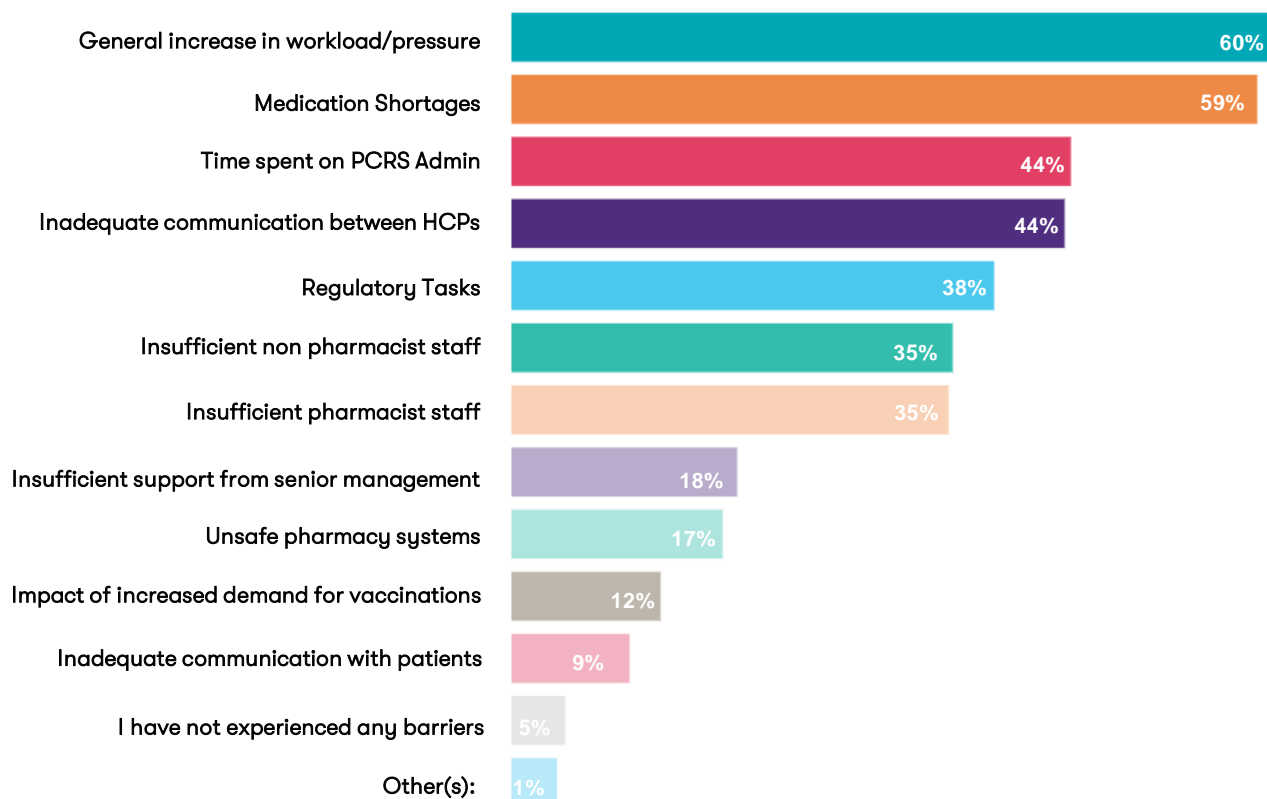
6. System and Training Issues

- 17% reported unsafe pharmacy systems or inadequate staff training on policies and procedures. These deficiencies increase operational risk and compromise patient safety.

7. Other Emerging Pressures

- Increased demand for vaccinations (12%) and insufficient support from senior management (18%) were also noted, indicating organisational and structural challenges.

Figure 28: Main Barriers to Providing Good Patient Care

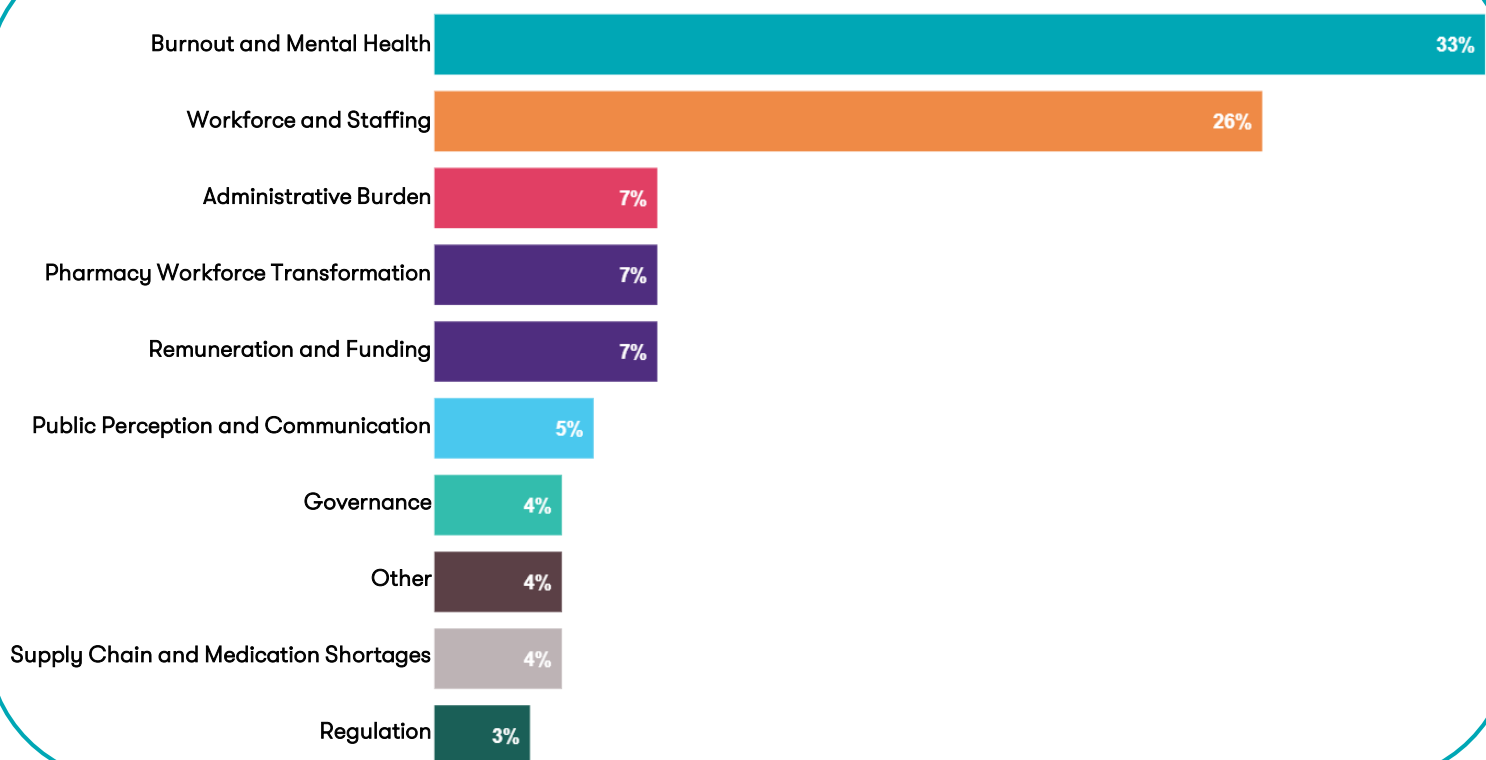


Survey Findings

Figure 29 presents data which originates from responses to a free text question in the survey. Participants were asked to share their views on the main challenges to providing patient care. These qualitative responses were subsequently analysed and categorised to identify recurring themes and group similar opinions. The resulting categories reflect pharmacists' perspectives on the most significant barriers to patient care.

The analysis highlights Burnout and Mental Health (33%) and Workforce and Staffing (26%) as the most frequently cited challenges, followed by issues such as Administrative Burden, Pharmacy Workforce Transformation, and Remuneration and Funding (each at 7%). Other concerns include Public Perception and Communication, Governance, Supply Chain and Medication Shortages, and Regulation, indicating a broad range of systemic and operational pressures impacting patient care. This categorisation provides valuable insight into the underlying factors affecting pharmacy practice and can inform strategies to address these challenges effectively.

