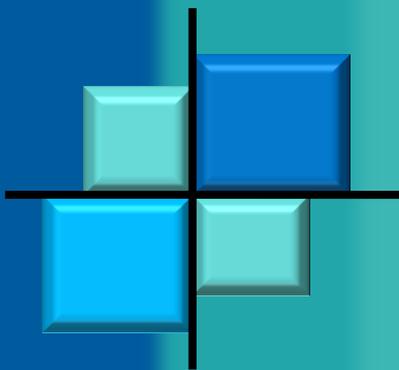




ENVIRONMENTAL
SCAN
2015

*Community
Pharmacy*



OVERVIEW OF INDUSTRY

The Australian and New Zealand Standard Industrial Classification (ANZSIC) code for Community Pharmacy is 4271.

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.

Community pharmacies are a vital health care destination, with some 94% of Australians visiting a pharmacy each year. With an estimated \$5 billion in privately funded assets, the Community Pharmacy network is a critical piece of health infrastructure, utilised for the public good in providing equitable and high-quality access to Pharmaceutical Benefits Scheme (PBS) medicines and a range of health services.¹

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
- flu vaccinations
- health and wellness checks
- audio testing
- diabetes 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, with 79% reporting that the advice met their needs completely.² Pharmacies also provide a range of medical equipment and therapeutic devices (such as nebulisers and crutches) and explanations about how to use these correctly.

The Sixth Community Pharmacy Agreement

The Sixth Community Pharmacy Agreement (6CPA) has been signed and passed through relevant parliamentary processes. A strong focus of the 6CPA is to create all round health services that provide better patient outcomes. Industry reports suggest that there are four key service areas which are due to start on 15th July 2015:

- medication management adherence services
- wellness, screening and prevention services
- minor ailments pain management services
- chronic disease management services

Community Pharmacy employees will need the skills and knowledge to be able to give important health advice to customers.

The expansion of professional services means Pharmacists will need to spend more time with customers. Pharmacists still have ultimate responsibility for dispensing but dispensary assistants are being asked to take on more responsibilities in dispensing and administration, so Pharmacists can spend more time with customers.³

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.

Over the five years to November 2018, the number of job openings for Pharmacy Sales Assistants is expected to be above average (between 25,001 and 50,000). Job openings can arise from employment growth and people leaving the occupation.⁴

In the next five years, industry growth will be driven by an ageing population.

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.

The Community Pharmacy industry is mainly made up of small and medium sized businesses. There are currently 5,500 community pharmacies in Australia of which 601 are in Western Australia.⁵ Employees are predominantly female and there is a mix of full-time, part-time and a small number of casual employees.

As at early 2014, there were 374 Priceline stores nationwide, of which 232 were pharmacies. Australian pharmaceutical Industries are increasingly relying on a franchise model.⁶

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.

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.

Community Pharmacy is a highly regulated industry with legislation dates back to the 1870s when regulations were first introduced requiring the registration of Pharmacists in the interest of public safety.

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.

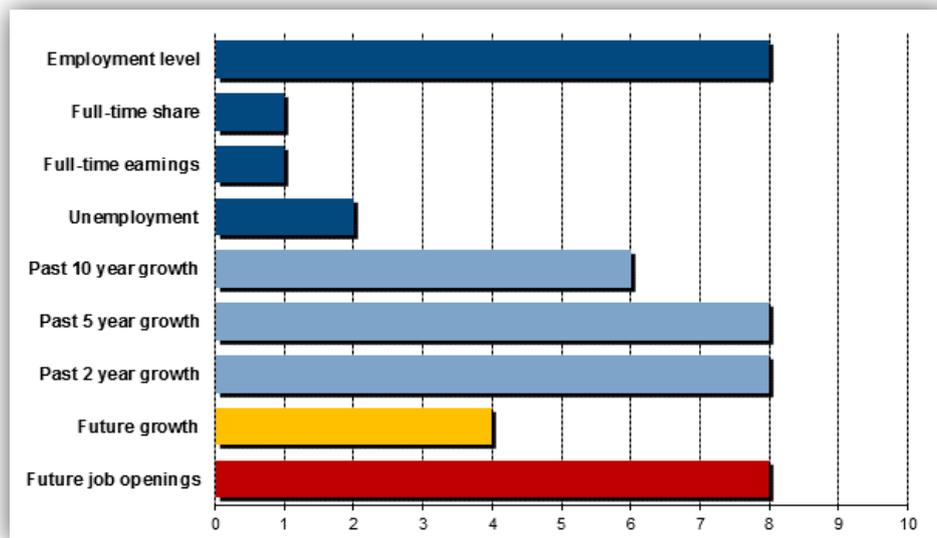
The National Registration and Accreditation Scheme (NRAS) came into effect on 1 July 2010. The scheme is a single system to register and accredit a broad cross-section of health professional groups. It seeks to reduce red tape and increase flexibility among healthcare professionals. When the Australian 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.

