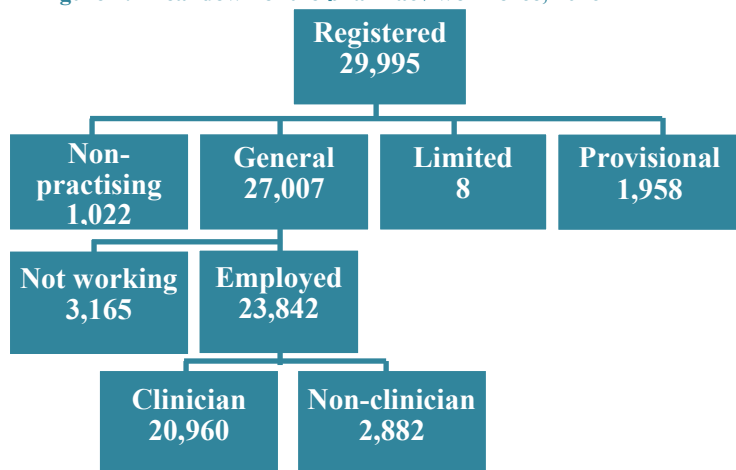


Pharmacists are registered healthcare practitioners who prepare and dispense medicines, consult with patients and other practitioners on drug selection and administration, and work in the research, development and manufacture of medicines. In a community setting, pharmacists also advise patients on over the counter medicines and medical aids (such as blood glucose monitoring equipment).

Persons seeking to gain registration must complete a minimum four year undergraduate, or two year postgraduate master program of study approved by the Pharmacy Board of Australia.

Workforce

Figure 1: Breakdown of the pharmacy workforce, 2016



'Non-clinician' includes roles reported by survey respondents that did not fit predefined survey categories.

The registered workforce has increased by 7.2% (2,023) since 2013, with an average yearly growth rate of 2.4%.

Note: Analysis of the pharmacy workforce contained in this document is based on the number of registered and employed pharmacists (23,842 in 2016) unless otherwise stated.

Table 2: Headcount of pharmacy workforce, 2013-2016

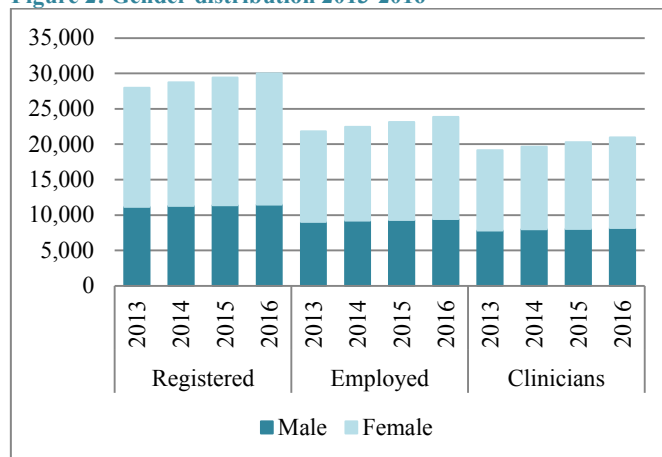
	2013	2014	2015	2016
Registered	27,972	28,751	29,414	29,995
Employed	21,838	22,454	23,134	23,842
Clinicians	19,148	19,640	20,281	20,960

Demographics

In 2016, 60.4% of the registered and employed pharmacy workforce was female, up from 58.6% in 2013.