Figure 29: Main Barriers to Providing Good Patient Care – Free Text



Awareness of the National Open Disclosure Framework and Patient Safety Legislation

The survey assessed respondents' awareness of the National Open Disclosure Framework and recent patient safety legislation. Among those who answered:

- Aware: 71%
- Not aware: 29%

The lack of awareness among nearly 30% of respondents suggests:

- A need for targeted education and training, especially for governance roles.
- Risk of noncompliance, with potential regulatory consequences.
- Opportunity for professional bodies and employers to embed open disclosure principles into everyday practice.

Survey Findings

9. Governance Roles: Participation, Satisfaction, and Barriers

- In a governance role: 37%
- Not in a governance role: 63%

Satisfaction in Governance Roles

- Satisfied: 61%
- Dissatisfied: 39%

When considering only those in governance roles, satisfaction appears mixed. While a majority of governance role respondents fall within the satisfied group, the notable proportion of dissatisfaction points to challenges such as workload, regulatory complexity, and resource constraints—issues echoed in other survey findings on barriers to patient care, see Figure 30 and 31 for further insights. The qualitative feedback provides valuable context to the quantitative findings, revealing both positive and negative experiences associated with governance roles. Responses were grouped into key themes:

Ability to Implement Work Practices

Many respondents expressed satisfaction with their ability to uphold standards and lead effectively:

- “I run a highly compliant pharmacy with well-trained staff.”
- “I am competent in dealing with issues that arise.”
- “Being a dispensary manager in a hospital is a good challenge; I can use my experience and expertise to shape the future of the service.”

Job Satisfaction and Career Progression

Despite challenges, some respondents expressed enjoyment and fulfilment:

- “I enjoy the responsibility.”
- “Demanding but rewarding.”
- “Natural progression.”

Administrative Burden

The most frequent concern was the excessive administrative and regulatory workload, which respondents felt detracted from patient care:

- “Administrative burden is too high.”
- “The amount of regulatory work required limits the time available for direct patient care.”
- “Huge working hours... I’m more of an administrator now, wasting time sourcing short stocks and doing paperwork.”

Lack of Support

Several respondents reported insufficient support from management or organisational structures:

- “Unrealistic expectations with insufficient support and autonomy.”
- “Not enough support from head office.”
- “Complete disregard to daily duties by the employer and constant micromanaging.”

Figure 30: Satisfied

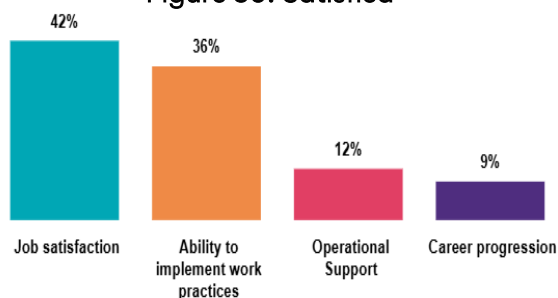
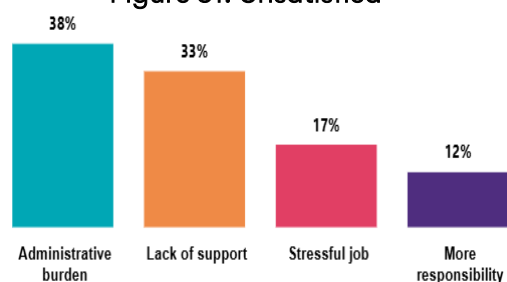


Figure 31: Unsatisfied



Survey Findings

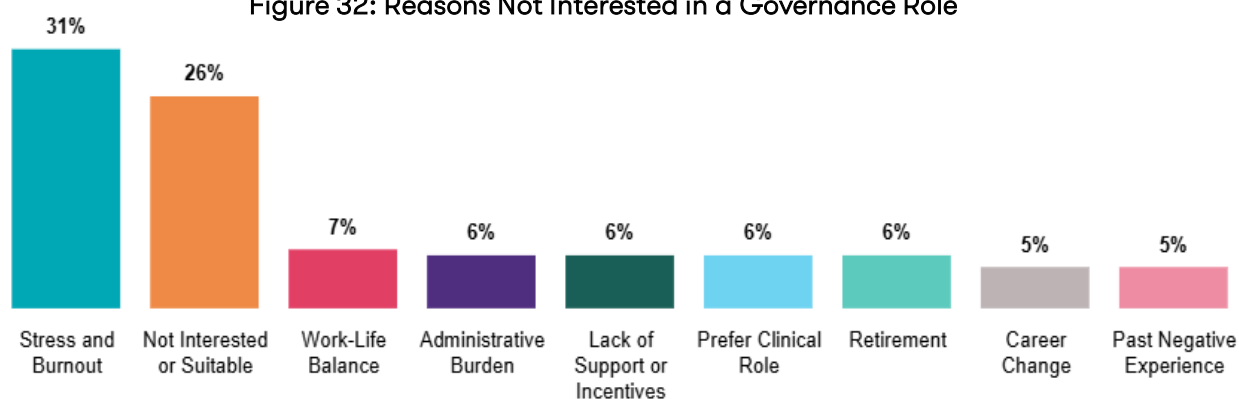
Stress and Responsibility

A recurring theme was the stress associated with governance roles, often compounded by staffing shortages and regulatory pressure:

- “Too many things to oversee whilst still doing everything else. Recipe for burnout.”
- “Too much responsibility for little reward.”
- “Fear of being ‘in trouble’ with the PSI for missing something.”

The data shown in this chart was derived from responses to a free text question asking pharmacists why they are not interested in taking on governance roles. These qualitative responses were analysed and thematically categorised to identify common themes and group similar opinions, see Figure 32.

Figure 32: Reasons Not Interested in a Governance Role



Perceptions of Governance Roles

All respondents in patient facing roles were asked to indicate their level of agreement with several statements relating to governance roles.

Knowledge and Awareness

- When asked if they feel sufficiently knowledgeable and aware of the responsibilities involved in a governance role, Agree (72%) accounted for the majority, indicating that many pharmacists feel reasonably informed.
- However, Disagree (18%) suggest a notable minority lack confidence in their understanding.

Attractiveness of Governance Roles

Perceptions of governance roles as attractive and aspirational were mixed.

- Agree (34%) expressed positive views, while Disagree (66%) dominated, highlighting a general lack of enthusiasm for governance positions.
- The analysis reveals that the most frequently cited reason is Stress and Burnout (31%), followed by Not Interested or Suitable (26%). Other notable factors include Work-Life Balance (7%), Administrative Burden (6%), Lack of Support or Incentives (6%), and a preference for Clinical Roles (6%).
- Additional reasons such as Retirement, Career Change, and Past Negative Experience were also mentioned, though less frequently.

Factors That Could Increase Appeal

Several potential changes were explored:

- Clearer roles and responsibilities: Agree (66%) suggest clarity would significantly improve appeal.
- Decreased administrative tasks: This was the most influential factor, with Agree (79%) indicating strong support.
- Dedicated training: Over half of respondents (Agree 73%) believe training would make governance roles more attractive.
- Peer-led support: Similarly, Agree (72%) show strong interest in collaborative support mechanisms.

Awareness of PSI Guidance on Governance Roles

Finally, awareness of the PSI Guidance on Pharmacy Governance Roles (published February 2024) was moderate, with 60% of those who answered aware of the guidance among those who answered.

Survey Findings

10. Priorities for Enhancing Patient Care and Safety

Respondents were asked to identify the single most important actionable change that should be made to improve patient care and safety within pharmacy, with feedback displayed in Figure 33. The analysis revealed that Workforce and Staffing emerged as the dominant theme, cited by 39% of respondents.