Demographics of Workforce

- Employment for Pharmacy Sales Assistants to November 2018 is expected to grow slightly. Employment in this large occupation (6 in November 2013) rose strongly in the past five years and rose moderately in the long-term (ten years).
- Pharmacy Sales Assistants have a relatively low proportion of full-time jobs (32.1%). For Pharmacy Sales Assistants working full-time, average weekly hours are 37.3 (compared to 41.1 for all occupations) and earnings are low - in the first decile. Unemployment for Pharmacy Sales Assistants is below average.
- Pharmacy Sales Assistants are employed across several industries including: Retail Trade; Health Care and Social Assistance.
- Over the five years to November 2018, the number of job openings for Pharmacy Sales Assistants is expected to be above average (between 25, 001 and 50, 000). Job openings can arise from employment growth and people leaving the occupation.⁷

Key Indicators

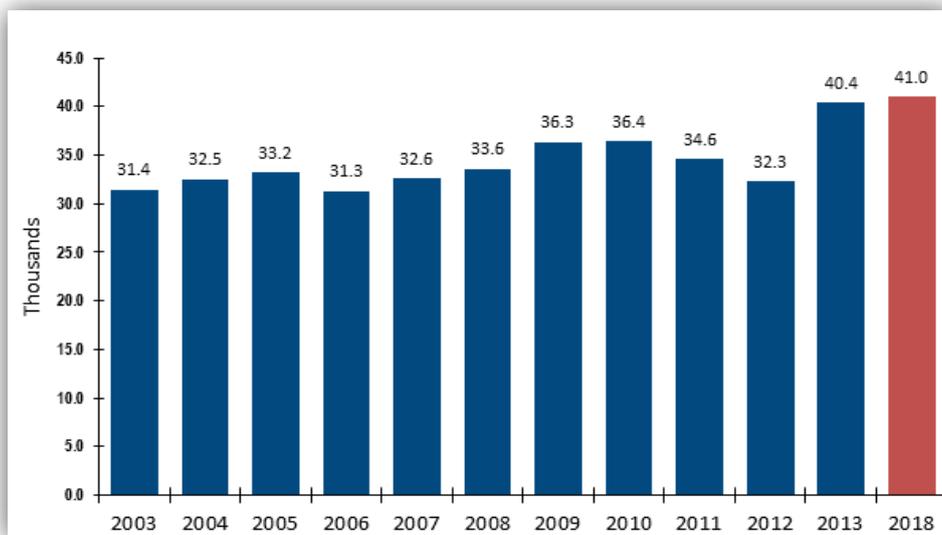


The graph shows 9 key indicators for this occupation - employment size, full-time share of employment, earnings, unemployment, historical employment growth (long-term, medium term and short-term), future employment growth, mix of industries and job openings.⁸

The graph indicates the following significant changes from 2012 to 2013:

- Unemployment has declined by 5 decile points
- Past 10 year growth has increased by 2 decile points
- Past 5 year growth has increased by 3 decile points
- Past 2 year growth has increased by 4 decile points

Employment Level (thousands)

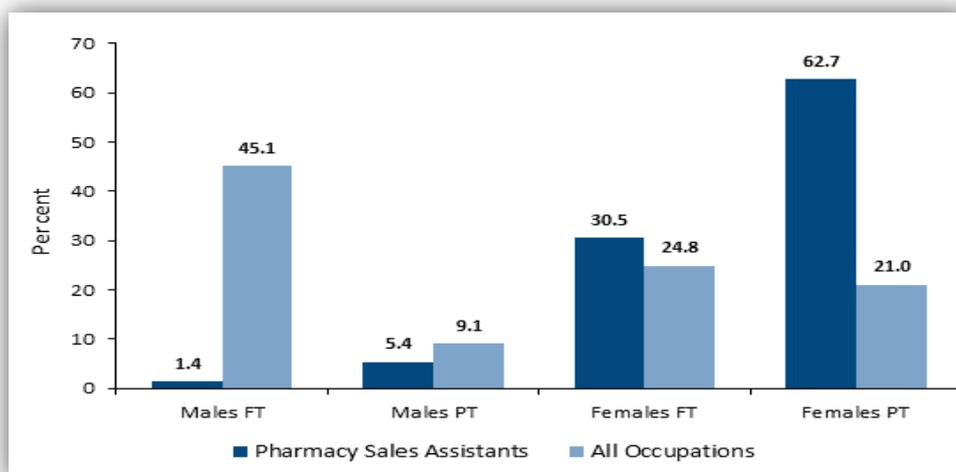


The above graph shows the historical and projected (to 2018) employment levels ('000) for this occupation. Source: ABS Labour Force Survey, Department of Employment trend data to November 2013 and Department of Employment projections to 2018.⁹

The graph above indicates that the employment level for the industry has increased from 32,300 to 40,400 between 2012 and 2013.