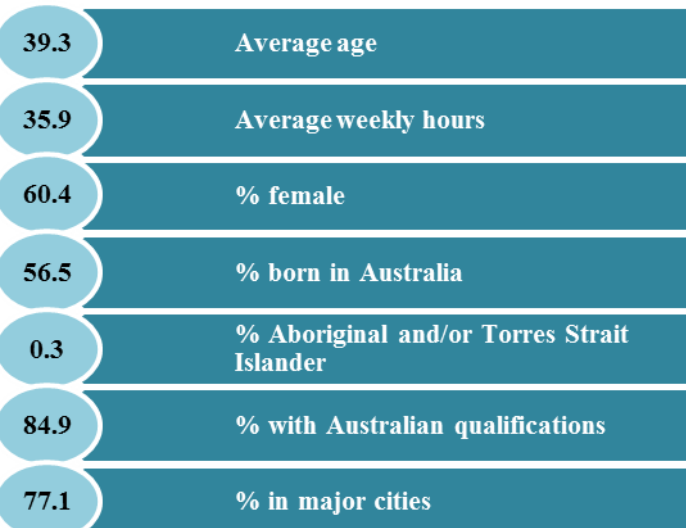
In 2013 and 2016, the pharmacy workforce had an average age of 39.3 years.

Figure 2: Gender distribution 2013-2016



Quick Facts - 2016

Figure 3: Summary of the registered and employed pharmacy workforce, 2016



Hours Worked

Pharmacists worked an average of 35.9 hours per week in 2016, a slight decrease from 36.2 hours per week in 2013.

Table 2: Average hours per week worked by employed pharmacists, 2013-2016

Average hours worked	2013	2014	2015	2016
Clinical	30.9	30.4	30.5	30.6
Non-clinical	5.3	5.4	5.3	5.2
Total	36.2	35.8	35.8	35.9

In 2016, females worked an average of 33.6 hours per week, down from 33.9 hours per week in 2013, and males worked on average 39.4 hours per week, down from 39.6 hours per week in 2013. In 2016, males aged 35-44 worked the longest hours per week on average at 41.4.

Table 3: Average hours worked per week by gender and age group, 2013 vs 2016

Age Group	Males - average hours		Females - average hours	
	2013	2016	2013	2016
	20-34	40.9	40.2	37.1
35-44	41.9	41.4	29.8	30.3
45-54	41.4	41.3	31.9	31.8
55-64	37.4	38.0	30.5	30.9
65-74	29.3	29.2	26.5	25.9
75-99	22.8	23.2	22.1	22.7
Total	39.6	39.4	33.9	33.6

Replacement Rate

In 2016, there were 1.5 new registrants for every pharmacist that did not renew their registration from 2015. The replacement rate has decreased from 1.7 in 2015.

Job Role

The 2016 pharmacy workforce survey asked respondents to report their principal role (the job in which they worked the most hours in the last week) and their second job (either for a different employer or in a different work setting), if applicable.

Principal Role

In 2016, 20,960 (87.9%) pharmacists reported that their principal role was as a clinician, up from 19,148 (87.7%) in 2013.

Table 4: Headcounts by principal, 2013 vs 2016

Principal role	Total Employed	
	2013	2016
Clinician	19,148	20,960
Administrator	1,539	1,627
Teacher or educator	283	321
Researcher	200	228
Independent consultant	214	221
Other	454	485
Total	21,838	23,842

Second Job

In 2016, 14.0% (3,327) of pharmacists reported a second job role in pharmacy. Of these, 2,450 (73.6%) worked in a clinician role.

In 2013, 14.8% (3,224) reported a second role in pharmacy, and 2,388 (74.1%) of this group worked in a clinician role.

Table 5: Headcount by second job, 2013 vs 2016

Second job	Total Employed	
	2013	2016
Clinician	2,388	2,450
Administrator	254	276
Teacher or educator	210	200
Researcher	76	77
Independent consultant	134	148
Other	162	176
Total	3,224	3,327

Clinical Hours Worked

In 2013 and 2016, pharmacists worked an average of 31.8 clinical hours per week in their principal role, and 7.3 clinical hours per week in their second job in 2016, down from 7.8 in 2013.