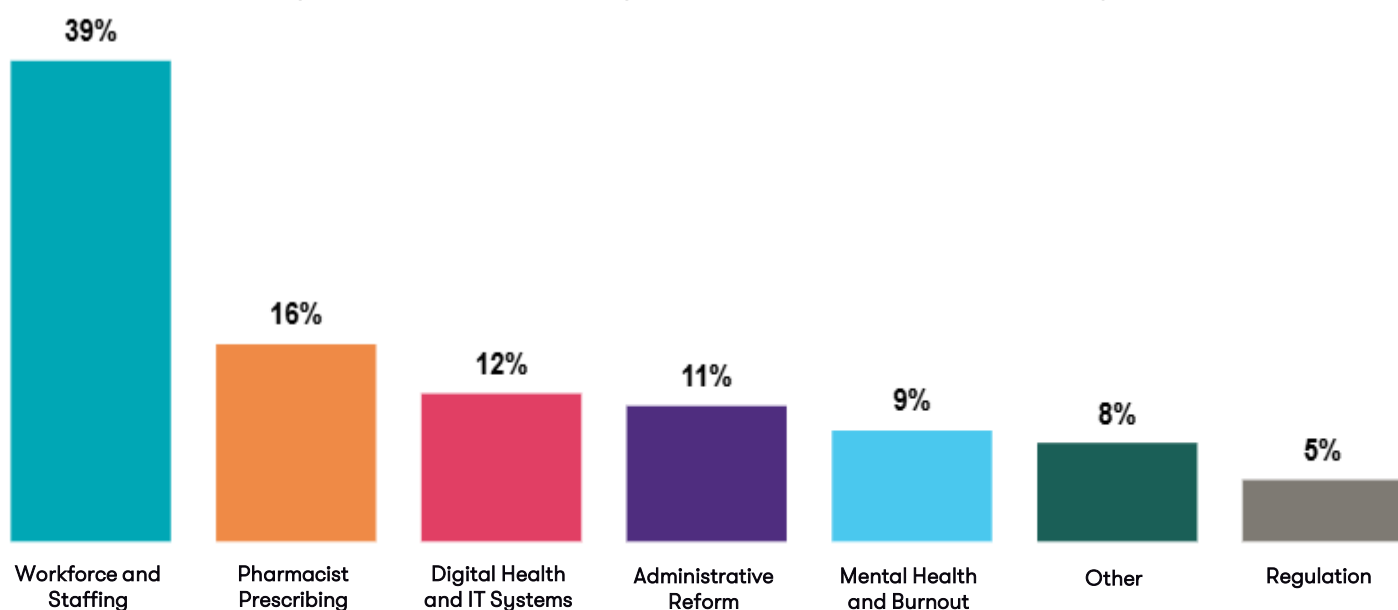
- “Mandatory staffing levels based on items dispensed.”
- “Two pharmacists on duty in every pharmacy.”
- “Increase staffing levels in pharmacies, provide regulated training, offer perks to keep existing staff, introduce protected lunch breaks.”
- “Adequate and sufficient properly trained staff across all levels of pharmacy practice.”
- “Safe staffing levels and appropriate breaks and rest periods.”

The second most common theme was Pharmacist Prescribing (16%), highlighting interest in expanding pharmacists’ clinical roles to improve service delivery.

Other notable areas for improvement included:

- **Digital Health and IT Systems (12%)** – emphasising the need for better technology integration to streamline processes.
- **Administrative Reform (11%)** – reducing bureaucratic tasks to allow pharmacists to focus on patient care.
 - “Reduce administrative burden to free up time for pharmacists and other staff.”
 - “Modernise the reimbursement process & the regulatory requirement for so much paper/admin.”
 - “Streamlining & transparency in the various schemes run by HSE.”
 - “Reduce PSI regulation.”
- **Mental Health and Burnout (9%)** – addressing workload pressures and supporting staff wellbeing.
- **Regulation (5%) and Other (8%)** – covering diverse suggestions such as policy changes and operational adjustments.

Figure 33: Actionable Change to Improve Patient Care and Safety



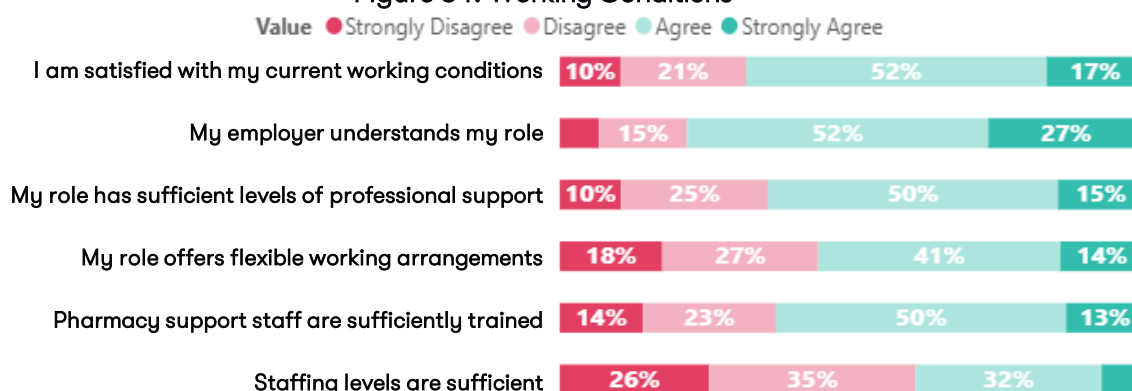
Survey Findings

11. Professional Value, Wellbeing and Future Directions

Working Conditions

As per Figure 34, survey results indicate generally positive perceptions in several areas, though some concerns remain. The majority of respondents (69%) reported satisfaction with their current working conditions, while 31% expressed dissatisfaction. Similarly, 79% agreed that their employer understands their role and responsibilities, with only 21% disagreeing. Nearly two thirds consider they have sufficient professional support in their role. More than half reported that their role offers flexible working arrangements. Training for pharmacy support staff was considered adequate by 63%, while 37% disagreed. Staffing levels emerged as the most significant issue, with only 39% agreeing they are sufficient, compared to 61% who disagreed.

Figure 34: Working Conditions

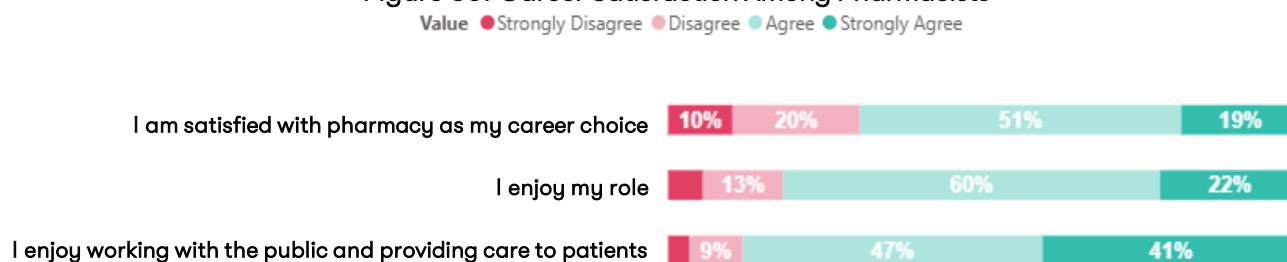


Career Satisfaction Among Pharmacists

Respondents were asked to indicate their level of agreement with statements relating to career satisfaction and results are highlighted in Figure 35.

- **I am satisfied with pharmacy as my career choice:** A majority expressed positive sentiment, with 70% agreeing. However, 30% disagreed, indicating that while most pharmacists are satisfied, a notable proportion question their career choice.
- **I enjoy my role:** This statement received strong support, with 82% agreeing, suggesting that pharmacists generally find their day-to-day responsibilities fulfilling.
- **I enjoy working with the public and providing care to patients:** Engagement with patients appears highly valued, with 88% agreeing, highlighting the importance of patient interaction as a source of professional satisfaction.

Figure 35: Career Satisfaction Among Pharmacists



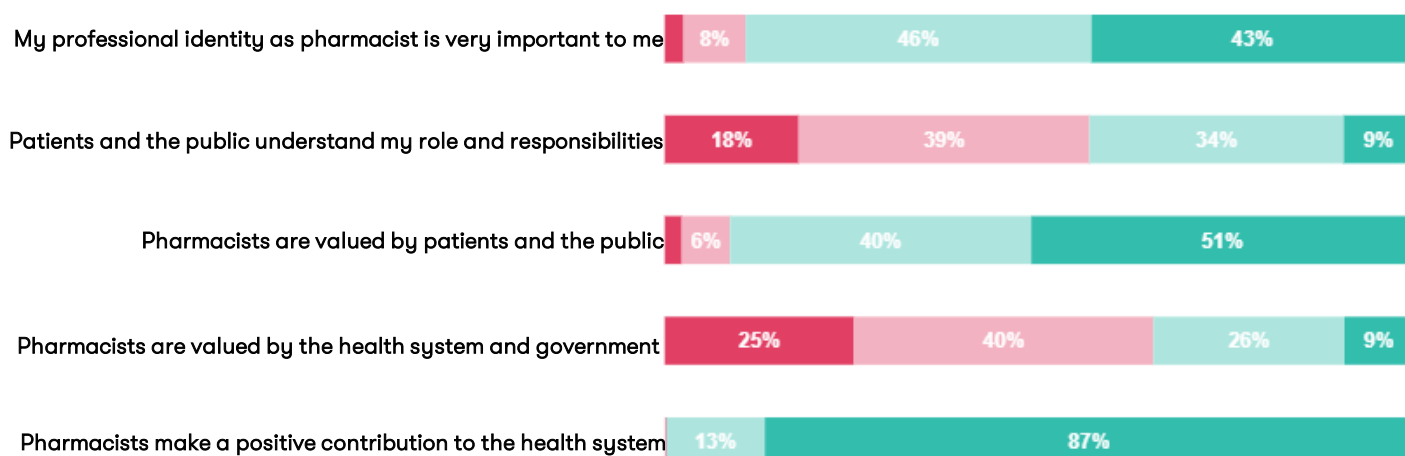
Survey Findings

Value and Recognition of Pharmacists

This section explores pharmacists' perceptions of their professional identity and the recognition they receive from patients, the public, and the health system. Respondents were asked to indicate their level of agreement with several statements, and the results are presented below in Figure 36.