In June 2015 the Pharmacy Guild of Australia indicated that there were 60,000 people employed throughout Australia in 5450 pharmacies.¹⁰

Gender (per cent share)

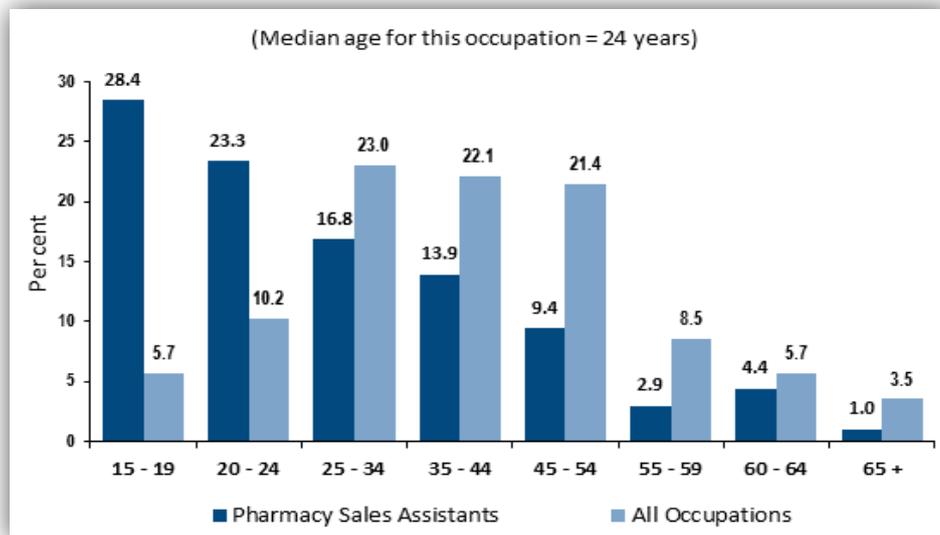


The graph shows the share of employment (per cent) for males and females, employed full and part-time, compared with all occupations. Source: ABS Labour Force Survey, annual average 2013.¹¹

The graph above indicates that the most significant changes in gender, in pharmacy between 2012 and 2013, is that part-time females have increased from 58.0% to 62.7% and that full time females have decreased from 34.6% to 30.5%.

Pharmacy has a very high level of female employment, with 62.7% of Pharmacists and 88.2% of pharmacy and dispensary assistants being female.¹²

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 2013.¹³

The graph indicates the most significant changes of the industry according to age, between 2012 and 2013:

- Pharmacy Sales Assistants ages 15-19 years increased from 25.0% to 28.4%
- Pharmacy Sales Assistants ages 25-34 years increased from 15.2% to 16.8%
- Pharmacy Sales Assistants ages 45-54 years decreased from 14.5% to 9.4%
- Pharmacy Sales Assistants ages 55-59 years decreased from 4.4% to 2.9%
- Pharmacy Sales Assistants ages 60-64 years increased from 1.7% to 4.4%

Impact of globalization

Currently the majority of stores and pharmacies are Australian owned and as such this industry has a low level of globalisation.

Impact of Government Policy/Decisions

India is currently Australia's largest source of permanent migrants with a total of 39,026 places or 23.1% of the total migration program in 2013-14. China and the United Kingdom are Australia's second and third largest sources of permanent migrants, with 26,776 and 23,220 places respectively. Six of the top 10 source countries in Australia's 2013-14 migration programs are from Asia: India, China, the Philippines, Vietnam, Malaysia, and Nepal.¹⁴ Furthermore, overseas migration is a major contributor to Australia's population growth.

Over the year to September 2014, Net Overseas Migration (NOM) contributed a net increase of 32,190 people to Western Australia, contributing 1.3% points.¹⁵

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 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, mentoring and negotiating, cognitive skills such as analysing and coordinating will gain in importance compared to motor skills such as 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.

The Sixth Community Pharmacy Agreement (6CPA) comes into effect on 1 July 2015 and is to provide \$18 billion in funding in total which covers the dispensing of PBS medicines, the provision of pharmacy programs and services, and the Community Services obligation arrangements with pharmaceutical wholesalers.

As in the past, the sixth agreement sets payments of allowances and fees for dispensing pharmaceutical benefits.

