



Pharmaceutical Society of New Zealand Early Career Pharmacists' Consultation

BUILDING BLOCKS REPORT TEN RECOMMENDATIONS FOR ACTION

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Special thanks to:

All the Early Career Pharmacists (ECPs) who responded to the consultation in 2019.

The ECP Steering Group members for their leadership and commitment to this project:
Fiona Bradley (chair), Ali Alwash, Katrina Azer, Rachel Bell, Michael Hammond, Bellina Lu,
Natasha Nagar, Joe Stevenson and Aleisha Whyte.

FOREWORD

Keeping the Profession Strong means the enthusiasm, energy and aspirations of early career pharmacists must be strongly supported by the Society in its role as the pharmacy professional organisation.

The Society has recognised this and has had an ECP appointed to its National Executive since 2017. Future leaders of the profession must be listened to closely and the Society commits to raising the Early Career Pharmacists voice and will implement its' Ten Recommendations for Action with vigour.



Richard Townley
CEO PSNZ

At the start of my term I was asked the question "what do I want to achieve while co-opted to the National Executive?" The answer to this was my first priority, release of the results from the Early Career Pharmacist (ECP) consultation and distribute them far & wide. This report has been developed by ECPs, for ECPs.

I encourage you to join PSNZ in our efforts to bring the profession along in implementing the recommendations detailed in this building blocks report for a brighter future not just for early career pharmacists, but for all pharmacists across New Zealand.



Michael Hammond
PSNZ Co-opted Early Career Pharmacist

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EXECUTIVE SUMMARY

Early Career Pharmacists (ECPs; those with 10 years or less of experience post-graduation) want a sustainable, fulfilling career. The building blocks to help achieve this needed to be identified. System levers need to be put in place to utilise the pharmacist workforce in emerging and innovative models of care.

The Pharmaceutical Society of New Zealand (the Society) is committed to ensuring that ECPs are empowered, have strong representation and adequate support to continually develop their practice and ensure a sustainable fulfilling career.

The ten actions in this Building Blocks Report are directed at achieving this objective.

The ten action statements set out in this report form the first building blocks. These are the small steps that will allow us to build a strong foundation for a dynamic pharmacy career and help it be a sustainable option for all. These actions will not just benefit Early Career Pharmacists but will be valuable for all Pharmacists no matter their career stage.

The recommendations contained within cannot be completed in silo; it is the responsibility of the whole sector to work together with one common goal. In two years' time a review will be undertaken and progress against achieving these recommendations will be tracked.

The PSNZ ECP Steering Group identified the following four key themes as being important for ECPs:

- Engagement and representation
- Job satisfaction, recognition and remuneration
- Sustainable careers
- Innovation and technology

These key themes were used to design the consultation process and questions covered in this report.

Key results of consultation

It is clear from the results of this consultation that ECPs are committed and passionate about their role as a pharmacist with **65% of ECPs indicating they are “somewhat or very satisfied” with their career as a pharmacist.**

When asked if they felt they are making a useful contribution to their patients' health, 89% of ECPs “agreed and strongly agreed” with this statement.

Despite this, ECPs are considering leaving the profession.

From the survey, 31% of respondents think it is unlikely they will be in the pharmacy profession in the next 5 years.

Figure 1: This table shows the results for the likelihood to remain in the profession in the next 5 years by different demographic markers.

<p><i>Of those respondents who identified practicing as hospital pharmacists 27% were somewhat or very unlikely to stay in the pharmacy profession in the next 5 years.</i></p>	<p><i>36% of those who responded as being within 3 years post registration indicated it is somewhat or very unlikely, they will remain in the pharmacy profession in the next 5 years.</i></p>
<p><i>Of those respondents who identified practicing as community-based pharmacists 32% think it is somewhat or very unlikely they will stay in the pharmacy profession, in the next 5 years.</i></p>	<p><i>27% of those between 4-10 years post registration indicated it is somewhat or very unlikely they will remain in the pharmacy profession in the next 5 years.</i></p>

It is a big challenge for the profession to turn this trend around and reduce the number of Early Career Pharmacists who are considering leaving the profession.

There is strong evidence that ECPs have hope and a positive outlook on the future of Pharmacy and their careers.

From a list of 14 factors, respondents were asked to indicate which factors were most important to them for their career. The top three responses were:

- 1) Opportunity for career growth and development of new skills (62%)
- 2) The people I work with (53%)
- 3) Remuneration (49%)

Embracing these factors will likely contribute to the retention of early career pharmacists in the profession

Ten Recommendations for Action

1. PSNZ has established a National ECP group and will continue to build on this utilising an ECP representative from each of the branches across New Zealand
2. Provide (online) opportunities for non-clinical education, personal self-development and discussions to occur
3. Identify current and emerging roles for pharmacists, and work to develop supported pathways to enable career progression into these areas.
4. Explore the development of a framework to recognise current practice against a continuum of pharmacist experience
5. Develop a toolkit to provide guidance and support for job interview questions and negotiations
6. Promote the benefits and opportunities for the use of robotics and information technology
7. Establish a Foundation programme for ECPs post registration
8. Develop alternative models of (pharmacist) service delivery and advocate for these along with appropriate remuneration
9. Raise awareness, with the public and other health professionals, of the full extent of a Pharmacists scope, skill and expertise
10. Facilitate access to independent legal advice and support for employment concerns

INTRODUCTION

In May 2019 a consultation survey was sent to 1418 ECPs by direct email, of these 416 ECPs responded to the survey with 329 completing the survey by 19th of June 2019. This created a response rate of 29% attempted and 23% completed.

Demographics

The survey population consisted of the following demographic groups:

- 75% of the respondents identified as female, and 25% male.
- Most of the respondents were aged between 23-30 years old.
- 96% of respondents identified as Pharmacists, with 4% as Interns.
- 69% of the respondents identified as working in community pharmacy setting, either as an owner, employee or locum.
- 25% indicated their working environment was in hospital pharmacy
- 6% of respondents indicated they are pharmacists in the following "other" working environments:
 - General Practice
 - DHB role
 - Academia
 - Pharmaceutical Company
 - Primary Health Organisation
 - PSNZ
 - Ministry of Health
 - Medsafe
 - Pharmac
 - Pharmacy Today
 - Software Development
 - Insurance
 - Polytech Tutor

The results for these working environments have not been broken down further in this report, they are captured as part of the total figures and percentages.

Figure 2: Table shows the percentages for the number of years respondents have been registered

Years registered	Responses
0 years	9%
1 year	10%
2 years	16%
3 years	12%
4 years	9%
5 years	7%
6 years	8%
7 years	9%
8 years	6%
9 years	7%
10 years	4%

Figure 3: Table shows the percentages for the age range of respondents

Age range	Responses
18-22	<1%
23-25	34%
26-30	45%
31-35	18%
36-40	1%
41-45	<1%
46-50	<1%
61-65	<1%

Figure 4: This graph shows the number of Community based Pharmacists per District Health Board area who participated in the consultation (note: it was possible to choose more than one area)