- **My professional identity as a pharmacist is very important to me**
The vast majority expressed strong alignment with this statement, with 89% agreeing, underscoring the significance of professional identity within pharmacy practice.
- **Patients and the public understand my role and responsibilities**
Responses were more mixed here: more than half disagreed (57%), while 43% agreed.
- **Pharmacists are valued by patients and the public**
Positive sentiment was high, with 91% agreeing, indicating strong perceived value from patients and the public.
- **Pharmacists are valued by the health system and government**
Perceptions were less favourable in this area: only 35% agreed, while 65% disagreed, highlighting concerns about recognition at a system level.
- **Pharmacists make a positive contribution to the health system**
This statement received overwhelming support, with 99% agreeing, reflecting confidence in the profession's impact on healthcare delivery.

Figure 36: Value and Recognition of Pharmacists

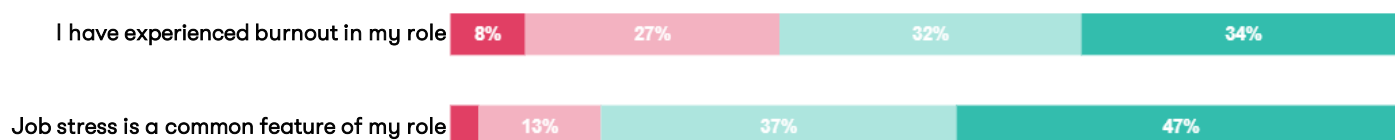


Stress and Burnout

A significant majority of respondents report job stress as a common feature of their role (84%), and two-thirds (66%) indicate they have experienced burnout, as per Figure 37.

Figure 37: Stress and Burnout

Value ● Strongly Disagree ● Disagree ● Agree ● Strongly Agree

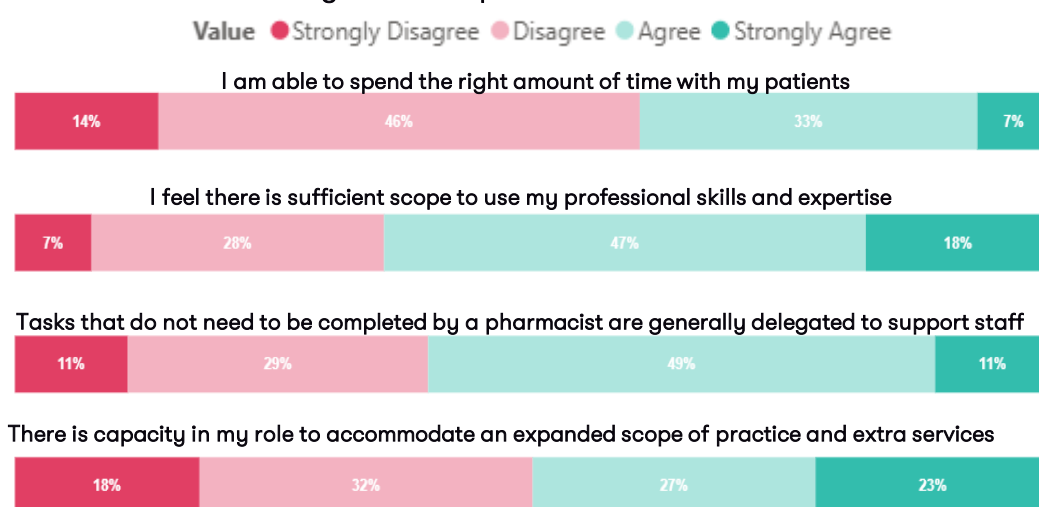


Survey Findings

Skills Utilisation

As per Figure 38, responses reveal mixed views on workload and capacity for expanded responsibilities. The majority of pharmacists (60%) disagreed that they can spend the right amount of time with patients, while only 40% agreed. Similarly, 35% felt there is insufficient scope to use their professional skills, though 65% agreed or strongly agreed. Task delegation appears somewhat positive, with 60% agreeing that non-pharmacist tasks are generally assigned to support staff, while 40% disagreed. When asked about capacity to accommodate an expanded scope of practice, opinions were divided: 50% agreed, while the remaining 50% expressed disagreement.

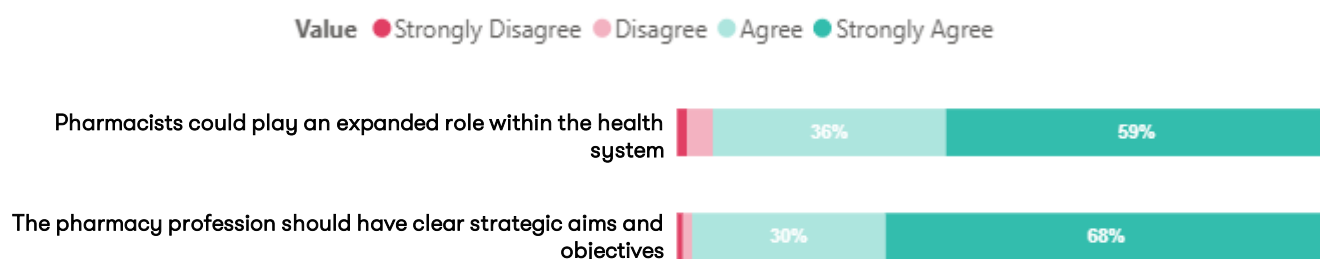
Figure 38: Scope and Skills Utilisation



Strategic Outlook

As per Figure 39, survey responses indicate strong support for an expanded role for pharmacists within the health system. A combined 95% of respondents agreed with this statement. Similarly, there was overwhelming consensus on the need for clear strategic aims and objectives for the pharmacy profession, with 98% in agreement. These findings highlight a clear appetite for greater professional involvement in healthcare delivery and a structured approach to defining the future direction of the profession.

Figure 39: Strategic Outlook





05

Discussion



Discussion
Survey Findings

Discussion on Survey Findings

Pharmacy Demographics

The survey confirms a predominantly female workforce across all practice settings. The hospital sector is the most female dominated, consistent with existing trends from previous iterations of this survey. Women have made significant strides in higher education over the past few decades, often outpacing men in terms of enrolment and completion rates⁷. 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. Age distribution indicates a workforce concentrated in the 30–49 age range, with over 60% of respondents falling within this bracket.

The largest single group is aged 40–49. This suggests a relatively experienced workforce but also raises questions about attracting younger professionals into the sector. One contributing factor to the concentration in the middle age range may be the influence of pharmacists qualified in other countries moving to Ireland, who are typically older than recent graduates. The age profile suggests stability but signals a need for strategies to attract and retain younger pharmacists in patient facing roles. A further factor influencing the lower representation of pharmacists in the late 20s–30s age bracket may be the high emigration rates among younger Irish adults. Recent data from the Central Statistics Office shows that in the year 2024, ~69,900 people emigrated from Ireland, including ~34,700 Irish citizens, a 14% increase on the previous year⁸. Many graduates, including healthcare professionals, seek opportunities abroad in countries such as Australia, Canada, and the UK, where wages and living conditions may be perceived as more favourable. This trend likely contributes to the reduced proportion of pharmacists in their late 20s and early 30s within the Irish workforce, as these years often coincide with early career mobility and decisions to relocate internationally.

Pharmacist Workforce in Ireland

Pharmacists reported working across all regions of Ireland, with representation from both urban and rural areas. However, the highest concentration of respondents is in Dublin, reflecting the urban centric nature of pharmacy services.

