



Commonwealth Bank



Pharmacy Barometer

2022

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Background

UTS Pharmacy

UTS Pharmacy is an innovative school established in 2011 to address the emerging needs of the pharmacy profession. As the first course area within the UTS Graduate School of Health, it provides innovative, practice-based pharmacy education and high impact research that improves the quality use of medicine. The School is proud to offer an innovative, student focused approach for highly motivated, career minded students. Over the last few years, it has successfully established itself as the program of choice for graduates who wish to have a career as pharmaceutical services providers and managers. UTS: Pharmacy offers three Master coursework degrees, two leading to be eligible to register as a pharmacist; Master of Pharmacy and Master of Pharmacy (International), and the Master of Good Manufacturing Practice. In 2020 UTS: Pharmacy introduced the Graduate Certificate in Advanced Pharmacy Practice, enabling registered pharmacists to develop the skills and knowledge for work as general practice pharmacists, in the aged care sector and/or as members of multidisciplinary primary care teams. UTS Pharmacy is committed to producing career-ready graduates. Integrated problem-based learning, simulated environments and

interdisciplinary workshops are used to help students apply the theory they learn and build their considerable skill set. A wide range of interdisciplinary electives give students the choice to specialise or diversify their skills to best suit their career needs. The Graduate School is a leader in various areas of research including the design, evaluation and implementation of community pharmacy business and professional practice models. Committed to collaborative research that has a real impact on the pharmacy profession, our focus is on innovative practice-oriented research that improves the quality use of medicine and informs health policy.

IQVIA

IQVIA (NYSE:IQV) is a leading global provider of advanced analytics, technology solutions and clinical research services to the life sciences industry. IQVIA creates intelligent connections across all aspects of healthcare through its analytics, transformative technology, big data resources and extensive domain expertise. IQVIA Connected Intelligence™ delivers powerful insights with speed and agility – enabling customers to accelerate the clinical development and commercialization of innovative medical treatments that improve healthcare outcomes for patients. With approximately 86,000 employees, IQVIA conducts operations in more than 100 countries. Learn more at www.iqvia.com

The Commonwealth Bank of Australia

CommBank takes a holistic view of Australia's health ecosystem and the complex inter-relationships which exist between the broad range of providers, multiple funding streams and the regulatory framework under which it operates. CommBank recognises that pharmacies form a critical part of the overall health and primary care market. We have a dedicated team of expert national healthcare bankers who provide industry specific banking solutions to help pharmacies drive operational and financial efficiencies.

Through data driven insights, CommBank supports our pharmacy clients in identifying and capitalizing on the emerging trends and opportunities presented by an increasingly digitally-driven health system. Our focus on innovation and technology solutions enables us to support our clients as they deepen their understanding of changing customer needs, and develop differentiated and customized propositions to remain competitive within an increasingly dynamic industry landscape.

The growing landscape of community pharmacy in Australia

Community pharmacy is seen as a highly competitive market. In 2022 there were 5,875 community pharmacies in Australia. Community pharmacies represent the most frequently accessed and accessible health destination, with over 462.6 million individual patient visits annually, with the average person visiting a community pharmacy 18 times per year in metropolitan, rural and remote locations¹. Community pharmacy plays a pivotal role in providing primary healthcare and delivering a range of services to the community. Australian community pharmacy has demonstrated resilience over the past years, overcoming the challenges relating to COVID-19 and emerging as a stable, dependable health market that consumers and patients can rely on.

The Seventh Community Pharmacy Agreement (7CPA) was introduced in July 2020 until June 2025. It represents an \$18.3 billion agreement over the five year which comprises \$16.0 billion in pharmacy remuneration for dispensing PBS subsidised medicines, \$1.2 billion for selected professional pharmacy programs and 1.1 billion for the Community Service Obligation and National Diabetes Services Scheme product distribution arrangements².

In 2021–2022 the federal government remunerated community pharmacies \$14.7 billion for PBS subsidised prescriptions compared with \$13.8 billion for the previous year. This is an increase of 6.7% and consisted of³:

- \$7.79 billion for PBS and RPBS medicines
- \$1.72 billion for pharmacists specialised skills in dispensing medicines:
 - \$1.67 billion dispensing fee
 - \$40 million dangerous drug fee
 - \$4.30 million wastage
 - \$1.41 million container fee
- \$1.12 billion AHI fee
- \$14.88 million electronic prescription fee.

Apart from the 7th CPA there are number of other factors affecting the industry, in particular the return of a new normality following the COVID-19 pandemic and the many initiatives regarding the expansion of the scope of practice for community pharmacists promulgated by State governments. In Queensland an evaluation of pharmacist prescribing for uncomplicated urinary tract infections has taken place and has now become usual practice in that State⁴. New South Wales are following and several other State governments has expressed support for the concept. The trend of increasing the use of community pharmacy and pharmacists to deliver primary health care will inevitably gain further momentum and have a major impact on the profession.