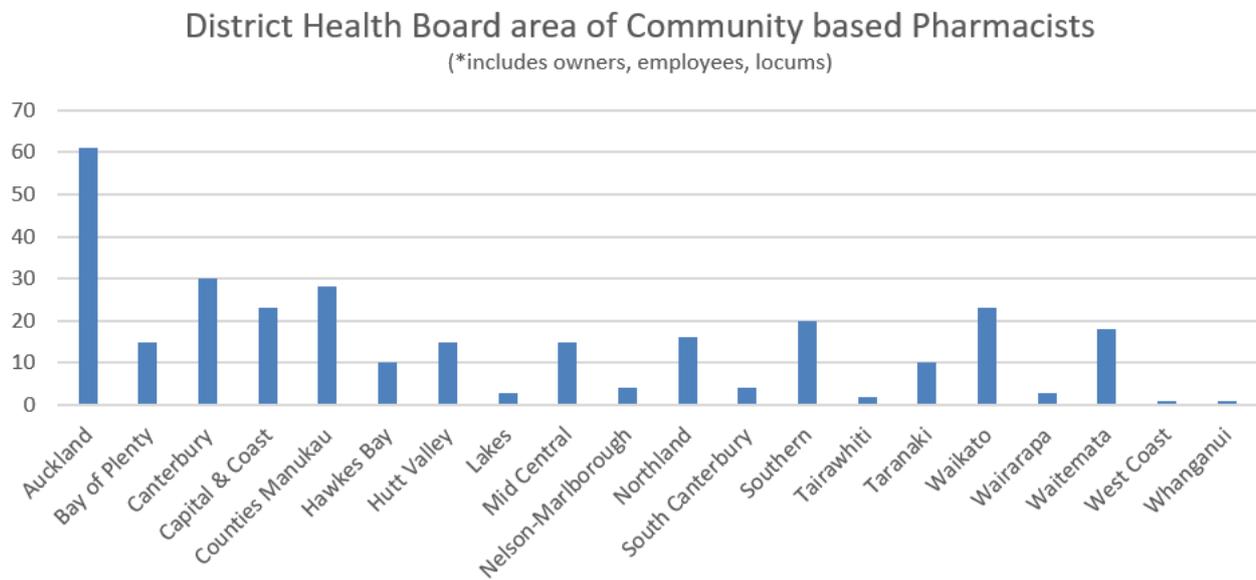
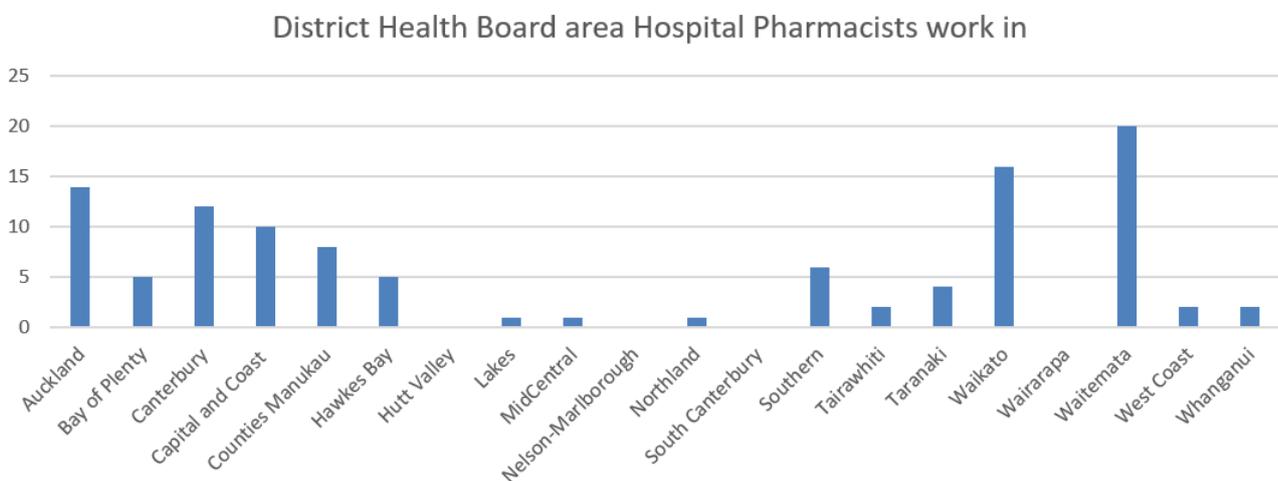


Figure 5: This graph shows the number of Hospital based Pharmacists per District Health Board area who participated in the consultation (note: it was possible to choose more than one area)



TEN RECOMMENDATIONS FOR ACTION

This report presents the ten statements for action using the results from the Early Career Pharmacist consultation undertaken in 2019.

It was very important not to gaze into the future and write a high level concept document, rather the ten actions set out in this building block report are relevant, realistic and achievable.

This process has been led by Early Career Pharmacists (ECPs), for ECPs from the beginning. The PSNZ ECP Steering Group of ten ECPs designed this consultation process and later met to discuss the results and develop the action statements included in this report.

Two ECPs profiles have been showcased throughout the report to capture and illustrate their specific responses:



RECOMMENDATION FOR ACTION ONE: PSNZ has established a National ECP group and will continue to build on this utilising an ECP representative from each of the branches across New Zealand

The establishment of a National ECP group is considered the most vital action required. It is an essential step to achieve the other actions.

This group will be supported by PSNZ to provide the leadership and develop and drive forward the work required to achieve the other actions.

47% of those surveyed said "yes" it would be worthwhile for PSNZ to develop an ECP group, similar to the Australian ECP working group.

This first statement for action of establishing a National ECP Group is going to develop a strong foundation from which to build the other actions on.

Nationally, the purpose of this group would be to:

- Drive this work forward
- Provide representation to ECPs
- Provide leadership to ECPs perspectives and issues
- Champion and share these results widely throughout the profession
- Provide information, advice or resources to fellow ECPs

PSNZ has a regional network of 12 branches covering New Zealand, each has an elected President and Committee who manage the branch. The main remit of the Branches is to meet regularly and offer educational activities throughout the year.

Each Branch will select an ECP Champion who will be part of the National group. This would be a leadership development opportunity for Early Career Pharmacists in line with the objectives of the Pharmacy Action Plan.

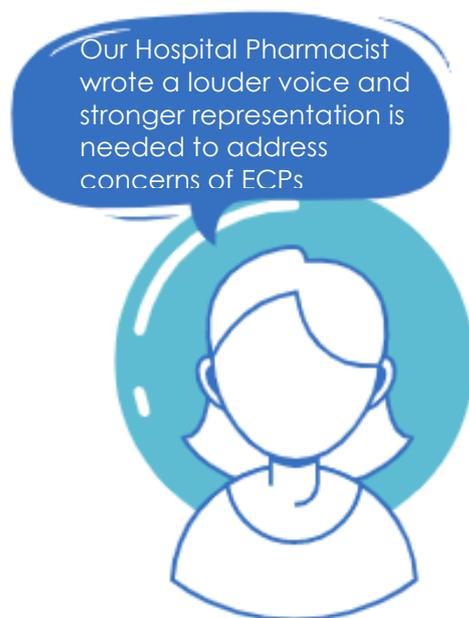
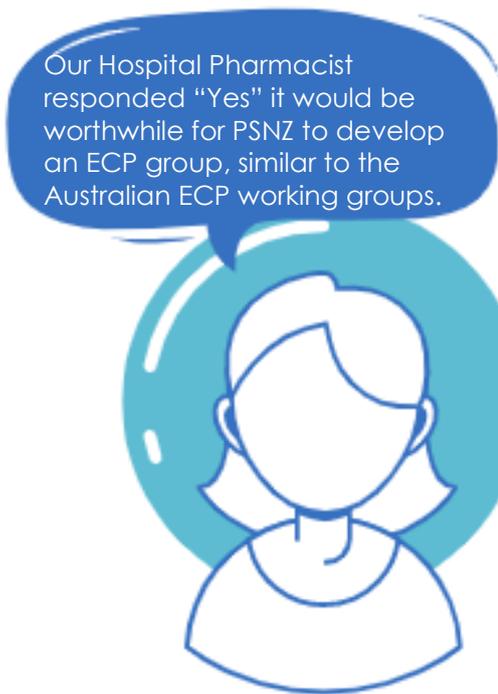


