

Survey of the Register Report 2024

January

2025

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Introduction

The Pharmaceutical Society of Ireland (PSI) is the statutory body responsible for regulating pharmacists and pharmacies in Ireland. All pharmacists, pharmaceutical assistants, pharmacies, and internet list suppliers must be registered with the PSI and must renew their registration annually.

The register for pharmacists holds mandatory information such as full name, date of birth, place of birth, country of qualification, date of qualification, as well as contact details. Pharmacists are currently required to confirm whether they are practicing in a 'patient-facing' role (i.e. any pharmacist providing care directly to a patient and/or any pharmacist whose work has an impact on patient care, irrespective of setting or the number of hours of practice).

The registers we maintain are not only important in carrying out our work, and as a source of public information, they allow us to understand the national picture of pharmacy in Ireland.

Background

In our [Corporate Strategy 2021-2024](#) and across all our service plans under this strategy, including our [Service Plan for 2024](#), the PSI made a strategic commitment to examine the issues facing the professional workforce to ensure pharmacy can continue to meet the health and safety needs of the public and fulfil its role in the development of an integrated and ever-expanding health service.

Our work on [the Future of the Pharmacy Workforce](#), including the 2023 [Workforce Intelligence Report](#), is particularly relevant in this regard. We, together with other stakeholders, have committed to supporting workforce modelling to ensure that pharmacy can continue to meet the needs of the public and the wider healthcare system in the short and longer term.

Additionally, the publication of [The Final Report of the Expert Taskforce](#), which contains recommendations that provide for a new policy direction for an expanded scope of pharmacy practice, heightens the need for up-to-date information on the delivery of pharmacy services in Ireland. To facilitate our work in these strategic areas, we asked registered pharmacists to complete a survey about whether they were actively practising and their area(s) of practice. The information gleaned through the survey allows us to better understand the picture of pharmacy in Ireland and enables us to support proposed changes for the benefit of patients and the health system.

3. The Survey

3.1 Methodology

PSI has previously conducted sentiment-based workforce surveys and plans to continue this in the future as the role of pharmacy continues to evolve. However, a strictly quantitative approach was taken to this survey to focus on enhancing the data we hold on the PSI registers, including:

- Demographics
- Practice area(s)
- Typical county(ies) of practice
- Registration in other jurisdictions
- Vaccination/Emergency Medicine training

Supervising Pharmacists were asked to answer additional questions about their pharmacy, their team, and the pharmacy services they offer.

The survey was issued to all registered pharmacists by email on the 4th September 2024 and a reminder email was sent on the 25th September. Informational and promotional posts encouraging pharmacists to take part were also posted on the PSI webpage and social media accounts. The survey closed on the 30th of September 2024.

As of the 1st of September 2024, there were 7,585 pharmacists and 1,982 pharmacies registered with the PSI. Participation in the overall survey as well as each question (aside from two screening questions), was optional. In total, responses were received from 1,349 pharmacists and 341 pharmacies. Of the 1,349 pharmacists, 1,318 consented to the mandatory data protection and screening questions and proceeded on to the survey.

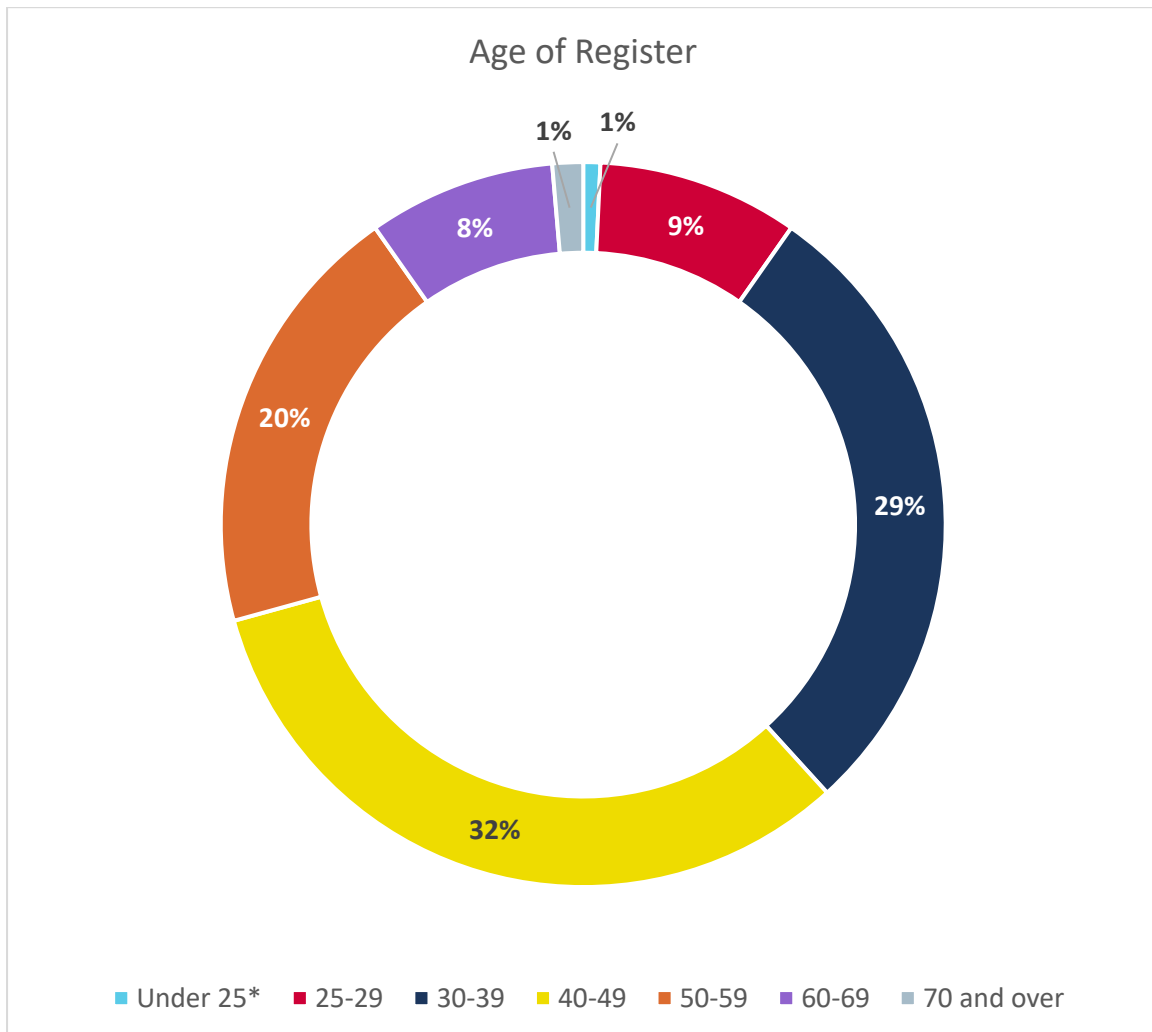
A minimum response rate of 1255 pharmacists and 322 pharmacies was required to provide a sample population large enough to derive statistically significant findings at an acceptable confidence level*. Exceeding these response thresholds enabled the findings to be extrapolated to the register as a whole in this report.

* A [calculator](#) using Cochran's formula with a population correction was used to calculate sample size. Response levels to the whole register survey (Section 3.2) allow for 98% confidence with 3% margin of error. Response levels to the pharmacy portion (Section 3.3) allow for 95% confidence with 5% margin of error.

3.2 Survey Findings (Pharmacists)

3.2.1 Demographics

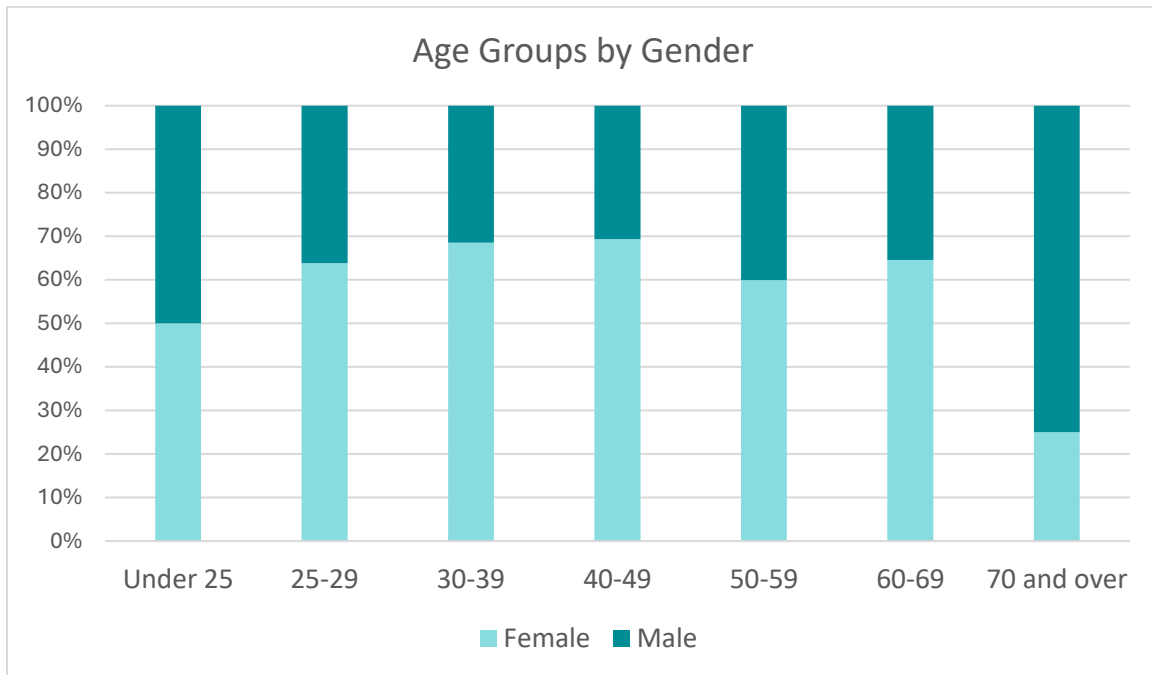
Our analysis of the data shows that the majority of the register is composed of pharmacists between the ages of 30-59.



**This survey was conducted in the month preceding when many new national graduates complete their first-time registration*

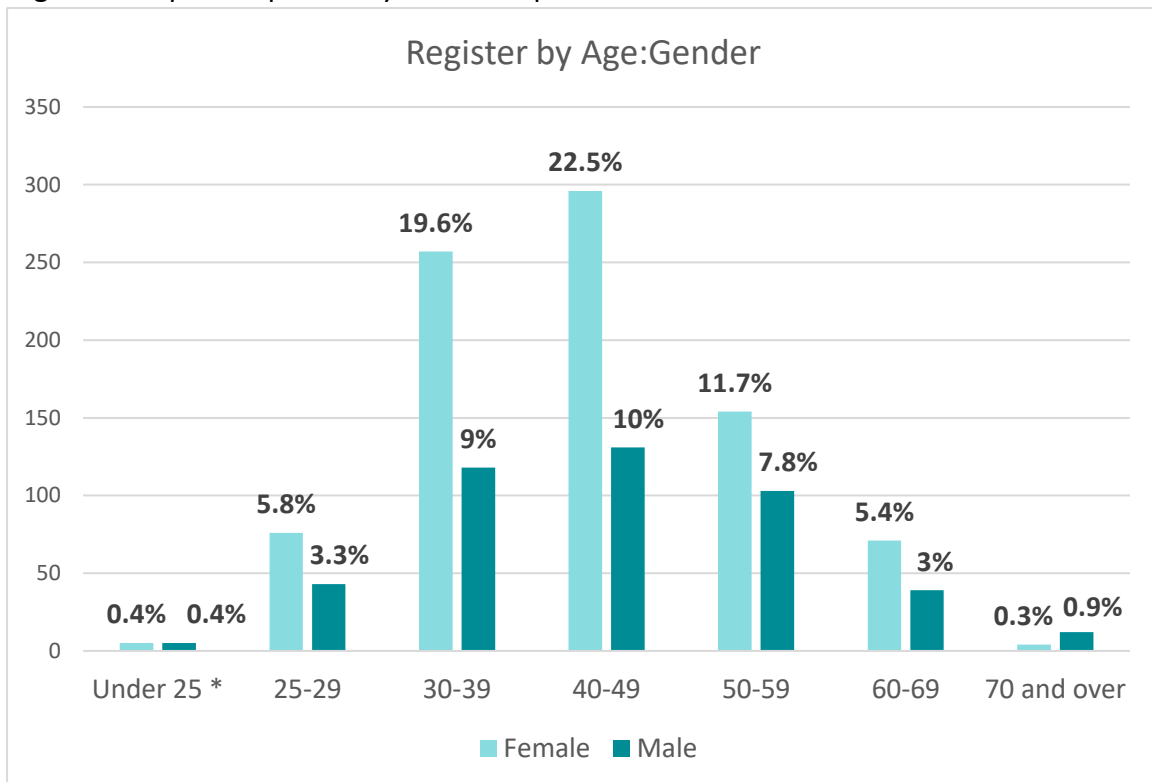
The gender breakdown of pharmacists in Ireland is approximately 65% female and 34% male, with just under 1% identifying as non-binary or wishing to self-identify.

The gender split trend is relatively consistent across age brackets with the exception of pharmacists aged 70 and over where fewer than 30% identify as female.



Non-binary by age bracket not included due to response rate

A pharmacist in Ireland is most likely to be a female in her 40s, with a little under half of the register composed specifically of female pharmacists between 30-49.

