COMMUNITY
PHARMACY
ENVIRONMENTAL SCAN
2013
1a. **OVERVIEW OF INDUSTRY**

The community pharmacy industry, one of the larger sectors of the retail industry, covers the sale of pharmaceutical goods such as prescription drugs, over-the-counter medicines, toiletries and cosmetics.

The community pharmacy sector is characterised by the high number of small and medium sized businesses. A unique characteristic of the community pharmacy sector is that every pharmacy must have a qualified Pharmacist in the pharmacy at all times.

The majority of pharmacists work in community practice. The Pharmacy Act (2010) requires that all community pharmacies are owned by pharmacists, so many practitioners own and operate their own pharmacies. Many pharmacists also work full time or part time as managers or pharmacists-in-charge.

Over the last few years there has been a shift within community pharmacies which has seen it become a multi-disciplined provider of health care services. Advice and counselling given by the pharmacist play an important role in maximising the usefulness of medications while minimising side effects.

Community pharmacy is continuously evolving, most recently through offering additional services such as:

- providing information to the public and medical practitioners
- reviewing medication
- advising medical practitioners about optimal drug therapy and disease-state management.

Community pharmacists are becoming a fully integrated part of the healthcare system as they play a role in primary health care and health education and are often the first point of contact with the healthcare system. Pharmacists have the expertise to suggest or supply medications for minor illnesses, and to recommend that a customer consult another health professional. Every year 3.9 million Australians ask their pharmacist for health-related advice every year. Pharmacies also provide a range of medical equipment and therapeutic devices (such as nebulisers and crutches) and explanations about how to use these correctly.

Community pharmacy has a high level of regulation and therefore pharmacy assistants need to be highly skilled with a broad knowledge relating to drugs and poisons, aged care and government policies and procedures for health management.

As at June 2012, there were 5,240 community pharmacies recorded in Australia. In 2009-10, community pharmacies supplied 183 million Pharmaceutical Benefits Scheme (PBS) scripts, up from 181.8 million scripts in the previous year.

With an estimated annualised growth 1.9% over the past five years (2008-13), the industry is expected to generate revenue of $12.4 billion in 2011-12, up 2.1% from 2010-11. In the next five years, industry growth will be driven by an ageing population. Industry revenue is forecast to grow at an annualised 2.4% over the next five years, to reach $14 billion in 2016-17.

In 2011-12, the industry is expected to be worth $12.4 billion, compared with $11.4 billion in 2006-07. Year-on-year growth has ranged between a high of 2.5% in 2007-08 and a low of...
0.6% in 2009-10. Overall, revenue is expected to grow at an annualised 1.9% over the five years through 2012-13, with an actual growth of 2.1% in 2011-12.\textsuperscript{5}

**Trends Analysis**

Even though regulated, the industry faces increased competition, with industry players using pricing or specialized customer service as unique sales propositions. Hence, communication skills and the ability to convert consumer traffic into sales are gaining in importance.

As at early 2012, there were 332 Priceline stores nationwide, of which 185 were pharmacies. Australian pharmaceutical Industries is increasingly relying on a franchise model. Similarly, Terry White Chemists is in the process of opening new franchise stores, with its numbers increasing from 108 franchises in 2005-06 to 165 in 2010-11.\textsuperscript{6}

The recurring issue of deregulation of pharmacy ownership to allow supermarkets to enter the pharmacy arena was raised yet again in early 2012. Despite calls for such moves, deregulation is not expected to occur in the next five years.\textsuperscript{7}

The Community Pharmacy industry is a labour intensive business and its services cannot be automated as much as is possible in other industries. Therefore, management skills incorporating motivation, conflict management, planning and team building are crucial to the industry for its continued growth and productivity.

- Employment for Pharmacy Sales Assistants to 2016-17 is expected to **grow slightly**. Employment in this large occupation (33 900 in November 2012) rose slightly in the past five years and remained relatively steady in the long-term (ten years).
- Pharmacy Sales Assistants have a relatively low proportion of full-time jobs (28.8 per cent). For Pharmacy Sales Assistants working full-time, average weekly hours are 38.3 (compared to 41.3 for all occupations) and earnings are low - in the second decile. Unemployment for Pharmacy Sales Assistants is above average.
- Pharmacy Sales Assistants are employed across several industries including: Retail Trade; Health Care and Social Assistance; Wholesale Trade; and Public Administration and Safety.
- The (internet) vacancy level for Pharmacy Sales Assistants is **low**. Annually, 21.4 per cent of Pharmacy Sales Assistants leave this group, creating potential job openings (this compares with 13.1% across all occupations).
- The mix of industries employing Pharmacy Sales Assistants have subdued employment growth prospects.