1. The Pharmacy Guild of Australia. 2022. Vital Facts on Community Pharmacy. [guild.org.au/_data/assets/pdf_file/0017/115127/Vital-Facts-December-2022.pdf](https://www.guild.org.au/_data/assets/pdf_file/0017/115127/Vital-Facts-December-2022.pdf) Accessed March 2023.

2. Australian Government, Department of Health, 2020, Seventh Community Pharmacy Agreement, <https://www.health.gov.au/resources/publications/7cpa>

3. Pharmaceutical Benefits Scheme. 2022. PBS Expenditure and Prescriptions Report 1 July 2021 to 30 June 2022. <https://www.pbs.gov.au/statistics/expenditure-prescriptions/2021-2022/PBS-Expenditure-and-Prescriptions-Report-1-July-2021-to-30-June-2022.PDF>

4. The Pharmacy Guild of Australia. 2022. UTI program now permanent in Qld. <https://www.guild.org.au/news-events/news/forefront/v12n10/uti-program-now-permanent-in-qld#:~:text=%E2%80%9CFrom%201%20October%202022%2C%20women,or%20visiting%20an%20emergency%20department.%E2%80%9D>

The UTS Community Pharmacy Barometer™

UTS Pharmacy developed the Community Pharmacy Barometer™ in response to industry challenges and perceived gaps in knowledge about the impact of policy and practice changes on community pharmacy businesses and professional practice. The UTS Community Pharmacy Barometer™ is the first comprehensive research tool available to all the stakeholders in the Australian Pharmacy industry designed to track the confidence, perceptions and opinions of pharmacy owners and employees. On an annual basis the UTS Community Pharmacy Barometer™ tracks the perceptions of the viability of the pharmacy business, the profession and opinions of the impact of the coming changes on the current and future value of pharmacies as well as researching in depth a key topic at each wave. The 2022 report is the 12th annual report.

The expert panel comprises UTS Graduate School of Health Head of Discipline, Pharmacy and Professor of Pharmacy Practice, Professor Kylie Williams, UTS Pharmacy Faculty Member John Montgomery, Pharmaceutical Society of Australia (PSA) Board Director Warwick Plunkett, former PSA National President John Bell, Emeritus Professor Shalom (Charlie) Benrimoj, Senior Lecturer Dr Victoria Garcia-Cardenas and National Head of Strategy and Insights of the CommBank Health Belinda Hegarty.

Methodology and Analysis

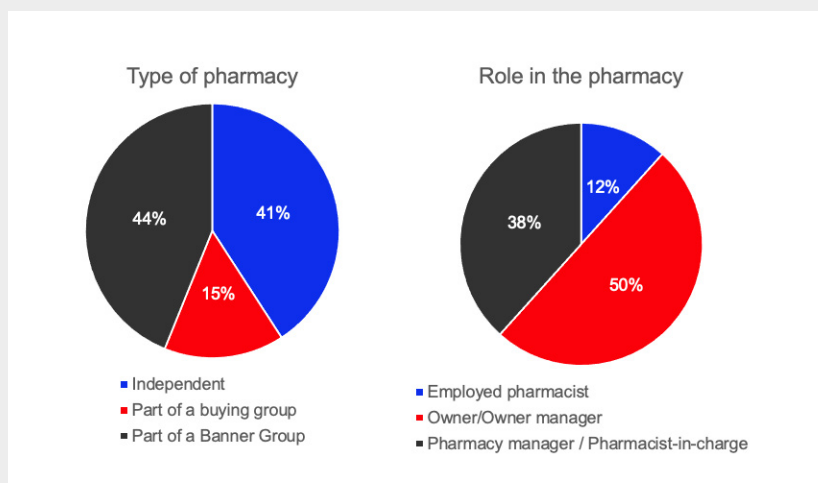
The questions were designed to assess the confidence of pharmacists in their business in the short (one year) and medium-term (three years). Since the inaugural study proceeding reports have continued to focus on the specific range of services offered within community pharmacy, the evolution of a pharmacist's role and scope of practice, the implications of Community Pharmacy Agreements (CPA) both professionally and economically, pharmacist wages and the use of biosimilars in the community pharmacy environment. In this the twelfth wave of the Barometer™ (2022) there is an additional focus on the pharmacy staff and the scope of practice.

The 2022 survey for UTS Community Pharmacy Barometer™ was created by UTS Pharmacy in collaboration with IQVIA and the University of Technology Sydney pharmacy expert panel.

Data collection occurred in November 2022, with an invitation to participate in the online survey emailed to the pharmacists on the IQVIA online panel (a sample from the panel of 1,000 pharmacists). Participants identified themselves as working in community pharmacy (majority of the time) and were an owner or owner-manager (50%), pharmacist-in-charge/pharmacy manager (38%) or employed pharmacist (12%). The sample in 2022 is slightly different from the previous year with a

decrease in the proportion of employed pharmacist (from 18%, n=65, in 2021 to 12%, n=42, in 2022) and a corresponding increase in the number of pharmacy managers/pharmacists in charge (from 32%, n=115, in 2021 up to 38%, n=138, in 2022). The proportion of owners/owner-managers remain the same (50%, n=180). Therefore, there are a higher number of decision makers (pharmacy managers/pharmacists in charge and owners/owner-managers) in the responses this year. The questionnaire also captures the type of pharmacy in which the pharmacist worked (independent: 41%, banner: 44% or buying group: 15%).