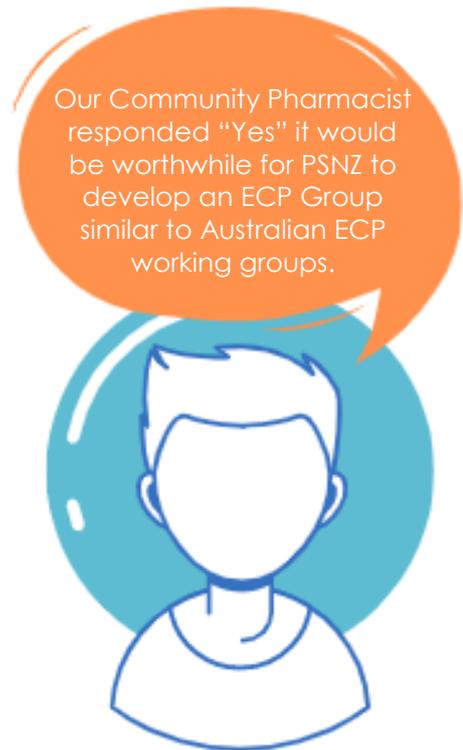
Figure 6: Table shows the consultation results indicating the following statements to be the main functions of this group

81%	Offer opportunities for education & career development specific to ECPs
75%	Provide career development resources
69%	Provide advice & support to ECPs
59%	Mentor ECPs
57%	Facilitate activities to improve professional satisfaction for ECPs
54%	Provide an ECP perspective to PSNZ National Executive & PSNZ Staff
50%	Provide representation & leadership on issues of important to ECPs

All of these functions will be captured through the work of this National Group and through the actions outlined in this report.



Our Hospital Pharmacist responded “Yes” it would be worthwhile for PSNZ to develop an ECP group, similar to the Australian ECP working groups.



Our Community Pharmacist responded “Yes” it would be worthwhile for PSNZ to develop an ECP Group similar to Australian ECP working groups.

RECOMMENDATION FOR ACTION TWO: Provide (online) opportunities for non-clinical education, personal self-development and discussions to occur

57% of ECPs use “online discussion groups (e.g. Facebook, Pharmacy chat group)” to connect professionally with pharmacy colleagues outside of their working environment.



Our Hospital Pharmacist connects professionally with Pharmacy colleagues outside of the working environment by:

- Other education sessions (e.g. with other health professionals)
- Online discussion groups (e.g. Facebook, Pharmacy Chat Group)
- Other Pharmacist special interest email groups



Our Community Pharmacist connects professionally with Pharmacy colleagues outside of the working environment by:

- PSNZ Branch meetings and education sessions
- Online education opportunities
- Online discussion groups (e.g. Facebook, Pharmacy Chat Group)

When asked if PSNZ should provide more opportunities to connect with other colleagues 51% said don't know, and 33% contributed their ideas.

Of those who commented the three biggest themes coming through were: education session/branch meetings, social/casual events and ECP specific sessions/meetings.

Our Hospital Pharmacist responded "Yes" to PSNZ providing more opportunities to connect with other colleagues. The idea shared was: social (young professionals) evenings.

Our Community Pharmacist responded "Yes" to PSNZ providing more opportunities for you to connect with other colleagues. The idea shared was: conferences.

While more face to face sessions appear valuable, the ability to connect with a wider group of people virtually is also beneficial. This is especially true for ECPs who feel more isolated in their working location as virtual connections would allow them to come together to have discussions.

Highlight on: Stress and burnout

**When asked to describe their day to day work in terms of stress:
no one indicated "not stressful at all"**

Figure 7: This table shows the results to the amount of stress experienced in the day to day work environment

71% of ECPs indicated moderately stressful	88% of ECPs indicated extremely or moderately stressful
88% of Community based Pharmacists describe their day to day work as a Pharmacist as extremely or moderately stressful	90 % of Hospital based Pharmacists describe their day to day work as a Pharmacist as extremely or moderately stressful

When asked if they have experienced burn-out or significant unmanageable stress from their working environment, 72% indicated yes, 19% indicated no and 9% indicated don't know.

60% of community pharmacy-employees responded "yes" to experiencing burn-out or significant unmanageable stress from their working environment.

63% of hospital based pharmacists responded "yes" to experiencing burn-out or significant unmanageable stress from their working environment.

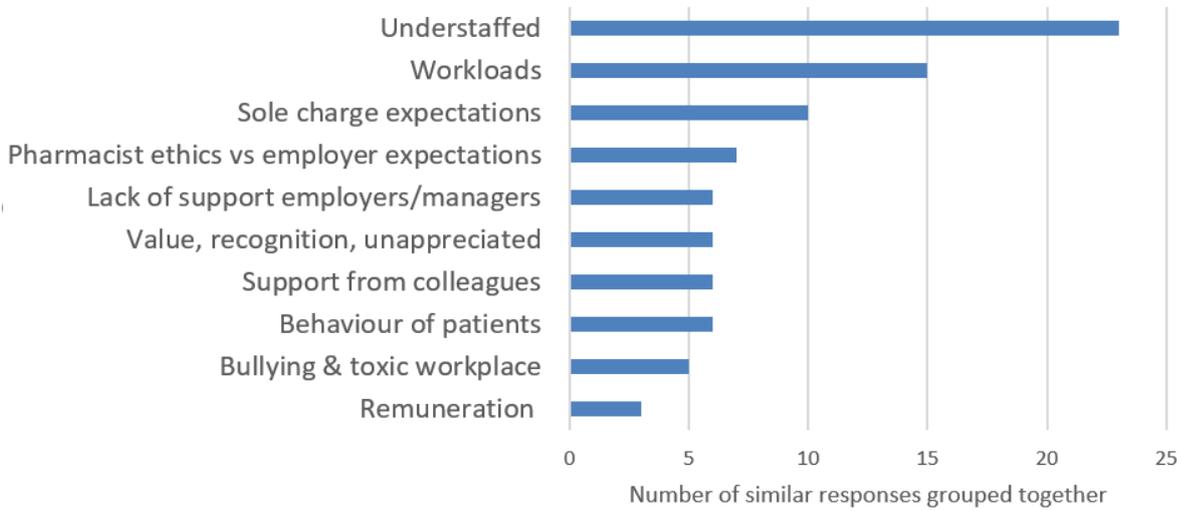


Figure 8: This table shows the percentage of responses for each factor leading to unmanageable stress or burnout

Work related, such as hours, tasks, colleagues	65%
Unrealistic expectations of employer/manager	42%
Scared of making errors	40%
Inability to find staff resource when needed (e.g. locum cover)	36%
Situation arising from a patient	28%
Other	20%
Other personal situation in my life	19%
Study related (e.g. post graduate study)	18%
Bullying	18%
Racism, sexism, ageism or other forms of discrimination	13%
Adjusting to working life from being a student	13%
Not applicable	13%
Prefer not to say	<1%

Figure 9: Table shows the similar responses grouped together which were provided in the 20% of “other” factors leading to unmanageable stress and burn-out

Responses to other factors contributing to unmanageable stress and burn-out grouped by common themes



Our Hospital Pharmacist indicated the factors that lead to their burn out or significant unmanageable stress were:

- Work related, such as hours, tasks, colleagues
- Study related (e.g. post graduate study)
- Bullying
- Unrealistic expectations of employer/ manager
- Inability to find staff resources when needed (e.g. locum cover)

Our Community Pharmacist indicated the factors that lead to their burn out or significant unmanageable stress were:

- Adjusting to working life from being a student
- Work related, such as hours, tasks, colleagues
- Scared of making errors
- Situation arising from a patient
- Unrealistic expectations of employer/ manager

Figure 10: This graph shows the percentage of Hospital based respondents indicating each factor as contributor to unmanageable stress or burnout.