This uneven distribution may pose challenges for rural healthcare access and could influence future workforce strategies, including incentives for rural practice.

Around half of the respondents qualified in Ireland, with a third having qualified the United Kingdom, and one in ten from another EU/EEA Member State. Ireland's close relationships with other EU Member States and the UK means it's important to ensure robust qualification recognition frameworks and registration routes remain in place. However, it is also important Ireland is self-sufficient in providing national graduates.

While pharmacy is often not explicitly included in healthcare workforce strategies, recent report discussions around the wider international health workforce emphasise the need for 'self-sufficiency', meaning countries should progressively reduce their reliance on foreign-trained health workers and strengthen domestic education and training systems⁹ with suggestions that 70–90% of new health professionals should be trained nationally¹⁰.

As part of the Workforce Intelligence Report (2023) the PSI and DoH committed to monitoring the number of pharmacists required to meet the current and future needs of the pharmacy sector and wider health system.

In 2024, the Minister for Further and Higher Education announced a major expansion of healthcare education, including the creation of three new pharmacy programmes¹¹. Since the Minister's announcement, the PSI have accredited Masters of Pharmacy (MPharm) Degree Programmes in the University of Galway, South East Technological University (Waterford) and Atlantic Technological University (Sligo) with the expectation these programmes will significantly increase the number of pharmacy training positions in Ireland, adding more than 150 graduates annually. These developments align with the Higher Education Authority's strategy to strengthen healthcare capacity and address national skills shortages, marking a significant milestone for workforce sustainability and patient care in Ireland¹².

Discussion on Survey Findings

Role Identification

The survey reveals that the pharmacist workforce is strongly patient facing, with 83% of respondents working in patient-facing roles and versus 17% in non-patient-facing roles, underscoring the profession's central role in direct patient care and the need to prioritise clinical engagement skills in workforce planning. Community pharmacy dominates as the primary practice setting, although a significant number of pharmacists reported working across multiple settings, often through locum work or holding dual roles, highlighting the adaptability of the workforce and the critical role of locum pharmacists in maintaining service continuity. These findings suggest that workforce planning must support flexible work arrangements and ensure sufficient staffing in both community and hospital settings to meet evolving healthcare demands.

Workforce Training and Service Development

The survey highlights two critical aspects of workforce development: current training gaps and pharmacists' willingness to undertake training for new services. Nearly half of respondents (47%) reported that they are not trained to provide any vaccinations or emergency medicines, presenting a significant barrier if these services become standard expectations. Pharmacists have been able to provide seasonal influenza vaccinations and adrenaline injections since 2011 with additional vaccines and emergency medicines being permitted in subsequent years. At present, vaccination training is independent to the MPharm degree and can only be completed post-qualification by registered pharmacists. As expanded vaccination and emergency medicine services are to becoming more of a standard expectation, integrating vaccination and emergency medicines training programmes into pharmacy degree curricula is being explored to help ensure equitable access to training, enhance workforce readiness, and align with national strategies.

In addition to existing vaccination and emergency medicines services, the survey shows strong interest in upskilling for new services – 62% of respondents plan to complete training for the Common Conditions Service, and 61% for the Continuation of Contraception Service.

These are new pharmacist-led services that are currently implemented, following recommendations of the Department of Health's "[Expert Taskforce to Support the Expansion of the Role of Pharmacy](#)"⁶. However, a notable proportion remain hesitant – 22% were unsure and 18% stated they do not plan to train. Key barriers include role relevance (particularly for hospital or non-patient-facing roles), workload and time constraints, and lack of remuneration and resources. Respondents also cited uncertainty about implementation details and career stage considerations, such as nearing retirement. These findings indicate that while pharmacists are willing to expand their scope of practice, structural challenges such as inadequate staffing, financial incentives, and clear guidance must be addressed.

Supervising Pharmacists – Location, Support, and Practice Conditions

Most pharmacies operate extended hours, with 57% open 50–59 hours per week, and a smaller proportion exceeding 70 hours. Prescription volumes vary widely, but staffing support remains a critical concern – double pharmacist cover is limited, with 51% reporting it never occurs, and only 9% indicating it is always available. While pharmacy technicians provide support in 93% of pharmacies, the lack of consistent double pharmacist cover raises questions about workload management and patient safety. These findings underscore the need for workforce planning that addresses staffing shortages and extended opening hours.

Discussion on Survey Findings

Priorities for Pharmacy Reform

The survey findings reveal a clear appetite among pharmacists for structural and strategic reforms that strengthen the profession's role within Ireland's healthcare system. Leading the priorities is the appointment of a Chief Pharmaceutical Officer (31%), reflecting strong demand for national-level leadership to guide policy, advocate for pharmacy, and ensure alignment with broader health reforms. Closely linked is the call for a National Strategy for Pharmacy (21%), which respondents view as essential for defining pharmacy's position in integrated care, supporting digital health integration, and creating pathways for clinical specialisation. Workforce sustainability also emerged as a critical concern, with 27% ranking governance and staffing guidance as their top priority, underscoring the need for formal standards on safe staffing, skill mix, and protected rest periods to mitigate burnout and maintain patient safety. Infrastructure development featured prominently, with 15% prioritising ePrescribing, aligning with national efforts to improve digitisation, streamline workflows and improve continuity of care as per the Department of Health's "[Digital for Care: A Digital Health Framework for Ireland 2024 – 2030](#)"¹³ and the HSE's "[Digital Health Strategic Implementation Roadmap](#)"¹⁴.

While expanded clinical scope (21%) was not the highest-ranked priority, its strong mid-tier support signals readiness for enhanced roles such as pharmacist prescribing and chronic disease management, provided foundational reforms in leadership and governance are in place. Interest in the creation of a professional leadership body further reflects the profession's desire for coordinated advocacy and unified representation. The regulation of pharmacy technicians ranked lowest, with 30% placing it last, suggesting a perceived lack of urgency. This may reflect confidence in the current training standards for pharmacy technicians, with respondents potentially already considering them to be a well-prepared and a valuable asset to the pharmacy workforce.

Collectively, these findings highlight that pharmacists are eager to embrace expanded responsibilities but recognise that success depends on robust leadership, strategic vision, and systemic supports. Addressing these priorities will be critical to ensuring safe, sustainable, and future ready pharmacy services.

Workforce Support and Wellbeing

The survey findings reveal a shortfall in support for pharmacists' professional development and wellbeing, with stress and burnout consistently highlighted across responses. While CPD can, and does, occur through routine practice, supervised learning, and reflective activities undertaken during the working day, a majority of pharmacists (61%) reported not being afforded any dedicated or protected time for CPD. As a result, many may be compelled to complete more formal CPD activities – such as training sessions, courses, and research – outside of typical working hours. This lack of protected time could limit opportunities for structured skills development and could intensify existing workload pressures, contributing to fatigue and reduced job satisfaction.

Only 34% of respondents were aware of the Practitioner Mental Health Matters Programme (PMHMP) – a confidential service offering medical and psychological support to pharmacists experiencing stress, burnout, mental health challenges, or substance misuse. With the majority of pharmacists not knowing about a key support resource to support their wellbeing, the disconnect between service availability and visibility warrants further exploration.

There remains a pressing need for systemic action to strengthen pharmacist wellbeing. Recognising the need to approach the issue from a variety of angles some areas for consideration based on survey findings include employers considering protected time for CPD, promoting awareness and uptake of supports such as the PMHMP, as well as exploring other measures to reduce stress such as clearer workload management structures, realistic staffing levels, and improved access to peer support. Without such interventions, the profession may risk further declines in morale and sustainability at a time when the role of the pharmacist within the healthcare system continues to expand.

Discussion on Survey Findings

Barriers to Delivering Optimal Patient Care

The survey reveals that 96% of pharmacists experienced at least one barrier to providing good patient care in the past year. The most significant barrier was increased workload and pressure, reported by 60% of respondents, reflecting the impact of expanded clinical roles, vaccination programmes, and administrative responsibilities. This heightened workload reduces time for patient interaction and increases the risk of errors, contributing to stress and burnout, a recurring theme throughout the survey.

Medication shortages were cited as a barrier by 59% of respondents, highlighting persistent supply chain disruptions and regulatory complexities that compromise continuity of care. Non clinical burdens also featured prominently: 34% identified PCRS reimbursement tasks and 38% pointed to regulatory compliance duties as obstacles, diverting pharmacists from direct patient care.

