

H PHARMACISTS IN GREAT BRITAIN: A SNAPSHOT

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Introduction and information sources

H.1 The information on which this report is based has been drawn from a number of different sources. The main ones include: the Royal Pharmaceutical Society of Great Britain (RPSGB), Universities Central Admissions System (UCAS), the Department of Health (DoH), published research articles and reports, and the 'grey' literature. All sources referenced are listed in the bibliography at the end of the report.

RPSGB

H.2 One of the only sources of national pharmacy workforce data is the membership database held at the RPSGB. In its management of this database - the Pharmaceutical Register - the RPSGB is not required to differentiate between practising or active pharmacists and non-practising pharmacists. However, the Society makes regular attempts to collect employment information, which pharmacists, on a voluntary basis, return to the Society when retention fees are collected at the end of each calendar year. Pharmacists may also inform the Society of any changes to their employment status at any point throughout the year. The membership system was last updated with employment data collected in December 2000 with that year's retention fee. While it is the only major source of national data, and as such important when analysing workforce trends across all sectors of the profession, it is nevertheless important to note that the level of missing data for some information fields is high, and the accuracy of some of the data has been called into question.¹

H.3 The latest information from the membership database system held at the Royal Pharmaceutical Society of Great Britain used in this report was drawn from the system in December 2001. RPSGB data from other years come from previous workforce surveys as published in various issues of The Pharmaceutical Journal. Data is not available for some years. It is important to note that in these published accounts information about the sector of employment is based on estimates with corrections made for the non-respondents. No such correction has been made to the 2001 workforce data reported here.

University Central Admissions Service (UCAS)

H.4 UCAS deals with applications to full-time Degree, Diploma in Higher education (DipHE), Higher National Diploma (HND), and a small number of Higher National Certificate (HNC) courses at universities in Great Britain and Northern Ireland. Data are collected from the UCAS application form completed by each applicant.

Number of pharmacists registered in Great Britain, 2001

- H.5 Currently, there are 44,545 pharmacists on the Pharmaceutical Register of Great Britain. However, based on the registered address provided to the Society by the pharmacists, 5,078 (11 per cent) are classified as being 'overseas'. This means that they have a registered address other than in England, Scotland or Wales (Table 1), and as such cannot practise in Great Britain. The remaining 39,467 pharmacists are what constitutes, or is referred to as the 'Home' Register, and these are the focus of this report.
- H.6 A small degree of caution should be exercised when drawing the distinction between 'overseas' and 'home' pharmacists. A small proportion (18 per cent) of the pharmacists with a registered address overseas do not appear to pay an overseas membership fee - approximately 4 per cent for example, pay the full home fee. The inconsistency is difficult to explain.

TABLE H.1: TOTAL PHARMACEUTICAL REGISTER AND 'LOCATION' OF PHARMACISTS, 2001

2001	Registered address in:	number	%of total
Location:	England	33,226	75%
	Scotland	4,046	9%
	Wales	2,195	5%
	Overseas	5,078	11%
Total:		44,545	

Source: RPSGB membership database

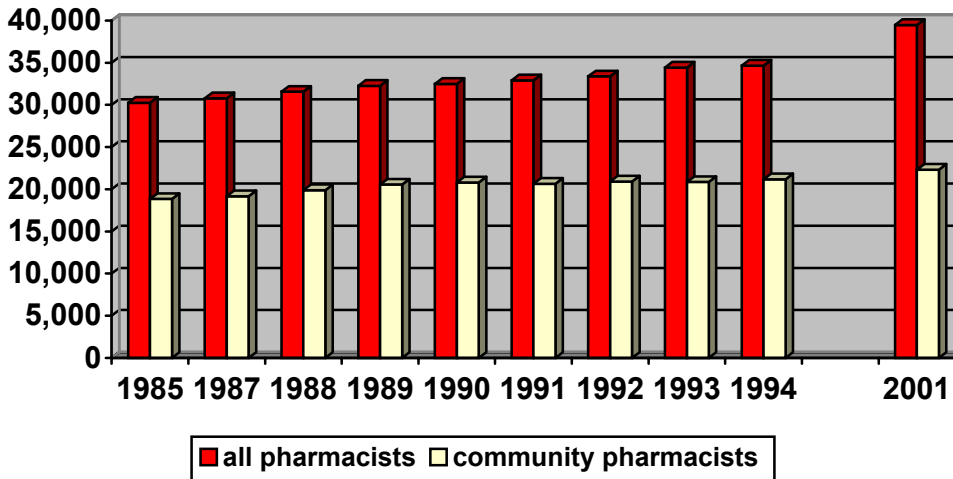
- H.7 Of those who constitute the 'Home' Register, the majority (84 per cent) are based in England, while 10 per cent and 6 per cent respectively have a registered address in Scotland or Wales.