**Key Indicators**

The graph shows 11 key indicators for this occupation - employment size, full-time share of employment, earnings, unemployment, historical employment growth (long-term, medium term and short-term), future employment growth, mix of industries and job openings.\textsuperscript{8}
The graph shows three types of vacancy indicators for this occupation - gross replacement rates (%), per cent per annum growth to 2016-17 and vacancies to employment ratio compared to all occupations. Sources: ABS Labour Mobility Survey, February 2010, Cat. No. 6209.0, DEEWR projections to 2016-17, DEEWR Internet Vacancy Index (12 months to November 2011) on 2011 average employment levels, ABS Labour Force Survey.9

The graph indicates that there has been very little change in the percentage of vacancies for the industry, between 2010 and 2011.

In Western Australia there has been a growth in the industry and an increase in pharmacies over the past five years which has resulted in an increase in employment for Pharmacy Assistants.10

**Regulatory Requirements**

The Australian Health Practitioner Regulation Agency (AHPRA) and the Western Australian Pharmacy Registration Board are the statutory bodies for Community Pharmacy. AHPRA is the regulating body controlling the practice of the profession and registration of Pharmacists and The Pharmacy Registration Board of WA controls the registration of Pharmacies in Western Australia.

A highly regulated industry, Australia's pharmacy legislation dates back to the 1870s when regulations were first introduced requiring the registration of pharmacists in the interest of public safety. Many of the provisions included within the legislation were in fact derived from Great Britain's Pharmacy Act of 1868.11

The Community Pharmacy Sector is subject to a high level of regulation, in particular ownership laws which limit the ownership of pharmacies, and legislative frameworks for dealing with scheduled medicines such as “pharmacy” medicines and “pharmacist only” medicines regardless of the pharmacies participation Quality Care Pharmacy Program. This demands specific knowledge and skills to deal effectively with these regulations.
The Quality Care Pharmacy Program (QCPP) is an on-going quality control program that pharmacies must comply with to retain their ‘Quality Care’ accreditation, with an accreditation cycle of two years as of July 2008. The QCPP was developed by the Pharmacy Guild of Australia in 1997, in consultation with the Pharmaceutical Society of Australia, and other industry stakeholders. Any pharmacy within Australia (Guild members and non-Guild members) can register with the program. To be a QCPP accredited pharmacy, all pharmacy staff who sell ‘Pharmacy’ and ‘Pharmacist Only’ medicines must complete nationally recognised accredited training. A mandatory component of the Quality Standards for Community Pharmacy state that all staff who handle the sale of ‘Pharmacy’ and ‘Pharmacist Only’ medicines must undertake recognised training in the handling of these medicines. This training forms a critical component of the Certificate II, III and IV in Community Pharmacy.

The National Registration and Accreditation Scheme (NRAS) came into effect on 1 July 2010. The scheme is a single system to register and accredit a broad cross-section of health professional groups. It seeks to reduce red tape and increase flexibility among healthcare professionals. When the Australian Health Work Force Ministerial Council released the draft legislation in June 2009, it has become apparent that the scheme posed several problems for pharmacy practitioners in regards to Australia's unique pharmacy ownership restrictions. Pharmacy ownership is currently legislated by state and territory governments. In order to own a pharmacy, an individual must be a registered pharmacist and cannot own more than five or six pharmacies, depending on which state or territory they reside in. In Western Australia ownership is currently restricted to four.