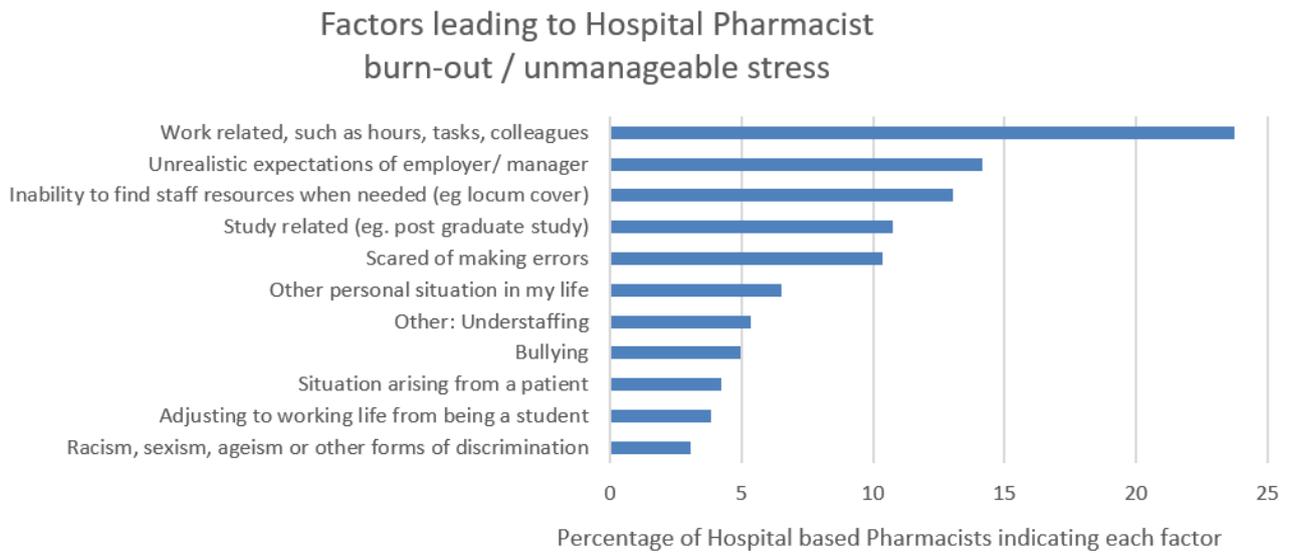
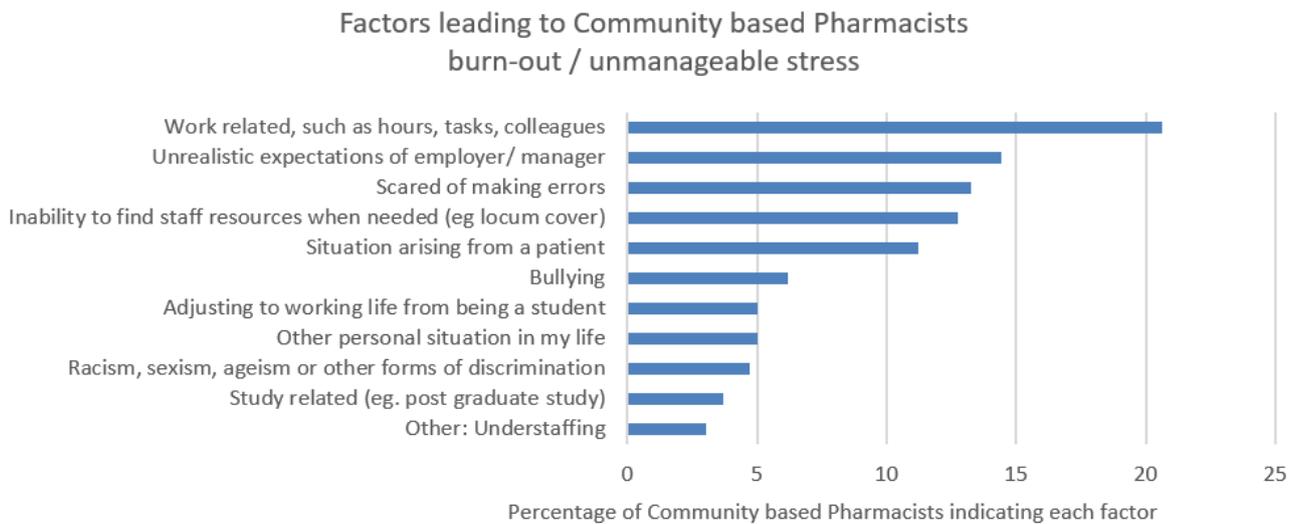


Figure 11: This graph shows the percentage of Community based respondents indicating each factor as contributor to unmanageable stress or burnout.



Many comments related to understaffing, workloads and sole-charge expectations being repeated by most respondents. In response to “what support did you receive at the time”, the highest responses were:

1. Debrief or discussion with colleagues (28%)
2. Support came from outside my workplace (27%)
3. I developed my life skills (e.g. problem solving, communication, self-awareness) (25%)
4. Three further responses were: I did not receive support, I made other lifestyle choices (e.g. exercise, nutrition) and I left my job (22%)

Our Hospital Pharmacist indicated they received support from:

- Support came from outside my workplace.
- I made other lifestyle choices (e.g. exercise, nutrition)
- I took wellness measures (e.g. meditation, yoga, resilience, reflection techniques)
- Debrief or discussion with colleagues
- Holiday or disconnected from work

Our Community Pharmacist indicated they received support from:

- I took wellness measures (e.g. meditation, yoga, resilience, reflection techniques)
- I developed my life skills (e.g. Problem-solving, communication, self-awareness)

Our Hospital Pharmacist indicated the following would be useful support:

- Changing working hours/ environment/ conditions
- Workplace wellness plans (e.g. meditation, discussion/debrief session)

Our Community Pharmacist indicated the following would be useful support:

- Mentoring or coaching
- Changing working hours/ environment/ conditions
- Knowing where to access support from external sources
- Networking/ social opportunities to engage with colleagues
- Being able to confidentially telephone someone at PSNZ or PDA
- Workplace development plans

This action relates to the need for non-clinical education sessions. It was felt opportunities for discussions were necessary to share experiences and ideas.

Suggested topics included: contracts, understanding Pharmac changes, management, team building, stress management, advice on approaching GPs, handling difficult customers, resilience, using your staff team to support you and managing conflict.

These sessions could be undertaken at either a Branch level or online. They would benefit all pharmacists not just ECPs.

Further, 40% of ECPs indicated they are scared of making errors as a factor contributing to stress and burnout.

This demonstrates the need to create a culture that encourages staff to talk about near misses, practice situations and errors so pharmacists can learn from each other and help support each other's practice. Having time for discussions to take place to share experiences and examples would be valuable.

RECOMMENDATION FOR ACTION THREE: Identify current and emerging roles for pharmacists, and work to develop supported pathways to enable career progression into these areas.

Most registered pharmacists can still be found practicing in community and hospital practice settings. Pharmacists are beginning to be found in less traditional clinical practice settings, such as general practices and aged care facilities. Pharmacists are also located in a wide range of non-clinical (or non-patient facing) roles, such as research and academia, pharmaceutical sciences, government and medicines regulation, health technology and informatics, the pharmaceutical industry and health publishing.

75% of Hospital Pharmacists feel very or somewhat satisfied with their career

64% of community based Pharmacists are very or somewhat satisfied with their career

An overwhelming 95% agree or strongly agree that “ECPs need better information to outline their career opportunities, including the pathways to career progression and how to access them.”

Leaving less than 5% to disagree with this statement.



Our Hospital Pharmacist indicated they “strongly agree” that ECPs need better information to outline their career opportunities, including the pathways to career progression and how to access them.



Our Community Pharmacist indicated they “strongly agree” that ECPs need better information to outline their career opportunities, including the pathways to career progression and how to access them.

In response to the question, “which one option would be most useful to assist ECPs early in their career progression and development”: 35% of ECPs selected the option “career pathways – a list of options available and how to get there.”

Even within the more traditional practice settings of Community and Hospital, Pharmacists want to know how to progress within these spaces, take on new opportunities and advance their careers.



Figure 12: Table shows the percentage responses to which ONE option would be most useful to assist ECPS early in their career progression and development.