Figure 1: Type of Pharmacy and Role in the Pharmacy (n=360)



With regard to state and territory, the sample is quite similar to the previous year with a majority of city rather than rural, and with New South Wales as the state with the largest number of respondents (35%, n=126).

A sample of 360 pharmacists were surveyed in 2022 in order to have $\pm 5\%$ marginal error with 95% confidence interval, with the sample being representative of the Australian community pharmacy sector. Open-text questions were coded into themes to provide a concise summary of views and opinions. Descriptive statistics were produced in tables for all questions with the following groups: Type of pharmacist [Owner (combination of owner & owner-managers) vs. Employed (combination of pharmacist-in-charge & employed pharmacist)]; and Type of pharmacy [Independent vs. Group (combination of banner and buying groups)].

Table 1: Location of respondent pharmacists (n=360)

Location	%
Inner Regional Australia	11%
Major Cities of Australia	81%
Outer Regional Australia	6%
Remote Australia	2%
N = 360	

Table 2: State and Territory breakdown of respondent pharmacists (n=360)

Q01 – State or Territory	%
Australian Capital Territory	1%
New South Wales	35%
Northern Territory	1%
Queensland	18%
South Australia	9%
Tasmania	2%
Victoria	25%
Western Australia	9%
N = 360	

Certain questions were only offered to 'decision makers' (owner/owner-managers and pharmacist-in-charge/pharmacy manager, n=318). Certain questions were analysed as cross-tabs, to investigate potential relationships and themes. Sub analyses were also carried out depending on the location of the pharmacists to evaluate possible differences (most pharmacists, 81%, n=292, were located in major cities: 35% in New South Wales, 25% in Victoria and 18% in Queensland).

UTS Community Pharmacy Barometer™ – 2022

The UTS Community Pharmacy Barometer™ measure was derived from the following questions:

1. Do you believe the value of your pharmacy will increase, decrease or remain the same in the next year?
2. Do you believe the value of your pharmacy will increase, decrease or remain the same in the next three years?
3. On a scale of 1 to 10, where 1 is extremely pessimistic and 10 is extremely optimistic, how confident are you in the future viability of community-based pharmacy?

The first two questions were only asked to 'decision makers' (owner, owner-managers and pharmacist-in-charge/ pharmacy manager, n=318), while the third was asked to all respondent pharmacists (n=360). For the calculation of the Barometer measure, only those who answered all three questions were included (n=284). For each of the first two questions above, responses were assigned the following values:

Increase = 2
Remain the Same = 1
Decrease = 0

The sum of the values was calculated for each question and the sum divided by the total number of pharmacists who selected one of the three options for that question (i.e., an option other than 'not sure'). For the third question responses were assigned the following values:

Optimistic (rating of 8-10) = 2
Neutral (rating of 4-7) = 1
Pessimistic (rating of 1-3) = 0

The first two questions provided insights into the 'value' pharmacists foresee for their pharmacy and the third gives an emotional insight into their confidence in the future. We used 'value' + 'emotional insight' = 'Pharmacy Barometer' as the basis for providing a 50% weighting to the two value questions and a 50% weighting to the emotion (pessimism - optimism scale) question. As the first question refers to 'next year' (more immediate) and the second to 'next three years' (further away, shadowed with uncertainty), it was decided to distribute the 50% weighting for 'value' as 35% for next year and 15% for three-year timeframes. The UTS Community Pharmacy Barometer™ incorporates these three weighted scores.

In 2022 additional questions regarding emerging issues which may affect community pharmacy both professionally and economically were asked. These questions focus on the role and remuneration of community pharmacists, community pharmacy staffing, extending pharmacists' scope of practice, and the use of biosimilar medications.

Roles and remuneration of community pharmacists:

1. Has the remuneration level of your pharmacist employees (or if you are an employee pharmacist) increased in the last year?
 - Yes
 - No
 - Not sure
 - Not applicable
2. What is the average hourly rate for your pharmacist employees?
 - Less than \$30 per hour
 - Between \$30 to \$40 per hour
 - Between \$40 to \$50 per hour
 - Between \$50 to \$60 per hour
 - More than \$60 per hour, specify
3. Is the role of any employed pharmacist dedicated mainly to the provision of non-dispensing professional services?
 - Yes
 - No
4. If yes list two of the main services provided by this pharmacist.
5. What is the average hourly rate for employee pharmacists dedicated to the provision of non-dispensing professional services?
 - Less than \$30 per hour
 - Between \$30 to \$40 per hour
 - Between \$40 to \$50 per hour
 - Between \$50 to \$60 per hour
 - More than \$60 per hour, specify

Community pharmacy staffing:

6. In the last six months have you had any difficulties in filling pharmacist positions?
 - Yes
 - No
7. If yes, describe the difficulties that you have experienced.
8. If yes, how long has it taken to fill that position/s?
 - Up to a month
 - Between 1 and 2 months
 - Between 2 and 3 months
 - More than 3 months
9. Do you feel that the role of pharmacy dispensary assistants/ technicians should involve more formal qualifications?
 - Yes
 - No
10. If yes, why do you think formal qualifications are required?
11. Are you actively considering leaving community pharmacy employment?
 - Yes
 - No

Expansion of pharmacists' scope of practice:

For the following scenarios, please provide views on your level of support, confidence and preparedness to treat or provide medications to patients:

- The supply of an antibiotic for an uncomplicated urinary tract infection in female patients.
- The supply of a combination inhaler (beta agonist and corticosteroid) for patients with asthma where it has already been prescribed by a medical practitioner.

- The supply of Tamiflu (oseltamivir phosphate) for reducing the symptoms influenza in adults.
- The supply of an oral contraceptive already prescribed by a medical practitioner.
- The supply of antiviral medication for adult patients with confirmed COVID-19.

12. Level of support:

Not at all			Neutral				Completely		
1	2	3	4	5	6	7	8	9	10

13. Level of confidence:

Not at all			Neutral				Completely		
1	2	3	4	5	6	7	8	9	10

14. Level of preparedness:

Not at all			Neutral				Completely		
1	2	3	4	5	6	7	8	9	10

15. Should the ability of pharmacists to practice in these areas be accompanied by:

- Optional training courses
- Mandatory training courses
- Formal accreditation

16. How best do you think these scenarios could be achieved?

- Switching medication to Pharmacist Only (S3)
- Changing the legislation to provide pharmacists prescribing rights
- A combination of both
- Other, specify

Biosimilar medicines:

A biosimilar medicine is a highly similar version of a reference biological medicine. The reference biological medicine is the first brand to market. More biosimilar medicines are being approved for use in Australia and as such we are interested in your views about this group of medicines.

17. How many prescriptions did you receive in the last month for both reference (i.e. original brand) and biosimilar biological medicines?

18. What proportion of these prescriptions were for:

- Reference medicines (i.e. original brand)
- Biosimilar medicines

19. What proportion of the prescriptions for reference medicines (i.e. original brand) did you substitute for a biosimilar product?

20. Level of confidence of substitution:

Not at all			Neutral				Completely		
1	2	3	4	5	6	7	8	9	10

21. Overall level of preparedness to dispense to new patients

Not at all			Neutral				Completely		
1	2	3	4	5	6	7	8	9	10

Members of the UTS Community Pharmacy Barometer Expert Panel



PROFESSOR KYLIE WILLIAMS

Head of Discipline Pharmacy, Graduate School of Health & Professor of Pharmacy Practice

Professor Kylie Williams is the Head of Pharmacy in the Graduate School of Health at the University of Technology Sydney (UTS). She is a registered pharmacist with over 25 years of academic experience in teaching and research. Kylie leads a research team focused on development, implementation and evaluation of new models of pharmacy and health service delivery. In addition to her health service expertise, she has expertise in mixed methods research using both qualitative (focus groups, interviews) and quantitative research methods (questionnaires, pseudo-patient methodologies, actual use studies). She has published over 65 refereed papers, 9 major research reports and has co-authored over 90 conference presentations. Alongside her research expertise, Kylie is internationally recognised for her curriculum development. She has received a number of teaching grants and awards, has co-authored teaching-related peer-reviewed journal articles and two professional books, and has written over 80 educational articles for pharmacists.



JOHN MONTGOMERY

UTS Pharmacy Faculty

John Montgomery has 40+ years' experience in the pharmaceutical industry including the US, UK, Australia and Japan. John was CEO of Alphapharm and Regional Director, Asia Pacific for Merck Generics, and then President, Mylan Asia Pacific from 1999 to 2010. Since then, John was General Manager of Pfizer Established Products for Australia and NZ and then Managing Director of STADA Pharmaceuticals Australia. He is currently a Board Director of Cymra Life Sciences. He spent 20 years with Warner Lambert in a variety of roles including Regional President Australia and NZ. He was Chairman of the Generic Medicines Industry Association (GMiA) for 5 years.



WARWICK PLUNKETT

Director and Past-President, Pharmaceutical Society of Australia

Warwick Plunkett is a Board Director of the PSA, having served twice as National President. He is also proprietor and partner in Newport Pharmacy on Sydney's northern beaches and former CEO of Plunkett Pharmaceuticals. As a director of PSA, Warwick has a day-to-day involvement in the broad scope of all matters involving pharmacists but on a personal level he lists his three main areas of interest as being community pharmacy, organisational pharmacy and the pharmaceutical industry. His major achievements include the establishment of the Pharmacy Self Care program, the Return of Unwanted Medicines project and the unification of PSA. Warwick is also Chair of the UTS Pharmacy Industry Advisory Board.



