

Pharmacists



2017 Factsheet

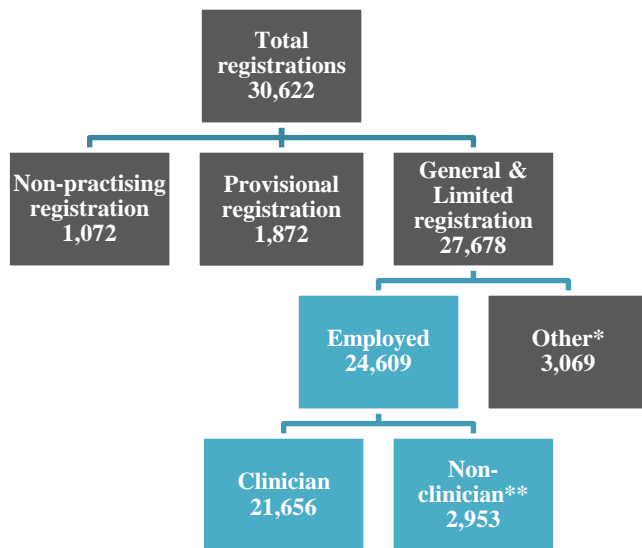
Pharmacists are registered healthcare practitioners who prepare and dispense medicines, consult with patients and other practitioners on drug selection and administration, and work in the research, development and manufacture of medicines. In a community setting, pharmacists also advise patients on over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

To gain registration as a pharmacist, practitioners must complete a minimum four-year undergraduate, or two-year postgraduate Master program of study approved by the Pharmacy Board of Australia.

The following analysis of the pharmacy workforce is drawn from the number of pharmacists with general/limited registration who are employed (24,609 in 2017) unless otherwise stated.

Workforce

Figure 1: Pharmacy registrations, 2017



*'Other' includes: working but on long leave, working outside the profession, looking for work, overseas, and retired.

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

The number of registered pharmacists increased by 6.5% from 28,751 in 2014 to 30,622 in 2017 (an average annual increase of 2.1%).

Table 1: Pharmacists, 2014-2017

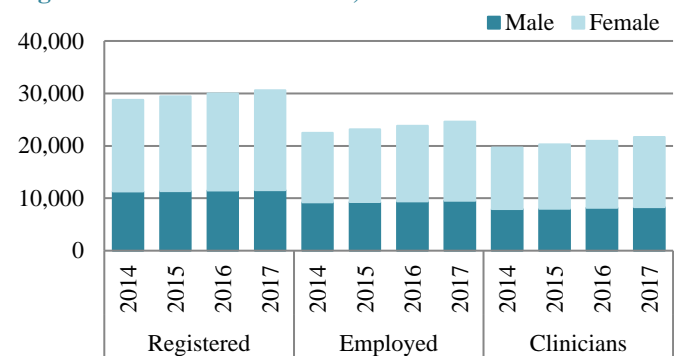
	2014	2015	2016	2017	Avg. annual growth
Registered	28,751	29,414	29,995	30,622	2.1%
Employed	22,454	23,134	23,842	24,609	3.1%
Clinicians	19,655	20,281	20,960	21,656	3.3%

The number of employed pharmacists ('workforce') increased by 9.6% from 22,454 to 24,609 over the same period (an average annual increase of 3.1%).

Demographics

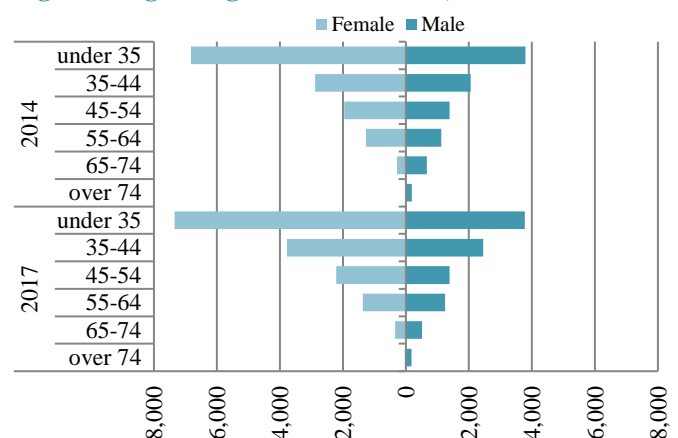
In 2017, female pharmacists comprised 61.2% of the workforce, an increase from 59.0% in 2014.