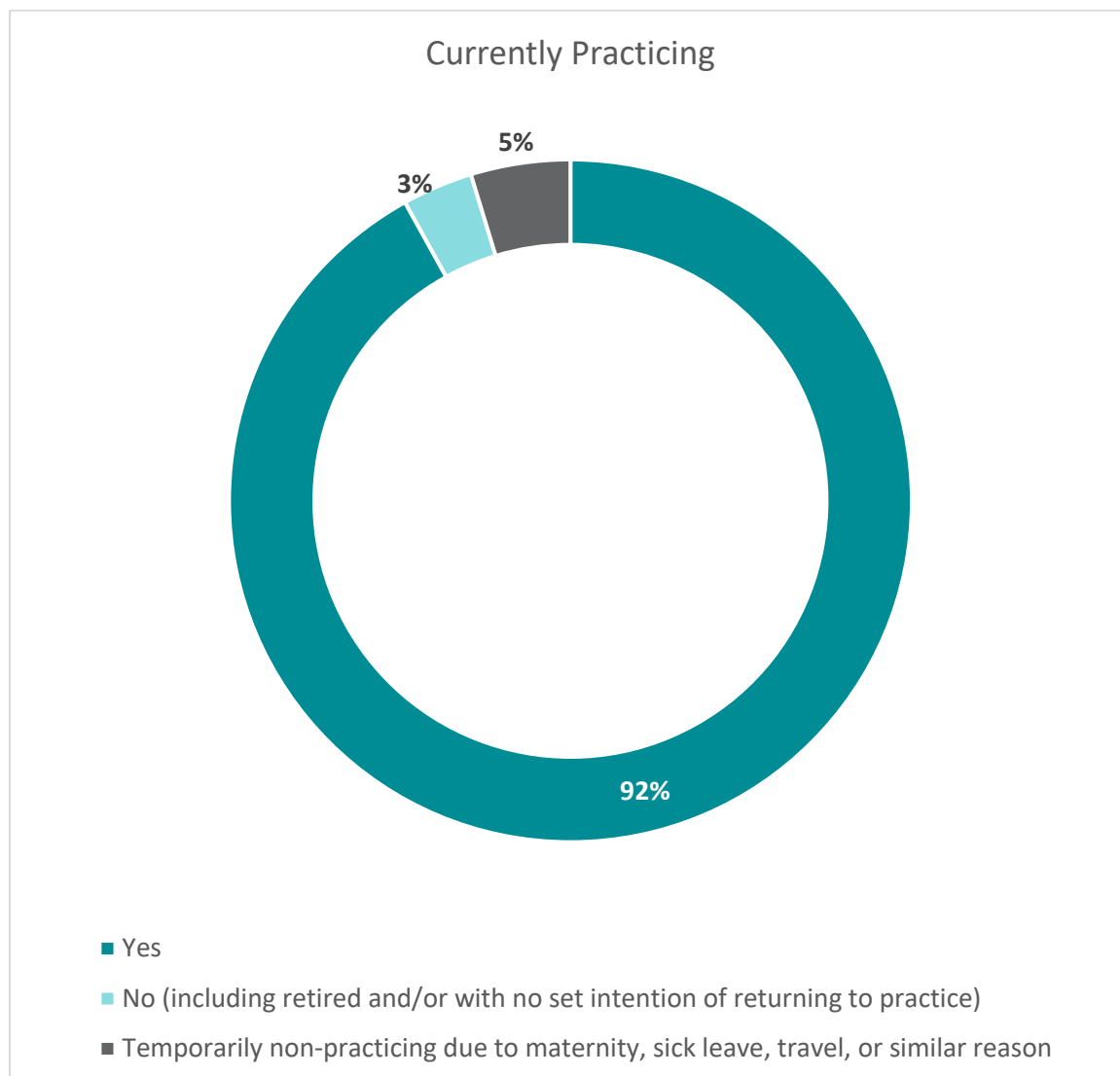


**This survey was conducted in the month preceding when many new national graduates complete their first-time registration.*

Non-binary by age bracket not included due to response rate

3.2.2 Status and Area of Practice

The majority of the pharmacists on the register are currently actively practicing however there is a small cohort who maintain their registration but are not in active practice.



Of the 5% of the register that is **'Temporarily non-practicing due to maternity, sick leave, travel, or similar reason'**

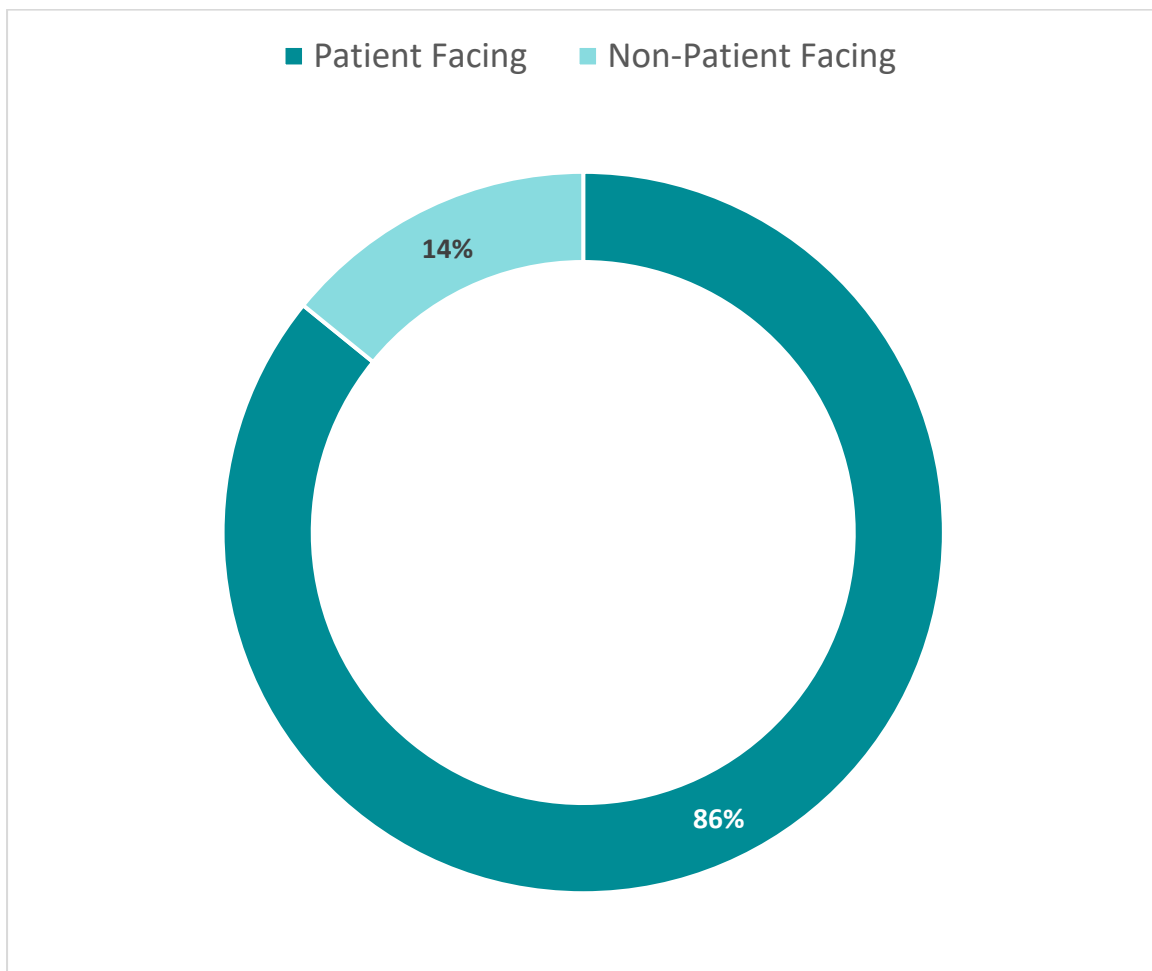
- 52% identify as female and are between the ages of 25-39
- 69% primarily practice in a patient facing area

This means at any given time there are approximately 250-300 registered patient facing pharmacists not actively practicing.

Patient Facing vs. Non-Patient Facing

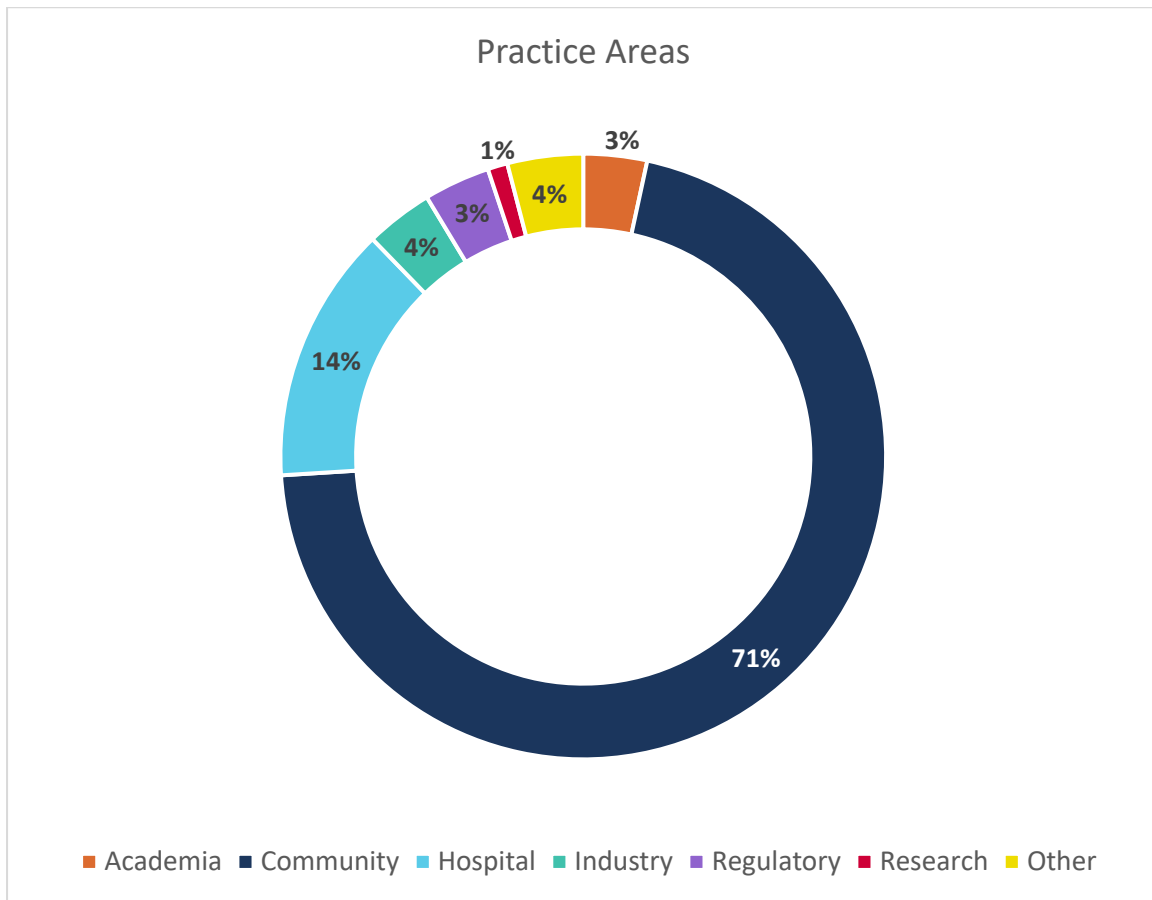
For the purposes of the pharmacy workforce, in the interest of public health and safety, it is important to understand figures around pharmacists working in patient-facing vs. non-patient facing roles. Patient-facing roles would generally be considered all pharmacists working in hospital or community pharmacy settings. Non-patient facing roles that pharmacists may work in vary, but include roles in pharmaceutical industry, regulation, academia, and research.

Registrants were asked if their *primary* area of practice was patient facing or non-patient facing notwithstanding, they could also work in another practice area.



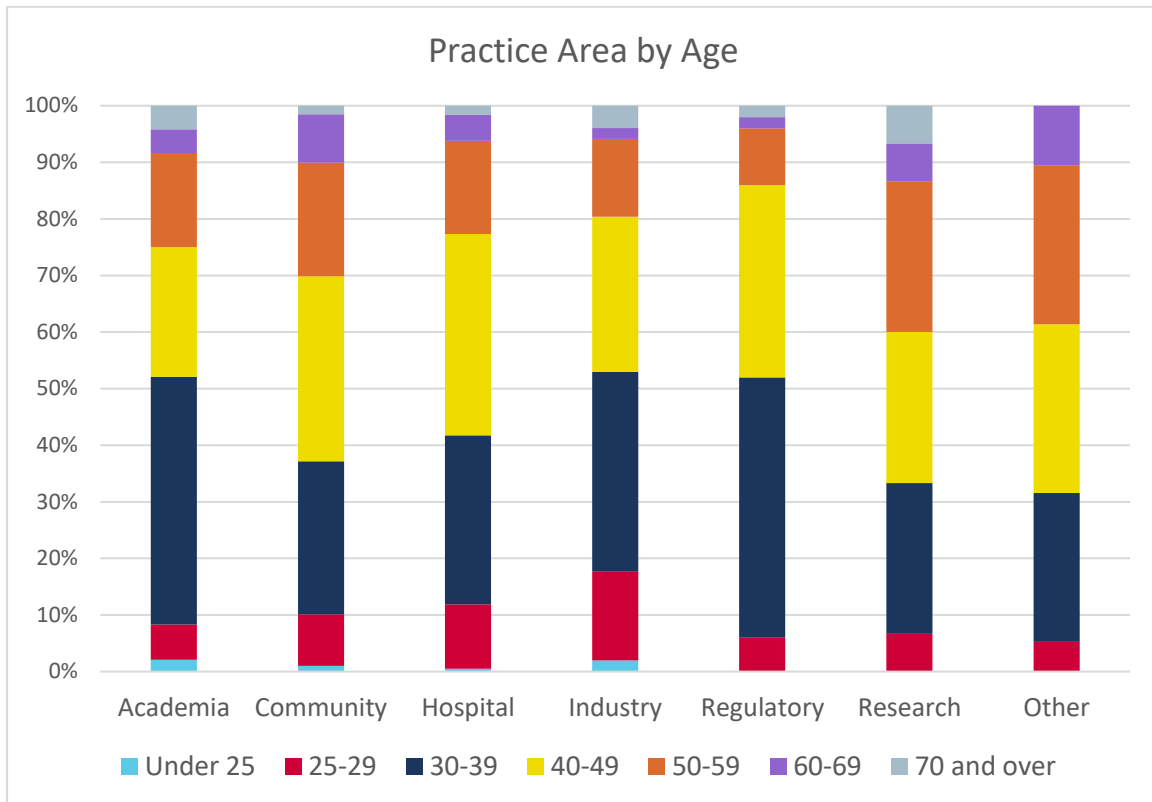
Area of Practice

The majority of the register is primarily practicing in a patient facing area with over 70% of those working in community practice as either their primary or secondary role.