Staffing challenges remain an issue, with 35% citing insufficient pharmacist cover and an equal proportion noting gaps in non pharmacist support. These shortages exacerbate workload pressures and limit service capacity. Communication gaps were another concern with 44% reporting inadequate communication between healthcare professionals/services, and 9% cited poor communication with patients, leading to fragmented care and delays in treatment. Additionally, 17% highlighted issues with pharmacy systems or unclear policies, while emerging pressures such as increased vaccination demand (12%) and lack of senior management support (18%) further compound operational strain. Addressing these barriers is essential to safeguard patient care and reduce pharmacy stress and burnout.

Work Patterns: Hours, Days, and Flexibility

The survey paints a picture of a workforce characterised by long hours and regular weekend work. Nearly all respondents (92%) work at least seven hours per day, with 65% working eight or more hours. Over 60% work weekends at least once a month, and 11% do so every weekend. While most pharmacists work full-time (4–5.5 days per week), there is evidence of some flexibility, with 21% working part-time or variable schedules. However, the prevalence of extended hours and weekend shifts raises concerns about work–life balance and the risk of burnout, especially in patient facing roles.

Employer Support and Benefits

Employer provided benefits are inconsistent across the sector. While over half of respondents receive 20–22 days of annual leave, only 24% enjoy 26 or more days. Enhanced sick leave is available to just 31%, and family leave support is even less common, particularly for paternity leave. Pension provision is better, with 54% reporting access, but a significant minority lack this benefit or are unaware of its availability. These findings suggest that many pharmacists receive only statutory minimums, which may impact job satisfaction and retention, particularly when combined with demanding work patterns.

Workplace Collaboration and Support

Collaboration with other pharmacists and support staff varies widely. While some pharmacists regularly work alongside non-pharmacist support staff, nearly a quarter consistently work alone, which may contribute to professional isolation and increased workload. Access to support staff is more common, but not universal, and only a small proportion actively serve as tutors/preceptors for students. This highlights opportunities to strengthen peer support and expand training roles within the profession.

Vacancies, Locum Work, and Workforce Flexibility

Workforce shortages are a persistent challenge. Over half of respondents reported pharmacist vacancies in their workplace in the past year, and 56% still face unfilled positions. Locum work is a key feature of the sector, with 27% of pharmacists participating and most locum shifts concentrated in community pharmacy. The main motivations for locum work are flexible hours (67%), additional income (53%), and varied work experience (37%). While locum work provides essential flexibility and helps address staffing gaps, it also reflects underlying instability and the need for more sustainable workforce solutions.

Discussion on Survey Findings

Time Allocation and Professional Focus

Dispensing prescriptions remains the most time-intensive activity, with 75% of respondents spending eight or more hours per week on this task. Patient counselling and education receive less time, suggesting that operational demands may limit opportunities for extended patient interaction. Administrative and governance tasks also consume significant time, highlighting the tension between clinical aspirations and operational realities. This imbalance may constrain the profession's ability to expand its clinical role and deliver more patient-centred care.

Governance Roles: Participation, Satisfaction and Barriers

Just over one third of respondents occupy governance positions, with satisfaction among these individuals appearing mixed: 61% satisfied, 39% dissatisfied. Positive experiences are linked to the ability to implement best practices, uphold standards, and lead teams effectively. However, the stress associated with governance roles is a recurring theme, often exacerbated by staffing shortages and regulatory pressure. Barriers to taking on governance roles included stress and burnout, lack of interest or suitability, work-life balance concerns, administrative burden, lack of support or incentives, and a preference for clinical roles. These findings highlight the need for strategies that address workload pressures, improve support structures, and create incentives for participation in governance roles.

Improving the Attractiveness of Governance Roles

Respondents identified several factors that could make governance roles more appealing, including decreased administrative tasks (79%), dedicated training (73%), peer-led support (72%) and clearer roles and responsibilities (66%). Respondent awareness to PSI Guidance published in this area in February was moderate at 60%. These findings suggest that targeted interventions such as clearer role definitions, reduced administrative burden, structured training, and peer support could help address the reluctance to take on governance roles and improve satisfaction among those who do.

Priorities for Enhancing Patient Care and Safety

When asked about the single most important actionable change to improve patient care and safety, respondents overwhelmingly cited workforce and staffing (39%) as the most important. Other key areas being ranked as the top priority included pharmacist prescribing (16%), digital health and IT systems (12%), administrative reform (11%), mental health and burnout (9%), regulation (5%), and a range of other suggestions (8%). This thematic analysis underscores the centrality of workforce issues and role expansion in the minds of pharmacists, while also highlighting the importance of technology, streamlined processes, and staff wellbeing.

Job Satisfaction, Administrative Burden and Support

The qualitative feedback from respondents reveals a nuanced picture of job satisfaction among pharmacists. While some express enjoyment and fulfilment in their roles citing responsibility, challenge, and the opportunity to shape services, there is a strong undercurrent of frustration related to excessive administrative and regulatory workload. Many feel that paperwork and compliance tasks distract from direct patient care. This administrative burden is compounded by a perceived lack of support from management and unrealistic expectations, which collectively impact morale and effectiveness.



Discussion

Workforce Intelligence Report and Community Pharmacy Agreement

Discussion on the Workforce Intelligence Report (WIR) and the Community Pharmacy Agreement (CPA)

Linking WIR Actions and CPA Commitments to Survey Responses

The 2023 Workforce Intelligence Report (WIR)¹ delivered Ireland's first baseline view of the pharmacy workforce, assessed risks to pharmacist availability, and outlined strategic actions agreed by key stakeholders, including an annual register survey to track evolving risks and sector trends.

The Community Pharmacy Agreement (CPA)¹⁵, published after the release of the 2025 PSI Workforce Survey, sets out a vision and a series of commitments for the future of community pharmacy.

Many of the themes and challenges reflected in responses to the Workforce Survey are addressed in both the WIR and CPA. Below, we outline how the WIR's actions and CPA's commitments align with, and may help address, the issues and opportunities raised by the pharmacist workforce.

Service Expansion and Professional Scope

- **Survey Finding:** Respondents express a desire for expanded clinical roles, more opportunities to deliver vaccinations and emergency medicines, and new services such as the Common Conditions Service and Continuation of Contraception Service.
- **WIR Action:** The WIR called for clear strategic direction including advancing initiatives and policies for pharmacists to expand their current scope of clinical practice, as well as recognising specialist and advance practice particularly in hospital settings.
- **CPA Commitment:** The CPA commits to broadening the scope of pharmacy practice, supporting the introduction and funding of new services (e.g. immunisations, emergency medicines, Continuation of Contraception Service, Common Conditions Service), and positioning pharmacies as health and wellness hubs. This directly responds to calls for greater clinical involvement and service innovation.

Professional Development, Training and Support

- **Survey Finding:** Pharmacists highlight the need for more training, dedicated time for continuing professional development (CPD), and better access to resources.

- **WIR Action:** The report recognised patient-facing pharmacy roles must be sustainable with diverse career development and progression opportunities and supported with clear role guidance, dedicated leadership training, and pathways for specialised and advance practice.
- **CPA Commitment:** The CPA promises investment in workforce development, including training for new services, access to reference materials, and support for ongoing professional growth. This addresses workforce concerns about preparedness and career progression.

Workforce Wellbeing and Job Satisfaction

- **Survey Finding:** Responses reveal concerns about workload, administrative burden, staffing levels, and job satisfaction.
- **WIR Action:** Stakeholders committed to workforce planning, increasing national graduate numbers, streamlining non-EU/EEA qualification recognition and registration, establishing a dedicated pharmacist forum to develop tangible short-term actions to be implemented in community pharmacies, and expanding wellbeing resources and professional supports available to pharmacists experiencing burnout and stress to support and sustain current and future pharmacist staffing.
- **CPA Commitment:** The CPA includes commitments to reduce administrative burden, streamline prescription management, and promote better working conditions. These measures are designed to improve job satisfaction, reduce stress, and support retention.

Digitalisation and Integration

- **Survey Finding:** Pharmacists call for better IT systems, ePrescribing functionality, and digital integration within the wider health system.
- **WIR Action:** Key actions being progressed include implementing legislative and policy changes to minimising manual paper-based processes, keeping pharmacy central in national eHealth initiatives such as ePrescribing and the National Shared Care Record, and reducing admin burdens by encouraging the adoption of digital solutions and integrated technologies.

