Perspectives of Community Pharmacy

January 2019
Community pharmacy perspectives

Young people now are more interested in an evolving career than in a fixed profession.

Job satisfaction is low:

5.4 out of 10 is the average sector score

Glass half full...

- Interaction / patient care. 55%
- Rewarding/helping/part of team. 45%

...or half empty

- Over regulated. 47%
- Paperwork/red tape. 25%
- Admin/bureaucracy. 21%
- More staff/long hours/no breaks. 21%
- Public respect/recognition. 21%

Other career options offer students more:

- Progression and change
- Salary tiers
- Specialisation
- Working in groups
- Collegial atmosphere
- Mutual support
- Recognition
- Travel
- Benefits

Periods of career stress:

Responsibility
Regulation
Feeling under siege

Just 1 in 3 would recommend community pharmacy nowadays.

1 in 3 are optimistic about its future.

Failing to evolve/change/adapt a significant issue with UK in sharp contrast.

Students and locums not attracted by seniority.

Few aspire to own a pharmacy.

The sector needs to regain confidence and find its voice.
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Introduction & Context

The number of graduates opting to stay and work within community pharmacy after graduation has been in decline. This has happened at a time when the supply of graduates has actually increased, with the expansion of pharmacy faculties to three over the past decade.

Anecdotally, there had been suggestion that pharmacy graduates had higher expectations and felt that community pharmacy couldn’t deliver upon these. Others speculated that the number of chains buying up existing independent pharmacies was a deterrent, while many felt that young pharmacists themselves couldn’t countenance the extent of debt required to borrow to ultimately purchase a pharmacy these days.

To endeavor to make sense of these different perspectives and theories, the Irish Pharmacy Union commissioned a research study from Behaviour & Attitudes. Two separate elements were involved, namely a preliminary broad ranging qualitative phase, consisting of both focus groups and in-depth one-to-one interviews, and a subsequent quantitative phase, canvassing the views online of a much broader range of pharmacists.

i. Objective

The central objective of the study was to understand the attitudes of all those connected with the sector towards becoming and remaining a Community Pharmacist. Fundamental to this was a requirement to identify the facets that drive and deter the appeal of working in community pharmacy at present. The prospective sample for the study was very broad, consisting of undergraduates, graduates, newly qualified pharmacists, pharmacists who have worked for some years in the sector, as well as those who have opted to leave the sector behind them. In addition to these, the sample for the study was broadened beyond pharmacists themselves, to incorporate the perspectives of other stakeholders, such as academics and the organisers of a number of voluntary and industry groups and societies, together with representatives of the regulatory body. All these interviews were undertaken off-the-record and in a non-attributable manner.
ii. A Review of Methodologies

The two phases of research involved quite distinct and different methodologies. The initial qualitative phase was undertaken as a series of discussion groups, supplemented with one-to-one qualitative interviews. The discussion groups were recruited to represent a spectrum of different categories of individual, from students through to pharmacy owners. Participants were recruited by Behaviour & Attitudes, having been screened against key criteria to ensure their relevance and appropriateness to the study. IPU members’ lists were used to identify appropriate candidates for screening and/or recruitment, with the IPU having initially written to its national database to enable opt out. This ensured compliance with data protection rules. The IPU was also able to source lists of pharmacists who have exited the profession and these were used as an additional sample source for the study. In addition to this, to broaden the focus and enable us to directly address those who have consciously exited from professional involvement in the sector as a pharmacist, the research also incorporated the perspectives of two specific groups. These were members of PIER (Pharmacists in Industry, Education and Regulatory), and separately, those pharmacists who interact on the Pharmabuddy platform, largely younger, employee pharmacists. The qualitative phase was undertaken and debriefed in the Summer of 2018 with the quantitative elements being completed online in June and July. The quantitative study yielded a sample of 310 respondents.
# Qualitative Sample Specification

## Group discussions

<table>
<thead>
<tr>
<th>No.</th>
<th>Stage in career</th>
<th>Gender</th>
<th>Criteria</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pharmacy Students</td>
<td>Mix</td>
<td>Mix of Trinity and RCSI students, final year</td>
<td>Dublin</td>
</tr>
<tr>
<td>2.</td>
<td>Pharmacy Students</td>
<td>Mix</td>
<td>UCC students, final year</td>
<td>Cork</td>
</tr>
<tr>
<td>3.</td>
<td>Graduates</td>
<td>Male</td>
<td>Working in community pharmacy</td>
<td>Dublin</td>
</tr>
<tr>
<td>4.</td>
<td>Graduates</td>
<td>Female</td>
<td>Working in community pharmacy</td>
<td>Cork</td>
</tr>
<tr>
<td>5.</td>
<td>Graduates</td>
<td>Mix</td>
<td>Working in another sector/ outside community pharmacy</td>
<td>Dublin</td>
</tr>
<tr>
<td>6.</td>
<td>Superintendent pharmacists</td>
<td>Mix</td>
<td>Non-owners</td>
<td>Cork</td>
</tr>
<tr>
<td>7.</td>
<td>Locums</td>
<td>Mix</td>
<td>Working as a Locum for 3+ years</td>
<td>Dublin</td>
</tr>
<tr>
<td>8.</td>
<td>Pharmacy owners</td>
<td>Mix</td>
<td>Single and multi-pharmacy owners, Dublin &amp; Leinster</td>
<td>Dublin</td>
</tr>
</tbody>
</table>