Career pathways – a list of options available and how to get there	35%
Career development plans	12%
Further clinical training and education	10%
Bridging programmes (to assist transition between areas of the sector)	9%
Mentoring or coaching from a colleague	9%
More employment positions available in desired sector of pharmacy	9%
Financial support with education requirements	5%
Social or networking opportunities	3%
Other	2%
Informal one-on-one regular catch-ups with a colleague	1%
Professional skills opportunities (CV, interview skills)	0.5%

Our Hospital Pharmacist selected: "Career pathways – a list of options available and how to get there" as being the MOST USEFUL to assist ECPs early in their career progression and development.

Our Community Pharmacist selected: "Mentoring or coaching from a colleague" as being the MOST USEFUL to assist ECPs early in their career progression and development.

Figure 13: Table shows the percentage of respondents considering moving practice environments

26% of community pharmacy employees have considered moving to Hospital Pharmacy	21% of hospital based pharmacists have considered moving to a Primary Health Organisation (PHO) practice role
25% of community pharmacy employees have considered moving to GP Practice or PHO roles.	32% of hospital based pharmacists have considered moving into a GP practice or DHB roles

48% of ECPs said it would be "moderately easy" to move into a new working environment

31% of ECPs said it would be "moderately difficult" to move into a new working environment.

Our Hospital Pharmacist has considered moving into a District Health Board role and indicated this would be "moderately easy" for them to do.

Our Community Pharmacist has considered moving into a Community Pharmacy Owner, Community Pharmacy Locum, Hospital Pharmacy, or into Pharmaceutical Company role and indicated this would be "moderately easy" for them to do.

From a list of 14 factors, respondents were asked to indicate which factors were most important to them for their career. The top three responses were:

- 1) Opportunity for career growth and development of new skills (62%)
- 2) The people I work with (53%)
- 3) Remuneration (49%)

Figure 14: Table shows the percentage of the three most important factors to ECPs for their career

Opportunity for career growth and development of new skills	62%
The people I will work with	53%
Remuneration	49%
Training and development available	25%
Location of the position	25%
Level of responsibility and expectations (e.g. Sole charge, after hours, supervise trainee staff)	26%
The hours will suit my lifestyle needs	24%
Opportunity to use the skills I have gained (e.g. MUR, vaccinations)	19%
Recognised time and funding for continuing education requirements	17%
Includes payment of professional fees (e.g. Annual Practicing certificate, Pharmacy Defence Association)	16%
If the remuneration package includes other benefits (e.g. Funding to undertake education)	12%
The size and structure of the team	6%
The look and feel of the workplace	5%
Other	4%
What I have heard about the workplace from others	2%

Figure 15: This graph shows the percentage of Hospital Pharmacists indicating each career factor

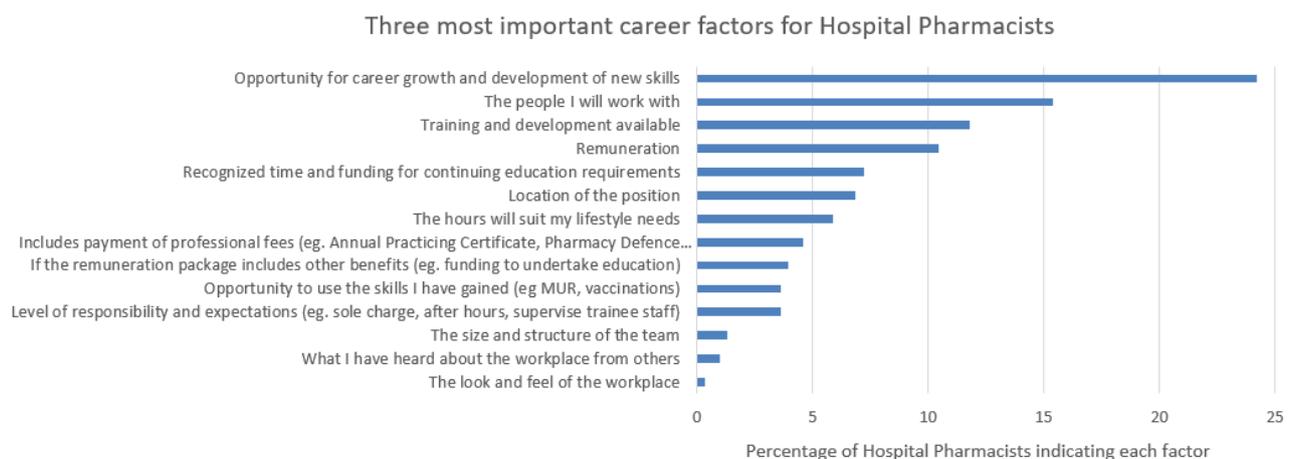
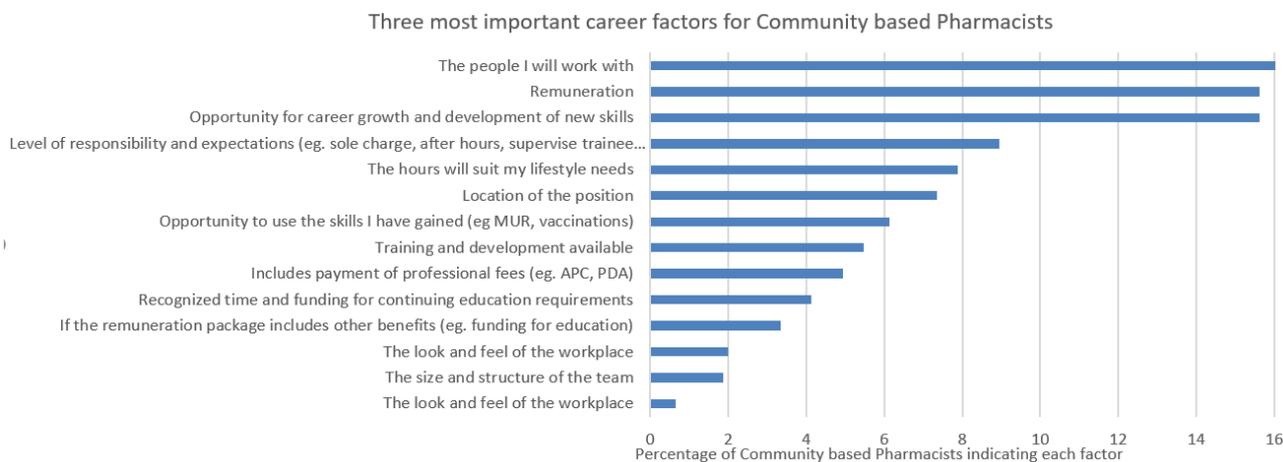


Figure 16: This graph shows the percentage of Community based Pharmacists indicating each career factor



Our Hospital Pharmacist indicated the 3 most important factors for their career are:

- Opportunity for career growth and development of new skills
- If the remuneration package includes other benefits
- What I have heard about the workplace from others

Our Community Pharmacist indicated the 3 most important factors for their career are:

- Recognized time and funding for continuing education requirements
- Opportunity for career growth and development of new skills
- The hours will suit my lifestyle needs

RECOMMENDATION FOR ACTION FOUR: Explore the development of a framework to recognise current practice against a continuum of pharmacist experience

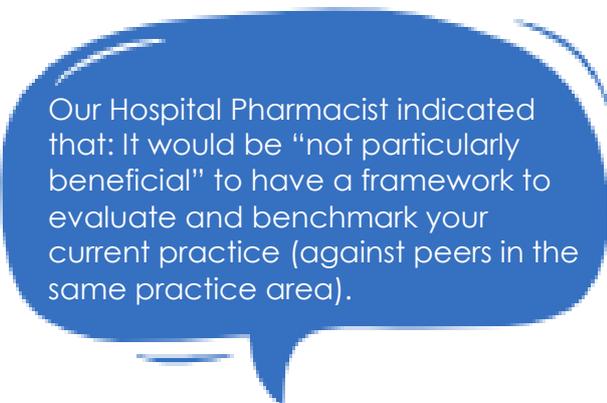
76% of ECPs indicated that it would be “extremely beneficial” or “moderately beneficial” to have a framework to evaluate and benchmark your current practice (against peers in the same practice area).