Within the (6CPA) under the allocation of Community Pharmacy Program funding it is also intended that a particular focus of the new, continuing and expanded Community Pharmacy Programs will be those which benefit:

- Aboriginal and Torres Strait Islander peoples; and
- Consumers in rural and remote areas¹⁶

The removal of the Federal Government employer incentives for Certificate II level traineeships has shown a marked decline in numbers while the numbers in training in Certificates III and IV are not showing an increase to compensate for this decline. The requirements of industry appear to have been overlooked with policy decisions being made without consultation with industry and the potential workers it most affects.

Additionally, the Australian Workforce and Productivity Agency (AWPA) conducted a Retail Workforce Study in March 2014. The study recommended that the Government provide funding for Certificate II level qualifications in Retail service sectors where a Certificate II is demonstrated to be the industry standard entry level qualification, and preferably where the training is integrated with structured workplace learning.

In a survey conducted in March 2014 by the WA Pharmacy Guild, 96% of respondents (170 pharmacies) stated they would be agreeable to their employees participating in training if funding was available.

Deregulated trading hours

The Australian National Retailers Association (ANRA) has called for unrestricted retail trading hours which would allow all shops to have the option of trading 24 hours a day, seven days a week with the exception of Christmas Day, Good Friday and the morning of Anzac day.¹⁷

Coles and Woolworths support the call for national consistency of retail trading hours stating that it would improve economic growth, reduce cost-of-living pressures on consumers and help stores compete against online retailers.¹⁸

The Australian Retailers Association (ARA) Executive Director Russell Zimmerman said although the ARA supports the retail industry trading hours, caution must be taken to keep smaller independent businesses alive. Mr Zimmerman stated that the call for uniform trading hours may assist in economic growth in the short term, however smaller businesses will be unsustainable with the pressures it will involve, and long term it may not prove to give positive economic growth. If consumers want longer trading hours, then employment cost and penalty rates must also be part of the discussion, without penalty rates being reviewed, wages and on costs will be unsustainable for the independent retailers in Australia.¹⁹

The main union representing retail workers, the Shop Distributive and Allied Employees' Association argues the main challenge facing industry is online sales by overseas retailers, not labour costs and "sees no justification in any further extension of retail trading hours".²⁰

The western Australian Government has indicated that there will not be any further changes to trading hours until after the next election in 2017.

Western Australia

A study conducted in by Patterson Research Group for independent grocers revealed that almost nine out of ten (88%) of metropolitan shoppers believe that current shopping hours are adequate for their needs.

The study showed satisfaction with the current system was not influenced by gender, with 88% of men and the same number of women saying they were satisfied. Three quarters of those in the 18 to 39 age group were satisfied with current hours.

The WA Independent Grocers Association president, John Cummings, said results were a damning indictment of unsupported claims by major national retailers and big shopping centre owners that consumers were demanding more shopping hours.

As we have seen elsewhere, deregulation will result in national and multinational retailers weakening and/or destroying their smaller competitors. The negative effects of deregulation would be amplified in WA as a consequence of the state's rapidly cooling economy.²¹

Since the introduction of Extended Trading Hours a significant change in the employment structure has been identified within small business. A dramatic swing from full-time employees in favour of part-time and casual status has occurred broadly across the industry. This trend also applies to large retail operations.

A survey conducted by RAPS into the extended Christmas Trading hours of 2014/15 revealed that micro and small business had no direct business benefit from the additional trading hours and most stated that they fell short due to lack of support from consumers. It appears that

supermarkets and major shopping centres that are national brand dominated were the main beneficiaries.

Penalty rates

Penalty rates continue to be an issue for small business and many have stated that they are unable afford to trade the extended hours. Most believe that the introduction of Extended Trading Hours has caused staffing problems in getting staff willing to work; and the cost of staffing. This has been confirmed by most micro and small retailers RAPS have consulted with. In all cases the initial staffing requirements for Sundays are generally filled by the Proprietors of the businesses.

While pharmacies are generally exempt from retail trading hour's restrictions because of the essential health services they provide, the Pharmacy Guild of Australia submission to the Productivity Commissions review was in the context of increased labour costs, particularly penalty rates and pharmacies continuing ability to meet the after hour's health care needs of their patients.²²

Pharmacies have expressed concerns about penalty rates, as well as restrictions on the number of hours that can be worked as part of a minimum shift, arguing that "extended and seven day-a-week trading patterns are required to meet the expectations and healthcare demands of customers and patients."

Over 70% of the retailers consulted believe that penalty rates for weekend trading should be reviewed, removed or at least reduced.

Following a decision by the Fair Work Commission (FWC) on the Restaurant and Catering award to reduce penalty rates by 25% on Sundays for casual employees, the Australian Retailers Association (ARA) is hopeful they will see a common sense outcome in this year's Retail Award Review due later this year.²³ Discussions on this issue are currently on going.

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.

The use of technology and introducing tools for use as visual aids in retail areas as well as counselling for customers along with SMS alerts for prescription renewals

The majority of pharmacies have computerised dispensing systems, which allows 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.