JOHN BELL

Specialist Practitioner/Teacher, UTS Graduate School of Health

John Bell is a member of the Global Pain Faculty and the Global Respiratory Infection Partnership, international multidisciplinary groups established to address the issues of pain management and antibiotic resistance respectively. John is an advisor to the PSA's Pharmacy Self Care Program and has a particular interest in health communications and public relations. He is a former National President of the PSA, President of the Commonwealth Pharmacists Association, Vice President of the International Pharmaceutical Federation (FIP) and is a Specialist Practitioner/Teacher in Primary Health Care at the Graduate School of Health, University of Technology, Sydney (UTS). He is currently Chair of the Australian Self-Care Alliance. John owns a community pharmacy in Sydney.



SHALOM (CHARLIE) BENRIMOJ
Emeritus Professor

Prof Benrimoj is currently an academic consultant on several research projects. He was Director and Head of the Graduate School of Health University of Technology Sydney 2011 to 2018). He was the Foundation Professor of Pharmacy Practice, Dean of the Faculty of Pharmacy and Pro-Vice Chancellor (Strategic Planning) University of Sydney. He is a visiting professor at the University of Granada and emeritus professor University of Sydney. He graduated with B. Pharm. (Hons) 1976, followed by completion of a Ph.D. 1980, University of Bradford, U.K. His research interests encompass the future of community pharmacy and professional cognitive pharmaceutical services from community pharmacy. These include the provision of digital based health information to consumers, self-care, patient medication reviews, disease state management systems, Pharmacy and Pharmacist only medications (minor ailment schemes), integration of community pharmacy in health care system and international pharmacy practice. Research interests involve the clinical, economic and implementation aspects of cognitive pharmaceutical services from community pharmacy in current and emerging health care systems. He has published over 240 papers in refereed journals, 30 major research reports and presented and co-authored 200 conference presentations. He has co-authored a book "Community Pharmacy: Strategic Change Management" (2007). Prof Benrimoj was ranked in the top 2% of influential researchers by the University of Stanford in 2002. He was the Australian Pharmacist of the year in 2000. He was awarded the Andre Bedat 2010 by International Pharmacy Federation (FIP). He was elected a Fellow of three distinguished international and national societies in 2008 - Pharmaceutical Society of Australia, 2008 - Royal Pharmaceutical Society of Great Britain, 2007 - International Pharmacy Federation.



VICTORIA GARCIA CARDENAS
Senior lecturer in Pharmacy Practice, University of Granada (Spain)

Dr Victoria Garcia Cardenas (PhD, M Pharm, B Pharm) is a senior lecturer in pharmacy and a member of the Pharmaceutical Care Research Group at the University of Granada (Spain). Her teaching and research interests encompass medication adherence, the evaluation and implementation of professional services and practice change in community pharmacy. She has published over 65 papers in refereed journals and has presented and co-authored more than 80 conference presentations. Victoria is chair of the Pharmacy Practice Research Special Interest Group of the International Pharmaceutical Federation and an Associate Editor for Research in Social and Administrative Pharmacy.



BELINDA HEGARTY
National Head of Strategy and Insights, CommBank Health

Leading a national team of highly experienced healthcare banking professionals, Belinda's role focuses on the Banks strategy, insights and appetite in banking Australia's healthcare sector. Belinda's previous roles within CBA have included leading the new client and specialised industries risk team and being heavily involved in shaping the banks appetite for lending to the healthcare sector. Belinda has more than 20 years of banking experience having worked in a variety of roles across CBA and Macquarie Bank with a focus on strategy, structuring, business development and credit risk management on domestic and international transactions. Belinda is a qualified Chartered Accountant and is based in Sydney NSW.

Executive Summary

The 12th wave of the Barometer™ marks eleven years since the inaugural UTS Community Pharmacy Barometer™. The Barometer™ is an annual study to track the confidence and opinions of pharmacy owners and employees as well as investigate prominent issues impacting the industry. The topics for this study in 2022 were community pharmacy staff, pharmacist remuneration, scope of practice for pharmacists and the use of biosimilars in the community pharmacy environment.

The 12th wave of the Barometer™ was conducted in November 2022 with 360 respondent pharmacists drawn from the IQVIA panel.

Results were:

- **The UTS Pharmacy Barometer™ score was 146.8 out of 200** (a score of 100 represents neutral confidence) indicating community pharmacy confidence is increasing, despite ongoing challenges.
- The long-term trend of the Barometer™, which commenced in 2012, continues with an increase in confidence from 2016 of approximately 60 points. Value increases year to year have slowed, but pharmacist optimism remains high and growing, demonstrated by a 7.3-point increase over the past twelve months (146.8 in wave 12, 139.5 in wave 11). Increased professional services opportunity and financial stimuli due to the 7th CPA continues to stimulate the profession.
- An upwards shift from previous year in pharmacist optimism across all pharmacist types is evident, with an 8.6% increase in pharmacists' confidence from those with a neutral and pessimistic rating to an optimistic rating. Owner/owner managers continue to demonstrate the greatest sense of optimism (mean was 7.2 in a scale of 10) compared with pharmacy manager/pharmacist in charge and employed pharmacists (mean was 6.9 for both).
- 55% of decision maker pharmacists are projecting short term (one year) financial growth. With increased service provision (74.9%) and sales increase (52.6%) being indicated as the main drivers. The average anticipated value increase is 17.3% from 16.5% in wave 11.
- The proportion of pharmacists who believe the value of their business will decrease in the next twelve months has slightly increased by 3.7% in the previous year (10.1% in wave 12 from 6.4% in wave 11), with the predicted decreasing value attributed to discounting prices (62.5%) and increased competition from discounters (59.4%). The average anticipated value decrease is 13.6% down from 14.7% in wave 11.
- Pharmacists are confident in the three-year value of their pharmacy business with 60.7% of pharmacists projecting positive increases up from 57% in wave 11 or 40.5% in wave 10. Anticipated average value increase over the three-year period has increased up to 18.0%. Those projecting value decreases have remained stable the last three years with an expected average loss of 16.1%.
- Increasing optimism in the medium-term economic potential of the profession is being leveraged on increased provision of professional services, pharmacist vaccination services, dose administration aids, pharmacist prescribing, eCommerce and medicinal cannabis.
- There is a trend of increasing salaries over the last few years. There has been a rise of nearly 40% of those indicating an increase in salaries has occurred; from 30.3% of pharmacists reporting increasing salaries in 2020 to 69.4% in 2022. There appears to be an upwards shift in average hourly remuneration with a greater proportion of pharmacists earning \$40 to \$50 per hour (60.0% in wave 12, 43.0% in wave 11, 40.0% in wave 10) and \$50 to \$60 per hour (18.0% in wave 12, 9.0% in wave 11, 3.0% in wave 10).
- The feasibility of a pharmacist purely dedicated to the provision of professional services appears to remain low (17.0% in wave 12, 19.0% in wave 11, 17.0% in wave 10) with funding arrangements apparently not permitting this workforce model. For those pharmacies that were able to support this position it appears that the professional services pharmacist is paid the same per hour than other pharmacist roles in community pharmacy (61.0% earning between \$40 to \$50 per hour, 16.0% earning between \$50 to \$60 per hour).

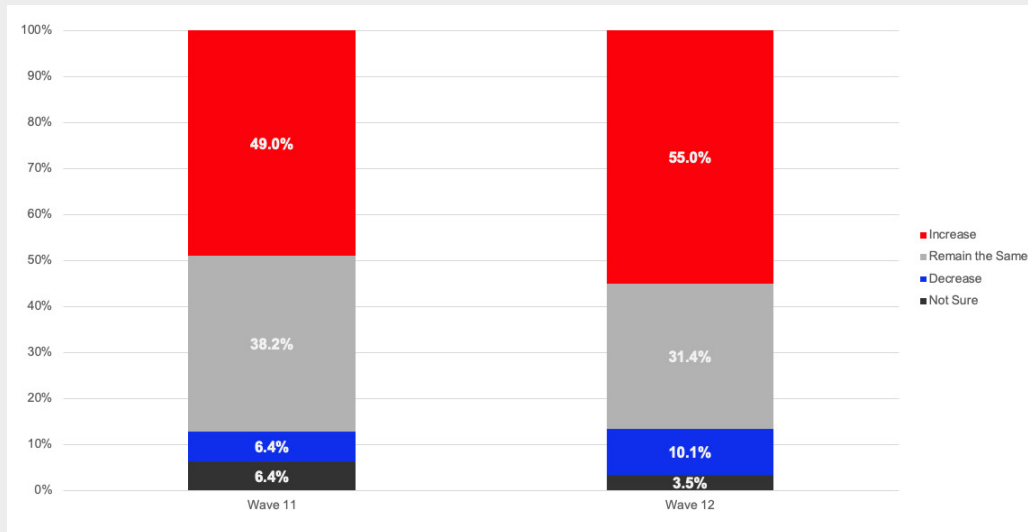
- Approximately three quarters of pharmacy owners and owner-managers (74.0%) stated that they had had difficulties in recruiting staff in the last six months. This percentage was higher for regional/rural pharmacies compared to pharmacies in major cities, with nearly 80.0% of regional/rural pharmacies taking more than three months to fill a pharmacist position.
- The most common reasons around the difficulties experienced finding staff were insufficient pharmacists (shortage of pharmacists or no applicants), combined with a lack of suitable candidates, expected wages too high or pharmacists switching to other areas of practice.
- Nearly a third (32.0%) of pharmacy managers/pharmacists-in-charge and employed pharmacists indicated that they were actively considering leaving community pharmacy. This was higher for employed pharmacists (36.0%) than pharmacy managers/pharmacists-in-charge (31.0%).
- The majority of pharmacists (54.0%) think that the role of dispensary assistants/technicians should involve more formal qualifications. Some of the reasons for this are the increase in their dispensing responsibilities, the increased complexity of the pharmacy industry and to reduce errors and to provide better services.
- For the topic scope of practice, pharmacists were asked about their support, confidence and preparedness when providing various medications. The scenarios more commonly supported were the supply of an oral contraceptive already prescribed by a medical practitioner and a combination inhaler for patients with asthma who have already had a prescription, with 73.0% of pharmacists completely supporting both. The percentages were slightly lower for pharmacists' confidence (72.0% and 69.0% respectively for both scenarios) and level of preparedness (68.0% and 64.0% respectively).
- Pharmacists' confidence in biosimilar substitution has increased over the years (45.0% in wave 12, 39.0% in wave 11, 36.0% in wave 10). In addition, their level of preparedness to deal with biosimilar medicines has also improved (57.0% in wave 12, 44.0% in wave 11). Of the total biosimilar prescriptions received in community pharmacies over the previous month 63.0% were for the reference medicines compared to 37.0% for the biosimilar medicine, similarly to the previous year.