Table 6: Clinical hours worked by principal role and second job, 2013 vs 2016

Job role	2013		2016	
	Principal role	Second job	Principal role	Second job
Clinician	32.7	9.1	32.7	8.7
Administrator	18.8	3.7	17.7	2.9
Teacher or educator	16.7	2.1	14.6	1.3
Researcher	13.9	1.2	14.4	0.8
Independent consultant	23.2	5.3	21.3	4.2
Other	26.2	3.7	27.3	3.1
Total	31.8	7.8	31.8	7.3

Principal Work Sector (public/private)

The 2016 workforce survey asks respondents to report the clinical hours worked in their principal role (the main job in which they worked the most hours in the last week) and their second job (either for a different employer or in a different area of practice) in either the public or private sector.

Principal Role

In 2016, 28.2% (6,716) of pharmacists worked clinical hours in the public sector, up from 27.5% (6,015) in 2013. 63.8% (15,223) of pharmacists worked clinical hours in the private sector, down from 65.0% (14,190) in 2013.

Second Job

In 2016, 18.0% (454) of pharmacists who reported a second clinical job role worked in the public sector, down from 18.5% (512) in 2013. 81.0% (2,048) of pharmacists working a second job in a clinical role worked in the private sector, up slightly from 80.9% (2,237) in 2013.

Table 7: Headcounts by sector (clinical hours worked) by principal role and second job, 2013 vs 2016

Employment sector	2013		2016	
	Principal role	Second job	Principal role	Second job
Public sector only	6,015	512	6,716	454
<i>Proportion (%)</i>	<i>27.5%</i>	<i>18.5%</i>	<i>28.2%</i>	<i>18.0%</i>
Private sector only	14,190	2,237	15,223	2,048
<i>Proportion (%)</i>	<i>65.0%</i>	<i>80.9%</i>	<i>63.8%</i>	<i>81.0%</i>
Both	219	16	234	25
<i>Proportion (%)</i>	<i>1.0%</i>	<i>0.6%</i>	<i>1.0%</i>	<i>1.0%</i>
Total	21,838	2,765	23,842	2,527

Note: 'Not applicable' responses are excluded from the chart but included in the total for principal role.

Principal Work Setting

In 2016, 65.0% (15,507) of pharmacists worked in community pharmacy in their principal role and 64.1% (2,294) in their second job. The next most common work setting for both the principal role and second job was in a hospital setting, with 20.6% (4,902) and 6.5% (234) respectively.

Table 8: Headcounts for principal work settings in principal role and second job, 2013 vs 2016

Principal work setting	2013		2016	
	Principal role	Second job	Principal role	Second job
Community pharmacy	14,639	2,349	15,507	2,294
Hospital	4,036	193	4,902	234
Community health care service	601	101	743	116
Pharmaceutical manufacturing	288	42	565	79
Medical centre	401	70	342	72
Other government department or agency	260	86	322	80
Educational facility	286	225	302	201
Other private practice	385	124	249	61
Other	353	198	185	141
Work from home	0	0	186	177
<i>Remaining work settings</i>	<i>589</i>	<i>187</i>	<i>539</i>	<i>123</i>
Total	21,838	3,575	23,842	3,578

Note: In this instance the principal work setting headcount for the reported second job does not equal the principal role for the reported second job. This occurs when the survey respondent indicates a second job work setting but not a second job principal role.

Extended Scope of Practice

An extended scope of practice role in pharmacy includes work that is currently within the scope of

practice for pharmacists, but has been performed by other health professions (e.g. vaccinations, prescribing under protocol, diabetes education and wound care).

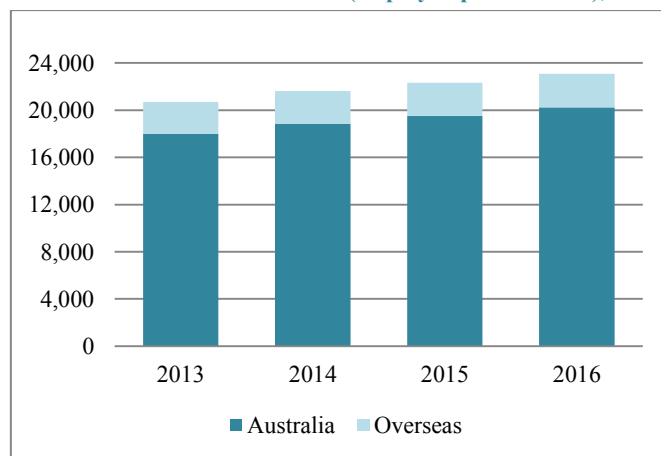
In 2016, 7.2% (1,715) of pharmacists reported an extended scope of practice role in their principal role.