The legislation requires all health professionals to provide proof of continuing professional development activities before they are allowed to re-register. However this requirement is waived for the category of ‘non-practicing’ registration. While this legislation may be relevant to other health professionals, it doesn't work for pharmacists. Restricting pharmacy ownership to registered practicing pharmacists is designed to maintain best practice in a specialised field.12

Pressure for industry deregulation has been apparent since the 1960s, although to date it has yet to occur. Of particular note was the 1996 National Commission of Audit recommendation that supermarkets be allowed to own and operate in-store pharmacies that sell prescription drugs although this was rejected by the government of the day.13

Demographics of Workforce

The Community Pharmacy industry is mainly made up of small and medium sized businesses. As at June 2012, there were 5,240 community pharmacies in Australia of which 527 are in Western Australia. Employees are predominantly female and there is a mix of full-time, part-time and a small number of casual employees.14
Employment Level (Thousands)

The graph shows the historical employment levels ('000) for this occupation. Source: ABS Labour Force Survey, DEEWR trend data to November 2011.

The graph above indicates that there has been very little change in the employment level for the industry, between 2010 and 2011.

Gender (per cent share)

The graph shows the share of employment (per cent) for males and females, employed full and part-time, compared with all occupations. Source: ABS Labour Force Survey, annual average 2011.

The graph above indicates that the most significant changes in gender, in pharmacy between 2010 and 2011, is that part-time females have increased from 62% to 65.1% and that full time females have also increased from 20% to 26.7%.
Age Profile (per cent share)

The graph shows the share of employment (per cent) by age group for this occupation, compared with all occupations. Source: ABS Labour Force Survey, annual average 2011.17

The graph indicates the most significant changes of the industry according to age, between 2010 and 2011 are:

- Pharmacy Sales Assistants ages 25-34 years increased from 13.8% to 19.1%
- Pharmacy Sales Assistants ages 35-44 years decreased from 19.1% to 7.5%
- Pharmacy Sales Assistants ages 55-59 years increased from 4.6% to 7.2%

Impact of globalization

Reflecting the fact that the overwhelming majority of stores and pharmacies are Australian owned, this industry has a low level of globalisation and the trend is steady.18

Impact of Government Policy/Decisions

India is currently Australia's largest source of permanent migrants with a total of 29,018 places or 15.7% of the total migration program of 185,000 places under the 2011-12 permanent migration program. China and the United Kingdom are Australia's second and third largest sources of permanent migrants, with 25,509 and 25,274 places respectively. Seven of the top 10 source countries in Australia's 2011-12 migration program are from Asia: India, China, the Philippines, Sri Lanka, Malaysia, the Republic of Korea and Vietnam.19 Furthermore, overseas migration is a major contributor to Australia’s population growth.

Western Australia experienced an increase of 2,562 Net Overseas Migration (NOM) arrivals in 2010-11, resulting in a growth of 9.1% from the NOM arrivals in 2009-10.20

The increasing cultural diversity of the workforce and of customers means that the ability to work across cultures is becoming an essential skill for many employees, especially in service related industries. leadership and management skills are particularly important for handling changes in Australian society and growth in cultural diversity of employees. In some sectors and some locations, employers are likely to increasingly favour employees who can work and interact with people from different cultural backgrounds. The importance of cultural self-
awareness to students is of a similar ranking to the importance of workplace relationships, communication skills, compliance with policies and laws and customer service. Similar to the participation of older workers to better align their workforce with an ageing customer base, employers can look at their customer demographics and employ from those demographics, leading to loyalty and retention of staff. Interactive (for example mentoring and negotiating) and cognitive skills (for example analysing and coordinating) will gain in importance compared to motor skills (for example handling and operating).

The shifting nature of many workplaces in terms of technological and social changes has led to an increased emphasis on skills in relation to people and data, rather than tangible products. This goes beyond simple customer-focused training, to a more in-depth treatment of higher-level interactive skills, such as persuasion and negotiation. Increases in skilled migration places also add pressure on the services and infrastructure that support those migrants (including language problems).

There is $3.5 million allocated under the 5CPA for the Aboriginal and Torres Strait Islander Workforce Program which consists of initiatives aimed at improving access to quality community pharmacy services by Aboriginal and Torres Strait Islander people by taking account of the cultural issues in meeting Indigenous health needs. An update to the initiatives is provided below:

- **Aboriginal and Torres Strait Islander Traineeship Scheme**: This is a continuing program under the 5CPA aimed at encouraging Aboriginal and Torres Strait Islander people to be trained as pharmacy assistants and pharmacy technicians. It approved applications for community pharmacies that employed and supported an Aboriginal and Torres Strait Islander student to complete a nationally accredited pharmacy assistant training scheme. The key objective is to increase the Indigenous health workforce in community pharmacies thereby assisting in meeting the needs of their community.