Figure 2: Gender distribution, 2014-2017



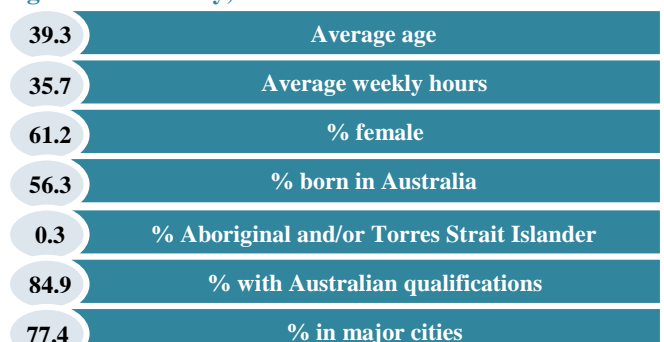
In 2017, the average age of the workforce was 39.3 years, remaining unchanged from 2014. The proportion of the workforce aged 44 years and under increased from 69.3% in 2014 to 70.5% in 2017.

Figure 3: Age and gender distribution, 2014 and 2017



Quick Facts - 2017

Figure 4: Summary, 2017



Replacement Rate

In 2017, there were 1.5 new registrants for every pharmacist that did not renew their registration from 2016.

Hours Worked

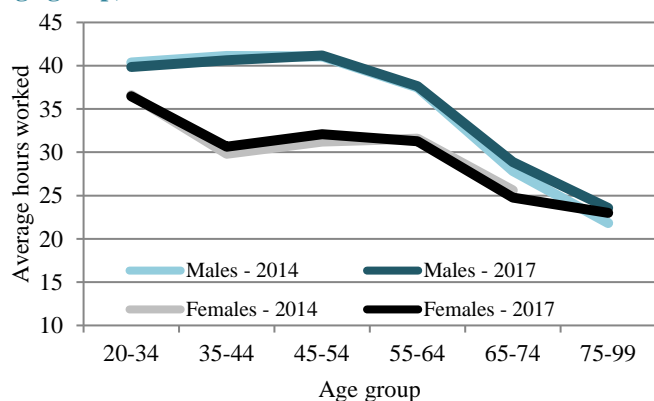
In 2017, pharmacists worked an average of 35.7 hours per week in total, and worked an average of 5.2 hours per week in non-clinical roles.

Table 2: Average hours per week, 2014-2017

Average hours worked	2014	2015	2016	2017
Clinical	30.4	30.5	30.6	30.5
Non-clinical	5.4	5.3	5.2	5.2
Total	35.8	35.8	35.9	35.7

In 2017, female pharmacists worked an average of 33.6 hours per week, unchanged from 2014. Male pharmacists worked an average of 39.1 hours per week, increasing from 39.0 hours in 2014. In 2017, males in the 45-54 age group worked the most hours, at 41.2 hours per week on average.

Figure 5: Average hours worked per week by gender and age group, 2014 and 2017



Job Role

Principal role

In 2017, 88.0% of pharmacists worked as a clinician in their principal role, an increase from 87.5% in 2014.

Table 3: Principal role, 2014 and 2017

Principal role	2014		2017	
	Headcount	%	Headcount	%
Clinician	19,655	87.5	21,656	88.0
Administrator	1,626	7.2	1,599	6.5
Teacher or educator	307	1.4	322	1.3
Researcher	206	0.9	258	1.0
Independent consultant	223	1.0	227	0.9
Other	437	1.9	547	2.2
Total	22,454	100	24,609	100

Second job role

In 2017, 12.4% of the workforce reported a second job role in pharmacy, a decrease from 14.1% in 2014.