Additionally, the implementation of the national system of electronic health records has been a significant development for Community Pharmacy. In 2013-14 it was reported that four million of sixteen million new scripts each month were being scanned by pharmacies and inputted to the Personally Controlled Electronic Health Record (PCEHR) system. This is a

400% increase from the previous 12 months, which is largely attributable to an incentive introduced for doctors and Pharmacists in early 2013.²⁴

Pharmacy stock orders are submitted electronically with retail point-of-sales systems which allow the pharmacist to more accurately manage their stock levels.

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

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.

Government Pharmaceutical Benefits expenditure on accrual accounting basis for the year ending 30 June 2014 totaled \$9,148.5 million, compared with \$8,996.4 million for the previous year. This is a 1.7% increase. The remainder of this summary refers to Pharmaceutical Benefits Scheme (PBS) Section 85 data reported on cash accounting basis.

Total PBS prescription volumes increased by 6.3% to a total of 209.8 million, compared to 197.3 million for the previous year.

Government expenditure amounted to 82.5% of the total cost of PBS prescriptions. The remainder was patient contributions that amounted to \$1,545.1 million, up from \$1,495.4 million in the previous twelve-month period.

The majority of government expenditure on PBS prescriptions was directed towards concessional cardholders (\$5,708.0 million, 78.1% of the total). This is compared to concessional expenditure of \$5,560.6 million in the previous period (78.5% of the total).

The average dispensed price per prescription of PBS medicines decreased to \$42.20 for the year ending June 2014 (\$43.48 for the year ending June 2013). The average government cost of these scripts was \$34.83 for the same period (\$35.90 to June 2013).²⁵

In 2012, 49% of those aged 65-74 and 70% of those aged 85 and over had five or more long-term health conditions. Among older Australians, the most common conditions are some degree of vision or hearing loss, arthritis and other musculoskeletal problems and elevated blood pressure or cholesterol levels which is driving the demand for the dispensing of medications.

Pharmacies are experiencing 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

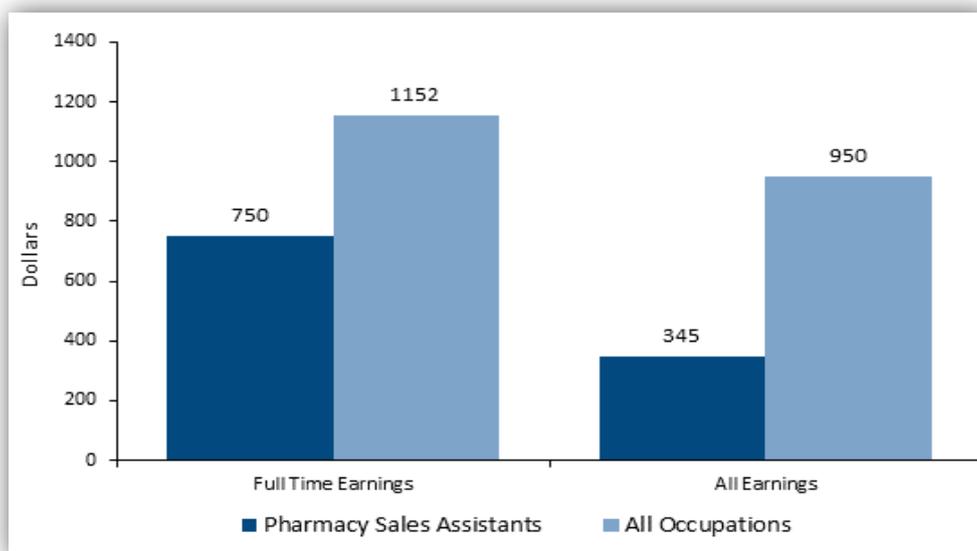
result of long waiting times at hospitals. Australia is facing severe health issues, like a high percentage of overweight or obese individuals (63% in 2014; higher than 1989 by 19%).²⁶

The rapid increase in diabetes: currently almost 1.7 million Australians have been diagnosed with diabetes. 280 Australians develop diabetes every day – one person every five minutes which equates to 100,000 people in the past year has developed diabetes.²⁷

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.