Incentive allowances of $10,000 are available to Community Pharmacies to employ and train an Aboriginal or Torres Strait Islander Pharmacy Assistant Trainee.

The Fifth Community Pharmacy Agreement (5CPA) came into effect on 1 July 2010 and is to provide $15.4 billion in funding in total (this covers the dispensing of PBS medicines, the provision of pharmacy programs and services, and the Community Services obligation arrangements with pharmaceutical wholesalers) over the five years through 2014-15, up from $11.1 billion in the fourth agreement and $5.6 billion in the third agreement.

As in the past, the fifth agreement sets payments of allowances and fees for dispensing pharmaceutical benefits. However, indexation will not be applied to the dispensing fee in 2010-11 and 2011-12. In addition pharmacists will no longer receive the $0.40 PBS online incentive payment although they will receive a new fee of $0.13 per transaction that is generated electronically be prescribers and processed through a prescription exchange service in line with the government's e-health agenda. The fifth agreement also provides for up to $10.6 million in funding for pharmacy R&D over the life of the agreement. Tariffs or other forms of protection are not applicable to the industry.

**Technological**

The continuous introduction and increasing use of new technologies and products drives the need for training of employees. Advances in medical technology, the development of new viruses and an increase in demand for products to combat degenerative diseases have seen the introduction of a whole new host of pharmaceutical products. One such innovation is the
growing use of pre-packaged medications. This development has meant that pharmacists now spend less time actually compounding drugs.\textsuperscript{23}

The majority of pharmacies now have computerised dispensing systems, which allow the pharmacist to keep records of a client's conditions, allergies, prescription history, concessional status, the prescribing doctor and the amount owing to the pharmacy.\textsuperscript{24}

Additionally, the implementation of the national system of electronic health records has been a significant development for community pharmacy. Under the Fifth Agreement, community pharmacies are required to use and contribute to these health records by dispensing e-prescriptions.\textsuperscript{25}

Industry consultation has also revealed that some community pharmacies are revisiting their use of technology and looking to introduce tools such as iPads for use as visual aids in retail areas as well as counselling for customers. Furthermore, many pharmacies also use SMS alerts for prescription renewals.\textsuperscript{26}

Similar factors have also initiated product development in alternative and complementary medicine, as well as in the weight loss, cosmetics and toiletries product segment. An increased reliance on e-commerce is changing the face of the supply chain and the industry itself. Approximately 98% of pharmacy stock orders are submitted electronically with delivers expected on a same-day basis. Computerised retail point-of-sales systems are also allowing the pharmacist to more accurately manage their stock levels and hence, improve their stock turns.\textsuperscript{27}

IT knowledge and good IT infrastructure are also important for the success of e-learning programs. Especially in regional and remote areas these are important tools for the ongoing development and up to date knowledge of employees. Even in metropolitan areas, e-learning offers a flexible method of training which can be tailored to industry specific needs and working times.

**Economic Drivers**

Community pharmacies dispense more than 275 million prescriptions annually, including 192 million PBS/RPBS subsidised prescriptions and total dispensary sales represent around 68% of all sales through pharmacies. In Western Australia the average community pharmacy dispenses 41,000 prescriptions per year.\textsuperscript{28}

New and increased demand in the community pharmacy industry will be generated by the ageing population trend, the government’s increased focus on improving the health of the community and chronic diseases like diabetes and asthma. Furthermore, longer life expectancies and an ageing population increase the demand for products geared towards combating degenerative conditions and the use of dose administration aids.

Changes in the health sector (such as early discharging from hospitals and shortage of medical staff) are placing increased expectations on the community pharmacy industry.