Number of pharmacists: Trends 1986 to 2001

- H.8 The last full account of employment data on pharmacists was published in 1996, analysing 1993 and 1994 data.² Data from subsequent years have not been published in full since then, and the RPSGB does not keep retrospective records. Therefore no analysis of trends is possible post 1994. Data from 2001 and trends in the decade prior to 1994, drawn from various published accounts,²⁻⁶ are shown in figure 1
- H.9 There has been a relatively steady increase in the overall number of qualified pharmacists on the Home Register since the mid-1980s (figure 1), with numbers increasing from 30,254 in 1985 to 39,467 in 2001, a growth of 30 per cent. Smoothed trends show the Register increasing by approximately 575 per year between 1985 and 2001. The number of community pharmacists has increased

in the same time period but the increase has been relatively small (see section 7 for further details on trends in employment sector).

FIGURE H.1: TRENDS: NUMBER OF ALL PHARMACISTS AND COMMUNITY PHARMACISTS ON THE HOME REGISTER FROM 1985 TO 2001

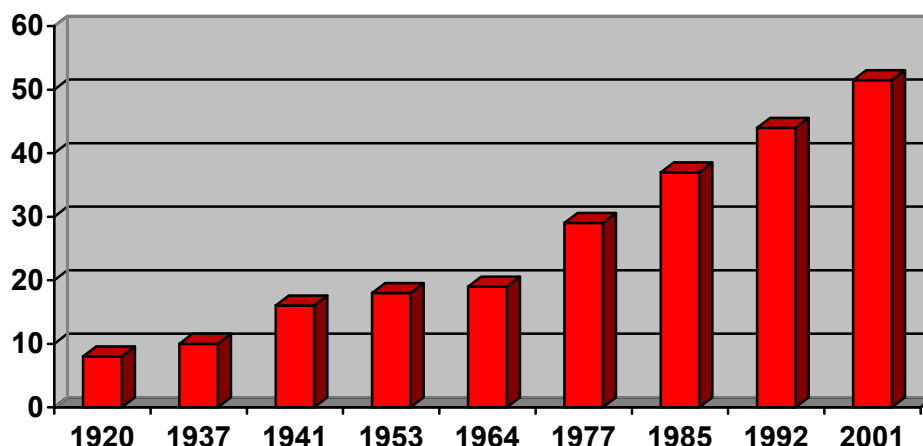


H.10 Although in absolute terms the number of pharmacists on the Register has increased, it is important to consider employment patterns and the demographic characteristics of those who constitute the Register. For example, while the Register has increased in size overall, the number and proportion of pharmacists on the Home Register who are not in paid employment, or who work in non-pharmacy employment has increased. These issues are considered in the sections that follow.

Gender of pharmacists on the Home Register

H.11 There has been a steady increase in the number and proportion of women entering pharmacy⁷⁻⁹ over the last 40 years or so (figure 2 and table 2). In 2001 females outnumbered males, accounting for 51.5 per cent of the Home Register.

FIGURE H.2: PROPORTION OF WOMEN ON THE HOME REGISTER 1920 – 2001



H.12 While the number and proportion of women on the Register has been increasing, with the exception of a couple of years in the 1980s, the number of men on the Register has actually been in decline during the same period. This indicates that women account entirely for the growth seen in the pharmacy workforce. However, last year’s data suggest this pattern has halted, with the number of men on the Register showing an increase for the first time since the last analysis of workforce data in 1994 (table H.2). It is, of course, too early to say whether this reversal represents a trend of any sort.

TABLE H.2: NUMBER OF PHARMACISTS ON THE HOME REGISTER, SELECTED YEARS 1964 – 2001, BY GENDER

Year	Men	Women	Total
1964	21565	5064	26629
1972	20010	6800	26810
1977	19334	7790	27124
1981	19185	9432	28617
1985	19165	11089	30254
1986	na	na	na
1987	19200	11569	30769
1988	18968	12590	31558
1989	19080	13175	32255
1990	18705	13768	32473
1991	18654	14259	32913
1992	18580	14790	33370
1993	18592	15826	34418
1994	18428	16229	34657
2001	19142	20325	39467

H.13 The consequences of increasing numbers of women joining the Pharmaceutical Register have been discussed in a number of research papers.⁷⁻¹⁰ The main effect concerns women's greater propensity for part time work and the consequent impact this has on reducing labour supply. Data on part-time and full-time work patterns and gender variations are addressed in section 11.

Age group of pharmacists

H.14 The largest age group among all pharmacists is the 30 to 39 year olds, accounting for just over one quarter (27 per cent) of the membership (Table H.3). Women constitute 64 per cent of this age group. Given that women in this age range are the most likely to take a career break or to stop work this workforce characteristic is worthy of note.