UTS Pharmacy Barometer™ 2022

Expected value of pharmacy

“Will the value of your pharmacy increase, decrease or remain the same at one year?”

Figure 2: Expected value of pharmacy in the next year



* Note: Only calculated for decision makers (N Wave 11=296, N Wave 12=318)

The sample was divided between decision makers (owner/owner-managers and pharmacist-in-charge/pharmacy manager, n=318) and employed pharmacists (n=42). Over half of the decision makers reported confidence in the growth of the value of community pharmacy in the next twelve months showing a 6.0% increase when compared with 2021 values (55.0% in wave 12 up from 49.0% in wave 11).

Over the last five years there has been a positive increasing trend (55.0% in wave 12, 49% in wave 11, 37.1% in wave 10, 25.2% in wave 9 and 20.9% in wave 8) with the estimated expectation in 2022 rising over one third (34.1%) from 2018. However, an increase has been also observed in the number of those who believe their pharmacy value will decrease in value (10.1%, n=32, in 2022 from 6.4%, n=19, in 2021). There is a corresponding decrease in the proportion who believe the value

of their pharmacy in the next year will not change (31.4% in 2022 from 38.2% in 2021) and those who were unsure (3.5% in wave 12 from 6.4% in wave 11). The contributing factors to this positive trend may include major changes such as the community pharmacy agreement and/or the global pandemic. The increase in the value reflects the adaptation and resilience of the pharmacy profession and community pharmacy.

EXPERT COMMENTARY

“On the backend of COVID-19 with the potential for prescribing in the air, it is not surprising that owners see this as a good time for being in community pharmacy and that the value of their business will increase.”

John Montgomery

“One of the drivers for this perceived increase may be the CPI indexing of the dispensing fee in the 7th CPA agreement in conjunction with an increase in prescription volume due to population growth. Dispensing still accounts for a large volume of income for the community pharmacy.”

Charlie Benrimoj

“Additional services being provided is increasing the number of customers entering their local pharmacy, which is generating additional revenue from not just increased service provision, but also the additional spending within the pharmacy floor.”

Belinda Hegarty

Table 3. Average changes in value expected in the next year

Responders who think the value will increase in the next year (n=145 in this wave)											
	Nov-12	Sep-13	Aug-14	Sep-15	Sep-16	Sep-17	Oct-18	Oct-19	Oct-20	Oct-21	Nov-22
Average increase	10.00%	17.00%	9.7%	13.10%	21.10%	15.90%	15.80%	15.60%	14.70%	16.53%	17.27%
Maximum											2%
Minimum											120%

Responders who think the value will decrease (n=32 in this wave)											
	Nov-12	Sep-13	Aug-14	Sep-15	Sep-16	Sep-17	Oct-18	Oct-19	Oct-20	Oct-21	Nov-22
Average increase	-17.00%	-20.00%	-17.70%	-14.80%	-17.70%	-16.00%	-14.40%	-15.00%	-16.90%	-14.74%	-13.59%
Maximum											-30%
Minimum											-5%

Only calculated for decision makers (N Wave 12 = 318)

In addition to the increase in the number of decision makers who think that the value of their pharmacy will go up, it is also important to note that the average change in value expected in the next twelve months has also increased in the last two waves of the survey (16.5% in 2021 and 17.3% in 2022).

The number of decision makers who believe that the value of their pharmacy will decrease in the next year is small (n=32). There is also a downward trend in the decrease in value reported over the last three years (16.9% in 2020 to 13.6% in 2022).