## In-depth interviews

<table>
<thead>
<tr>
<th>No.</th>
<th>Stage in career</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Graduate</td>
<td>Who had started in community pharmacy</td>
</tr>
<tr>
<td>2.</td>
<td>Graduate</td>
<td>Who had started in community pharmacy</td>
</tr>
<tr>
<td>3.</td>
<td>Graduate</td>
<td>Who had not started in community pharmacy</td>
</tr>
<tr>
<td>4.</td>
<td>Graduate</td>
<td>Who had not started in community pharmacy</td>
</tr>
<tr>
<td>5.</td>
<td>Educator</td>
<td>Course Director</td>
</tr>
<tr>
<td>6.</td>
<td>Educator</td>
<td>Business Trainer</td>
</tr>
<tr>
<td>7.</td>
<td>Key opinion leaders</td>
<td>Regulatory</td>
</tr>
<tr>
<td>8.</td>
<td>Key opinion leaders</td>
<td>Industry Group organiser</td>
</tr>
<tr>
<td>9.</td>
<td>Key opinion leaders</td>
<td>Industry Group representative</td>
</tr>
<tr>
<td>10</td>
<td>Key opinion leaders</td>
<td>Former Pharmacist</td>
</tr>
</tbody>
</table>
1. Studying Pharmacy

Almost three out of four pharmacists indicated that they made the decision to study pharmacy prior to the Leaving Cert. Half indicated that they had done so ahead of sitting the Leaving, with numbers deciding earlier: 1 in 10 before the Junior Cert, 7% at Junior Cert stage and another 5% in Transition Year.

The corollary to this however is that 1 in 7 only made the decision, they claimed, on receipt of their Leaving Cert results, and a similar number, 1 in 7 came late to the profession, often having completed other study.

Noticeably, those who had chosen pharmacy as a second degree seemed singularly more committed to working in community pharmacy. They tended to have a more considered viewpoint, perhaps not surprisingly with greater maturity.

Although most had decided quite early on pharmacy as a career, it appears that some who came later to the profession are the more determined to work in community pharmacy

1.1 Influencing Factors

Family connection to the world of pharmacy and it being recommended are among the most important basis for having chosen to study pharmacy in the first place. It is unlikely that there are many other careers that are so widely chosen on the basis of familial or other trusted recommendation.

It is evident at the outset therefore that pharmacy was held in high regard at the time they had decided to study it and, that many had harboured the desire to be a pharmacist for some time.

As we will see later in this report, there is evidence that the status of the profession is felt to have become undermined, for some, more recently. It is important to juxtaposition these two facets: a career or occupation that was held in high regard and recommended, and one which many in the sector now feel has been undermined or debased by change and, for some, by a perceived inability of the role of the pharmacist to evolve to mirror societal requirements (or as it has been done in other countries.)
The qualitative phase largely echoes these sentiments. Pharmacy had often been encouraged as a career by parents and relatives, tending to be pushed ahead of other more ‘vague’ career choices as it leads to “an actual profession”. Current students often emphasise the perceived importance of a profession to their own parents, whereas they themselves may no longer see the profession of pharmacy as an end goal per se, but, for some, as a stage on a path to a perhaps different career.

What is clear is that the basis of recommendation of pharmacy is often that it is ‘better than’ a number of other options, with science particularly singled out. It tended to have been seen as a direct route to employment and as a career option with “a guaranteed job” on completing study. Parental and relative recommendation was also on the basis that the starting salary in pharmacy was perceived as substantially ahead of that payable to many other graduates. Pharmacy graduates themselves are now quite conscious that this perceived differential is much smaller than it once had been, and that other occupations “catch up” and progress, whereas tiering or progression in community pharmacy is more limited. It is interesting also, when talking to current students and recent graduates, to note how their perspective of ‘a profession’ is probably substantially different to that held by previous generations. For many nowadays it is much more appealing to embark on a career path which is capable of changing and evolving over time. The view of many students nowadays is that their initial occupation is likely to be very different to that which they will be pursuing in 15 or 20 years’ time. It is not uncommon for students to talk eagerly about the possibility of working in sectors or areas that don’t yet exist. This perspective on possible work futures is quite starkly different to a more traditional view that achieving a professional qualification should be, or is, the ultimate goal for an ambitious student. In essence, that traditional perspective seems quite anachronistic nowadays. The idea that one’s career goal might have been achieved by one’s mid 20s seems out-of-step with modern perspectives of work, employment and career thinking.

**Students nowadays are less likely to think of courses of study as a direct path to a specific occupation but often aspire to career choices that they see as fluid and more dynamic.**
Some pharmacy students and, indeed, others who have worked in the profession for a few years are quite strong in their view that pharmacy could be perceived as quite dull or boring. It is a ‘safe’ occupation and one with a lack of perceived evolution or change.

Many, both younger pharmacists as well as much older colleagues, are conscious that the role and scope of the pharmacist has broadened considerably in other countries. Indeed, many pharmacists will have worked at various stages in England, Scotland or Northern Ireland. There is a generally very strong view that the profession has moved on considerably in the UK, where the development of pharmacist-led clinics, and the ability of the pharmacist to prescribe medication and be more central to the treatment of patients is apparent.

What is disappointing to many young pharmacists, and to quite a number of their older counterparts, is a perception that the profession is not capable of evolving or changing in Ireland. A number of the key opinion leader interviews echoed this viewpoint. There is a view that the sector is “many years behind the UK” and that there is an absence of notable agitation for change, development or evolution. Younger pharmacists, in particular, are not aware of whatever lobbying or interaction may be underway between pharmacy interests, the regulator, the HSE, the Department of Health and others. This tends to be contrasted with a perspective of many pharmacists, that GPs are much more vocal and singular in putting forward their case vis-à-vis how they would like to see their profession evolving. There is some envy of doctors’ ability “to shout louder” and a view that they have higher ranking representation in the Department of Health (a higher ranking Chief Medical Officer, it is suggested).
### 1.2 Studying

Just under half of all pharmacists (44%) studied overseas, with England the choice for just over a fifth (21%) and Scotland an option for a further one in seven (14%). Conversely, slightly more than half of all pharmacists (56%) studied in Ireland, with TCD graduates making up the lion’s share of current pharmacists. Interestingly, when we focus upon pharmacists under the age of 35, we see that more than two out of three pharmacists in this age band studied in Ireland, with the share of each of the three faculties much closer. Studying in England or Scotland seems to have been much more popular for those pharmacists aged between 35 and 50, whereas if we focus on the generation aged 50 and over, the vast bulk emerged as Trinity graduates.