H.15 Approximately 13 per cent of the 2001 Home Register is recorded as being over 65 years of age; 7,000, or 18 per cent, are 60 years or older. In 1985 7,354 pharmacists, (24 per cent) of the membership in that year, were 60 years of age or over, suggesting that the number and proportion of older pharmacists on the Register is on the decline. Some academics have gone on record to say that pharmacists are increasingly taking early retirement.¹¹ Other than this decline in the number of older pharmacists on the Register, there is little published evidence in support of this argument.

TABLE H.3: PHARMACISTS ON THE 2001 HOME REGISTER BY AGE AND GENDER

Year: 2001	Male		Female		Total		Valid %
	Nos.	%	Nos.	%	Nos.	%	
NK or error	888	4.6	501	2.5	1389	3.5	-
21 -29	2450	12.8	4380	21.5	6830	17.3	17.9
30-39	3723	19.4	6486	31.9	10209	25.9	26.8
40-49	4087	21.4	4666	23.0	8753	22.2	23.0
50-59	3072	16.0	2214	10.9	5286	13.4	13.8
60-64	1322	6.9	731	3.6	2053	5.2	5.4
65-69	1285	6.7	562	2.8	1847	4.7	4.8
70-79	1257	6.6	580	2.9	1837	4.7	4.8
80+	1058	5.5	205	1.0	1263	3.2	3.3
Total	1914	100	2032	100	39467	100	100
	2		5				

Source: RPSGB membership database

H.16 On the whole the women are younger than the men, with 53 per cent and 32 per cent respectively under 39 years. Conversely, 19 per cent of the men are 65 years or older, compared with only 7 per cent of the women. Over three fifths (64 per cent) of those between 21 and 39 years are female, while almost three quarters (73 per cent) of all those over 65 years are male. Interestingly,

where occupation is known 84 per cent of those over the 'technical' retirement age remain in paid employment, with the largest number (69 per cent) working in the retail sector.

Ethnic origin of pharmacists

- H.17 As recorded in the RPSGB membership database the ethnic group is unknown for 34 per cent of the membership. The level of missing data is likely to be high because these data have only recently started to be collected. Where known, the majority (77 per cent) of pharmacists are 'white'. This is in accordance with findings from empirical research studies, with data from ad-hoc surveys suggesting that ethnic minority pharmacists represent around 20 per cent of the entire home register.¹²⁻¹⁵ Thus ethnic minority pharmacists are significantly over-represented in the pharmacy profession relative to the UK population as a whole. Indian pharmacists, either from the UK, from the Indian sub-continent or from East African countries such as Kenya and Tanzania, constitute the largest ethnic minority group, accounting for 54 per cent of all qualified ethnic minority pharmacists.
- H.18 Relative to their proportions in the profession as a whole, findings from ad-hoc research studies also suggests that pharmacists from ethnic minority groups are significantly over-represented in community pharmacy, and within this sector they are over-represented as owners of independent pharmacies.^{12,14}
- H.19 Ethnic minority students are over represented as both applicants and entrants to undergraduate pharmacy courses compared with population norms (see section 15) so these trends are likely to continue.

Sector of employment

- H.20 The categories used to describe members' main sector of practice, known as 'principal occupation' on the RPSGB membership database, are shown in table 4 below. Although there are 39,467 pharmacists with registered addresses in Great Britain, 20 per cent of these work in a field other than pharmacy, are not in paid employment, or their occupation is unknown. This leaves approximately 31,732 pharmacists known to be practising in one of the main sectors of the profession full or part-time. Where it is known the principal occupation for the majority (67 per cent) of pharmacists is within the community sector of the profession. The other main sector of employment, the hospital service, employs around 5979 (18 per cent) pharmacists.
- H.21 Employment sector differs quite substantially for men and women, such that fewer women work in the community sector and a greater proportion work in the hospital sector relative to their proportion in the profession overall.

TABLE H.4: PRINCIPAL OCCUPATION OF ALL PHARMACISTS ON THE 2001 HOME REGISTER

Year: 2001	Male		Female		Total		Valid %
	Nos.	%	Nos.	%	Nos.	%	
Community	11674	61.0	10645	52.4	22319	56.6	66.7
Hospital	1625	8.5	4354	21.4	5979	15.1	17.9
Industrial	969	5.1	735	3.6	1704	4.3	5.1
Wholesale	67	0.4	16	0.1	83	0.2	0.2
Teaching	203	1.1	74	0.4	277	0.7	0.8
Other Pharmacy	577	3.0	792	3.9	1369	3.5	4.1
Non Pharmacy	415	2.2	368	1.8	783	2.0	2.3
Non-paid	463	2.4	498	2.5	961	2.4	2.9
NK or 'null'	3149	16.5	2843	14.0	5992	15.2	-
TOTAL	19142	100	20325	100	39467	100	100

Source: RPSGB membership database

Sector of employment: trends over the past decade

H.22 Averaged out over the last decade (1991-2001) the Home Register has increased by approximately 595 per year. Between 1991 and 2001 the Register has increased in size from 32913 to 39467, an increase of 20 per cent (table H.5).