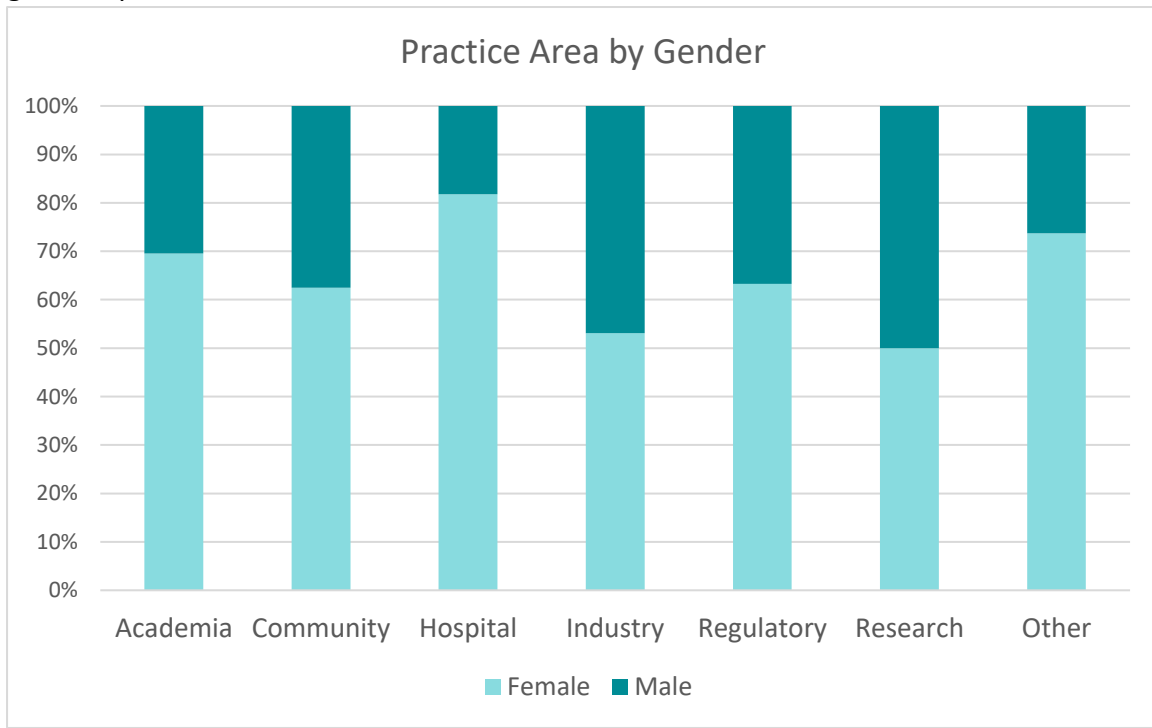


The survey indicated approximately 10% of the register works in more than one practice area with many working across patient facing and non-patient facing roles. Additionally, 4% of the register identified as working in another area ('other') which often would still be patient-facing and included examples of addiction services, vaccination centres, or community health centres.

Pharmacists between the ages 30-49 make up approximately 60% of the overall register and are proportionately represented across all practice areas.

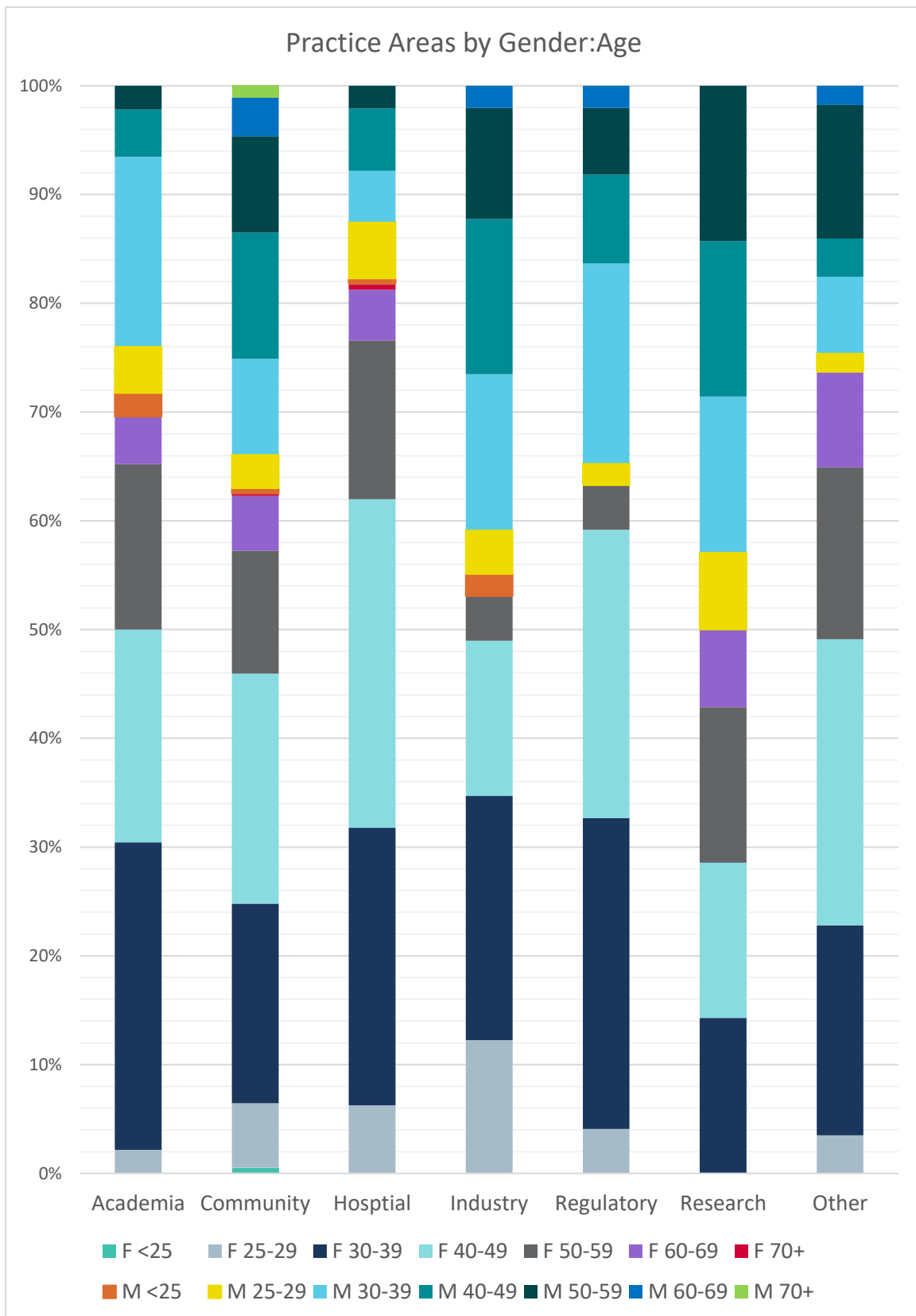


Academia, community, regulatory, and 'other' areas all follow the proportional female to male ratio as reflected in the wider register while industry and research are a near 50:50 gender split.



Non-binary by practice area not included due to response rate

Notably, over 80% of hospital pharmacists identify as female with over 50% between the ages of 30-49. This is particularly relevant from a workforce perspective given this cohort of the register is also highly represented in the ‘temporarily non-practicing’ group.