Creating a framework for ECPs to recognise their current practice would help drive continuous improvement and help ECPs recognise how they are developing in their careers compared to their peers.

This is not just about remuneration as recognition can come in other forms. This identifies that ECPs want something to strive for. If pharmacy is going to be a sustainable lifelong career these are the kinds of tools that will be needed to support that.

Many comments expressed that recognition for post grad qualifications through remuneration is not happening. The pressure to complete these in some practice settings was also expressed.

Benchmarking and comparison against what fellow colleagues are doing would allow assessment of individual ability, and determine what top of scope means within our similar working environments.



Our Hospital Pharmacist indicated that: It would be “not particularly beneficial” to have a framework to evaluate and benchmark your current practice (against peers in the same practice area).



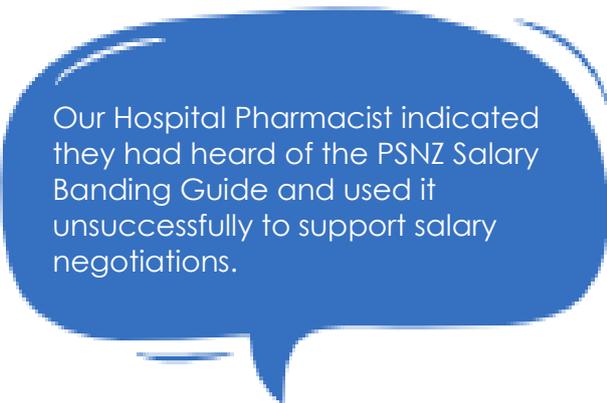
Our Community Pharmacist indicated that: It would be “extremely beneficial” to have a framework to evaluate and benchmark your current practice (against peers in the same practice area).

RECOMMENDATION FOR ACTION FIVE: Develop a toolkit to provide guidance & support for job interview questions & negotiations

Remuneration is a big issue for ECPs. It is a difficult and multi-faceted issue to address.

42% of ECPs had heard of the PSNZ Salary Banding Guide (prior to the survey) but not used it.

19 % of ECPs had heard of the PSNZ Salary Banding Guide and used it unsuccessfully to support salary negotiations.



Our Hospital Pharmacist indicated they had heard of the PSNZ Salary Banding Guide and used it unsuccessfully to support salary negotiations.



Our Community Pharmacist indicated they had heard of the PSNZ Salary Banding Guide and used it unsuccessfully to support salary negotiations.

The actions from the consultation need to be realistic and achievable; the first steps in a longer journey to tackle these big issues.

One practical thing that can be done is to develop a toolkit to provide support for job interviews and negotiations.

This would help ECPs to think of questions to ask their potential employers, to discuss expectations and support available and other benefits that may be able to be included in a remuneration package.

In an open question where ECPs were asked to share their ideas on what else could be done to support remuneration concerns many suggestions were very similar including:

- *“How to guide for negotiation”*
- *“Encourage ECPs to be assertive in negotiations with pay and not accept below average rates”*
- *“We need a formal opportunity to discuss and negotiate pay rate when moving from Intern to Pharmacist”*

The National ECP Group would also create awareness of the PSNZ Salary Banding Guide. As part of this action, they would incorporate guidance on how ECPs could use the Guide in their negotiations.

From a list of options 57% of ECPs felt that “increasing awareness of the guide” was the number one way to improve the Guide. The second most favourable option at 50% was “providing a how to use it guide for salary negotiations”.

PSNZ has a close working relationship with the Pharmacy Guild. The possibility of circulating the Guild remuneration survey results through the National ECP group will be raised with the Pharmacy Guild. This was raised in the survey as a way to help ECPs compare their remuneration to others. The results are not always accessible to them if they are not pharmacy owners.

ECPs are a valuable asset to potential employers. They bring different perspectives and transferable skills to the team. ECPs should be empowered to share this worth and value they bring in job negotiations.

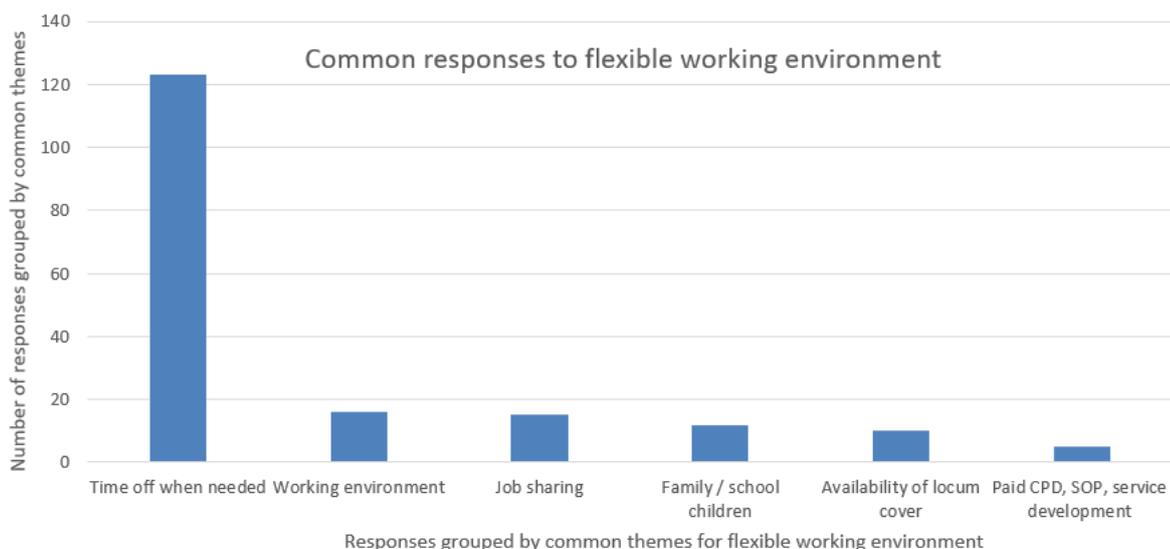
Highlight on: Flexible working environment/hours

22% of ECPs have discussed a flexible working environment/hours with their employer and been accepted or partially accepted with negotiation

36% of ECPs would like to discuss with their employer a flexible working environment/hours

A further, 25% indicated they are not sure what to ask for or how this could work for me/my employer. An open comment question was asked for what a flexible working environment in pharmacy looks like. There were 185 written responses of which 120 related to a common theme of “time off when needed.”

Figure 17: This graph shows the number of common responses grouped together around what a flexible working environment in pharmacy could look like



Responses included: time off for appointments during the day, to be able to take sick leave when sick, to be able to finish early or start late depending on other commitments, to have more leave available and able to take it, to be able to work longer and shorter days depending on other commitments, to be able to take lunch breaks and toilet breaks and to not work sole-charge all the time.

Pharmacists working in a hospital setting were frustrated with the rigidity of hours when they felt it would be possible to have a little flexibility with prior agreement to start earlier/ finish earlier or later some days, or take a shorter lunch break to make up time to go to an appointment.

The challenge to those in management positions is to consider if more flexibility is possible, and can a compromise that suits both parties be found.