There is some suspicion that the generation who were forced to travel to the UK to study may have needed to be more dedicated to the idea of becoming a pharmacist than the present generation. This in some part might explain the diminished “staying power” of contemporary graduates vis-à-vis the choice of community pharmacy.

In the qualitative phase, it was notable that those pharmacists who had taken an earlier degree and then decided to take a pharmacy degree seemed generally more committed to the idea of working as a professional pharmacist.

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It is possible that the need to have studied overseas (for many in the 35-50 age range) seems to have boosted their resilience, and commitment to the profession.
1.3 Pharmacy Students

Pharmacy students tend to be highly articulate, intelligent and reflective, and are invariably used to working and studying hard to have reached their current stage. They tend to have been ambitious and among a group of school contemporaries who were high achieving and focused on degree choices (rather than careers, per se) such as medicine, engineering, law and so forth.

They will inevitably have achieved good results in the Leaving Cert and, not unusually, some will have repeated their Leaving and, indeed, some years in college on occasion, given the difficulty of the course itself. Apart from being ambitious, they will be used to a cycle of studying for exams and taking regular term papers throughout their college studies. Hard work is part and parcel of the path they have chosen.

A number of existing students mentioned that they had been aiming for medicine but had either missed out on the basis of insufficient points or, more commonly, not having performed sufficiently well in the HPAT. Some are resigned to not having made it into medicine, but others aim to switch over having gained their pharmacy degree.

It is worth emphasising that pharmacy students are a comparatively high-flying bunch and are used to associating with others who have had to work and study hard to embark on similar careers, professions or even non-professional areas. For some, pharmacy was not the one and only choice they could have made and, indeed, for others they recognise it as a stepping stone or path to further study.

Quite a number emerge as students that particularly liked the process of studying and learning. As such, Masters programmes and Doctoral studies are quite commonly in their frame of reference. Indeed, this is quite normal for many students nowadays.

The pharmacy students interviewed were invariably those studying in the Irish faculties. It is worth emphasizing that they seem to have undergone somewhat less hardship (vis-à-vis having to live overseas, study in Scotland, or leave the country very young) when compared with their older counterparts. It might be argued that their life to date has probably been a little less challenging than that experienced by their older colleagues. It is not unusual for older pharmacists to have lived and studied in the UK and elsewhere for relatively
lengthy periods, just so that they could qualify to be a pharmacist who could work in Ireland. Perhaps this slightly older group have undergone a process that has steeled and committed them more to the profession, and indeed to the occupation of the community pharmacist, than is the case for those more recently graduated and/or the Irish-educated cohort.

A particular issue at present is that a new, higher final year fee has been introduced for those currently studying, although they will essentially be on placement during much of this year. In essence, they perceive that they are being expected to work in a pharmacy, without pay, and this is proving to be particularly contentious. The reported fee of almost €12,000 is seen as excessive and unfair.

1.4 Pharmacy Placements

Most have undergone in-pharmacy placements at various stages in their training and the perspective on this has been somewhat mixed. Some have been conscious of the pharmacist or employer having been under stress, and struggling to cope with the many demands placed upon them. Although not necessarily criticising the profession of pharmacy, these older pharmacists can have a somewhat depressing effect upon the ambitions of student pharmacists. It is important to stress that these older pharmacists are not “talking down” the profession, but their day-to-day lives can often look pressured. It is felt that they are dealing with many causes of stress, which serve to detract from the attractiveness of the profession from the perspective of pharmacy students.

For some younger pharmacists too they conclude quite quickly that they are not suited to community pharmacy, sensing a lack of dynamism or evolution in the role, and harbouring a suspicion that they might ultimately find themselves similarly bowed down by the profession.

Nonetheless, where students may not have enjoyed the experience of in-pharmacy placements, many do make useful connections with future prospective employers, and they tend to prize possible locum opportunities that might present themselves in the future. Even some who might work outside of traditional community pharmacy value the possibility of availing of locum work at the weekends or potentially on holiday periods to supplement their incomes elsewhere.
1.5 College Ambition

Almost two out of three pharmacists indicated that their ambition at the time of studying was to work in community pharmacy. One in eight suggested that they had wanted to work in hospital and 11% in industry. As such, 14% had no fixed view of the sector they would like to work in at the time they decided to study pharmacy. Notably, far fewer younger pharmacists (those under 35) professed a commitment to community as a sector while studying (56%), in comparison with a much higher proportion (70%) of older pharmacists considering this at the time they had been studying.
2. Perspective of Education

In the qualitative phase, students currently studying at, or recently graduating from, each of the three Irish Schools or Universities were interviewed in discussion groups and in some cases individually. The wider quantitative study represents the views of a broader cross-section of pharmacists, 56% of whom studied in Ireland, and the balance overseas.

Broadly speaking, feedback on pharmacy education is positive, with evidence of a somewhat more upbeat perspective from those who recently completed studying, as opposed to those qualified for 15, 20 or more years. This may be simply a function of the recency of completing education but also of improvements made to the planning curriculum or equally could reflect a deteriorating perspective in light of older pharmacists’ experience since that time. Whichever is apparent, and we do suspect it relates to a combination of more recent graduates being upbeat and of qualitative curriculum enhancement, it is encouraging to note that there is broad positivity about pharmacy education overall.

For example, 19 out of 20 say that they would regard their degree as a high quality degree while almost as many suggest that they feel it is an ideal preparation for further study. As such, this underscores a perspective that was quite starkly apparent across the focus groups with current students and recent graduates.

Pharmacy is often regarded nowadays as a possible stepping stone to a variety of different careers, rather than necessarily as a route straight into working as a community pharmacist. As a group of ambitious and very motivated young graduates, it is not surprising to see many young pharmacists looking to potentially work across a broad range of industries and sectors. It was often mentioned that a wide variety of consulting, industrial and other large employers now seem particularly focused upon pharmacists as potential employees.