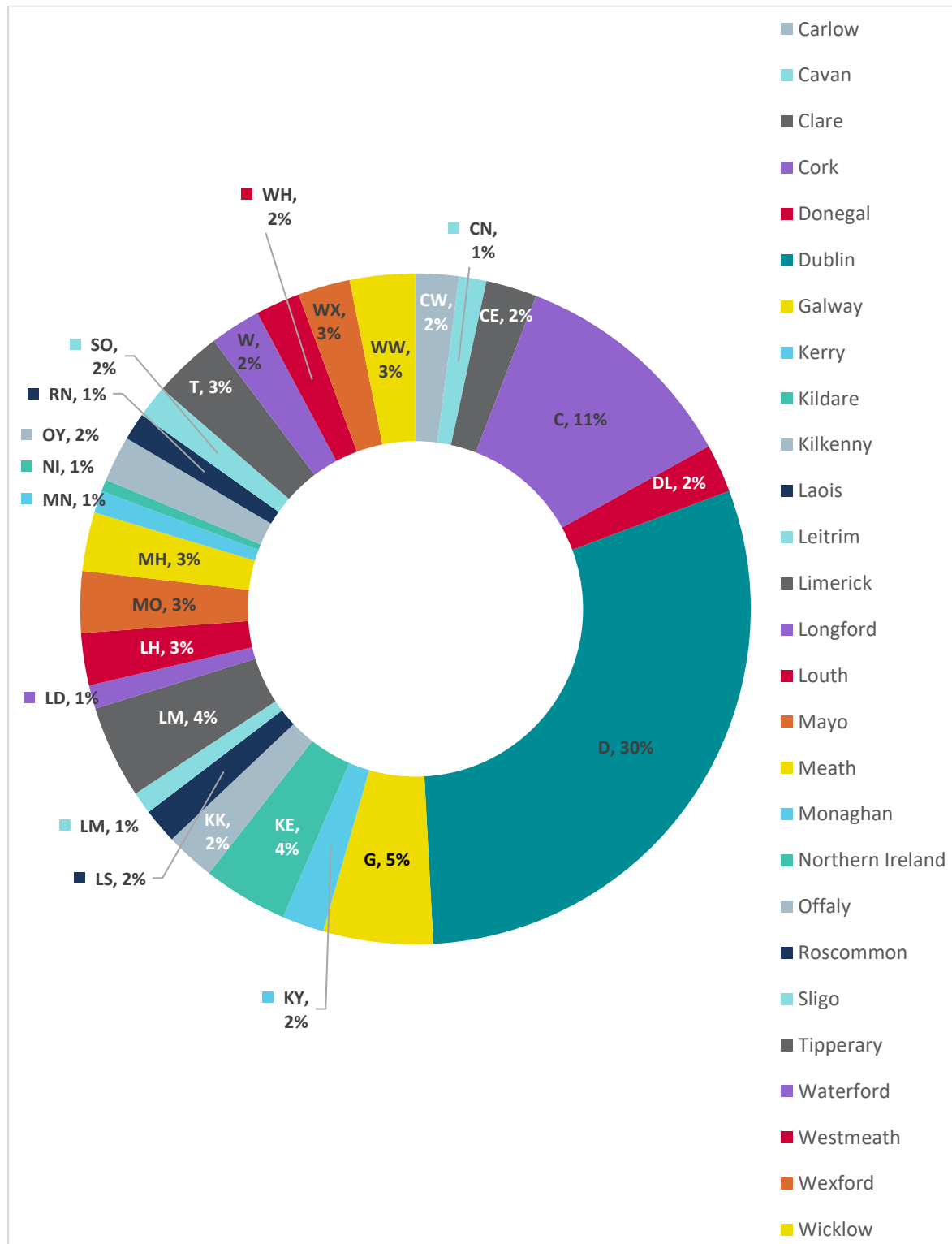


Non-binary by practice area not included due to response rate

3.2.3 Location of Practice

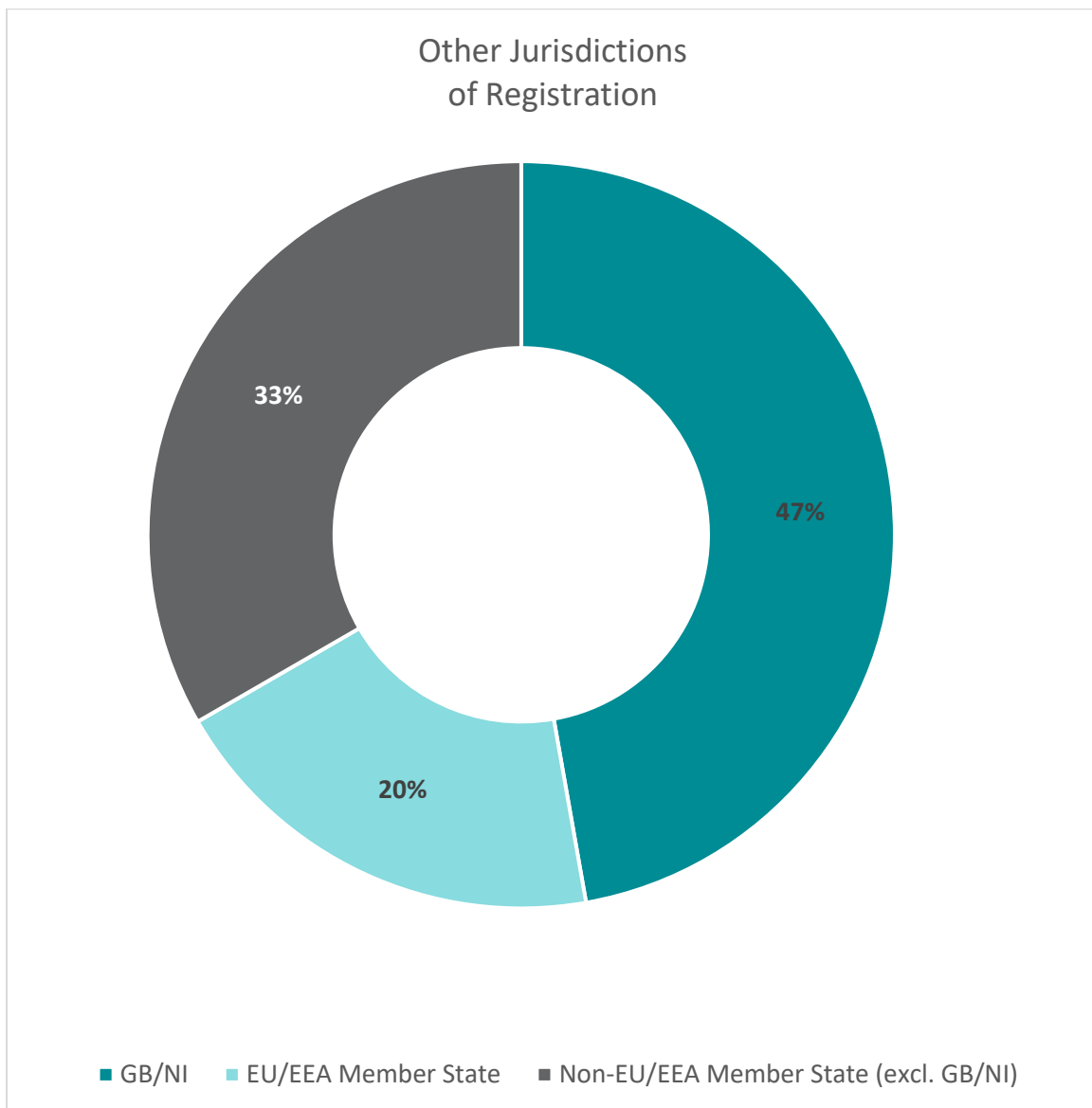
The largest cohort of pharmacists practice in Dublin. However, approximately **14%** of the register practices in more than one county on a ‘typical’ basis including those in community pharmacy governance roles.

Just under **1%** also indicate that they typically practice in one of the 6 counties in Northern Ireland in addition to the Republic of Ireland.



Other Jurisdictions

Approximately **6%** of the register maintains registration in another jurisdiction. Within that 6%, nearly half are registered in Great Britain/Northern Ireland.



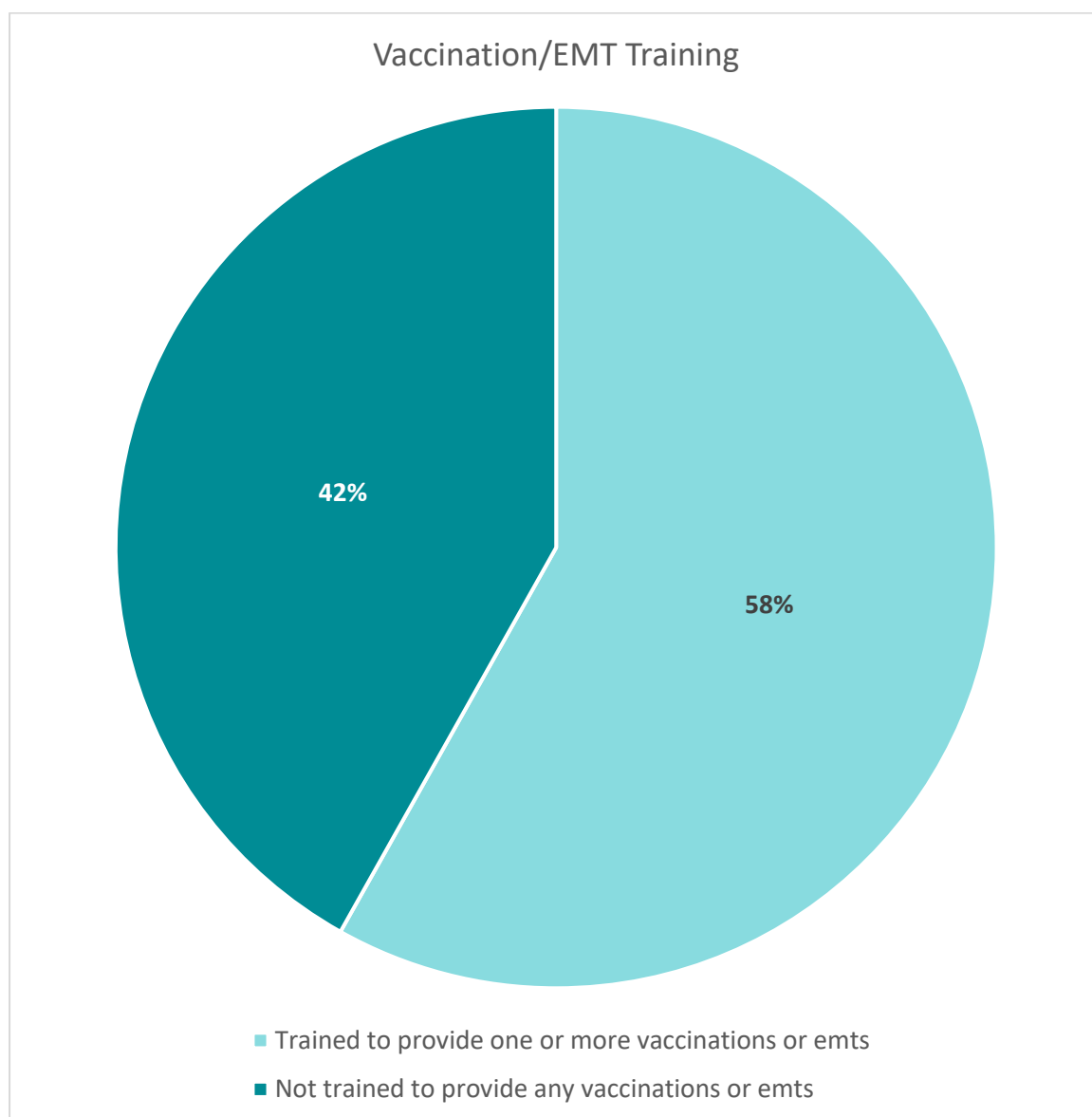
Please note, due to varying terminology it was not possible to consistently distinguish between those registered in NI, GB, and/or both so they have been combined.

3.2.4 Vaccinations and Emergency Medicines

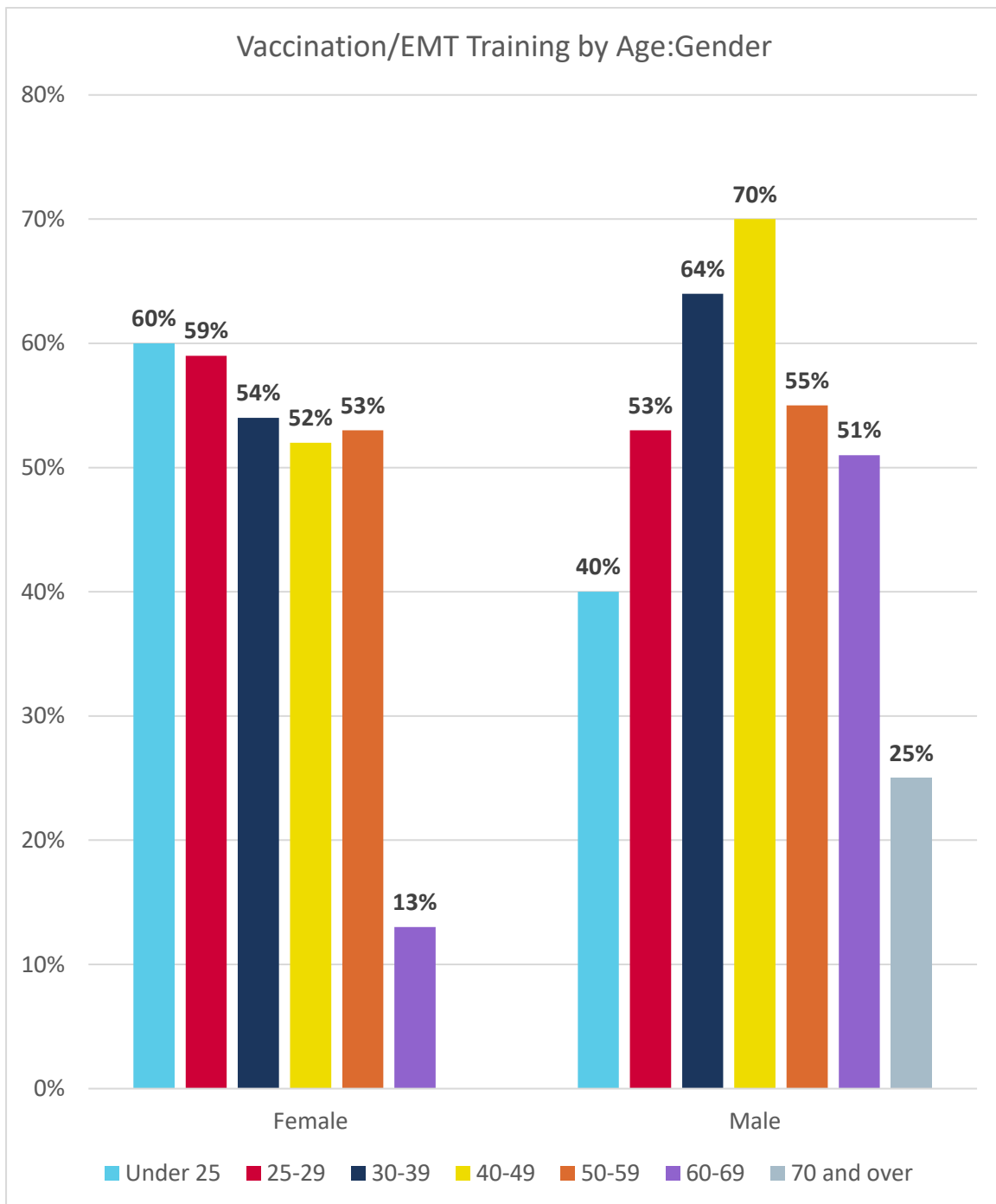
Since 2011, legislation has permitted pharmacists to provide seasonal influenza vaccination services in pharmacies and to supply and administer adrenaline injections for the emergency treatment of anaphylactic shock that may arise.

These provisions were extended in 2015 to permit pharmacists to supply and administer two additional vaccines, the pneumococcal polysaccharide and herpes zoster (shingles) vaccines, alongside a range of prescription medicines for the purpose of saving life or reducing severe distress in emergency situations.

Over half of pharmacists across all practice areas indicated they are trained to provide one or more vaccinations or emergency medicines, with 69% of community pharmacists and 26% of hospital pharmacists, respectively, stating they are trained.

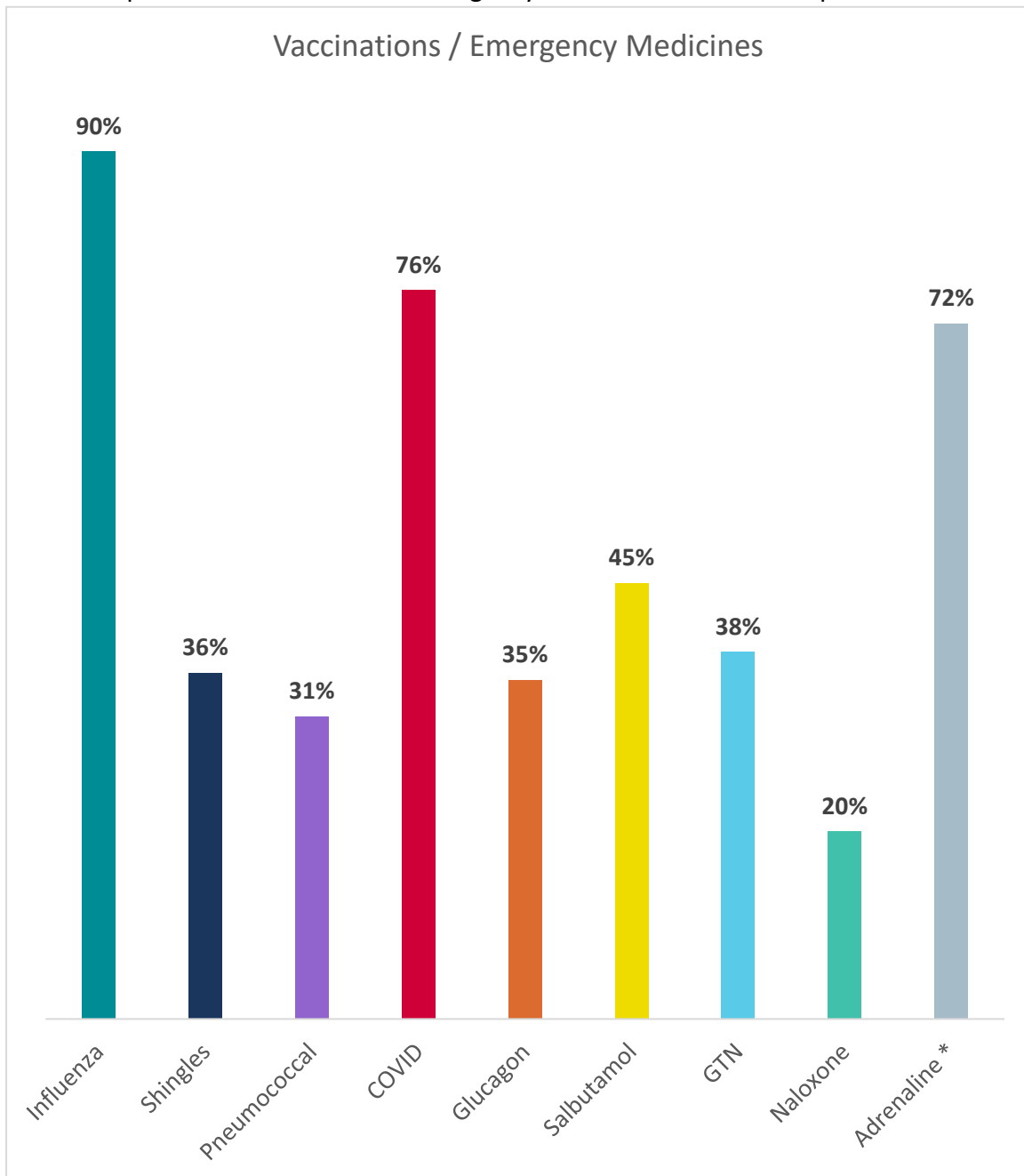


There is little relative difference between genders with regards to vaccination training with around 53% of female-identifying and 60% of male-identifying pharmacists trained in one or more vaccinations/emergency.