Discussion on the Workforce Intelligence Report (WIR) and the Community Pharmacy Agreement (CPA)

Linking WIR Actions and CPA Commitments to Survey Responses

Digitalisation and Integration (Continued)

- **CPA Commitment:** The CPA sets out plans for digital innovation, including supporting the National ePrescribing Project and improved IT integration, which will help address frustrations with current systems and support more efficient, coordinated care.

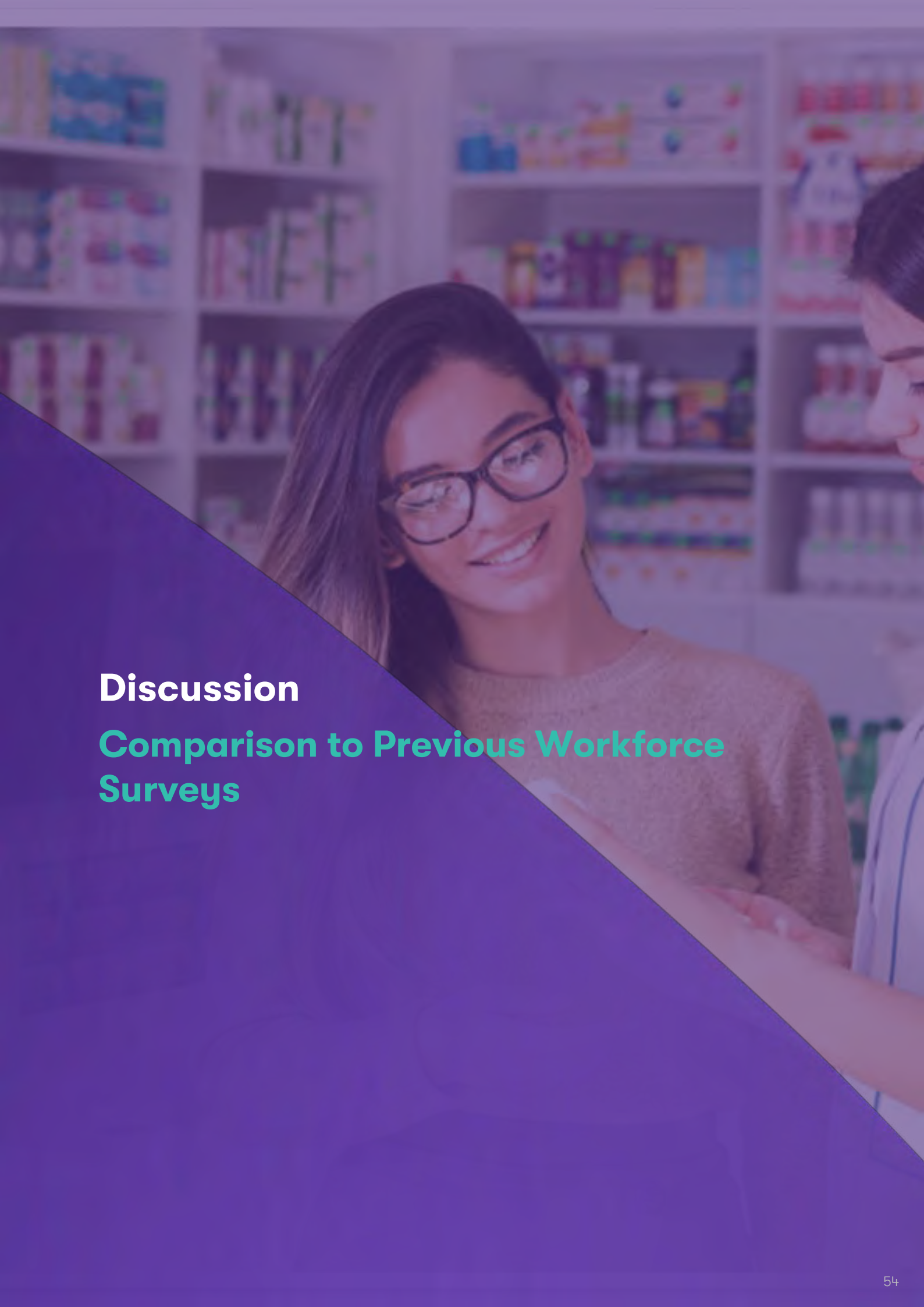
Access, Equity, and Patient Care

- **Survey Finding:** Respondents identify barriers to patient care, such as accessibility, medicine shortages, and insufficient support for vulnerable groups.
- **WIR Action:** The report calls for a clearly articulated plan for the role of pharmacists within the future integrated health system to ensure that pharmacy can meet the needs of the sector, wider health system, and all patients in Ireland when and how they need.
- **CPA Commitment :** The CPA's focus on enhancing access to public health services, addressing medicine shortages, and supporting equitable care aligns with these concerns, promising targeted improvements in service delivery and patient outcomes.

Leadership, Representation, and Strategic Direction

- **Survey Finding:** The survey highlights a desire for stronger leadership and representation including the appointment of a Chief Pharmaceutical Officer, clearer strategic direction, and greater recognition of the pharmacy profession.
- **WIR Action:** The WIR calls for the appointment of a Chief Pharmaceutical Officer, a national strategy and implementation plan for pharmacy, increase of recognition for pharmacists skills and scope of practice, and a closer look at the need for a professional leadership body for pharmacy.
- **CPA Commitment:** The CPA includes commitments to leadership development, representation (including appointment of a Chief Pharmaceutical Officer), and the creation of a national strategy for pharmacy, directly addressing these aspirations.

In summary, the WIR and CPA both provide frameworks that are well positioned to respond to the needs and priorities identified in the 2025 PSI Workforce Survey. Through extensive and continued engagement with the pharmacy workforce, the WIR and CPA endeavour to create a more supportive, innovative, and patient focused pharmacy sector.



Discussion

Comparison to Previous Workforce Surveys

Comparison to Previous Workforce Surveys

Year-on-Year Comparisons: 2023, 2024, 2025

Demographics and Workforce Composition

- **Gender:** Across all three years, the pharmacist workforce remains predominantly female from survey respondent analysis (2023: 65%, 2024: 63%, 2025: 66%).
- **Age:** The pharmacist workforce is aging. In 2023, 71% were 35 or older; this increased to 78% in 2024, with over 60% aged 40 or over 2025. This years data showing a continued skew toward older age groups
- **Patient-Facing Roles:** The proportion of patient-facing pharmacists has remained stable (2023: 87%, 2024: 86%, 2025: 83%), reflecting the ongoing centrality of direct patient care.

Work Patterns and Conditions

- **Working Hours:** Community pharmacists consistently work longer days (2023: 8–10 hours/day was 86%, 2024: 9–10 hours/day was 71%, 2025: 65% work 8+ hours)
- **Anti-Social Hours:** The burden of unsocial hours remains with community pharmacists (2023: 83% work weekends, 2024: 76%, 2025: 83%)
- **Protected Breaks:** Over half of community pharmacists across the last three survey iterations report rarely or never getting a protected lunch break (2023: 54%, 2024: 53%, 2025: 47%)

Locum Work

- **Prevalence:** Locum work is a persistent feature of the pharmacist workforce, especially in community pharmacy. The proportion undertaking locum work increased from 27% in 2023 to 35% in 2024, with 2025 showing continued reliance on locums with 27%.
- **Setting:** Locum work is overwhelmingly in community pharmacy (2023: 94%, 2024: 92%, 2025: 99%).
- **Frequency:** The average number of locum days per week has fluctuated (2023: 2.6 days; 2024: 1.5 days, 2025: 2.7 days), suggesting a shift toward more ad hoc or flexible arrangements.
- **Motivations:** Flexible hours, additional income, and support for personal circumstances remain the top three reasons for choosing locum work across 2023, 2024 and 2025.

Work Attitudes, Retention, and Satisfaction

- **Retention:** There has been a marked improvement in retention sentiment. In 2023, 27% were likely to leave the profession, and 51% were likely to leave their current role. In 2024, only 21% indicated a likelihood of leaving the profession, and this lower level of intent to leave has stabilised with 26% likely to leave pharmacy as a profession in 2025.
- **Job Stress and Burnout:** High levels of job stress persist, although this year it has reduced (2023: 93% 2024: 92% 2025: 84% experienced burnout). Burnout remains a significant issue, especially in community pharmacy settings.

Governance Roles

- **Aspirations:** Governance roles remain unattractive to most pharmacists (2023: 17% of community pharmacists saw governance as aspirational, 2024: 30%; 2025: 21%).
- **Satisfaction:** Satisfaction is higher among female pharmacists in governance roles, but overall satisfaction is mixed and closely tied to workload and support. Administrative burden and lack of support are persistent deterrents.