Australian consumers spent $1.5 billion on PBS pharmaceuticals in 2009-10 and over $6.0 billion on other medications (including OTC medicines and private prescriptions) and medical non-durables such as bandages and band aids.\textsuperscript{29}
Australians aged 65 years and above already account for approximately 80% of Australian pharmaceutical consumption. As the population continues to age, this trend is expected to continue, thereby boosting sales of the main product segment retailed by the industry.\(^{30}\)

Pharmacies are noticing an increase in being the first ‘port of call’ as the local population finds it increasingly difficult to locate a doctor who is able to see them and as a result of long waiting times at hospitals. Australia is facing severe health issues, like a high percentage of overweight or obese individuals (3.71 million in 2008; higher than 2005 by 14.5%) or an increase in diabetes (between 1981 and 2004 the number of adults with diabetes has more than doubled).\(^{31}\)

One of the key roles of the pharmacist is a medications coordinator (ensuring prescriptions don’t negatively interact with each other) and this will become even more important in the future. Community pharmacies play a significant role as a primary health care provider and customers expect high levels of product knowledge and tailored support services to be provided by employees.

### Weekly Earnings (before tax)

![Weekly Earnings Graph](image)

*The graph shows weekly earnings both total and full-time before tax and do not include employer superannuation contributions. These figures are indicative and cannot be used to determine a particular wage rate. Source: ABS EEBTUM survey August 2011 cat. no. 6310.0.* \(^{32}\)

The graph indicates that between 2010 and 2011, full time weekly earnings for the industry have increased by approximately 15% and, all other earnings have decreased by about 28%.

### Size and distribution

It is difficult to obtain specific figures on the spread of pharmacies over Western Australia due to most data for this industry being included in the retail sector.
Employment by Region (per cent share)

The graph shows the State share of employment (per cent) for this occupation, compared with all occupations. Source: ABS Labour Force Survey, annual average 2011. 33

The above graph indicates that the most significant change of the industry, by region, between 2010 and 2011 has been the increased of industry employment in Western Australia from 3% to 11.1%.

Age Profile (per cent share)

The graph shows the share of employment (per cent) by age group for this occupation, compared with all occupations. Source: ABS Labour Force Survey, annual average 2011. 34

The graph indicates significant changes to the industry according to age between 2010 and 2011:
- Pharmacy Sales Assistants 25-34yrs increased from 13.8% to 19.1%
- Pharmacy Sales Assistants 35-44yrs decreased from 19.1% to 7.5%
- Pharmacy Sales Assistants 55-59yrs increased from 4.6% to 7.2%

**Regional Aspects**

While broad conclusions may be made about certain sections of the service industries, it is crucial to the nation’s workforce development not to homogenise workforce development responses. Not unexpectedly, not every national trend is reflected at state level. Even within a state, there are regional variations based on the health of the industries, demographic trends (employment, growth, ageing, migration, etc.) and local economic drivers.

![Figure 1 State distribution of Community Pharmacies in Australia](image)

As can be seen in Figure 1, the geographic distribution of the Australian Pharmacies industry reflects the nation’s economic, social and demographic breakdown; in June 2009, the three eastern seaboard states accounted for 77% of total approved pharmacy and friendly society numbers. This same proportion is thought to hold today.

Data provided by Medicare Australia (Pharmacies and Friendly Societies, 30 June 2007 to 2012, RPC015) shows that as at 30 June 2012, Western Australia had 545 approved pharmacies; an increase of 36 pharmacies over the five years through 2007-2012.35

In 2008-09, just over 80% of pharmacies were located within urban areas. While the number of pharmacies in rural areas within some states has increased in recent years, relatively stronger growth has occurred within the urban areas particularly with the roll out of new franchised pharmacies. In all states the average number of people per urban pharmacy is far less than the number of people per rural pharmacy.36

Friendly societies are often located in rural and regional areas, sometimes providing benefits and services to the surrounding community, which might not receive them otherwise. There are also regulations in place to limit the number and location of pharmacies.37

**Sustainability**

One of the vital workforce development needs for the services industries is the requirement to adopt sustainable practices. In 2009 the Federal Government called for all training packages to incorporate the principles and competencies of sustainability by 2010. Although the service industries are not seen as a major contributor to high carbon levels and a polluted environment, it is one of the industries with the most customer contact and therefore presents possibilities to build awareness to the community.
The community pharmacy qualifications within the Retail Training Package have specific references to sustainability skills incorporated into the appropriate units of competence.

Social Impact

Similar to many other countries, Australia is currently facing a change in values. Work life balance and sustainability have become more important. Employers in this sector will see an increased demand for work schedules for individual employees and new career possibilities. Employees are looking at work-life balance and this will gain further importance as younger generations are entering the workforce, looking for flexibility and opportunities for individual expression.