Non-binary and Female 70+ not included due to low response rate.

Of those trained to provide one or more vaccinations/emergency medicines, nearly all selected that they were trained to provide the influenza vaccine, with the majority also identifying they are skilled to provide COVID -19 vaccinations. Nearly **90%** of those who are trained to provide a vaccination or emergency medicine are trained to provide 2 or more.



**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.'*

3.3 Survey Findings (Pharmacies)

3.3.1 Pharmacy Details

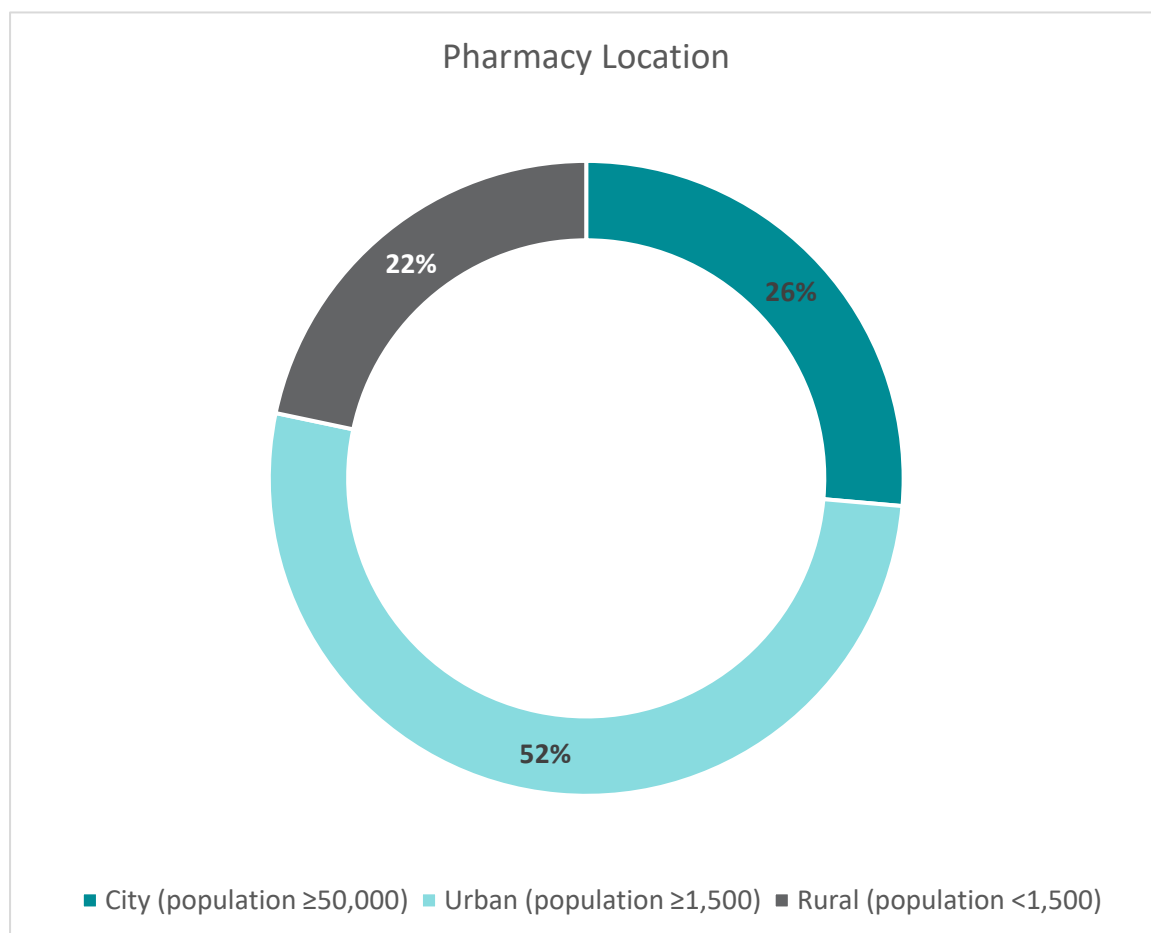
According to the Central Statistics Office (CSO) 2022 Census[†], Ireland has a population of 5,149,139 people.

There are approximately 6,500 patient-facing pharmacists and 1982 pharmacies on the register at the time of this survey. This means there is roughly 1 pharmacist for every 790 people and roughly 1 pharmacy for every 2600 persons in Ireland.

Type of Pharmacy & Pharmacy Location

Of the 5.1 million people in Ireland[‡], approximately 33% lived in a city[§], 30% lived in an urban area^{**}, 36% lived in a rural area^{††}.

While there are a multitude of factors that must be considered when opening and operating a pharmacy, it is worth noting that figures from this survey indicate that approximately 52% of pharmacies in Ireland are located in urban areas whereas only 30% of the population live in an urban area.



[†] Census data was determined by those 'usually resident and present in the State' as of Sunday, 3 April 2022.

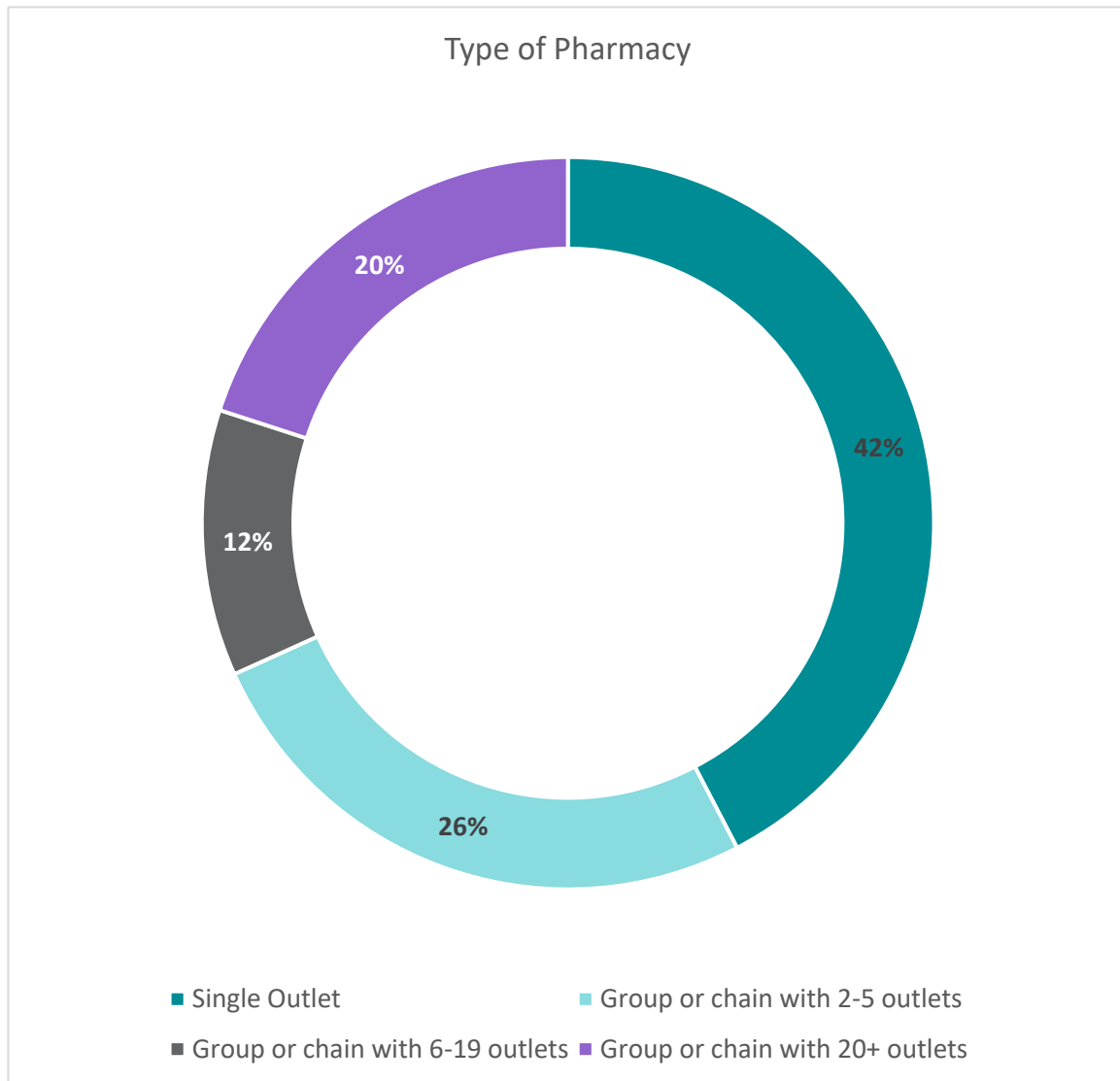
[‡] 2022 Census Data

[§] Defined by CSO as having a population ≥50,000

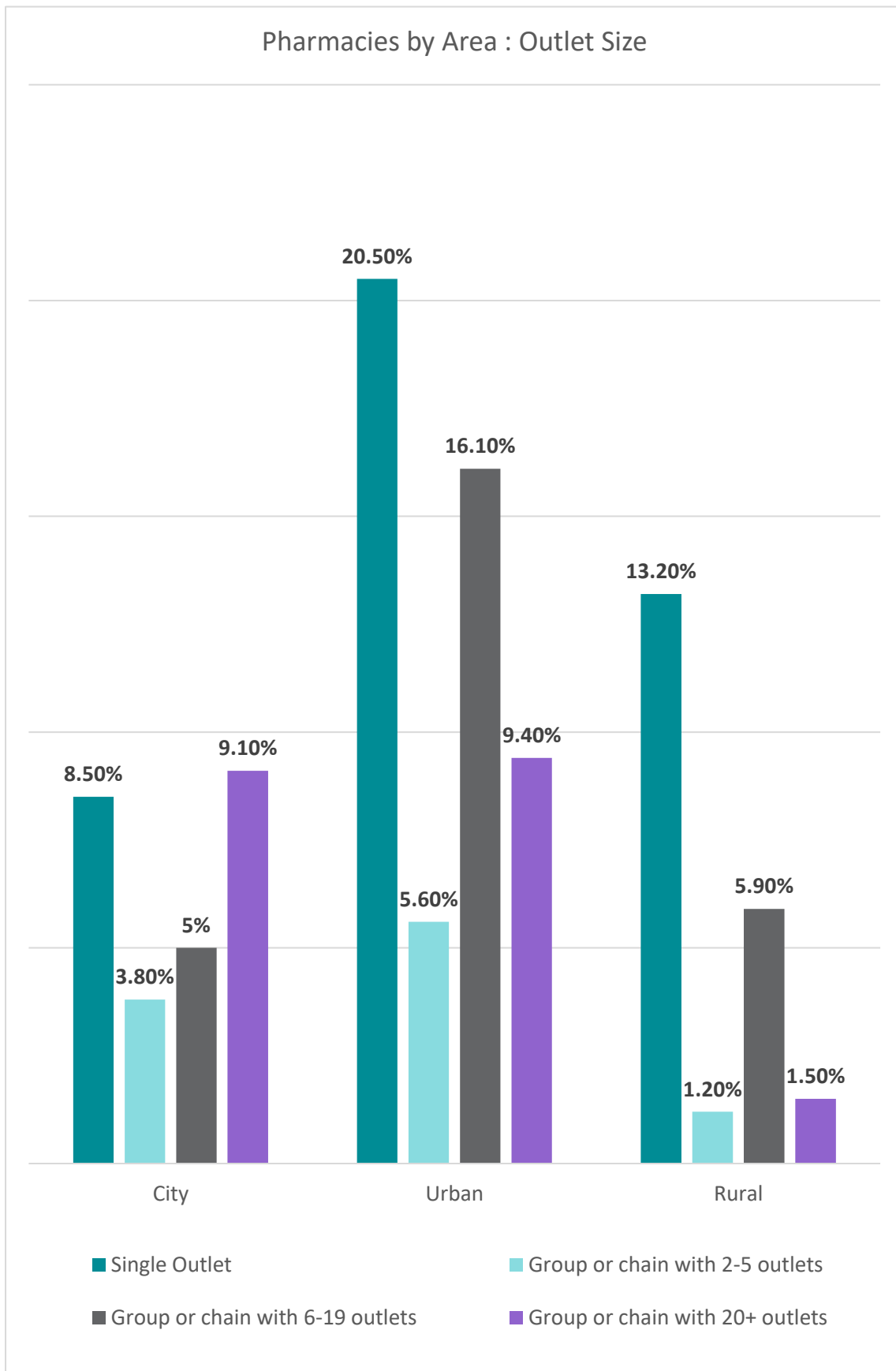
^{**} Defined by CSO as having a population between 1,500 – 49,999

^{††} Defined by CSO as having a population <1,500

Just under half of pharmacies are a single outlet while group/chain pharmacies tend to either be small (2-5 outlets) or large (20+ outlets).