TABLE H.5: PRINCIPAL OCCUPATION OF PHARMACISTS ON THE HOME REGISTER 1991-2001

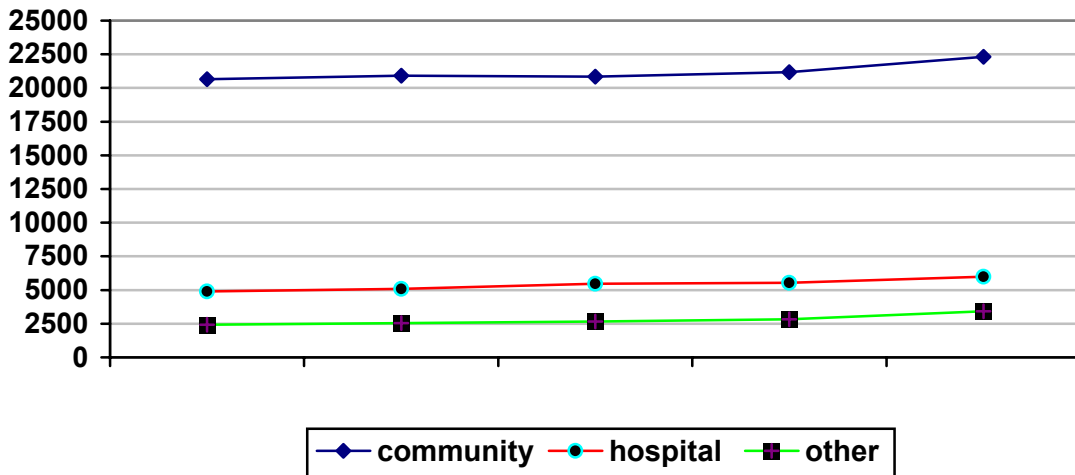
Years:	1991	1992	1993	1994	2001
Community	20643	20909	20853	21175	22318
Hospital	4886	5081	5463	5526	5979
Industrial	1500	1556	1643	1658	1704
Wholesale	60	64	52	77	83
Teaching	368	371	377	392	277
Other Pharmacy	503	540	589	690	1369
Non Pharmacy	677	643	780	789	783
Non-paid or NK	*4278	*4202	*4660	*4349	6953
Total	32913	33366	34418	34656	39467

Source: RPSGB membership database and Pharmaceutical Journal reports * In these years corrections were made for non-respondents

H.23 This general increase can be seen across most employment sectors in pharmacy, although in some sectors the increase has not been large (Figure 3). In the same period community pharmacy, for example, has only seen a growth of 8 per cent, while the numbers working in hospital pharmacy has increased by 22 per cent. The teaching sector has actually seen a fall of 25 per cent. The

miscellaneous category 'other pharmacy' has seen a much larger increase (172 per cent), probably because of the growth in the primary care sector, while the non-pharmacy and non-paid/not known categories have seen increases of 16 per cent and 63 per cent respectively.

FIGURE 3: TRENDS OVER THE LAST DECADE IN THE MAIN SECTORS OF PHARMACY EMPLOYMENT



H.24 The increase in the miscellaneous 'other' category is worthy of further comment here. The increasing number of pharmacists who work outside the two principal employment locations, community and hospital practice, creates competition for labour, and consequently effects the supply side of the labour market. The growing importance of the primary care sector as an employer of pharmacists, while not reflected explicitly in the table above, has nevertheless been demonstrated in a number of recent research reports,^{16,17} with estimates given that over 1000 pharmacists are now working in this employment sector.

H.25 While not large, the increase in the number of pharmacists still on the Register but working in non-pharmacy employment may also be significant because it is likely to represent a drain on the labour supply overall.

Employment position

H.26 In addition to data concerning the 'principal occupation' of pharmacists, the most recent data collection exercise undertaken by the RPSGB also generated data on the job held within each sector. Table 6 below shows the job categories used by the RPSGB for those employed within the community pharmacy sector.

TABLE H.6: AREA OF PRACTICE – BREAKDOWN OF THOSE EMPLOYED WITHIN COMMUNITY PHARMACY, 2001

Job Title	Count	Percent
Locum	6904	34.9
Pharmacist in Charge	6694	33.8
Proprietor	3285	16.6
2 nd Pharmacist	1741	8.79
Other	622	3.14
Area/Regional Manager	357	1.80
Assistant Manager	192	0.97
Total	19795	100