Initial Qualification

The workforce survey asks health professionals where they obtained their initial qualification.

In 2016, 84.9% (20,230) responded that they obtained their initial qualification(s) in Australia, and 12.0% (2,862) responded that they had obtained their initial qualification(s) overseas.

Figure 4: Country where the initial pharmacy qualification was obtained – Australia or overseas (employed practitioners), 2016



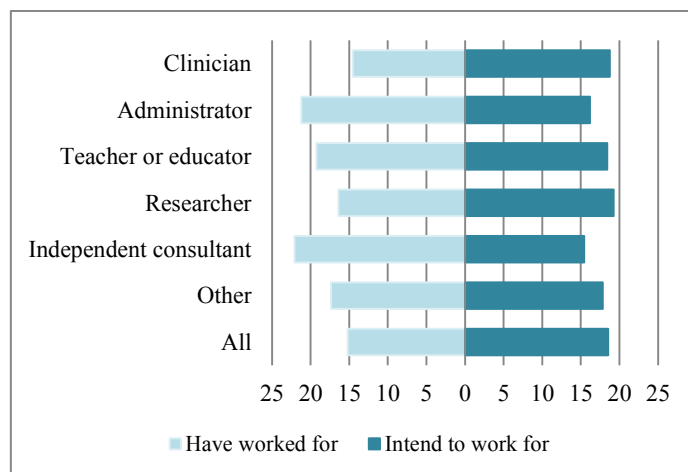
Note: 'Not stated/Unknown' responses are excluded from this chart

Working Intentions

In 2016, pharmacists had worked in the profession for an average of 15.2 years and intended to work for another 18.5 years.

In 2013, pharmacists worked an average for 15.1 years and intended to work for another 18.8 years.

Figure 5: Years worked, and years intended to work for employed pharmacists by principal role, 2016



Distribution

State and Territory

Overall the rate of pharmacists per 100,000 population increased from 94.3 in 2013 to 98.5 per 100,000 population in 2016.

In 2016, Tasmania have the highest rate of pharmacists with 115.5 per 100,000 population (an increase of 6.4 per 100,000 compared to 2013), followed by Western Australia and the Australian Capital Territory with 104.0 and 103.4 per 100,000 population respectively.

FTE (1.0 FTE is equivalent to one full-time worker) was lower than headcount at the national level, particularly in Victoria and New South Wales, indicating that a higher number of pharmacists may be working part-time hours in these states.

Table 9: Distribution of employed pharmacists by state/territory, 2016

2016 State & Territory	Headcount	Total FTE	Avg. total hours	² Rate per 100,000 population
NSW	7,256	6,864.9	36.0	93.8
VIC	6,160	5,746.9	35.5	99.7
QLD	4,791	4,616.2	36.6	98.8
SA	1,768	1,674.2	36.0	103.2
WA	2,662	2,460.8	35.1	104.0
TAS	598	543.2	34.5	115.5
ACT	417	409.9	37.4	103.4
NT	186	193.8	39.6	75.7
Total	23,842	22,514.6	35.9	98.5

Note: 'Not stated/Unknown' are excluded from this table but are included in the total

²ABS - 3218.0 - Regional Population Growth, Australia, 2015-16

Remoteness Area

In 2016, 92.0% of pharmacists (21,950) worked in either major cities or inner regional locations.

The overall total of hours worked decreased from 36.2 in 2013 to 35.9 in 2016.