Lifestyle changes are also mirroring changing values and habits of various generations. It is often said that Generation Y is a 'diva' generation: high-maintenance, out for themselves, lacking in loyalty, thinking only of the short term and their own place in it. Switching industries, career breaks, sabbaticals and flexible working are taken for granted by Generation Y in order to make their jobs accommodate their family and personal lives. However, Generation Y people are also ambitious and tech-savvy, familiar with the internet, social networking and high tech gadgets. Many in this cohort grew-up alongside the rapid growth of technology and economic and social globalisation. Generation Y is usually much less likely to respond to the traditional command and-control type of management and they will be looking for a management style based upon co-operation, delegation and equality.

These changes require well-developed soft management skills, and a more detailed understanding of employee motivation and the issues effecting staff retention. Some workplaces will have to manage these issues across the age generations of employees. Co-operation between team members of different generations have to be carefully managed, especially in small and medium sized companies such as most community pharmacies. Workforce development strategies need to address cross generational issues, customising an approach that meets the diverse needs of all workers in the industry.

Qualification profile of workforce

Training for the community pharmacy industry comes from the Retail Services Training Package. Careers in the community pharmacy industries include Dispensary Assistant, Pharmacy Assistant and Pharmacy Supervisor.

Qualifications currently being delivered in Western Australia are as follows:

- Certificate II in Community Pharmacy
- Certificate III in Community Pharmacy
- Certificate IV Community Pharmacy

The new Community Services Training Package is currently undergoing the continuous improvement process and due for completion by the end of 2011.
Educational Attainment (per cent of employment)

The graph shows the highest educational attainment (per cent share of employment) for this occupation compared with all occupations. Source: ABS Survey of Education and Work, May 2011 cat. no. 6227.0.

1b. **INDUSTRY OCCUPATIONAL OVERVIEW**

**Supply and Demand of Training**

The majority of course enrolments in community pharmacy training with Registered Training Organisations in Australia between 2005 and 2008, were in the Certificate II in Community Pharmacy. This reflects the need of industry as the majority of the workforce enters at this level.

There are five Registered Training Organisations delivering Community Pharmacy in Western Australia.

**Current and Emerging Skill/Labour Gaps**

There will be a possible critical shortage of Pharmacy Assistants. Pharmacy Assistants across the board are in short supply and this will increase as the workforce shifts to other occupations. The job vacancies in WA for this sector have risen within the last few months.

As the role of Community Pharmacies evolves and expands, the growing and aging population will place a demand on Pharmacy staff to improve and maintain their knowledge of new products and health related services.

Community Pharmacy has a high level of regulation and therefore Pharmacy Assistants need to be highly skilled with a broad knowledge relating to drugs and poisons, aged care and government policies and procedures for health management.

Community Pharmacies play a significant role as a primary health care provider and customers expect high levels of product knowledge and tailored support services to be provided by employees. Pharmacy assistants will be required to have extensive knowledge of products, legislation and regulation in order to work efficiently and effectively in a community pharmacy.
Emerging occupations

There are no identified emerging occupations.

Declining occupations

There are no identified declining occupations.
END NOTES

3 IBISWorld Industry Report G525a: Pharmacies in Australia

4 IBISWorld Industry Report G525a: Pharmacies in Australia
5 IBISWorld Industry Report G525a: Pharmacies in Australia
6 IBISWorld Industry Report G525a: Pharmacies in Australia
7 IBISWorld Industry Report G525a: Pharmacies in Australia
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14 THE PHARMACY GUILD OF AUSTRALIA: Serving Australian A System of Community Pharmacy. October 2012
15 IBISWorld Industry Report G525a: Pharmacies in Australia
18 IBISWorld Industry Report G525a: Pharmacies in Australia
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27 IBISWorld Industry Report G525a: Pharmacies in Australia


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30 IBISWorld Industry Report G525a: Pharmacies in Australia


32 AUSTRALIAN GOVERNMENT (2011) -

33 AUSTRALIAN GOVERNMENT (2011) -

34 AUSTRALIAN GOVERNMENT (2011) -


36 SERVICE SKILLS AUSTRALIA (2011)
Community Pharmacy Environmental Scan 2011

37 IBISWorld Industry Report G525a: Pharmacies in Australia

38 AUSTRALIAN GOVERNMENT (2011) -