Source: RPSGB membership database

- H.27 The proportion of those who work as locums appears high, but is consistent with anecdotal reports that more and more pharmacists are taking up this sort of work.¹⁵ There are no national data on the working patterns of locum pharmacists, so, for example, the working hours, the extent to which locums are employed consistently in one store, or whether they have more erratic working patterns is not known. However, a study of West Midlands pharmacists aged 65 years or below, found that 20 per cent of all the working pharmacists described themselves as locums, and over a third of these were working more than 30 hours a week.¹⁵ Of the community pharmacists 31 per cent were locums. The consequences of increasing numbers of pharmacists working as locums has not really been considered, but may include a failure to deliver on the medicines management programme where continuity of care is likely to be highly important.
- H.28 Table 6 clearly shows that most community pharmacists are employees rather than self-employed contractors, with only 17 per cent of those working in the retail sector described as proprietors. Magirr and Ottewill,^{18,19} with research conducted nearly 10 years ago, were the first to provide robust evidence of the changing employment status of the community pharmacy workforce. The authors estimated that 68 per cent of the community pharmacy workforce in England is an employee, with the remainder, 32 per cent, working as independent contractors. In the West Midlands study,¹⁵ 19 per cent were reported as owners, a figure somewhat closer to the national figures provided through the RPSGB. Both the RPSGB data and data from the West Midlands study are more recent and are probably indicative of the further declining trend in employment status away from independent contractor since the Magirr and Ottewill study was undertaken.
- H.29 Changes in the number of pharmacists who work in Head Office roles within the multiples and supermarket pharmacies, away from roles which involve the direct

provision of pharmaceutical services to patients, may also be a significant drain on labour supply. While the acquisition of owner-managed community pharmacies by the multiples and the growth in supermarket pharmacies is expected to continue, it may have a more significant impact on the labour market dynamics than has hitherto been acknowledged.

Who do community pharmacists work for?

H.30 The RPSGB does not record for whom the employees work. A few ad-hoc studies however provide some indication of these patterns. In the West Midlands study by Blenkinsopp et al¹⁵ for example, a third of all community pharmacists were employees working for a large multiple, while 4 per cent and 13 per cent respectively worked for an independent or small/medium multiple.

How much do pharmacists' work?

H.31 Over recent years the workforce survey that accompanies the retention fee form has directly collected information on the extent to which pharmacists work. In the 'extent of employment' question a distinction is made between working full time, and working part time greater than 13 weeks per year, or working part time less than 13 weeks per year. Table H.7 below identifies these patterns for men and women separately (excluding missing data).

TABLE H.7: EXTENT OF EMPLOYMENT, 2001 HOME REGISTER

Year: 2001	<u>Male</u>		<u>Female</u>		<u>Total</u>	
	<i>Nos.</i>	<i>%</i>	<i>Nos.</i>	<i>%</i>	<i>Nos.</i>	<i>%</i>
Full-time	9560	77.3	8888	59.0	18448	67.3
No Paid Employ't	986	7.9	719	4.8	1705	6.2
Part-time < 13 wks	1180	9.5	2158	14.3	3338	12.2
Part-time > 13 wks	633	5.1	3291	21.8	3924	14.3
Missing Data	6783	-	5269	-	12052	-
Total	19142	100	20325	100	39467	100

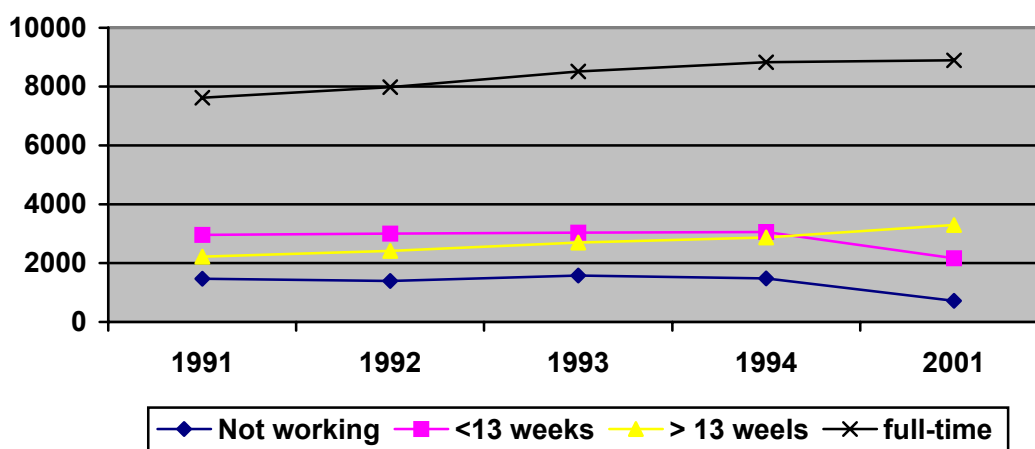
Source: RPSGB membership database

H.32 A small proportion (6 per cent) of the membership has 'no paid employment'. Just over two thirds (67 per cent) of the membership work full-time, and over a quarter (26.5 per cent) work part time. These national data are not dissimilar to findings reported from regional surveys. For example, in one study^{20,21} conducted in the West Midlands 32 per cent of respondents said they worked part-time. The majority of these (87 per cent) worked in the community sector;

63 per cent were self-employed; 40 per cent worked in large multiples, 32 per cent worked in independent pharmacies, and 31 per cent had a second occupation. Blenkinsopp et al¹⁵ reported that 26 per cent of pharmacists surveyed in the West Midlands reported working part-time, most (76 per cent) were female, and 80 per cent worked in community pharmacy.