Contemporary pharmacy education is very highly regarded but often as it is seen as an ideal preparation to further study and working across a variety of areas.
They are regarded as having different types of intelligence and aptitude to ‘traditional’ graduate-entry hires with commerce, business or liberal arts degrees.

More recent graduates are a lot more positive about their education than longer qualified pharmacists.

A substantial element of the appeal of significant multinational employers in areas like pharmaceutical manufacturing or management consulting is that they offer training, career progression, opportunities for advancement, scope for travel and overseas experience and, indeed, working in a stimulating and supportive environment. This is often characterised by recent graduates as distinctly different from how they perceive a career in community pharmacy to be: needing to be self-sufficient in-store, not necessarily stimulated, not having scope for career advancement, nor salary progression, travel, or other benefits. Additionally, many opportunities outside of community pharmacy tend to come with an array of benefits and employee entitlements, such as pensions, health insurance, and in some places elements such as car allowances, living and rental allowances and so forth.

While careers in industry may often start at a lower salary than opportunities within the community pharmacy sector, there is a view that it is possible “to catch up” and progress beyond the typical community pharmacist salary within a few years.

Pharmacists voiced quite broadscale criticism of their pharmacy education too. More than three in four suggested that it needed more of an HR or management focus and just slightly less than this (73%) a greater commercial focus. Three in five (62%) feel overqualified relative to what they need to be good at for community pharmacy. An even higher proportion (72%) indicated that they feel their education was ‘lacking in some regards in relation to community pharmacy’.

Slightly more than half were directly critical of their degree vis-à-vis its relevance to the modern reality of pharmacy; 51% suggested this, although 46% disagreed in this regard. There is an almost equal division between those agreeing that their education had ‘opened them up to
other opportunities they were not conscious of (51%) and 49% who disagreed in this regard. Pharmacists are quite polarised, with young pharmacists and graduates much more attuned to different options. There is undoubtedly a mixed view in respect of contemporary perspectives of pharmacy education, but encouragingly, more recent graduates are notably more upbeat about their degrees than those who completed their study longer ago.

Moving on to assess the relevance of their degree for careers in three separate areas (community pharmacy, hospital pharmacy and work in industry) illustrates that the vast majority believe that it prepared them well for each of these possibilities.

Almost three out of four (73%) suggested that they felt well prepared for a career in community pharmacy and a similar number a career in hospital pharmacy. Fewer (61%) suggested that they felt well prepared for a career in industry.

When queried about potential improvements they would like to see in pharmacy education, and responding in their own words, a reasonably consistent pattern emerges. Younger pharmacists in particular outlined a series of areas in which they felt their education could be better. Almost two in five pharmacists suggested that they felt a shortcoming in the area of learning about business strategy, and encompassing areas such as HR, finance and accounting, and claims. A further one in five would like to see more clinical educational placements, work experience or a greater amount of practical work. Additionally, 15% would like to see more management focus or the cultivation of leadership skills and a similar number the development of medical training, clinical education, confidence and focus. An eighth felt that they could do with greater customer service skills or a more focused community orientation.
These facets largely echo what was heard within the discussion groups and one-to-one interviews. Young pharmacists often feel quite exposed when placed into a pharmacy for the first time. They may quickly be “in charge” within the pharmacy, and often feel under-qualified and, in some cases, slightly over-awed at the process of effectively managing a pharmacy staffed with considerably more experienced, albeit non-pharmacist, staff. This can be very challenging for a young graduate and is evidently something for which many feel ill-prepared.

Some younger pharmacists indicated that they feel much more comfortable dispensing and reviewing scripts and, of course, interacting with patients. Where they may feel much more challenged is in managing inter-personal and HR facets in pharmacy and specifically, in endeavouring to manage the profitability of the pharmacy itself. While few younger pharmacists may be responsible for buying and stocking, it was not unusual for them to comment that they are expected to retain or achieve specific margins, and this feels wholly outside their frame of competence or experience.

**PHARMACY IN APPREHENSION**

Ill-prepared to be in charge of (an often older) team

Absence of professional support

Lack of intellectual peers

Lack of business knowledge

Pressure to maintain/achieve margins

Not properly prepared for a highly important career stage

Long hours

Absence of breaks

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**Improvements they would like to see in pharmacy education**

<table>
<thead>
<tr>
<th>Improvement</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business strategy, training/Module/Lectures – HR application, financial &amp; accounting, claims</td>
<td>38</td>
</tr>
<tr>
<td>Clinical educational placements/Work experience/Practical work</td>
<td>19</td>
</tr>
<tr>
<td>Management focus/Leadership skills</td>
<td>15</td>
</tr>
<tr>
<td>Development of medical training, clinical education, confidence, focus</td>
<td>14</td>
</tr>
<tr>
<td>Customer service skills/Community orientated</td>
<td>13</td>
</tr>
<tr>
<td>Education/Skills updated – HSE schemes, phasing, counselling etc.</td>
<td>9</td>
</tr>
<tr>
<td>Dealing with staff, customers</td>
<td>9</td>
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<tr>
<td>Seems to be improving</td>
<td>7</td>
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<tr>
<td>Emphasis/Better communication skills</td>
<td>5</td>
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<tr>
<td>Career advice</td>
<td>5</td>
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<tr>
<td>Separate courses needed - community pharmacy, physiology, hospital, industry, retail</td>
<td>5</td>
</tr>
<tr>
<td>Focus on the every day reality of the job/more practical</td>
<td>5</td>
</tr>
<tr>
<td>Specific courses for preferred professions</td>
<td>3</td>
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<tr>
<td>Less clinical skills that are not necessary</td>
<td>3</td>
</tr>
<tr>
<td>Have students focus on specialist areas in final (5th) year/elective modules for areas of interest</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
</tr>
<tr>
<td>Nothing/don’t know</td>
<td>7</td>
</tr>
</tbody>
</table>
3. Pharmacy as a Career

Somewhat worryingly, just a third of all pharmacists interviewed in the quantitative study said that they would recommend community pharmacy to a student today. Compounding this, the level among pharmacists under the age of 35 is just over a quarter, with greater stated enthusiasm about the profession expressed by pharmacists over the age of 50.