Table 4: Second job role, 2014 and 2017

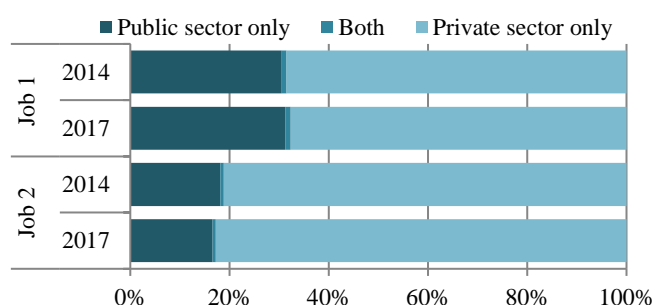
Second job role	2014		2017	
	Headcount	%	Headcount	%
Clinician	2,359	10.5	2,211	9.0
Administrator	237	1.1	265	1.1
Teacher or educator	211	0.9	204	0.8
Researcher	78	0.3	84	0.3
Independent consultant	121	0.5	132	0.5
Other	157	0.7	156	0.6
Total	3,163	14.1	3,052	12.4

Principal Work Sector

In 2017, 31.3% of the workforce reported that in their principal role, they worked only in the public sector - an increase from 30.5% in 2014.

Of those pharmacists reporting a second job role in 2017, 82.8% reported they worked only in the private sector, an increase from 81.2% in 2014.

Figure 6: Sector in which clinical hours were worked, 2014 and 2017



Note: 'Not applicable' responses are excluded from the chart

Principal Work Setting

In 2017, 64.7% of pharmacists worked in a Community pharmacy setting in their principal role, a decrease from 66.7% in 2014, and 21.4% worked in a Hospital setting, an increase from 19.3% in 2014.

In 2017, pharmacists working in Pharmaceutical manufacturing reported the highest average weekly hours (38.0) and those working from home reported the lowest average weekly hours (24.8).

Table 5: Principal work setting, 2014 and 2017

Principal work setting	2014		2017	
	Principal role	Second job	Principal role	Second job
Community pharmacy	14,974	2,268	15,928	2,218
Hospital	4,331	186	5,267	254

Principal work setting	2014		2017	
	Principal role	Second job	Principal role	Second job
Community health care service	584	113	669	97
Pharmaceutical manufacturing	301	32	524	100
Medical centre	410	63	355	71
Other govt. dept.	263	78	338	93
Educational facility	291	225	318	229
Other private practice	318	130	273	75
Other	354	217	201	132
Work from home ¹	-	-	175	152
Residential health care facility	176	55	172	49
Other commercial / business service	246	69	168	42
Remaining work settings	206	35	221	29
Total	22,454	3,471	24,609	3,541

¹ 'Work from Home' principle work setting was added to the survey in 2016.

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

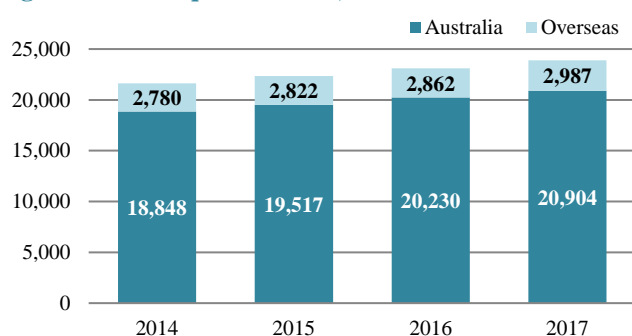
An extended scope of practice role in pharmacy includes work that is currently within the scope of practice for pharmacists, but has been performed by other health professions (e.g. vaccinations, prescribing under protocol, diabetes education and wound care).

Between 2014 and 2017, the number of pharmacists reporting that their principal job included an extended scope of practice role increased by 42.6% from 1,508 in 2014 to 2,150 in 2017.

Initial Qualification

The workforce survey asks pharmacists where they obtained their initial qualification. In 2017, 84.9% of the workforce obtained their initial qualification in Australia and 12.1% obtained their initial qualification overseas.

Figure 7: Initial qualifications, 2014-2017



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

Working Intentions

In 2017, pharmacists had, on average, worked 21 years in the profession and intended to work for another 18 years. In 2014, pharmacists had worked 17 years on average, and had intended to work for another 18 years.

Figure 8: Workforce intentions by principal role, 2017



Distribution

State and Territory

In 2017, the jurisdictions with the highest rates of full-time equivalent pharmacists per 100,000 population (FTE rate) were ACT and TAS. Between 2014 and 2017, the total FTE rate increased from 90.1 to 94.1 and the ACT had the largest FTE rate increase (10.7).