- H.33 The marked difference in participation rates between male and female pharmacists highlighted by Blenkinsopp et al¹⁵ is further demonstrated in table H.7. Not unexpectedly, proportionately more men (77 per cent) than women (59 per cent) work on a full-time basis. The converse of course, is that more women than men work part-time, 36 per cent, compared with 15 per cent of men. Most (75 per cent) part-time workers are women. However, most (58 per cent) of the 1705 pharmacists not in paid employment are men.
- H.34 Elworthy's surveys^{7,8} of the work pattern of women who graduated in 1953 and 1966, found that women worked about 42 per cent to 48 per cent of full-time over the course of their career. While most maintained at least some involvement in the workforce, however small, unsurprisingly, birth and the caring for children were found to be the biggest factors affecting their work patterns. A small-scale study of women pharmacists in the Mersey Region,²² also highlighted the general trend towards part-time work once women have a family.
- H.35 Studies of more recent entrants would provide some indication of whether women today still demonstrate similar work trends, since although in general less women than men work full time, figure 4 shows that the number of women working full-time has increased compared with a decade ago. The number of women working full time and working greater than 13 weeks a year has increased since 1991 by 17 per cent and 48 per cent respectively, while there has been a general reduction in the number of women working less than 13 weeks a year or not working at all (27 per cent and 51 per cent respectively).

FIGURE H.4: WORK PATTERNS OF FEMALE PHARMACISTS, SELECTED YEARS 1991 TO 2001



Hours worked

H.36 The RPSGB does not collect data on the hours pharmacists’ work. Various anecdotal reports nevertheless suggest that hours worked are long. Data from empirical studies²³⁻²⁷ suggest that high levels of stress and dissatisfaction, as well as staff turnover, are partly explained by working hours, perceived by community and hospital pharmacists alike as being excessive. Willett et al^{23,24} report that pharmacy managers in community pharmacies were regularly working between 41 and 50 hours a week, and many were working without a break.

H.37 In a study of the pharmacy workforce in the Midlands, 40 per cent and 15 per cent of community and hospital pharmacists respectively reported working over 40 hours per week.¹⁵ A tenth of the community pharmacists reported working over 51 hours per week. Compared with branch managers of large multiples pharmacy owners were more likely to report working more than 40 hours, 53 per cent and 68 per cent respectively. In a study looking at practice patterns of white and ethnic minority pharmacists,²⁸ pharmacy owners from an ethnic minority background worked an average 44 hours per week compared with 40 hours worked by white pharmacy owners.

Registered pharmacists who studied for their degree in the UK

H.38 When pharmacists register with the RPSGB they are given a unique registration number. The prefixes R, F and E distinguish between those who originally trained overseas in countries where a reciprocal agreement (R) exists with the UK, countries where no such agreement exists (F) and European Union countries

(E) where free movement of pharmacists is possible. Of those on the Home Register (39,467), 3.5 per cent are known to have completed their training outside the UK.

H.39 Of the 5078 pharmacists who are on the Pharmaceutical Register but classified as overseas, just over three quarters (76 per cent) trained in the UK.

Trends in community pharmacy business

H.40 Over the last twenty-five years or so there has been a marked shift in community pharmacy type, away from independent contractor towards small and large chain pharmacies such as Boots. The Department of Health data in table 8 indicates the trend towards 'corporatisation', with the proportion of community pharmacies in England belonging to large chains (defined as those with over 5 stores) having grown from 17 per cent in 1969, to 34 per cent in 1995.

TABLE H.8: NUMBER OF CONTRACTED COMMUNITY PHARMACIES (ENGLAND ONLY), BY TYPE AND SELECTED YEARS

Year	Total number of pharmacies	Independent or small chains (< 5)	Large chains (> 5)	%of total which are large chains
1971	9800	8230	1570	16
1975	8960	6810	2150	24
1981	8530	6230	2300	27
1985	9050	6700	2350	26
1991	9720	6640	3130	32
1995	9771	6475	3296	34
2001	9795	5093	4702	48

Source: DoH Statistical Bulletins

H.41 While the growing proportion of large chains relative to the total number of community pharmacies is undisputed, the DoH data in the statistical bulletins are not provided in a format which separates the number of independent contractors from the number of small chains (ie, under 5 pharmacies), so exactly what proportion of pharmacies are owned by sole contractors is not known with any certainty.

Accepted applicants to pharmacy 1990-1995, by ethnic group and gender

H.42 UCAS data provide an indication of the number of students who apply and who are accepted onto pharmacy courses. Table 9 shows the level of increase in pharmacy entrants over the last decade or so, with the number of accepted applicants increasing from 1176 in 1991 to 2243 in 2001.