The average total hours worked increased within remoteness in 2016, from 35.6 hours per week in major cities to 41.7 hours in very remote areas.

Between 2013 and 2016, the rate of pharmacists per 100,000 population increased by 4.4 per 100,000 at the national level, and 7.7 per 100,000 in remote locations.

Table 10: Distribution of employed pharmacists by remoteness area, 2016

2016 Remoteness Area	Headcount	Total FTE	Avg. total hours	³ Rate per 100,000 population
Major cities	18,391	17,218.7	35.6	106.7
Inner regional	3,559	3,389.1	36.2	81.1
Outer regional	1,595	1,592.5	37.9	76.4
Remote	211	220.0	39.6	68.6
Very remote	85	93.3	41.7	43.9
Total	23,842	22,514.6	35.9	98.5

Note: 'Not stated/Unknown' are excluded from this table but are included in the total

³ABS - 3222.0 - Population Projections, Australia, 2016

Other Work Location Outside of Major Cities

The 2016 workforce survey asked respondents who had noted their principal and second work location as a major city if they had also worked in either a regional, rural or remote location.

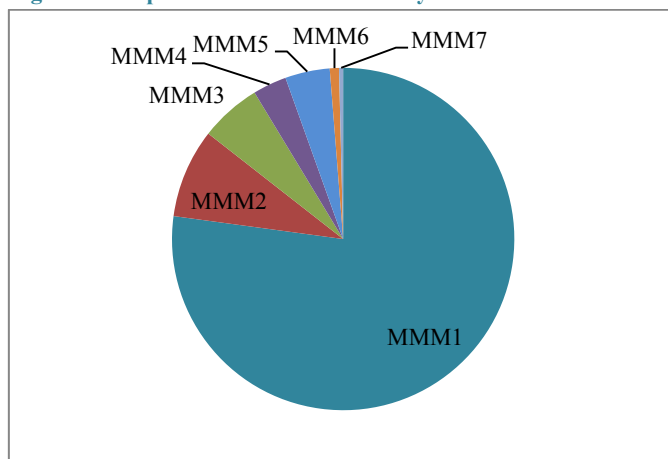
In 2016, 3.0% (708) of the workforce reported that they had, in addition to their principal and second job location, worked in a regional, rural or remote location: 42.9% (304) had worked in an inner regional location, 29.5% (209) had worked in outer regional; 5.2% (37) had worked in remote; and 4.7% (33) had worked in very remote locations.

Modified Monash Model

The majority (77.1%) of the workforce were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system in 2016, up from 76.6% in 2013 (see www.doctorconnect.gov.au for more information on the MMM).

MMM1 locations had the highest rate of pharmacists with 109.1 per 100,000 population, followed by MMM2 with 91.5 per 100,000 population. The lowest rate was in MMM7 locations with 42.4 per 100,000 population.

Figure 6: Proportion of the workforce by MMM location - 2016



Tele-Health

Tele-health is the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance. A question was added in the 2016 workforce survey to determine the average hours per week practiced via tele-health in the previous year.

A total of 7.5% (1,792) of the pharmacy workforce provided a response to the tele-health question. On average the respondents practiced via tele-health for 17.9 hours per week.

In 2016, the majority (81.0%) of tele-health services were delivered by pharmacists in major cities.

Table 11: Tele-health workforce remoteness location – 2016

Major cities	Inner regional	Outer regional	Remote	Very remote	Not stated
81.0%	12.0%	5.5%	0.8%	0.6%	0.1%

Note: The tele-health workforce remoteness location refers to the location of the person in the workforce, not the location of the person receiving the service.

References

- 1) National Health Workforce Dataset (NHWDS): Allied Health Practitioners 2013-2016.
- 2) ABS - 3218.0 - Regional Population Growth, Australia, 2015-16, Released 30/06/17.
- 3) ABS - 3222.0 - Population Projections, Australia, 2016.

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