Complementary medicines have grown by 54% over the last 5 years to 3.5 billion annually and are expected to grow to 4.6 billion by 2018. The aging population and the rise in chronic diseases are powering this growth: one in four adults with a chronic condition regularly uses complimentary medicine.²⁸

Weekly Earnings (before tax)

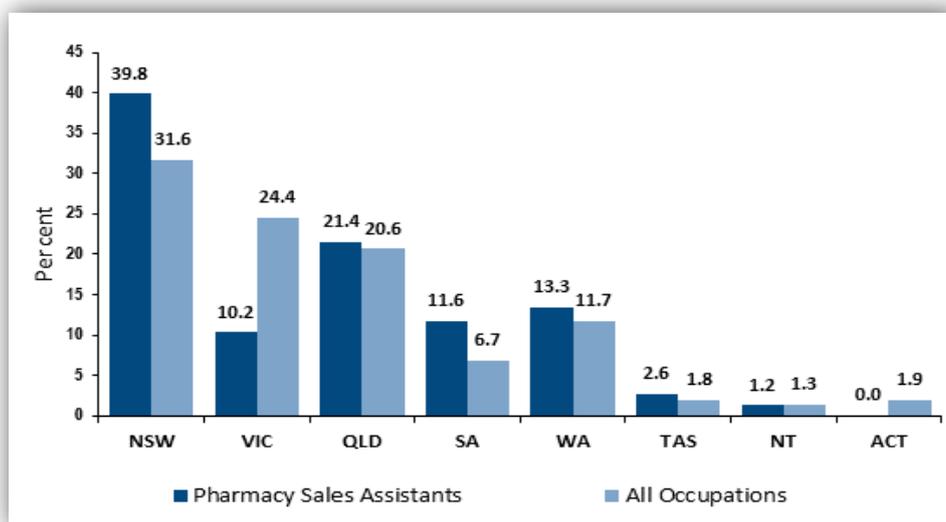


The graph shows median weekly earnings for the occupation compared with the median across all occupations, for total employment and for full-time workers. Earnings are before tax and do not include employer superannuation contributions. (The median is the middle value in a distribution when the values are arranged in ascending or descending order). These figures are indicative and cannot be used to determine a particular wage rate. Source: ABS EEBTUM survey August 2013 cat. no. 6310.0.²⁹

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 2013.³⁰

One significant change in employment by region between 2012 and 2013 for Pharmacy Sales Assistants is that employment in Western Australia increased from 11.0% to 13.3%. 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. Demand for pharmacy staff is expected to grow by 6.4% over the next five years.³¹

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.

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 franchised pharmacies.

Rural pharmacies could be health hubs that link patients with GPs, specialists and other health professionals.³²

In Australia there are 425 towns with only one pharmacy. They are often primary employers of young people located in rural/remote Australia. With youth unemployment rates, for those

aged 15-19 reaching 17.7%, community pharmacies offer young people an opportunity to enter the job market.³³

There is a lack of career opportunities for females in regional areas, particularly the Goldfields, Esperance and Broome regions.

Sustainability

One of the vital workforce development needs for the services industries is the requirement for training packages to incorporate and adopt the principles of sustainability. 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.

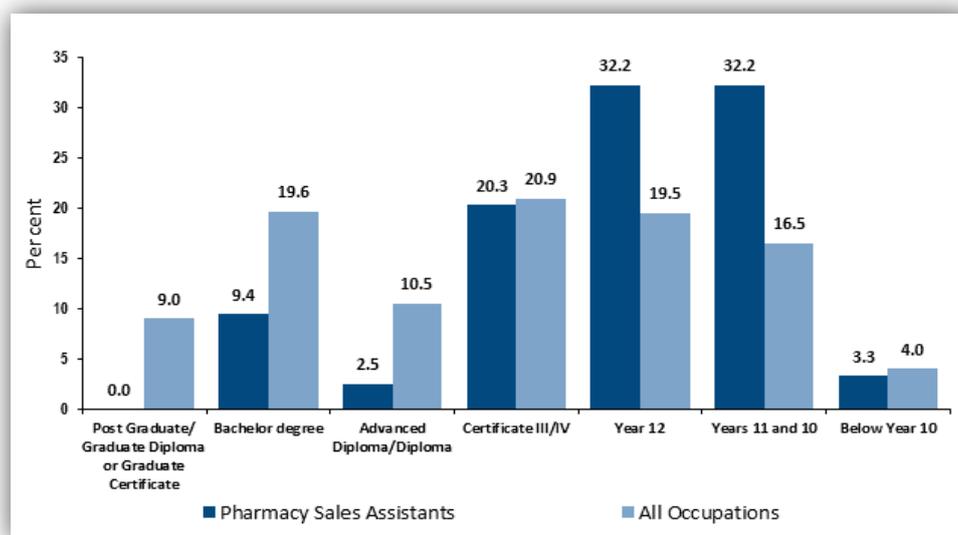
Qualifications currently being delivered in Western Australia are as follows:

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

Continuous Improvement

The SIR07 Retail Services Training Package will be aligned to ensure it meets the needs of industry and the Standards for Training Packages under the Continuous Improvement process. Feedback from employers and RTOs is currently being sought, with a submission for endorsement anticipated to occur in late 2015.