This perspective is quite disquieting and gives rise to concern about current satisfaction with the profession and with the day-to-day reality of being a pharmacist. Interestingly, there is very strong correlation between expressing high levels of optimism about community pharmacy and the likelihood of recommending it to a current student. Conversely, those who are not so optimistic are much less likely to make a recommendation of community pharmacy to a current student.

Only a third of pharmacists indicated that they are optimistic about the future of community pharmacy. Almost half said they are not that optimistic and the balance, one in six, were not at all optimistic. There is a strong correlation between relative optimism and current workplace satisfaction.

It is interesting that the more optimistic individuals within the sector at the moment tend to be women, pharmacists over the age of 50, and those working as contractors rather than as employees or employers. Similar patterns were very apparent throughout the qualitative phase, with locum employees in particular feeling under less pressure and seeming generally happier with their lot. Conversely, employees, particularly those at more senior levels, (superintendents, supervising) often proved to be under much greater personal pressure.
When asked to indicate what they particularly like about community pharmacy as a career, the vast majority say that it is to do with interaction with customers, feeling part of the community, and providing care to patients. Relatedly, 46% like that they are helping people, feel that it is a rewarding career, and like working as part of a team to make a difference.

<table>
<thead>
<tr>
<th>Likes about community pharmacy as a career (spontaneous)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interaction with customers/Community integration/Community care</td>
<td>55</td>
</tr>
<tr>
<td>Helping people/Rewarding/Part of a dedicated team - making a difference</td>
<td>46</td>
</tr>
<tr>
<td>Health expertise/Healthcare provision - providing good quality healthcare</td>
<td>10</td>
</tr>
<tr>
<td>Variety</td>
<td>9</td>
</tr>
<tr>
<td>Learning opportunities</td>
<td>6</td>
</tr>
<tr>
<td>Flexibility</td>
<td>6</td>
</tr>
<tr>
<td>Dislike profession/Nothing appeals</td>
<td>6</td>
</tr>
<tr>
<td>Interesting</td>
<td>5</td>
</tr>
<tr>
<td>Self-Employed/Entrepreneurship/Ability to run own business</td>
<td>5</td>
</tr>
<tr>
<td>Health/Medicines/Wellbeing of patient</td>
<td>5</td>
</tr>
<tr>
<td>Good money</td>
<td>4</td>
</tr>
</tbody>
</table>

The proportion mentioning health expertise or providing good quality healthcare is comparatively low and indeed mention of facets such as variety, flexibility, or that the job is interesting seem quite low.

Conversely, when asked to describe what they may dislike about community pharmacy, a much broader range of issues consistently emerges. Indeed, this catalogue of issues strongly mirrors the playback from the qualitative phase, taking into account both the discussion groups, the one-to-one interviews and indeed the individual interviews with the key opinion leaders.
Almost half of all pharmacists feel that the sector is over-regulated and that they are under constant pressure in this regard, citing poor relationships with entities such as the PSI, the HSE and the PCRS. A quarter spontaneously mention the burden of unnecessary and excessive paperwork and red tape while just over a fifth similarly describe excessive administration and bureaucracy and reporting. Another one in five suggest that they work in an establishment which is understaffed, leading to unsociable hours, a lack of breaks, excessive weekend work and a building up of stress within the pharmacy. Relatedly one in eight feel that they are under resourced and under-supported whether by a trade association, fellow professionals or a union for example. A fifth bemoan the lack of regard for the pharmacist: there is a view that customers have become more abusive and aggressive, demanding more of the pharmacy and holding them in generally lower esteem. Related to this, just under a tenth feel that there isn’t recognition of the professional capabilities of the pharmacist; their skills aren’t seen or appreciated by the public. Other more minor issues include a perceived lack of variety within the role, comparatively poor relationships with the general practitioner and difficulties contributed to by stock shortages and tightening margins. In many cases, younger pharmacists are just as critical as their older counterparts, although it is predominantly pharmacists aged fifty and over who drive the very high levels of criticism of over-regulation and being over-burdened with unnecessary bureaucracy and red tape.
The qualitative phase strongly echoed all of these concerns and perhaps added necessary context. Many perceive that the career is **failing to evolve or change in Ireland**. By contrast, they parallel it with a sector which has undergone considerable change and evolution in the UK and in many other countries. For example, it is now commonplace for there to be **pharmacy-led clinics** in many locations across the UK, whereas such a shift is not allowed under existing regulation here. This substantially prompts a perspective that the profession is **excessively constrained** or limited in its scope or role in Ireland, whereas the potential for a much wider remit is apparent in other jurisdictions.

The groups also talked about the eroding status of the pharmacist, with a view that the considerable **lengthening of opening hours** and the **profusion of group-owned pharmacies** has somewhat commoditised the public perspective of what a pharmacy does. It seems important that efforts are made to **rebuild and more firmly establish the medical and specialised credentials** of the pharmacist. There is an enduring sense across the profession that these are unappreciated these days.

**COMMON THEMES**

- Pharmacy not evolving
- Constrained by regulation
- Slow pace of introduction of new services
  - Public fail to appreciate pharmacists’ capabilities
- Pharmacists tied up with paperwork
  - Long opening hours
- Business stresses
  - Margins and competitions

Coupled with this more diminished or undermined perspective of the role of the pharmacist, it is equally apparent that many feel isolated within their pharmacies. They are effectively the lead professional in their pharmacies in most instances, and lack peer group support and mental stimulation from others. To a large extent, they are managing non-professional staff. Younger pharmacists particularly contrast this with their perspective of potential alternative careers in industry and in multi-national employment. They are quick to reference facets such as team work, working in groups and in a mutually supportive environment as particularly attractive and as aspects which starkly contrast with and magnify the perceived deficiencies of community pharmacy for younger graduates.