Respondents comments:

- *“This is something I feel would hugely impact my job satisfaction. I sometimes feel like a prisoner, chained to the pharmacy.”*
- *“Being left sole charge on a regular basis in a busy pharmacy is physically and mentally draining”*
- *“Having 2 hours per week or fortnight which can be allocated to other activities e.g. appointments”*
- *“Working around employee’s needs. Some things need to be done during work hours and being able to do these things is important”*
- *“More than 4 weeks leave (not necessarily all in one go). It is important to have a decent break”*
- *“I would like to work longer hours some days and then shorter on others”*
- *“Enough staff to be able to swap shifts and take time off”*
- *“Not being made to feel guilty for being sick – we work with sick people, we will likely get sick”*
- *“Having enough staff to cover when someone is sick or on leave”*

In relation to flexible working environment, some comments also included telehealth consults and taking healthcare to where patients need it.

Our Hospital Pharmacist indicated they had an opportunity to discuss a flexible working environment/hours with their employer:

- "Yes and my request was partially accepted with some negotiation"

They wrote that a flexible working environment in pharmacy looks like a range of working hours with a proportional workload to hours worked.

Our Community Pharmacist indicated they had an opportunity to discuss a flexible working environment/hours with their employer:

- "Yes but I was turned down"

They wrote that a flexible working environment in pharmacy looks like:

- Having enough staff to easily cover leave/time off, easy locum access, no stress with leave.

Figure 18: Table shows the percentage a week currently worked

Number of Hours	Percentage of responses
1-15	2%
16-25	4%
26-30	2%
31-35	4%
36-40	45%
41-45	36%
46-50	4%
More than 50 hours	2%

Figure 19: Tables shows the percentage of hours hours preferred to work a week

Number of Hours	Percentage of responses
1-15	0.5%
16-25	7%
26-30	6%
31-35	17%
36-40	50%
41-45	15%
46-50	3%
More than 50 hours	0.5%

The two tables show the comparison between the hours currently worked per week (left) and how many hours respondents would like to work (right). We can see a distinct shift down in the number of hours, towards less hours than currently worked. 21% less people have indicated 41-45 hours as the number of hours they would like to work, and 13% more people have indicated 31-35 hours

Our Hospital Pharmacist is currently working 41-45 hours per week and would like to work 36-40 hours per week.

Our Community Pharmacist is currently working 41-45 hours per week and would like to work 36-40 hours per week.

RECOMMENDATION FOR ACTION SIX: Promote the benefits and opportunities for the use of robotics and information technology

Responses to the question “How do you think pharmacy should be using technology, and for what purpose?” were very similar.

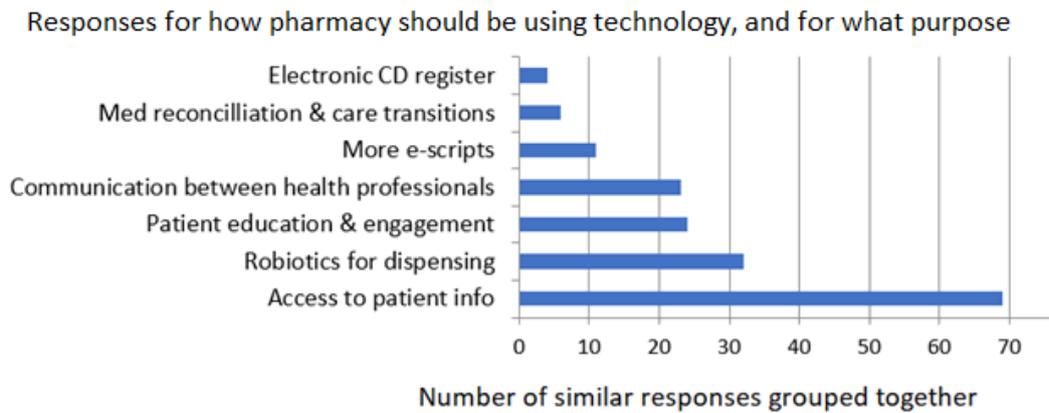
The second most common response was utilising robotics for dispensing.

“*Robotic dispensing = faster, less error, can apply resource elsewhere*” (Comment from respondent). “Tech is a tool – not a replacement.”

In June 2016 the Australian Journal of Pharmacy (AJP) reported a growing number of pharmacies are installing robotic dispensing systems to optimise prescription fulfilment, improve efficiency and deliver enhanced patient-centred consultations.¹

Almost 70 per cent of community pharmacies in Denmark use automated dispensing technology. 40% of ECPs state “scared of making errors” is a factor contributing to their stress and burnout. Utilising robotics is an investment and a way employers could support their Pharmacists, to reduce stress faced through the dispensing process. The majority of the comments covered the same themes.

Figure 20: This graph shows the number of similar responses grouped together for how respondents think pharmacy should be using technology, and for what purpose.



PSNZ have been raising the need for access to patient information with leaders within the Ministry of Health. In July 2019, the Deputy Director General, Data and Digital from the Ministry of Health spoke encouragingly in detail with the National Executive, of work being done on a digital framework and platform, NZePS and his eagerness to get electronic controlled drug registers in place and other tools for pharmacy.²

Our Hospital Pharmacist thinks pharmacy should be using technology for the purpose of:

- Electronic prescription service.
- Linked systems with GPs, an easy way of messaging.
- Access to electronic patient care plans and involvement in their development.
- Current medication lists for patients that are easily updated and accessible to the patient.

Our Community Pharmacist thinks pharmacy should be using technology for the purpose of:

- To open up more information with all other health professionals, and
- To have more time with patients.

RECOMMENDATION FOR ACTION SEVEN: Establish a Foundation programme for ECPs post registration

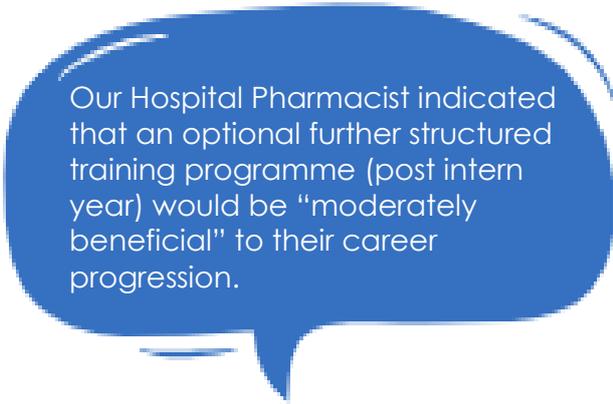
65% of ECPs believe an optional further structured training programme (post intern year) would be “extremely or moderately beneficial” to their career progression.

From a list of options for what could have been improved or would be useful to provide support if faced with unmanageable stress or burnout, the third highest response at 33% was mentoring or coaching.

Mentoring and coaching can be an informal relationship that develops naturally between people who have experience, a listening ear and gentle guidance to offer others. Through Branches offering networking opportunities at a local level, Pharmacists can meet each other, start to foster relationships, which can lead onto informal mentoring relationships.

Results from a 2012 pilot study of community pharmacists in Arizona concluded that continuing pharmacy education and preceptorship have been identified to be significant predictors of career and job satisfaction among community pharmacists.³ For an ECP, having a mentor was a significant predictor of job satisfaction, as it provided the support needed for career progression.

The PSNZ National ECP group would have input into the design of and what components a programme would offer.



Our Hospital Pharmacist indicated that an optional further structured training programme (post intern year) would be “moderately beneficial” to their career progression.



Our Community Pharmacist indicated that an optional further structured training programme (post-intern year) would be “not particularly beneficial” to their career progression.

RECOMMENDATION FOR ACTION EIGHT: Develop alternative models of (pharmacist) service delivery and advocate for these along with appropriate remuneration

39% of respondents are “somewhat satisfied” with their current level of remuneration
36% of respondents are “somewhat dissatisfied” with their current level of remuneration

Our Hospital Pharmacist indicated they are “somewhat dissatisfied” with their current level of remuneration.

Our Community Pharmacist indicated they are “somewhat dissatisfied” with their current level of remuneration.