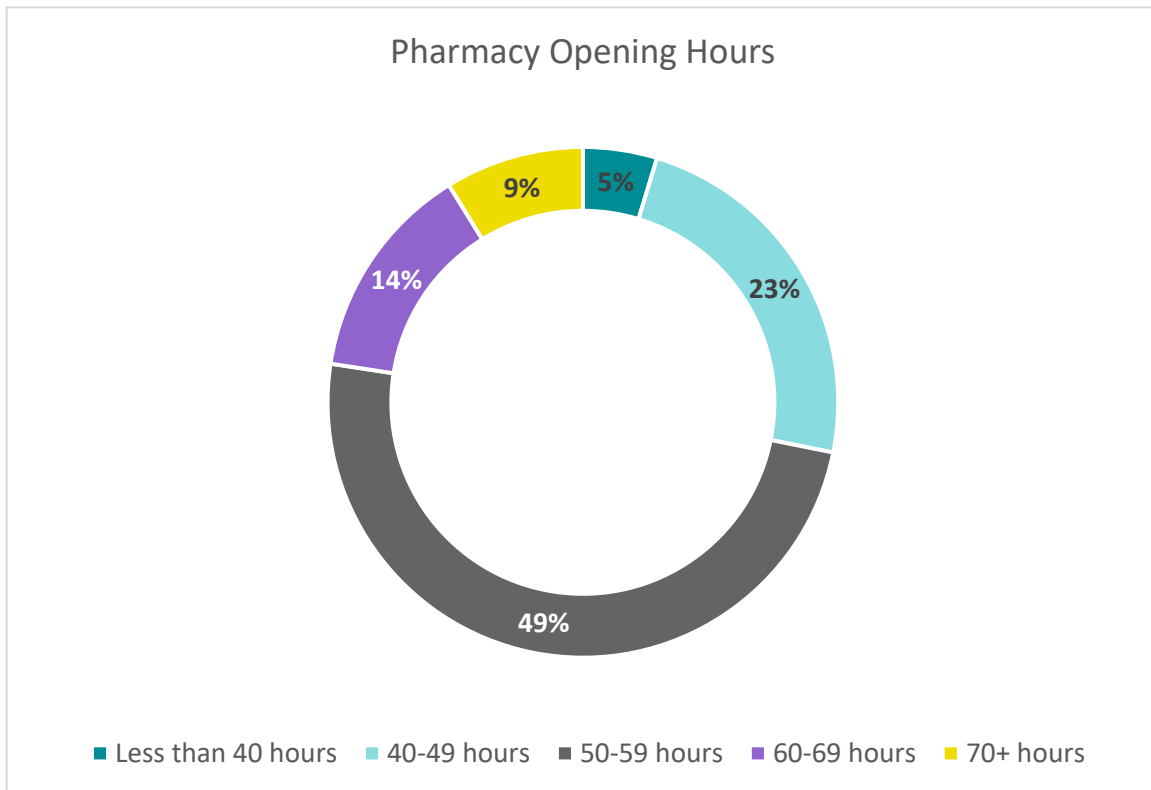


Around 20% of all pharmacies are single outlets and found in an 'urban' area.



Pharmacy Operating Hours

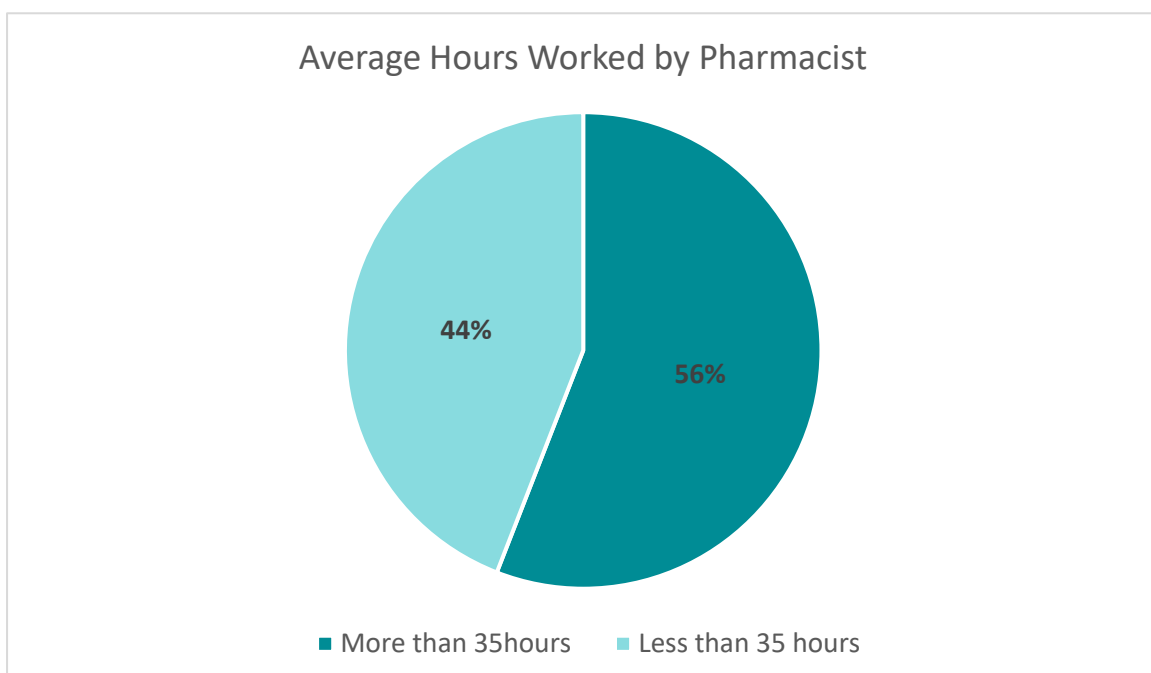
Around 75% of pharmacies are open between 40-59 hours each week and the majority of these pharmacies are staffed with 1.5 – 2 pharmacists.



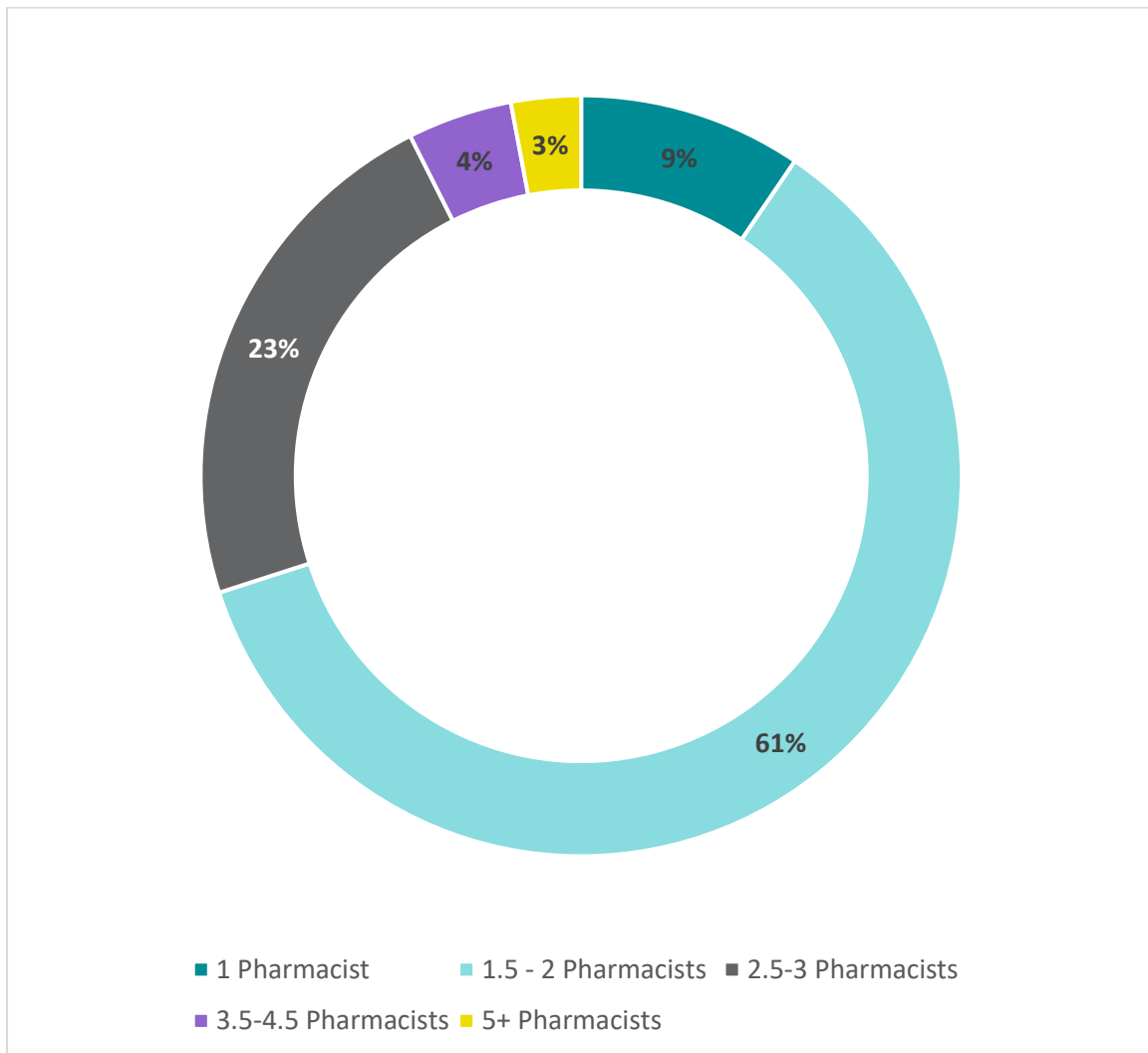
3.3.2 Pharmacy Staff

Pharmacists

Approximately half of pharmacists work 35 or more hours each week in a pharmacy.



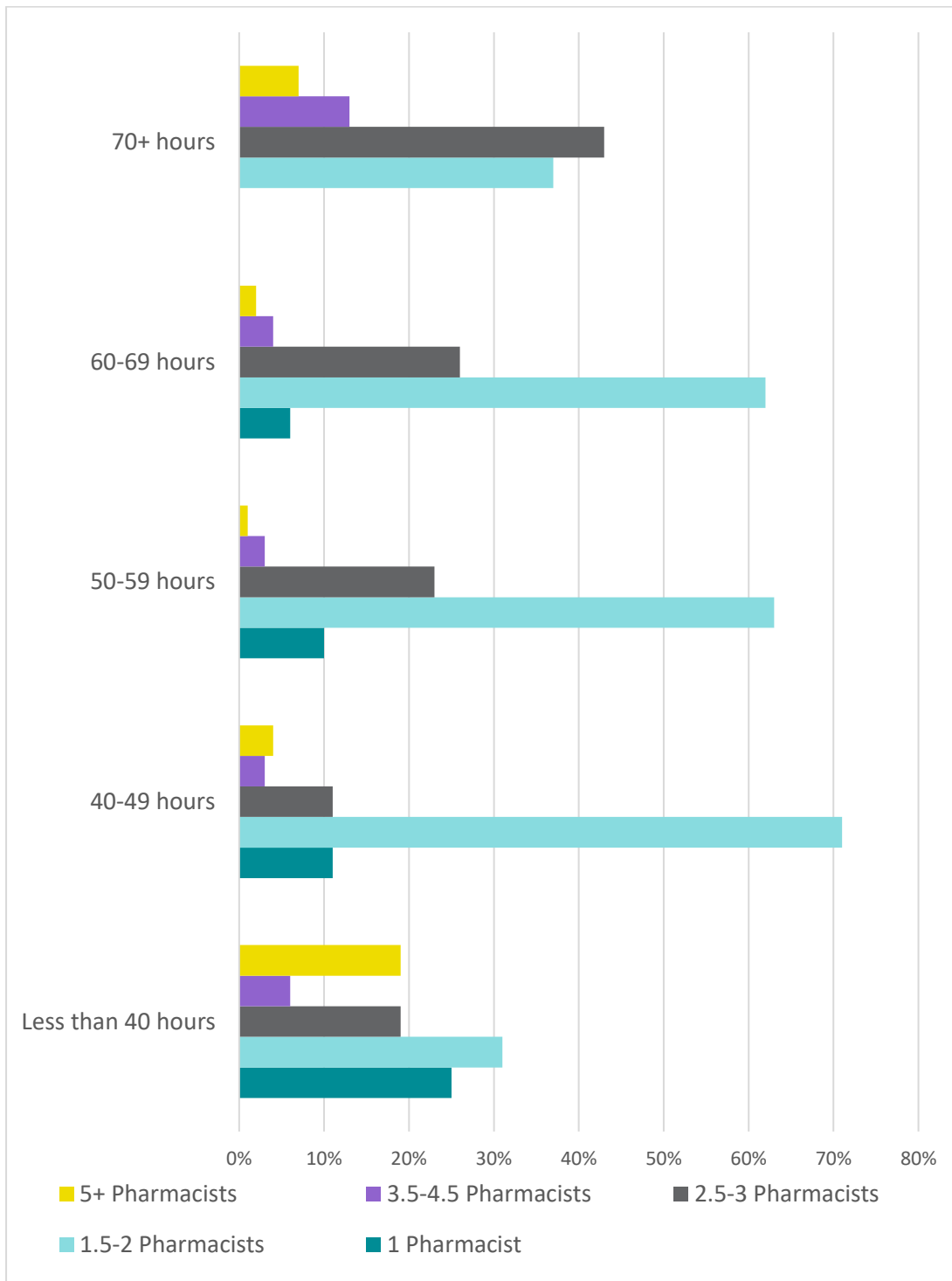
Most pharmacies in Ireland employ 1.5^{††} – 2 pharmacists.