Echoing the view that pharmacy may have opened them up to opportunities that they had not previously perceived, it is common that many are of the view that pharmacy is something less than they are personally
capable of achieving; they believe that they could achieve a lot more in life than the opportunity offered to them by pharmacy.

Relatedly, younger pharmacists were much less likely to mention the attraction or appeal of potentially owning their own pharmacy. At present this is seen as a much more remote or unlikely possibility and seems to be entertained by few. This stems from a number of bases, but is strongly driven by the view that pharmacies are over-priced, and their margins much tighter than they may have been in the past. Most younger pharmacists are more concerned about renting or potentially buying a home, with the possibility of buying a pharmacy a much more remote notion for now.
4. **Attitudes to Community Pharmacy**

4.1 **Scale of Issues**

Having canvassed spontaneous views, the study moved on to quantify perspectives of attitudes and views that had been revealed within the qualitative phase. The mirroring of findings and insights across the two phases is reassuring, but does give rise to considerable cause for concern.

Almost all pharmacists feel that community pharmacy involves **too much documentation** and **paperwork**, with almost 19 out of 20 feeling that the **PSI's obligations** place a very heavy burden on community pharmacy. Again 19 out of 20 suggest that community pharmacy is **very hard work** nowadays, while a similar proportion feel it has become a **very stressful occupation**.

A substantial majority (88%) feel that **patients have** become considerably more **demanding** in recent years, undoubtedly contributing to the stress and pressure experienced.

Echoing various facets indicated in the previous chapter, 82% feel that community pharmacy **needs to develop more services** while 72% feel that there are **too many community pharmacies**.

71% feel that community pharmacies are **no longer sufficiently profitable** and this leads a majority (81%) to feel that there needs to be a heightened focus on **centralised buying**, although the perspective of **symbol group membership** is more divided. 42% feel that a focus on symbol group membership makes sense, whereas 17% disagree and 39% are undecided.
4.2 Prioritisation of Issues

When asked to prioritise or indicate the factors that emerge as particular concerns for pharmacies these days, the aspect mentioned by the vast majority (almost two out of three) is the hassle of dealing with the PCRS and its attendant paperwork. Of next greatest concern, to just under half, is the pressure of ensuring compliance with regulatory guidelines. Similarly, sized contingents see the challenge to balance work, life and family time, the stress of achieving profitability, and the problem of not having sufficient breaks as key aspects of concern.

Keeping up-to-date with CPD is a primary issue for one in five with a similar number placing heightened personal focus on the difficulty of having to work very long hours.

One in seven referenced the difficulty of finding quality staff to trust and delegate tasks to, with a similar number suggesting that they are struggling to spend sufficient time with patients and that this is one of their main challenges.

Aspects which are seen as a concern, but were mentioned by relatively less as a key priority, include the difficulty of securing locum cover, feelings of isolation or being unsupported, having a lack of peers within the store and the difficulty of dealing with staff and HR issues.

Although almost two out of three are concerned about the threat of robbery or violence, it is a key issue for just 5%. Likewise, while half suggest that the public are becoming more difficult to deal with, nobody indicates that this is a key concern for them. Equally although more than two in five are concerned that they are being forced to stock inappropriate or non-medical items to achieve profitability, this isn’t a key concern for very many.
4.3 Differences by career stage

Pharmacists were asked to indicate the stages which they have found to be particularly challenging as a community pharmacist. What is striking is that the proportion suggesting that the superintendent and supervising roles are the most challenging is particularly high. Almost two out of three suggest that being an employer or owner is particularly challenging, whereas junior and locum roles and indeed student placements and short term roles apparently don’t offer as significant a challenge.

**Challenging Stages**

It should be stressed that these views were substantially mirrored in the qualitative phases and indeed that a number of groups with mid-to-late career supervising and/or superintendent pharmacists yielded a very depressed and discouraging perspective. These seemed generally dispirited and talked about ways of minimising the number of days they have to go to work in a week, often working very long days to squeeze a whole working week into three days.

When asked to expand upon the challenges that make these stages unappealing, the key facets that emerge (spontaneously) are the responsibility and stress of keeping up to date with **guidelines** and developments, the **extra challenges and responsibility** involved in being a supervising or superintendent pharmacist and, not surprisingly, the difficulty of complying with regulations and dealing with a **wide variety of regulatory and supervising organisations** such as the PCRS, PSI, HSE and IIOP.
4.4 Workplace Satisfaction

When asked to rate their current level of workplace or job satisfaction on a scale from 0 to 10, the average scores volunteered are disappointing. An overall average of 5.41 is very much mid table, with only a quarter volunteering a score of 8 or more. Female pharmacists generally gave higher satisfaction scores than men, and younger pharmacists were considerably more positive about their current workplace satisfaction than middle-aged or older pharmacists.

There is evidently a strong correlation between current workplace satisfaction and optimism about the future of community pharmacy. Only about 28% of all pharmacists are very or broadly satisfied (scoring their current satisfaction 6 or higher) and also very or quite optimistic about the future of community pharmacy. Conversely 35% gave a low satisfaction score (5 or less) and stressed that they are equally not optimistic about the future of pharmacy. Adding those who expressed just moderate satisfaction (7 or less) coupled with a lack of optimism about the future for the sector yields as many as 57% of current pharmacists.

These levels are clearly disappointing, indicative that the sector is depressed and perhaps in need of being galvanised and encouraged to reflect upon its current status and how this might be enhanced. Work practices and delegation clearly need to be considered.

When asked to indicate how they feel their role or conditions could improve, quite consistent playback is apparent. Slightly more than one in five would like to diminish the heavy burden of paperwork and administration, and a similar number want to be able to take more regular breaks and have time for lunch. Engaging more pharmacists, so that there is more cover and support in pharmacy, is a priority for one in six and a similar number would like to eliminate the many regulatory deadlines that have to be achieved each month.