62% of Hospital Pharmacists are somewhat or very dissatisfied with their current remuneration

51% of Community-based Pharmacists are somewhat or very dissatisfied with their current level of remuneration

In the open comment question “what further actions could the profession take to address the concerns around remuneration for ECPs?” 15% of the comments related to improve funding into pharmacy (business/services)

Our Hospital Pharmacist responded:

- Advocate for minimum wage/ hourly rate / annual salary as there is a huge disparity when first graduated.

Our Community Pharmacist responded:

- Career advancement opportunities.
- Pay increases at least following inflation levels.

Figure 21: Table shows the percentage results for new services respondents would like to start providing to patients in their area of practice

63%	Collaborative models of care (e.g. pharmacists in general practice, multi-disciplinary team meetings)
42%	Effective care transitions (e.g. medication reconciliation and care coordination)
38%	Prevention (e.g. evidence-based screening, risk assessment and health promotion)
11%	Other included: pharmacist prescribing (community, regular meds, rural locations, hospital, minor ailments), education evenings for patients, de-prescribing and quality improvement.

Respondents comments:

- *"I don't think I need to do more; I just need to be paid for the work I do"*
- *"We are already providing a lot of the above services, but it would be better if we could provide more of it and be reimbursed accordingly"*

In response to the barriers to being able to provide these services, 67% said "funding Pharmacists to provide the service", making this the biggest barrier.

Closely followed by "staffing and resourcing for the service at 60% and "funding to set up the service" at 51%.

The next highest responses at 35% were "knowing how to set up the service" and "patients do not want to pay for the service".

RECOMMENDATION FOR ACTION NINE: Raise awareness with the public and other health professionals of the full extent of a Pharmacist's scope, skill and expertise.

65% of ECPs are "somewhat or very satisfied" with their career as a pharmacist
35% of ECPs are "somewhat or very dissatisfied" with their career as a pharmacist

Our Hospital Pharmacist indicated they are "somewhat satisfied" with their career as a pharmacist. They "agree" I am making a useful contribution to my patients' health.

Our Community Pharmacist indicated they are "somewhat dissatisfied" with their career as a pharmacist. They "agree" I am making a useful contribution to my patients' health.

While the results show many pharmacists are satisfied with their careers at the present time, in response to how ECPs feel about their future as a pharmacist the results took an alarming turn

60% of Community based Pharmacists and 59% of Hospital Pharmacists feel very or somewhat unhappy and discontented about their future as a Pharmacist.

Our Hospital Pharmacist indicated they feel "somewhat happy and contented" about their future as a Pharmacist.

Our Community Pharmacist indicated they feel "very unhappy and discontented" about their future as a Pharmacist.

Over recent years, the pharmacy profession has been changing both in New Zealand and worldwide. A pharmacist's role and potential scope of practice has expanded significantly, allowing pharmacists to be involved with a wider range of innovative services. Pharmacists are highly trained, have deep expertise in medicines, and are the most accessible health professional throughout New Zealand.

Overall, 90% of ECPs strongly agree and agree they are making a useful contribution to their patients' health.

96% of Hospital Pharmacists "strongly agree" and "agree" they are making a useful contribution to my patients' health.

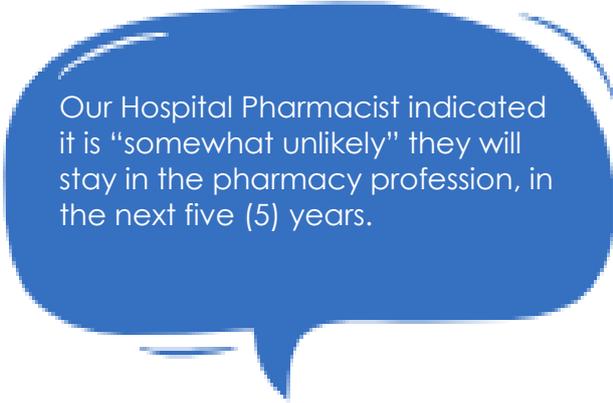
88% of community based Pharmacists agree or strongly agree they are making a useful contribution to my patients' health

This recommendation stems the factors and comments contributing to burn out and stress in the working environment.

Many comments are relatable to the wider pharmacist community.

- *"Little understanding of the role of the pharmacist"*
- *"Feeling unappreciated by employer and patients"*
- *"Volume of work exceeded realistic expectations of what could be achieved by one person"*

An awareness campaign would help with public and professional recognition on the role of the pharmacist and ensure that the unique skills and expertise of all pharmacists are utilised appropriately.



Our Hospital Pharmacist indicated it is "somewhat unlikely" they will stay in the pharmacy profession, in the next five (5) years.

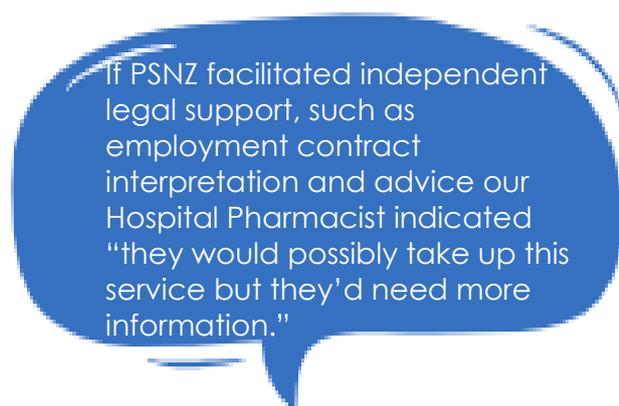


Our Community Pharmacist indicated it is "somewhat unlikely" they will stay in the pharmacy profession, in the next five (5) years.

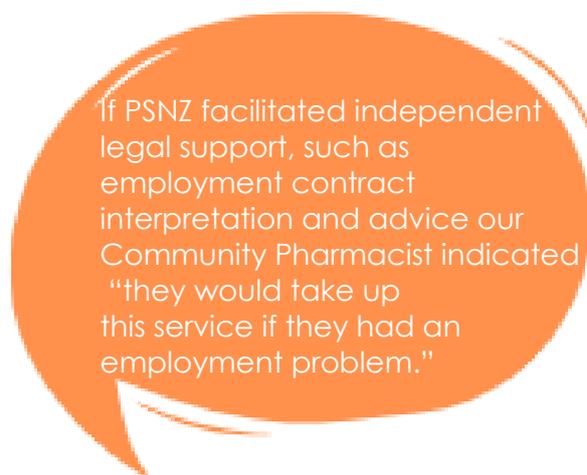
RECOMENDATION FOR ACTION TEN: Facilitate access to independent legal advice and support for employment concerns

20% of respondents indicated they would take up independent legal support, such as employment contract interpretation and advice, if PSNZ facilitated this service. A further 34% indicated they would take up the service if they had an employment problem.

On hearing, some of the workplace and employment situations ECPs are facing, it is worthwhile for ECPs to be able to access independent support. PSNZ will investigate and provide an independent link to legal advice and support for employment concerns. This would be at the cost to the user.



If PSNZ facilitated independent legal support, such as employment contract interpretation and advice our Hospital Pharmacist indicated "they would possibly take up this service but they'd need more information."



If PSNZ facilitated independent legal support, such as employment contract interpretation and advice our Community Pharmacist indicated "they would take up this service if they had an employment problem."

Through building a strong network with ECPs, the National ECP Group will provide information and reminders on the availability of Pharmacy Defence Association (PDA) counselling and support and practice support available from the PSNZ Practice Team.

MAKING IT HAPPEN

ECPs across the sector are encouraged to continue to engage with opportunities to have their voices heard and shape the future of the profession in a positive way.

The next steps will be to work alongside ECPs to implement the actions, take positive steps towards empowering ECPs and ensuring pharmacy is a sustainable and fulfilling career choice. These actions will bring about positive change for all in the healthcare sector; external and internal.

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3. Hincapie AL, Yandow S, Hines S, Martineau M, Warholak T. Job satisfaction among chain community pharmacists: results from a pilot study. *Pharmacy practice*. 2012 Oct;10(4):227.