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 2013 Survey of Education and Work (SEW). The measure of overall educational attainment is the ABS 'HEAP' variable, which regards successful completion of Years 12, 11 or 10 of school as a higher attainment than a Certificate II coupled with any lower level of schooling.³⁴

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 2010, 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 will be a critical shortage of Pharmacy Assistants unless an increase occurs in the uptake of training.

Additionally, with over half of the Community Pharmacy workforce aged between 15-24 years and community pharmacies competing with other industries seeking to replace their retiring workforce, there will be a demand for Pharmacy Assistants.³⁵

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

Current and Emerging Skill/Labour Gaps

It is predicted there will be 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. It was estimated that approximately an additional 380 Pharmacy/Dispensary Assistants were going to be required over 12 months from July 2014 in WA.³⁶

Service Skills Australia has also identified Pharmacy Assistant as an occupation in demand in their *2014 Wholesale, Retail and Personal Services Environmental Scan*.

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.

Pharmacies are experiencing difficulty obtaining suitable staff, and a survey conducted by the WA Pharmacy Guild in 2014 showed that it is taking between two weeks and six months to fill vacancies for Pharmacy Assistants.

It has been noted that industry could be well placed to employ older workers. Currently, workers aged over 45 years only account for 17.7% of the workforce (compared to 39.1% for all occupations). Older workers bring with them a wealth of experience and skills that could help businesses establish effective relationships with their ageing customers.³⁷

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. Additionally, Pharmacy Assistants need to understand and provide advice on complementary medicines such as vitamins, minerals and supplements; sports nutrition; and herbal and traditional products. This knowledge can be gained through formally nationally accredited training or ongoing informal supplier training.³⁸

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.

Furthermore, the changing role of Pharmacists and their increased focus on patient care, medication compliance and the provision of health services has identified a need for trained Pharmacy Assistants to develop skills in people management, retail operations, back-office retail skills and business management.³⁹

Pharmacy Assistants are required to assist with the documentation needed for the receipt of PPI payments, which involves data entry for each instance of service provision and collation of the data for quarterly reporting to Medicare. As these tasks are largely completed using computer software, Pharmacy Assistants require both data management and digital literacy skills.⁴⁰

With \$16.6 billion spent through online channels in the year to January 2015 and 41% of smartphone users purchasing a product or service on their phone, pharmacy staff will need to develop skills in website management and electronic communication strategies for Community Pharmacy.⁴¹

Additionally, ensuring that workers in the Community Pharmacy Industry have adequate language, literacy and numeracy (LLN) is critical to promote continued confidence in the industry. Limited language and communication skills often results in a lack of confidence and reluctance on the part of Pharmacy Assistants to approach customers, which impacts both on teamwork and customer service levels.

Community pharmacies increasingly need to be built upon high-level customer service in order to differentiate themselves from supermarkets and, more recently, from discount pharmacies. With discount pharmacies being able to deliver more choice and provide aggressively discount prices, consumers have shown to be very supportive of discount pharmacies. This development calls for community pharmacies to provide greater value through superior customer service and additional professional services.⁴² As a result, Pharmacy Assistants require particularly well-developed customer service skills in order to manage these competing priorities.

In relation to this, the industry is concerned as customer service levels are going down and not up.⁴³

Emerging occupations

The implementation of the 6CPA will require Community Pharmacy employees to have the skills and knowledge to be able to give important health advice to customers.

The expansion of professional services means Pharmacists will need to spend more time with customers. Pharmacists still have ultimate responsibility for dispensing but dispensary assistants and Pharmacy Assistants will be required to take on more responsibilities in dispensing and administration, so Pharmacists can spend more time with customers

Declining occupations

There are no identified declining occupations.