TABLE H.9: PERCENTAGE OF ACCEPTED APPLICANTS TO PHARMACY COURSES 1991-2001, BY ETHNIC GROUP

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
All White	62	55	57	59	60	46	44	44	45	42	39
All E Min.	34	39	37	37	36	32	34	37	35	40	43
Bangladeshi	1	2	1	1	2	2	1	1.4	1.2	1.6	1.5
Chinese	2	3	2	2	2	1	2	2.2	1.5	1.8	1.6
Indian	17	18	19	17	16	14	15	14.2	14.9	16.5	17.2
Pakistani	7	8	7	9	9	8	9	9.6	9.0	9.3	11.5
Other Asian	2	3	3	2	3	3	2	3.2	2.8	3.8	3.3
Black African	4	3	3	4	5	3	3	3.8	3.7	3.7	4.9
Black Carib.	0.3	0.4	0.4	0.5	0.2	0.2	0.2	0.4	0.2	0.1	0.3
Black other	0.7	0.7	0.4	0.4	0.8	0.4	0.4	0.3	0.2	0.4	0.2
Other	1	1	1	2	2	1.3	2.2	1.9	1.5	2.4	2.9
Not Known	3	5	5	2	2	21	20	19.2	19.9	18.1	17.6
Total (n)	1176	1330	1247	1287	1366	1741	1899	1964	2056	2068	2243

Source: UCAS

- H.43 While these figures give some indication of the level of entry into pharmacy, and are reliable in the sense that they demonstrate trends very clearly, they do not of course, tell the whole picture. Data provided to the RPSGB from the 16 Schools of suggest there is a level of attrition post the UCAS application being accepted. For example, the number of first year pharmacy students (including re-takes) notified to the RPSGB in 2000 was 2001, in 1999 there were 1910 first year students, and 1848 students in 1998, a loss of 3 per cent, 16 per cent and 7 per cent respectively on the UCAS figures shown in table 10 for the same years.
- H.44 Level of actual entry onto the Register is also affected by a number of other issues. A number of students will not complete the degree course at all, while a number who do graduate will be unable to, or will choose not to register or practise pharmacy. Wally Dove, the chairman of the Pharmaceutical Services Negotiating Committee at the British Pharmaceutical Conference in 1999, put the figure at 10 to 15 per cent. In the same year Blenkinsopp et al¹⁵ reported that the annual number of pharmacy graduates for the UK has been around 1100 for the past decade, suggesting attrition may be even higher.

Vacancies

- H.45 There is very little research literature on vacancy rates within community pharmacy, although a number of anecdotal reports, letters in the pharmaceutical press for example, suggest that both the retail and hospital sectors are experiencing recruitment problems.
- H.46 The most recent IPMI survey,²⁹ an annual salary and recruitment study of community pharmacy personnel, reported that employers (mostly the multiples)

were taking up to 10 weeks to recruit qualified staff, with some exceeding 15 weeks. Retail pharmacy groups with more than 20 outlets had an average vacancy list of at least 10 per cent. Rural and coastal regions like East Anglia, Devon and Cornwall continued to report significant difficulties in recruitment, but this years survey also highlighted that employers in major conurbations like Liverpool and Hull reported recruitment problems. Locum cover is reportedly very difficult to find.

- H.47 A number of national surveys on vacancies in the hospital sector have highlighted the problems being experienced by hospital pharmacy services across the country. A survey by the Hospital Pharmacists Group reported that NHS hospital pharmacies are understaffed by 8 per cent. Some regions, the south east of England and Wales in particular, are badly affected, but similar accounts in other localities have been reported.³⁰ The most recent national (England and Wales) hospital pharmacy survey conducted by the NHS Pharmacy Education and Development Committee, (July 2001), found that 14 per cent of all pharmacist posts were vacant, with 547 full-time equivalent pharmacist vacancies spread across all grades of staff. There were also 452 technician post vacancies and 204 vacancies for MTO posts. Recruitment difficulties have reportedly led to reductions in service or to refusal of requests for new services in 60 per cent of the hospitals surveyed. Other consequences identified included: re-grading of staff and use of technicians in managerial roles, enhancing salaries, staff working extra hours, and restructuring of departments to match available personnel.
- H.48 Survey data reported above do not tally completely with data produced by the Department of Health, which reported a 5.3 per cent vacancy rate for hospital pharmacist posts. However, this figure was based on posts that remained unfilled for 3 months on the 31st March 2001, while the national hospital survey was based on a snapshot at 31st July 2001.

Salaries

- H.49 Again, there is very little empirical work on the salaries earned by pharmacists, especially community pharmacists. The Institute of Pharmacy Management International (IPMI) conduct annual salary surveys of community pharmacy employers, but these tend to report salary increases in percentage terms rather than identify salaries in absolute terms. The latest survey²⁹ does report locum rates, which in 2002 ranged from £16-£18 per hour. In an earlier survey most respondents reported paying rates of more than £5 per hour for qualified dispensing technicians. Major community pharmacy multiples pay MCAs/healthcare assistants and dispensing/pharmacy assistants between £8-11,000 pa, while technicians/dispensers are paid on a scale between £9,500 and £15,000.