In 2017, pharmacists in NT worked the most hours per week on average (39.5 hours) and those in TAS worked the fewest (34.1 hours).

Table 6: Distribution by state/territory, 2017

State / Territory	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
NSW	7,482	7,037.1	35.7	89.5
VIC	6,357	5,909.4	35.3	93.5
QLD	4,966	4,731.8	36.2	96.0
SA	1,806	1,692.8	35.6	98.2
WA	2,751	2,576.0	35.6	100.0
TAS	612	549.1	34.1	105.2
ACT	446	444.3	37.9	107.9
NT	185	192.1	39.5	77.6
Total	24,609	23,136.5	35.7	94.1

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

Remoteness Area

In 2017, 92.2% of pharmacists worked in either major cities or inner regional locations.

Between 2014 and 2017, the largest shift in average total hours worked was in very remote areas, decreasing from 42.8 hours per week in 2014 to 40.7 average total hours in 2017. However, the largest increase in FTE rates was in very

remote areas (7.9) due to an increase in the number of pharmacists and a decrease in the population in these areas.

Table 7: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
Major cities	19,044	1,7781.3	35.5	100.6
Inner regional	3,652	3,448.9	35.9	78.6
Outer regional	1,616	1,591.6	37.4	77.7
Remote	212	224.0	40.2	76.7
Very remote	84	90.0	40.7	44.9
Total	24,609	23,136.5	35.7	94.1

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

Other Work Location Outside Major Cities

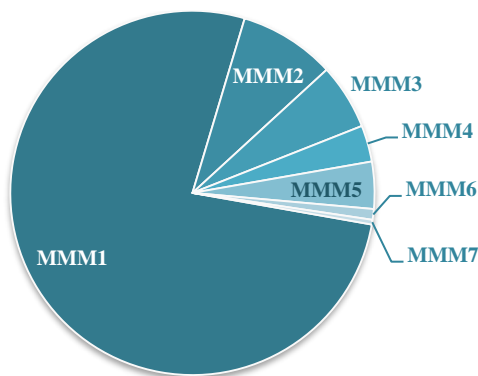
In 2017, 2.7% of the pharmacy workforce reported that they had worked in a regional, rural or remote location, in addition to their principal or second job location. Of these respondents, 71.8% had worked in an inner regional or outer regional location, and 10.0% had worked in either remote or very remote locations.

Modified Monash Model

In 2017, the majority (76.9%) of FTE pharmacists were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system, a small increase from 76.3 % in 2014.

(See www.doctorconnect.gov.au for more information on the MMM).

Figure 9: FTE distribution by MMM, 2017



MMM1 locations had the highest FTE rate of pharmacists (101.1) followed by MMM2 (86.7). The lowest FTE rate was in MMM7 locations (46.0).

Tele-Health

The workforce survey asks pharmacists to report their hours practiced via tele-health in pharmacy in the previous year.

Contact: healthworkforcedata@health.gov.au

Note: Tele-health is the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance.

A total of 1,601 pharmacists (6.5%) provided a response to the Tele-Health question in 2017. On average, these respondents practiced via Tele-Health for 13.4 hours per week, with the majority (81.3%) of Tele-Health services provided by practitioners based in a major city.

Table 8: Tele-Health workforce remoteness location, 2017

Major cities	Inner regional	Outer regional	Remote	Very remote
81.3%	11.8%	5.4%	1.1%	0.4%

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

References

- 1) National Health Workforce Dataset (NHWDS): Allied Health Practitioners 2014-2017.
- 2) ABS - 3218.0 - Regional Population Growth, Australia, 2016-17, Released 31/08/18.

Notes

- 1) 'NP' denotes figures that are not published (suppressed) for confidentiality reasons
- 2) The 2013-2016 NHWDS have been revised due to an error in recoding the missing values for job role. As such the figures may not match those that were previously published.
- 3) FTE number measures the number of standard-hour workloads worked by employed health practitioners. The FTE number provides a useful measure of supply because it takes into account both the number of practitioners who are working and the hours that they work. FTE number is calculated based on the total hours worked in a 'standard working week'. The standard working week is assumed to be 38 hours, equivalent to 1 FTE for all practitioners with the exception of medical practitioners where it is assumed to be 40 hours.

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