ENDNOTES

- ¹ The Pharmacy Guild of Australia. (2014). *Employment expectations report, April 2014*.
- ² The Pharmacy Guild of Australia (WA Branch). (2014). Community Pharmacy Industry Scan.
- ³ Guild, Pharmacy. (2013, November). News Article.
- ⁴ AUSTRALIAN GOVERNMENT. (2015). Job Outlook – Pharmacy Sales Assistants <http://joboutlook.gov.au/occupation.aspx?search=alpha&tab=prospects&cluster=&code=6214>.
- ⁵ Pharmacy Registration Board of Western Australia: Premise Register.
- ⁶ Australian Pharmaceutical Industries Limited: Priceline Head Office (27 March 2014).
- ⁷ AUSTRALIAN GOVERNMENT. (2015). Job Outlook – Pharmacy Sales Assistants <http://joboutlook.gov.au/occupation.aspx?search=alpha&tab=prospects&cluster=&code=6214>
- ⁸ Ibid.
- ⁹ AUSTRALIAN GOVERNMENT. (2015). Job Outlook – Pharmacy Sales Assistants <http://joboutlook.gov.au/occupation.aspx?search=alpha&tab=stats&cluster=&code=6214>
- ¹⁰ Pharmacy Guild of Australia – media release June 2015.
- ¹¹ AUSTRALIAN GOVERNMENT. (2015). Job Outlook – Pharmacy Sales Assistants <http://joboutlook.gov.au/occupation.aspx?search=alpha&tab=stats&cluster=&code=6214>.
- ¹² The Pharmacy Guild of Australia. (2014). *Employment expectations report, April 2014*.
- ¹³ AUSTRALIAN GOVERNMENT. (2015). Job Outlook – Pharmacy Sales Assistants <http://joboutlook.gov.au/occupation.aspx?search=alpha&tab=stats&cluster=&code=6214>.
- ¹⁴ Department of Immigration and Border Protection. (2014). *2013-14 Migration Programme Report*.
- ¹⁵ Australian Bureau of Statistics. (2015). *Australian Demographic Statistics, September 2014* (Cat. No. 3412.0).
- ¹⁶ Sixth Community Pharmacy Agreement. (May 2015) Australian Government - Department of Health.
- ¹⁷ Australian National Retailers Association. (May 2014). Media Statement: *Trading hours – pursuing fairer trading*.
- ¹⁸ Balogh, S. (2014, May 26). Woolworths and Coles unite on trading). *The Australian*. Retrieved from <http://www.theaustralian.com.au/national-affairs/policy/woolworths-and-coles-unite-on-trading/story-fn59noo3-1226931112552#>.
- ¹⁹ The Australian Retailers Association. (May 2014). Media Statement: *The big two call for uniform trading hours – small businesses call for support*.
- ²⁰ Balogh, S. (2014, May 26). Woolworths and Coles unite on trading). *The Australian*. Retrieved from <http://www.theaustralian.com.au/national-affairs/policy/woolworths-and-coles-unite-on-trading/story-fn59noo3-1226931112552#>.
- ²¹ Inside Retail. (2014, May 22). *WA shoppers satisfied*. Retrieved from <http://www.insideretail.com.au/2014/05/22/wa-shoppers-satisfied/>.
- ²² The Pharmacy Guild of Australia. (27 May 2014). National Newsletter.
- ²³ Retailworld eNewsletter. (2014). Retailers hopeful following hospitality penalty rates decision.
- ²⁴ The Pharmacy Guild of Australia. March 2015.
- ²⁵ <http://www.pbs.gov.au/statistics/2013-2014-files/expenditure-and-prescriptions-12-months-to-30-june-2014.pdf>.
- ²⁶ Australian Institute of Health. (2015). Risk factors, disease and death: Overweight and obesity.
- ²⁷ Diabetes Australia. (2015). Understanding diabetes: diabetes in Australia.
- ²⁸ The Pharmacy Guild of Australia. Retail Pharmacy Newsletter, August 2014/
- ²⁹ AUSTRALIAN GOVERNMENT. (2015). Job Outlook – Pharmacy Sales Assistants <http://joboutlook.gov.au/occupation.aspx?search=alpha&tab=stats&cluster=&code=6214>.

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- ³⁰ AUSTRALIAN GOVERNMENT. (2015). Job Outlook – Pharmacy Sales Assistants
<http://joboutlook.gov.au/occupation.aspx?search=alpha&tab=stats&cluster=&code=6214>.
- ³¹ The Pharmacy Guild of Australia (WA Branch). (2014). Community Pharmacy Industry Scan.
- ³² The Pharmacy Guild of Australia. March 2015.
- ³³ Australian Bureau of Statistics. (2015). *Labour Force, Australia, March 2015* (Cat. No. 6202.0).
- ³⁴ AUSTRALIAN GOVERNMENT. (2015). Job Outlook – Pharmacy Sales Assistants
<http://joboutlook.gov.au/occupation.aspx?search=alpha&tab=stats&cluster=&code=6214>.
- ³⁵ The Pharmacy Guild of Australia. March 2015.
- ³⁶ The Pharmacy Guild of Australia (WA Branch). (2014). Community Pharmacy Industry Scan.
- ³⁷ The Pharmacy Guild of Australia. March 2015.
- ³⁸ The Pharmacy Guild of Australia. March 2015.
- ³⁹ The Pharmacy Guild of Australia (WA Branch). (2014). Community Pharmacy Industry Scan.
- ⁴⁰ Service Skills Australia. (2014). Wholesale, Retail & Personal Services Environmental Scan.
- ⁴¹ The Pharmacy Guild of Australia (WA Branch). (2014). Community Pharmacy Industry Scan.
- ⁴² Service Skills Australia. (2014). Wholesale, Retail & Personal Services Environmental Scan.
- ⁴³ The Pharmacy Guild of Australia. March 2015.