Overall Average
5.41
Below these, almost one in eight would like to be better appreciated and more fairly treated by either their employer, or by the public or the Government, with about a tenth feeling that they would benefit from better pay. It is interesting that the focus on pay is much less apparent than it might be in many other industries or occupations. The issues in this sector are very firmly to do with work practices, bureaucracy and having to take up an excessive amount of strain to cope with longer working days without increased professional support.
5. The Role of the Community Pharmacist

The quantitative study involved asking pharmacists to agree or disagree with a series of statements around the role of the community pharmacist.

A number of facets were almost universally endorsed, including that pharmacists spend too much time on paperwork (98%), that pharmacists and GPs need to work more closely together (95%), that the status of the pharmacist has been undermined in recent years (82%), and that the profession needs to lobby for a broadening of its role (87%).

These elements largely mirror what was established in the qualitative phase and it was interesting the number of times that separate groups mentioned that the profession is not well represented within the Department of Health. Although there are pharmacists in the Department, the general consensus seems to be that the office holders don’t have equal status to, for example, the Chief Medical Officer. There seems to be a perspective within the profession that pharmacists would benefit from more senior representation “at the top table” within the Department of Health.

Equally, there is a view that some form of constraint has been placed upon the freedom of the profession to evolve and broaden its role. The marked contrast between the breadth of the role of the pharmacist in the UK and in Ireland is frequently referenced and seems to be a particular bugbear. The perspective that the GP and the pharmacist don’t work closely enough together was also referenced quite commonly in the qualitative phase and it was frequently commented that there needs to be a more immediate mechanism for interacting with local GPs and reviewing patient issues as and where possible. Again some reference was made to this being facilitated more directly and routinely in the UK than is the case in the Irish system.

71% say that employees have no incentive to buy a pharmacy
71% of pharmacists suggest that chain pharmacies have damaged public perceptions of the quality of care available from the pharmacy. This is denied by about one pharmacist in seven, although it seems more likely, given the concentration of sample, that the study may more closely represent the views of those working in independent pharmacy than perhaps those who work for the larger chains.

More than seven in ten agree that employee pharmacists have no incentive to own or buy a pharmacy these days, while more than three in five (62%) feel that pharmacies are priced too high for employee pharmacists to aspire to buy one. A very small proportion of pharmacists disagree with this.

Almost two out of three pharmacists feel that pharmacists spend too little time dealing with patients and a very small proportion, just one in eight, disagree. This latter facet tends to echo a sentiment heard among interviews with those who have opted to work as a locum pharmacist. These often suggest that by spending just discrete proportions of a day working in a pharmacy that they are better able to focus on and interact with patients than they perhaps might be if they worked full time.

Interestingly, two thirds of pharmacists agree that they are not good at delegating tasks to others, although in this regard, the thrust of responses is more polarised. 18% disagreed, another 18% were undecided, so there is a broader spectrum of opinion in this regard.

### 5.1 Prioritising Issues

When asked to put some form of ranking or ordering on the aspects that need to be addressed to beneficially change the role of the pharmacist, the following emerged:

- 82% would focus on the fact that pharmacists spend too much time on paperwork
- Two thirds feel that the pharmacist and the GP need to work much more closely together
- Just under three in five feel the profession needs to lobby for the broadening of its role
- A similar number feel that pharmacists’ status has been undermined in recent years
- A similar proportion again suggest that pharmacists’ role should evolve so that they can have a more direct role in prescribing medication and
- That pharmacists are not sufficiently patient-facing is indicated as a priority factor by just over two in five.

Under a third are of the view that chain pharmacies have substantially damaged public perceptions of the role/quality of care available from the pharmacist, so this is a less centrally expressed issue perhaps. A quarter suggest that a key facet is that employee pharmacists don’t feel sufficiently represented by current representative groups.
Interestingly, this doesn’t differ massively by type of pharmacist, whereas those working as contractors are notably more likely than others to indicate that chain pharmacies have damaged public perceptions of the quality of care available. Equally, contractors are much more likely to suggest that the profession needs to lobby for the broadening of its role and to encourage pharmacists to work more closely together with GPs.

Just one in seven feel that pharmacists being less good at delegating should be prioritised as an action point. Those most likely to hold this view tend to be aged between 35 and 50.

Interestingly, only one in eight feel that measures to potentially address the cost of pharmacies should be addressed and this does tend to support the quite widely held perspective among younger pharmacists that at present they don’t have any great interest in buying a pharmacy.

5.2 Employee Pharmacists Perspective

A section of the questionnaire was specifically addressed to those currently working as an employee pharmacist; as such the views or attitudes of owners are excluded.

At first remove, it is quite apparent that employee pharmacists are quite dissatisfied with a wide range of different facets. Among the most notable issues include the inadequacy of cover provided for break (63% are unhappy), followed by the adequacy of breaks themselves (51% unhappy). The perceived absence of maternity arrangements over and above those statutorily available and of structured pay progression is notable.

### Key areas of dissatisfaction with employee role

<table>
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<th>Area</th>
<th>%</th>
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<tr>
<td>No private medical insurance</td>
<td>77</td>
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<tr>
<td>No cover for breaks</td>
<td>63</td>
</tr>
<tr>
<td>Lacking structured pay progression</td>
<td>63</td>
</tr>
<tr>
<td>Only basic maternity leave</td>
<td>61</td>
</tr>
<tr>
<td>No employer funding of study fees</td>
<td>60</td>
</tr>
<tr>
<td>No employer funded pension contribution</td>
<td>59</td>
</tr>
<tr>
<td>Funding of registration fee</td>
<td>52</td>
</tr>
<tr>
<td>Inadequate breaks</td>
<td>51</td>
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</tbody>
</table>
The vast majority of employee pharmacists suggest that their employer doesn’t fund private medical insurance for them and three in five are critical of the lack of employer funded pensions and indeed of cover for study fees. It does seem, however, that a reasonable number benefit from employer funding of registration fees.