Role Expansion and Professional Identity

- **Appetite for Expansion:** There is a strong and growing appetite for role expansion. In 2023, 81% wanted to increase their scope of work, and 88% wanted more clinical services. In 2024, 94% agreed pharmacists should be seen as healthcare providers, and 79% wanted more clinical services. This enthusiasm continues in 2025 with 95% agreeing that pharmacists could play an expanded role within the health system, with independent prescribing and minor ailments schemes as top priorities.
- **Barriers:** Despite enthusiasm, barriers such as workload, staffing, and administrative burden remain unchanged across 2023, 2024 and 2025.

Comparison to Previous Workforce Surveys

Year-on-Year Comparisons: 2023, 2024, 2025

Key Challenges and Priorities

- **Main Challenges:** Overburden and poor retention, lack of support, lack of career structure, and poor working conditions have been the top challenges across all three years (2023: 36% overburden/burnout, 34% poor working conditions; 2024: 28% overburden/retention, 25% lack of support 2025: 33% burnout/mental health).
- **Advancements:** Independent prescribing, expansion of the healthcare role, and minor ailments schemes have consistently been the most desired advancements.
- **Persistent Gaps:** Administrative burden, staffing shortages, and lack of structured career progression have remained as persistently flagged challenges across the 2023, 2024 and 2025 surveys. The disparity between community and hospital pharmacy in terms of working conditions and benefits is unchanged.

While there have been incremental improvements particularly in retention and the perceived value of governance roles, the fundamental challenges facing the Irish pharmacy workforce remain consistent. Addressing these persistent issues will be critical to the long-term success and productivity of the pharmacist workforce in Ireland.

Trends and Implications

- **Continuity:** The core workforce challenges of workload, stress, limited progression, and reliance on locums have persisted from 2023 to 2025. The profession remains highly committed, but under strain.
- **Positive Shifts:** There are signs of improvement in retention sentiment and a gradual increase in the attractiveness of governance roles. The appetite for clinical role expansion remains extremely high (2023: 81%, 2024: 94%, 2025: 90%)

Metric/Theme	2023	2024	2025
% Female Workforce	65%	63%	66%
% Aged 35+	71%	78%	89%*
Patient-Facing Roles	87%	86%	83%
Weekend/Anti-social Hours	83%	76%	83%
Protected Breaks	54% rarely/never	53% rarely/never	47% rarely/never
Locum Work Prevalence	27%	35%	27%
Intent to Leave Profession	27%	21%	26%
Job Burnout	93%	92%	84%
Appetite for Role Expansion	81%	94%	90%

* Aged 30+

The background features a blurred office scene with several people. A woman in the foreground on the right is smiling and holding a blue clipboard. Other individuals are visible in the background, some holding papers. A large purple diagonal overlay covers the bottom-left portion of the image, containing the text '06 Conclusion'.

06

Conclusion

Conclusion

In summary, the 2025 Pharmacy Workforce Survey paints a picture of a highly committed but increasingly stretched profession. While pharmacists continue to find meaning and satisfaction in their roles, persistent challenges such as excessive administrative burden, staffing shortages, and limited opportunities for career progression may threaten both workforce sustainability and the quality of patient care.

The findings underscore the need for systemic reforms: reducing non clinical workload, enhancing support for governance roles, and investing in workforce wellbeing. Addressing these priorities will not only improve job satisfaction and retention but also empower pharmacists to fully realise their potential as vital healthcare providers within Ireland's evolving health system. By responding to these challenges with targeted, evidence-based strategies, stakeholders can help ensure a resilient, adaptable, and patient centred pharmacy workforce for the future.



07

Bibliography

Bibliography

1. Pharmaceutical Society of Ireland, Workforce Intelligence Survey 2022. [Online]. Available from: https://www.psi.ie/sites/default/files/document/Workforce_Survey%20Analysis_Report_2022.pdf Accessed on 27th October 2025.
2. Pharmaceutical Society of Ireland, Workforce Intelligence Report. [Online]. Available from: https://www.thepsi.ie/Libraries/Publications/PSI_Workforce_Intelligence_Report_2023.sflb.ashx. Accessed on 27th October 2025.
3. Pharmaceutical Society of Ireland, Pharmacy Workforce Survey Analysis Report 2023. [Online]. Available from: https://www.psi.ie/sites/default/files/document/Pharmacy_Workforce_Survey_Analysis_Report_2023.pdf. Accessed on 27th October 2025.
4. Pharmaceutical Society of Ireland, Survey of the Register Report 2024. [Online]. Available from: https://www.psi.ie/sites/default/files/document/PSI_Survey_of_the_Register_Report_2024.pdf. Accessed on 27th October 2025.
5. Part 5, Rule 12 (7) of the PSI (Continuing Professional Development) Rules 2015 states: “practising in a ‘patient-facing role’ means carrying out the role of a pharmacist in the delivery, or the oversight of the delivery, of care and services to members of the public, including patients, whether in a retail pharmacy business or in a pharmacy department of a hospital, or any other relevant location including on a casual or occasional basis, and includes the role carried out by a superintendent pharmacist, a supervising pharmacist and any other registered pharmacist engaged or employed in a retail pharmacy business or in the pharmacy department of a hospital.” (Pharmaceutical Society of Ireland, 2015). Available at: <https://www.psi.ie/registration/pharmacists/continued-registration#:~:text=practising%20in%20a%20%E2%80%9Cpatient%2Dfacing,or%20any%20other%20relevant%20location> Accessed: 13 November 2025
6. Department of Health. Expert Taskforce to support the expansion of the role of pharmacists in Ireland. [Online]. Available from: <https://www.gov.ie/en/publication/a8b84-expert-taskforce-to-support-the-expansion-of-the-role-of-pharmacists-in-ireland/> Accessed on 27th October 2025.
7. O’Brien, C. (2019) Significant gender gap in number completing college courses, The Irish Times. Available from: <https://www.irishtimes.com/news/education/significant-gender-gap-in-number-completing-college-courses-1.3792769> Accessed on 27th October 2025.
8. Central Statistics Office (CSO) (2024) *Population and Migration Estimates, April 2024*. Available from: <https://www.cso.ie/en/releasesandpublications/ep/p-pme/populationandmigrationestimatesapril2024/keyfindings/>. Accessed 13 November 2025
9. World Health Organization (2020) *Global strategy on human resources for health: Workforce 2030*. Geneva: WHO. Available at: <https://www.who.int/publications/i/item/9789241511131> (Accessed: 24 November 2025).
10. Organisation for Economic Co-operation and Development (OECD) (2021) *International migration and movement of nursing personnel to and within OECD countries, 2000 to 2018*. Available at: https://www.oecd.org/content/dam/oecd/en/publications/reports/2021/02/international-migration-and-movement-of-nursing-personnel-to-and-within-oecd-countries-2000-to-2018_f8d777e7/b286a957-en.pdf (Accessed: 24 November 2025).
11. Department of Further and Higher Education, Research, Innovation and Science. Press Release: Minister O’Donovan announces major increase in healthcare places across Ireland. [Online]. Available from: <https://www.gov.ie/en/department-of-further-and-higher-education-research-innovation-and-science/press-releases/minister-odonovan-announces-major-increase-in-healthcare-places-across-ireland/>. Accessed on 27th October 2025.
12. Higher Education Authority (HEA). HEA Capacity Building 2022: New and Expanded Courses. [Online]. Available from: <https://hea.ie/policy/he-reform/hea-eoi-2022-new-and-additional-courses/#:~:text=This%20process%20is%20designed%20to,39%20responses%20from%2015%20institutions>. Accessed on 27th October 2025.
13. Department of Health. Digital for Care – A Digital Framework for Ireland 2024 – 2030. [Online]. Available from: <https://assets.gov.ie/static/documents/digital-for-care-a-digital-health-framework-for-ireland-2024-2030.pdf> Accessed on 27th October 2025.
14. Health Service Executive. Digital Health Strategic Implementation Roadmap. [Online]. Available from: https://assets.publications.hse.ie/media/file_based_publications/Digital_Health_Strategic_Implementation_Roadmap.pdf. Accessed on 27th October 2025.
15. Department of Health. Community Pharmacy Agreement. [Online]. Available from: <https://www.gov.ie/en/department-of-health/publications/community-pharmacy-agreement-2025/>. Accessed on 27th October 2025.