This trend continues across outlet size (i.e. single v. chain) and is broadly true across the variance of pharmacy opening hours, except for pharmacies open 70+ hours.

^{††} where '.5' represents a pharmacist who works <35 hours

Pharmacies open 70+ hours are slightly more likely to employ 2.5-3 pharmacists.



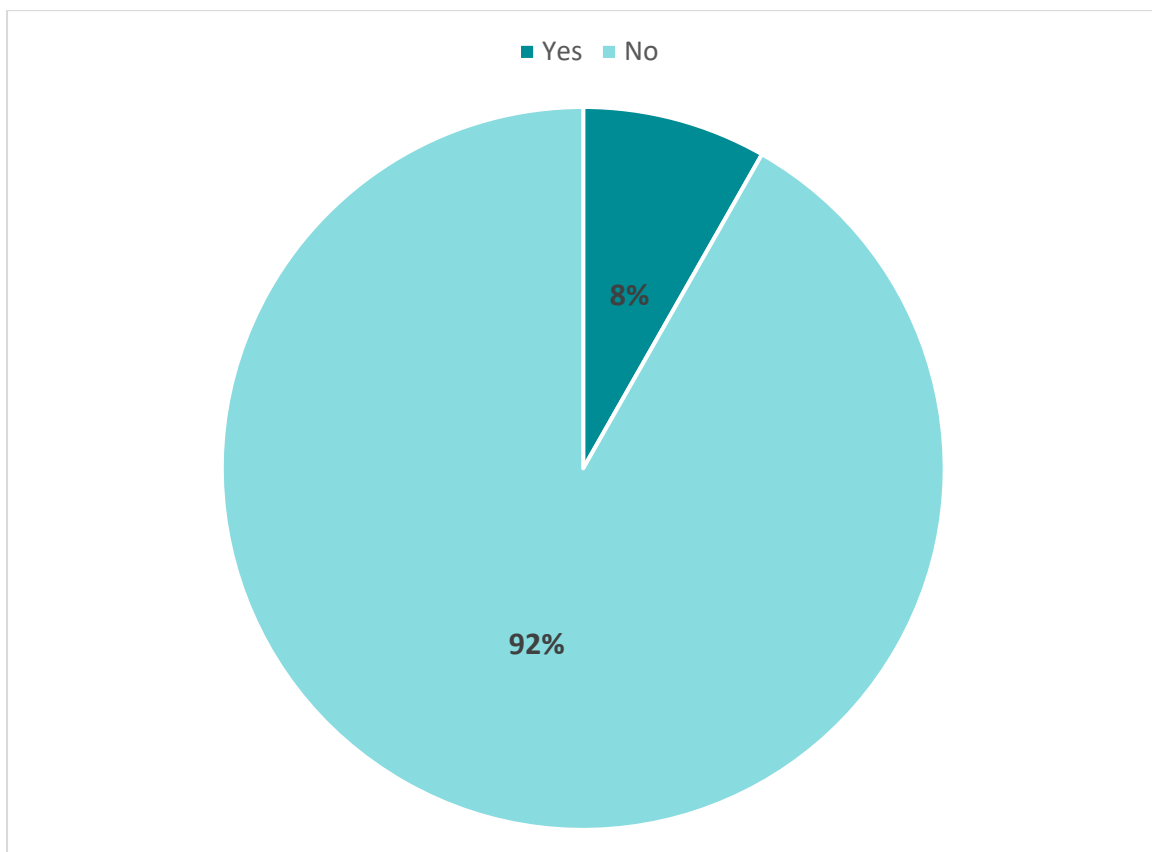
Around a third of pharmacies do not generally have 'double cover' (e.g. more than one pharmacist working alongside another pharmacist) while around 15% would have double cover for over half their operating hours.

Pharmaceutical Assistants

Under the provisions of the [Pharmacy Act 2007](#) (as amended) a “pharmaceutical assistant” means “a person who before the coming into operation of section 4(1) of this Act was competent, under section 19 of the Pharmacy Act, (Ireland) Amendment Act 1890 to transact the business of a pharmacist in his or her temporary absence”.

A pharmaceutical assistant may work in conjunction with a pharmacist in the sale and supply of medicines and carry out the activities of a pharmacist during their ‘temporary absence’ from the pharmacy.

At the time of this survey, there were 189 pharmaceutical assistants (PAs) on the register. Overall, around 8% of pharmacies stated they currently employ PAs.



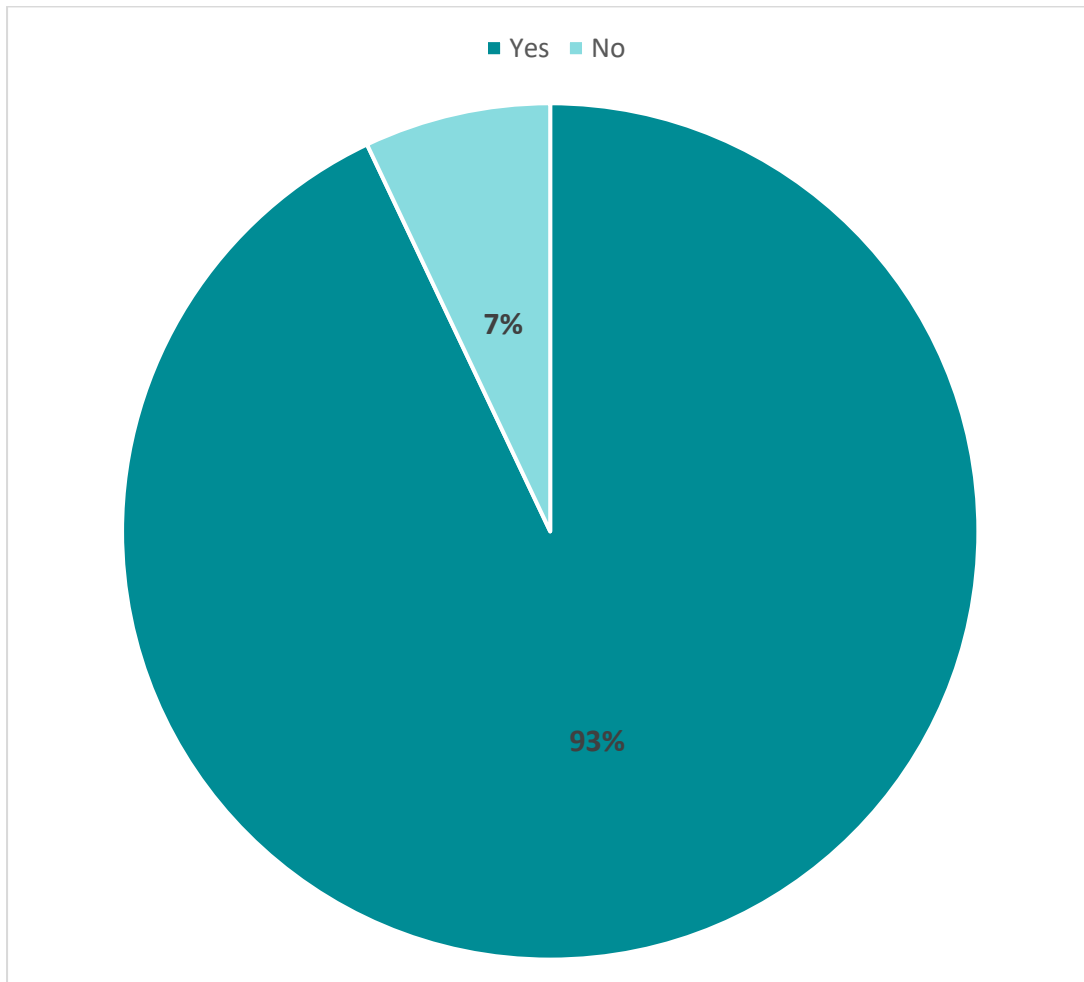
Of these pharmacies, around 10% employ two or more pharmaceutical assistants. Pharmaceutical Assistants are employed in single-outlet pharmacies and groups or chains at nearly the same rate. Around half of the pharmacies that employ a pharmaceutical assistant are located in an urban^{§§} location.

Pharmaceutical Assistants were reported to work around 19 hours/week on average. Around a third of pharmaceutical assistants generally do not work in the ‘temporary absence’ of a pharmacist. Those who do, work, on average, 5-9 hours/week in such absence.

^{§§} Defined by CSO as having a population between 1,500 – 49,999

Pharmacy Technicians/Dispensary Assistants & Additional Healthcare Team Members

A Pharmacy Technician/Dispensary Assistant/Healthcare Team Member are not currently subject to regulation or registration by/with the PSI. These roles, however, are noted to contribute to pharmacy teams, with most pharmacies employing staff in such roles.

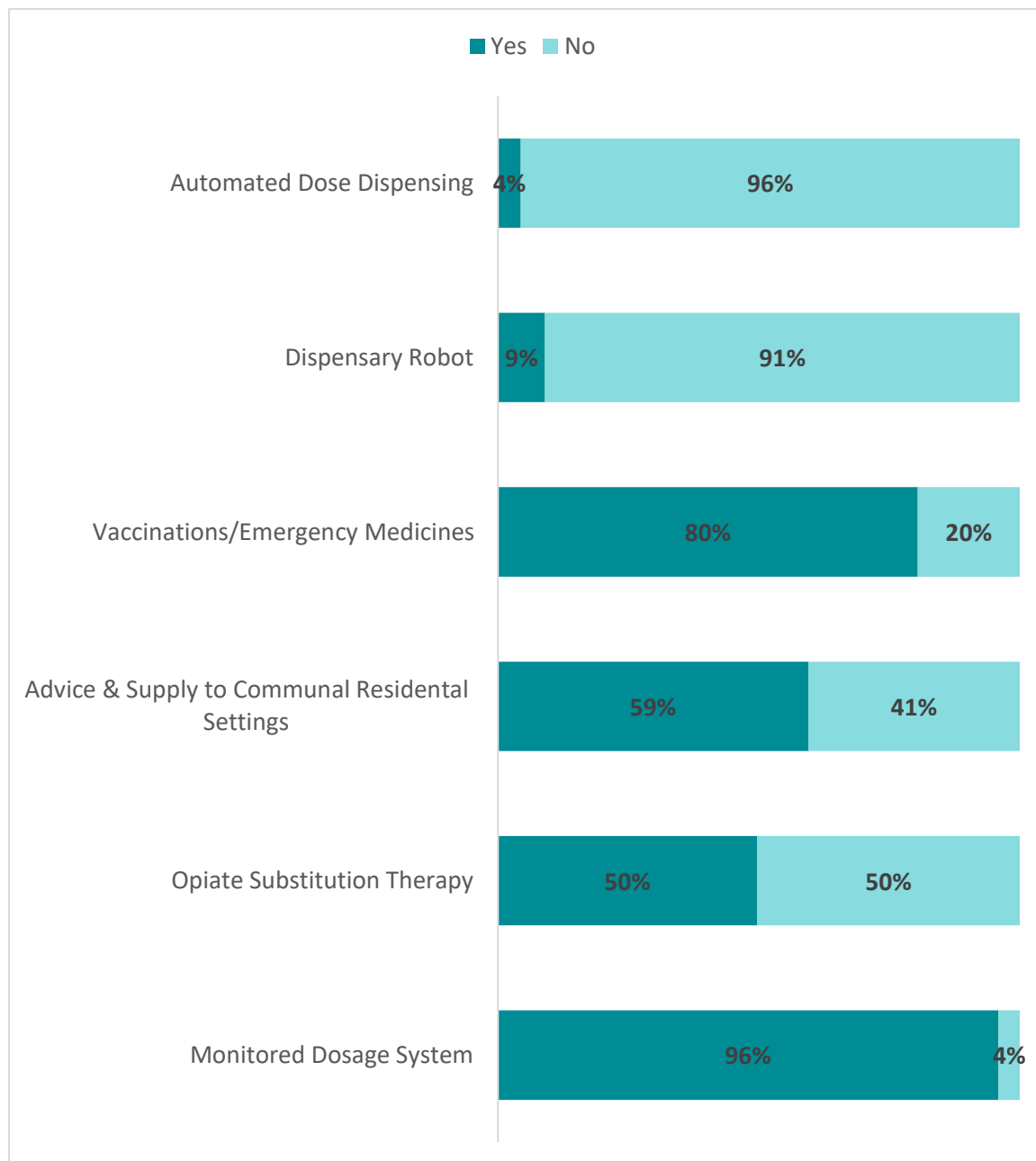


Nearly all pharmacies stated they employ pharmacy technicians/dispensary assistants during all operating hours, with most pharmacies employing two or more.

Additionally, around 75% of pharmacies reported employing additional healthcare team members who work in the pharmacy (outside of the dispensary) for the duration of the pharmacy operating hours.