One of the more encouraging facets is that a majority of employee pharmacists suggest that their employer endeavours to create a positive work atmosphere, with over half (53%) rating this as excellent or very good in comparison with just a quarter rating it poorly.

There is a broad spread of opinion on the relative merits of employers as good mentors to the employee; 40% rate them positively and 36% negatively with a quarter in the middle.

Additionally there is quite a broad spread of opinion as to how good an example the employer sets within the store: 43% are broadly positive and 35% broadly negative.

Having the freedom to work late when required and avail of late night and weekend shifts goes down well with just under two in five, but equally is criticised by an almost identical proportion. Attitudes to aspects such as these vary quite widely by lifestage, with younger locum pharmacists more generous in this regard whereas employee pharmacists, and particularly those tied in to continuous roles, tend to seem more downbeat.

Similar sentiments were echoed in the qualitative phase, with some younger pharmacists quite enthusiastic about the possibility of earning substantial overtime for late night and Sunday work, although this contrasted quite sharply with the perspectives of those in roles that don’t pay them overtime.
6. Solutions

Almost four in ten pharmacists believe that there is substantial scope to add greater variety and satisfaction to the role of the community pharmacist. Broadly speaking, five out of six feel that there is at least some scope for positive expansion of the role in this manner and this is more particularly characteristic of the views of the youngest group of pharmacists. Older and longer practicing pharmacists remain somewhat more negative overall. Aspects which constitute substantially endorsed and worthwhile additions or enhancements to the role and profession include the following:

- Applying a small charge for consultations involving any form of test or procedure: 70%
- Pharmacists running scheduled clinics and teach-ins focused on specific treatment aspects or conditions: 66%.
- The adoption of barcode scanning procedures so that GP scripts can be quickly scanned and assimilated: 59%.

The possibility of running regular clinics with other healthcare professionals such as physiotherapists, chiropractors or occupational therapists is seen as a worthwhile initiative by almost half of pharmacists (44%). Many pharmacists are keen on being a conduit of advice and guidance to the patient. As such 38% favour the development of a series of leaflets and guidance or tips on specific conditions and treatments, while an identical number would like to be involved in centrally developing a similar iPad-delivered advice service.

<table>
<thead>
<tr>
<th>Worthwhile additions or enhancements</th>
<th>%</th>
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<tbody>
<tr>
<td>Applying a small charge (€5 to €10) for consultations involving any form of test or procedure</td>
<td>70</td>
</tr>
<tr>
<td>Pharmacies running scheduled clinics and teach-ins focused on specific treatment-aspects/conditions</td>
<td>66</td>
</tr>
<tr>
<td>Adoption of barcode scanning procedures so that all GP scripts can be quickly scanned and assimilated</td>
<td>59</td>
</tr>
<tr>
<td>Running regular clinics with physiotherapists, chiropractors or occupational therapists in-store to expose patients to other options</td>
<td>44</td>
</tr>
<tr>
<td>Developing a series of leaflets with guidance or tips for specific conditions or treatments</td>
<td>38</td>
</tr>
<tr>
<td>Centrally developing an iPad delivered advice/tips service for patients which covers a variety of common issues/ailments</td>
<td>38</td>
</tr>
<tr>
<td>A larger patient-consultation room/area</td>
<td>37</td>
</tr>
<tr>
<td>Use of robots to manage routine dispensing</td>
<td>35</td>
</tr>
<tr>
<td>A take-a-ticket appointment service to see the pharmacist</td>
<td>31</td>
</tr>
<tr>
<td>Pharmacies adding the type of stock - supplements, minerals etc - that are found in health food stores</td>
<td>17</td>
</tr>
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</table>
Attitudes to aspects such as the installation of larger patient consultation areas are well received by about two in five, with roughly a third favouring the possible use of robots to manage routine dispensing. Three in 10 feel that employing a take-a-ticket appointment service to see the pharmacist might be worthwhile, while the least positive response emerged in relation to the potential broadening of the type of stock held by pharmacies. Adding more supplements and minerals, such as those found in health food stores, isn’t widely supported by pharmacists.

When asked to rate a series of initiatives, there is a particularly positive response of the possibility of pharmacists being enabled to dispense for a broader range of conditions (86% in favour) and to the introduction of pharmacy-led clinics for certain conditions (80%). Again there is strong support for the notion of pharmacists becoming involved in further study so they can specialise in aspects such as paediatrics, maternity or geriatrics.

Interestingly, there is a greater proportion of pharmacists suggesting that they see it as more beneficial to maintain their own identities and develop distinct and proprietary services: 74% like this idea. Nonetheless, 56% suggest that pharmacists need to join buying groups to achieve greater profitability, although only 30% feel that pharmacies should add symbol group brand identities to facilitate a more unified customer experience. Indeed, almost as many pharmacists disagree with this as believe it is a good idea.

Equally, there is a very divided response to the idea that there should be fewer, larger, pharmacies with more professional staff per store. 46% see this as an interesting idea and 35% disagree and feel it is a bad idea.
6.1 Conclusion

Right across the research series it was difficult for more established and older pharmacists to perceive changes occurring which would beneficially impact their pharmacies and business. By contrast, younger pharmacists were much more enthusiastic about the possibility of change or indeed being prepared to conceive that change might be achievable. A concern remains that there is a cohort of quite experienced, albeit non-owner, pharmacists who seem quite weighed down by the responsibility and challenges presented to them by their day-to-day working lives. Their younger contemporaries seem more upbeat, but nonetheless many of them are less inclined to want to own a pharmacy and, in fact, some are less convinced that community pharmacy is what they should work in over the longer term.

Community pharmacy appears to be at something of a crossroads, with quite a despondent and resigned perspective apparent amongst a substantial proportion, albeit often out of the conviction that the profession won’t or can’t evolve. It is clearly important to return a sense of optimism and of the possibility for change to practising community pharmacists, as much as it is to agitate for evolution and development in terms of the actual role and scope of contemporary Irish pharmacies.

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