- H.50 Information is available on the salaries of industrial pharmacists, since the special interest group at the RPSGB conduct annual salary surveys of its members. The latest report³¹ reported a median annual salary of £47,500, with men earning higher annual salaries than women.
- H.51 From scanning the Pharmaceutical Journal and through contacts in Human Resource departments in some of the major multiples some information on the salary of newly qualified pharmacists and those with different levels of experience can be presented. An independent group in a recent issue of the Journal (PJ, 20 April 2002, page A10) advertised a salary of £40,000+ for an experienced manager, offering 5 weeks holiday, RPSGB fees, and a pension scheme as recruitment incentives.
- H.52 In the same issue of the Journal (page A9) Tesco Pharmacy advertised for a pharmacist to work in Gateshead. This multiple would consider a newly qualified graduate for the post and offered up to £33,000. A profit scheme, funded education, and training packages were offered as incentives. Another Tesco advert offered £36,500 for a more experienced pharmacy manager. Boots and Lloyds are believed to offer lower salaries than this, but a newly qualified pharmacist for these employers can expect a salary upwards of £28,000 depending on store location and dispensing volume.
- H.53 Newly qualified hospital pharmacists can only expect starting salaries of approximately £23,000 (B grade), while a hospital pharmacist with several years experience appointed on a D grade can command a salary of up to £37,000, depending on specialty, and geographical location.

Summary of main findings

- H.54 There are 39,467 pharmacists on the Home Register (in 2001), a growth of 20 per cent since 1991
- H.55 4.4 per cent of the 2001 Home Register are not in paid employment or are not in pharmacy employment
- H.56 It is not known what sector of employment, if any, 15.2 per cent of the current Register are employed in
- H.57 Where employment is known, the largest proportion, 67 per cent, work in the retail sector
- H.58 Around 20 per cent of community pharmacists are thought to be owners
- H.59 More pharmacists are working as locums - over 30 per cent of pharmacists in the retail sector

- H.60 51 per cent of the 2001 Home Register are female
- H.61 Women pharmacists are younger than the male pharmacists
- H.62 More women than men work part time
- H.63 More women in 2001 work full time or work part-time for greater than 13 hours a week compared to women in 1991
- H.64 Over 80 per cent of part time workers are employed in community pharmacy

Conclusions: A shortage of pharmacists or not?

- H.65 Despite the Register of pharmacists increasing in size year on year, the last 5 years or so have witnessed growing concerns about workforce shortages in pharmacy.³²⁻³⁴ A number of factors appear to be contributing to a decreasing supply of pharmacists, while at the same time various factors are said to be increasing the demand for pharmacists.³⁵ Some of these issues have been touched on throughout the report, but Table 10 below summarises the main ones.

TABLE H.10: SUPPLY AND DEMAND FACTORS AFFECTING THE AVAILABLE POOL OF PHARMACISTS

Supply factors	Demand factors
Increase in numbers of women (women tend to reduce their hours due to family commitments)	An increase in 'corporatisation' - a shift from independents to multiples creating the need for more employees - extended opening hours in supermarket pharmacies and multiples
Entry restrictions - there is less opportunity for shop owners therefore some pharmacists who are attracted to pharmacy because of the opportunity to be shop owners may leave the profession or not enter it now	Greater number of pharmacy services being provided in community pharmacies. New and extended roles (a result of the NHS Plan)
Early retirement age	Ageing society
Effects of career dissatisfaction – may leave profession or reduce hours	
Fallow year – lack of pre-registration students summer 2001	Competition from non-pharmacy employers/ PCG
Salary (poor remuneration in hospital) – difficult to recruit in hospitals	Increase in pharmacists working in new and non-pharmacy areas of employment
Career preferences (geographically and specialisation) – certain locations/ jobs are more difficult to fill	
More pharmacists working as locums	
The size of intake to pharmacy schools	

Source:Hassell and Symonds.³⁵

H.66 This report has presented factual evidence, where it exists, on current employment patterns for registered pharmacists in GB. The majority of the data come from the RPSGB membership surveys, which are not designed as workforce information tools and are therefore not wholly adequate for the purposes to which they have been put here. Moreover, historical data is not always available, so contemporaneous data cannot always be judged against past trends. Where historical data are available they are not always entirely comparable to the more recent information. There is also a surprising lack of empirical research.

H.67 Given these constraints the report has hopefully laid out the key issues affecting the pharmacy labour market. The weight of evidence presented suggests an imbalance between supply and demand but whether a shortfall in supply does exist cannot be answered unequivocally because the right data are simply not available.

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