3.3.3 Dispensary & Additional Services

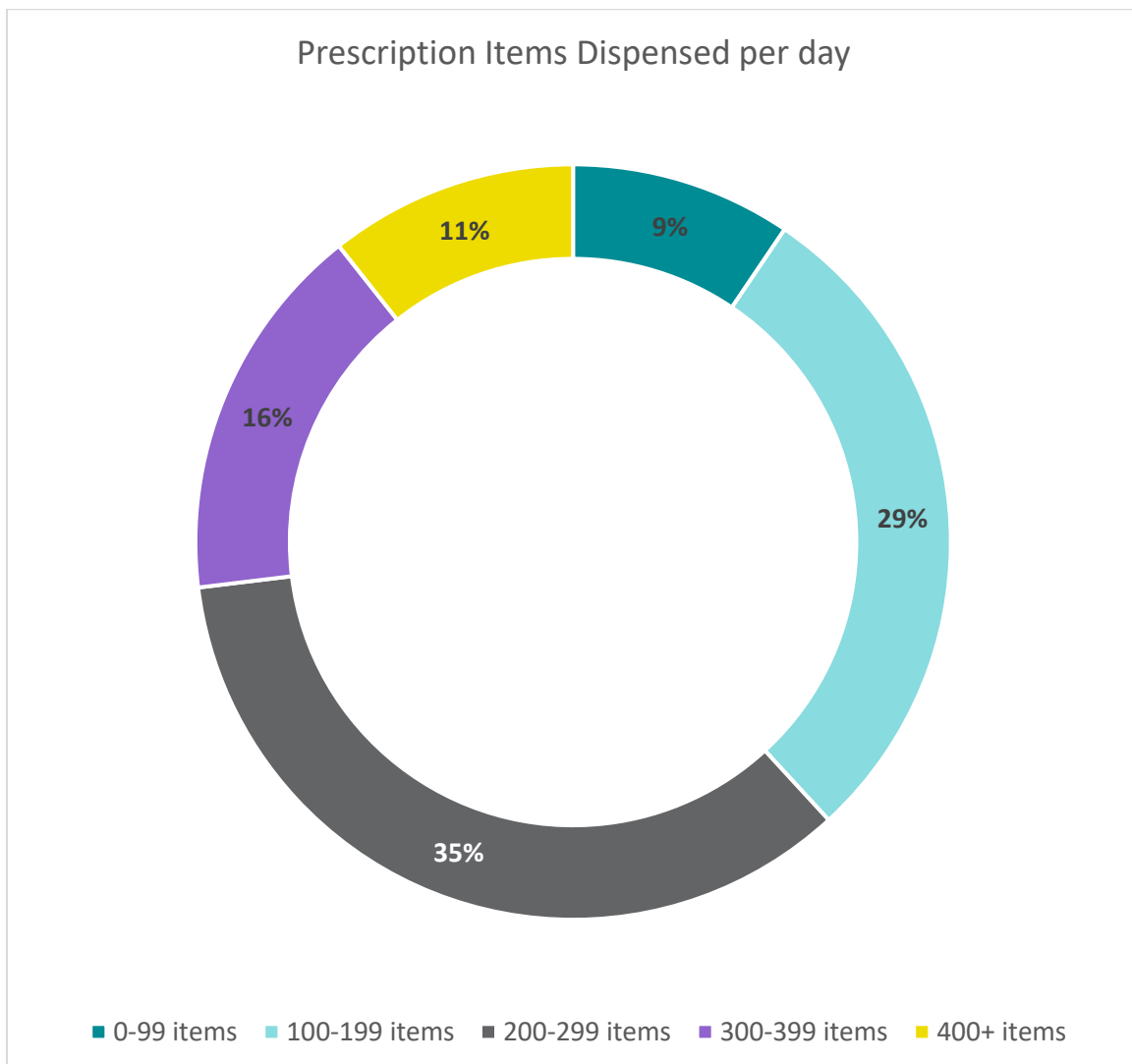
Pharmacies continue to expand their scope of services and use of technologies. Nearly all pharmacies reported offering monitored dosage system services and the majority also indicated they provide vaccinations.



These additional services can impact staffing levels. For example, most pharmacies stated they employ 1.5-2 pharmacists, however pharmacies that provide advice and supply to communal residential settings generally stated they employ 2.5 pharmacists.

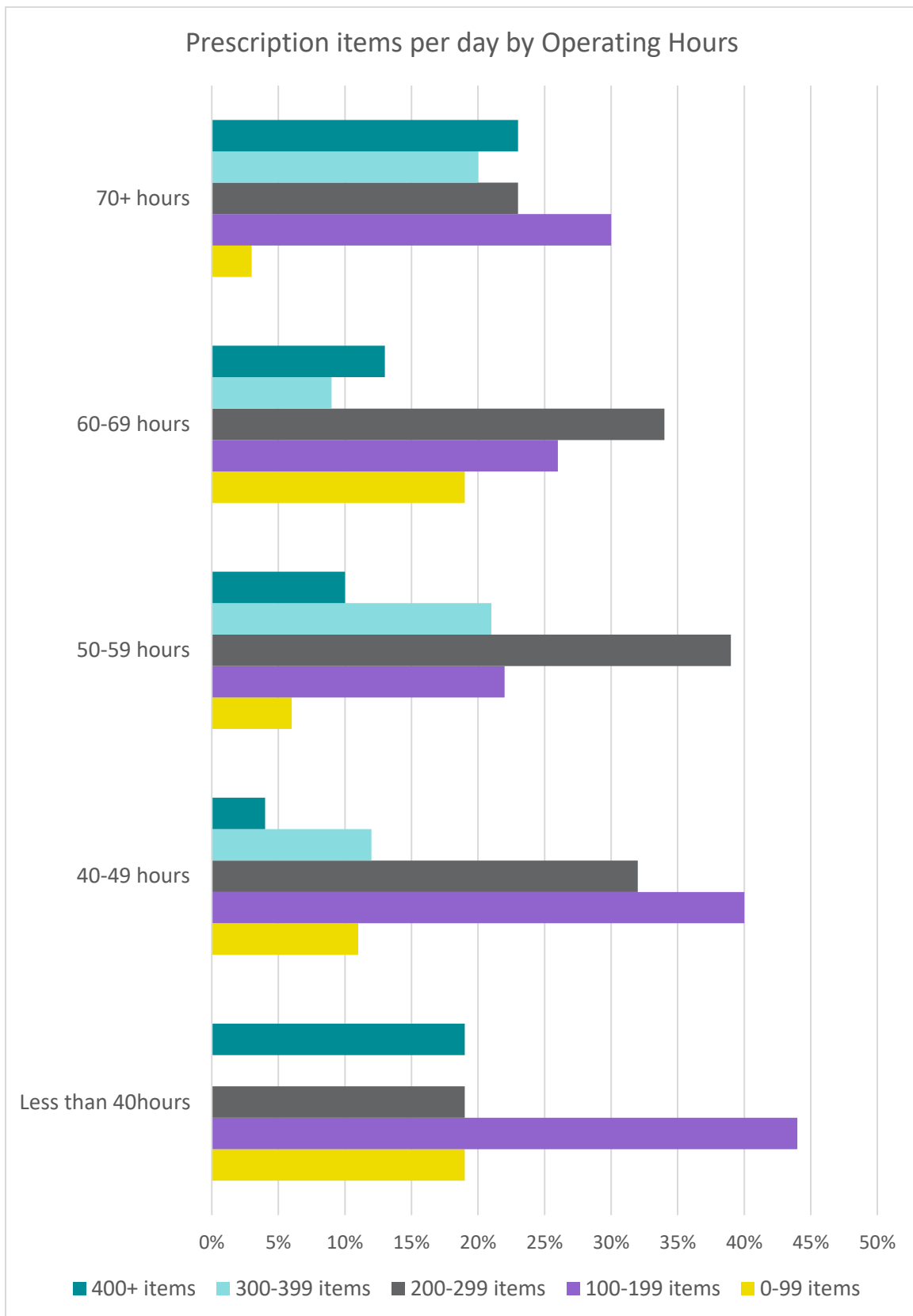
Daily Prescriptions

The majority of pharmacies reported dispensing between 100-299 prescription items per day.

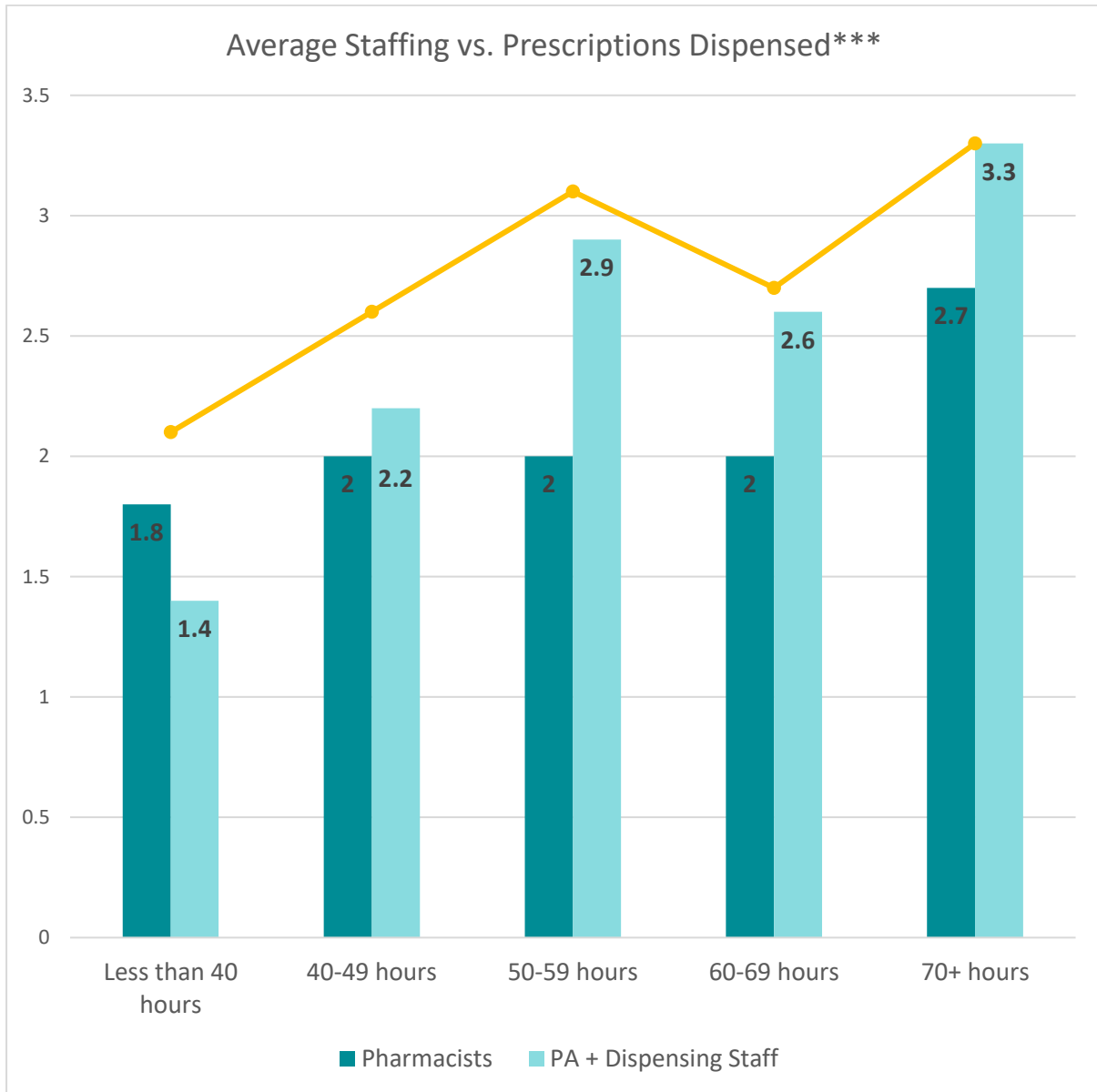


When considering factors that could influence the number of prescriptions dispensed per day, technology plays a key factor. While a limited number of pharmacies reported that they currently use a dispensary robot and/or automated dose dispensing, those which do, dispense 300-399 items per day on average.

Generally, operating hours was not found to be the key driving factor for the number of prescription items dispensed per day. Most pharmacies, irrespective of hours, still broadly dispense between 100-299 items per day.



When considering the average number of prescription items dispensed per day, with regards to staffing levels, the role of the dispensing staff in the pharmacy is notable. As indicated in the figure below, rising supports through dispensary staff is used to support increasing prescription item numbers, while the average number of pharmacists stays the same across operating hours.



*** The yellow line represents average prescriptions dispensed per diem. 1 = 0-99 items, 2 = 100-199 items, 3 = 200-299 items, 4 = 300-399 items, 5 = 400+ items

4. Summary

Gathering a deeper picture of the register and gaining a better understanding of pharmacists in active practice is critical to enable the PSI to understand the evolving trends in pharmacy practice.

The data from this survey will serve as a baseline overview of practice at this point in time. It will inform future pharmacy guidance from the PSI and will also be used to demonstrate capacity in the sector. The survey has also enabled the PSI to observe trends in relation to age profiles, gender profiles, practice area, and additional training undertaken by pharmacists. Through analysing these trends in the workforce, the PSI is better able to anticipate areas of need, both geographical and practice, and to proactively identify potential short falls of pharmacists and or pharmacy services in the future. We have also been able to make 563 updates to our register following this survey, where respondents provided the necessary permission and information for updates to be made.

The PSI is committed to ensuring the information it holds on its register is updated and monitored as the scope of pharmacy practice continues to evolve, in addition to changes in population, population health and the development of health services. You can read more information on other activities in this area by PSI and other stakeholders in the PSI Workforce Intelligence Report.

We wish to sincerely thank all registrants who took the time to complete this survey and share information about their practice.