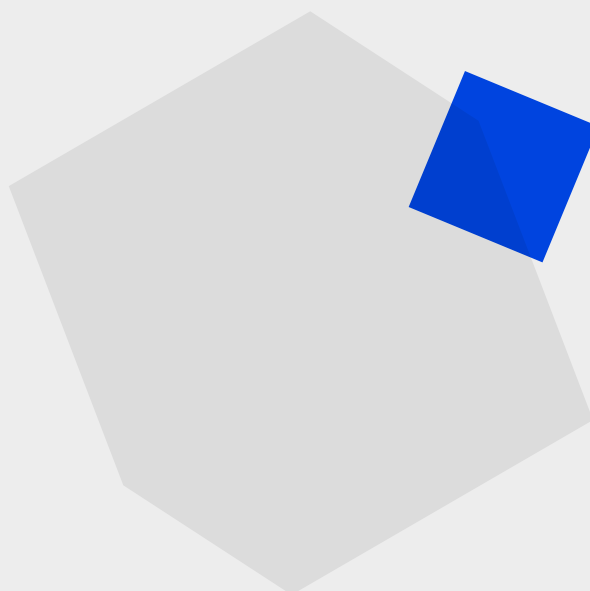
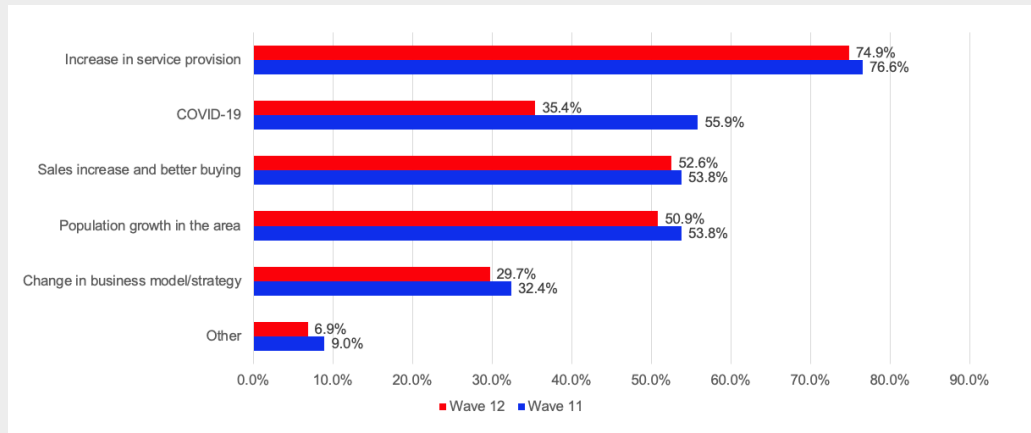


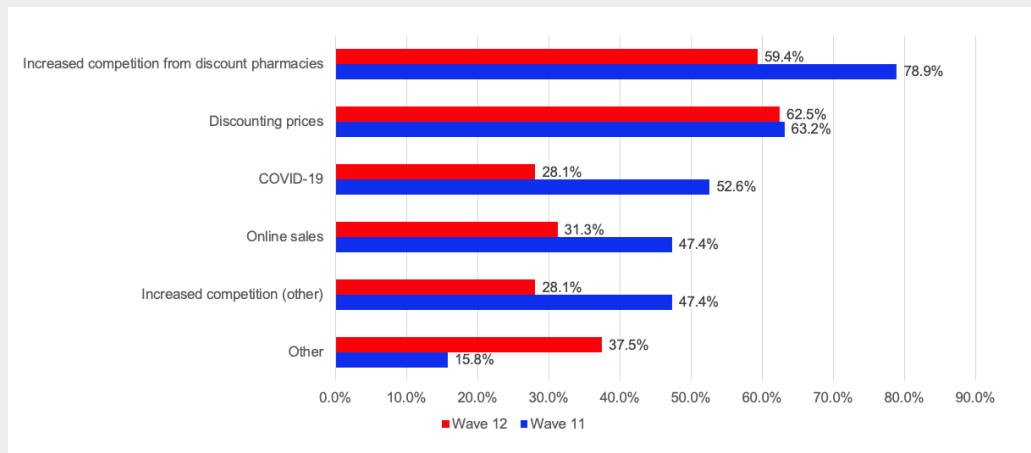
Figure 3. Reasons for increased value in the next twelve months (n=145)



Only calculated for decision makers. Participants could choose more than one option.

The reason most commonly cited for the increase in value in the next twelve months was service provision (74.9%). The second and third reasons cited were the increase in the sales (52.6%) and growth in the population (50.9%). Results were similar to those observed in 2021. However, as to be expected, the effect of COVID-19 decreased from 55.9% in 2021 to 35.4% in 2022.

Figure 4. Reasons for decreased value in the next twelve months (n=32)



Only calculated for decision makers. Participants could choose more than one option.

Discounting prices was the main reason considered (62.5%) for decreasing value of pharmacies, similar to the previous year (63.2%). Competition from discount pharmacies and other competition were the reasons that decreased most from the previous year (78.9% and 47.4% respectively) to the present year (59.4% and 28.1% respectively). This result could be interpreted as a decrease in the fear from discounting pharmacies or alternatively that strategies are being used to meet the competition.

Online sales as a reason for decreased pharmacy value in the next year is not seen as an important factor in 2022.

EXPERT COMMENTARY

“Despite the lack of clarity on the financial benefit of service provision, pharmacists believe that more services boost the value of their business.”

John Montgomery

“Decision makers may be anticipating that in the future that there is going to be an increase in the service provision and therefore a return on that investment.”

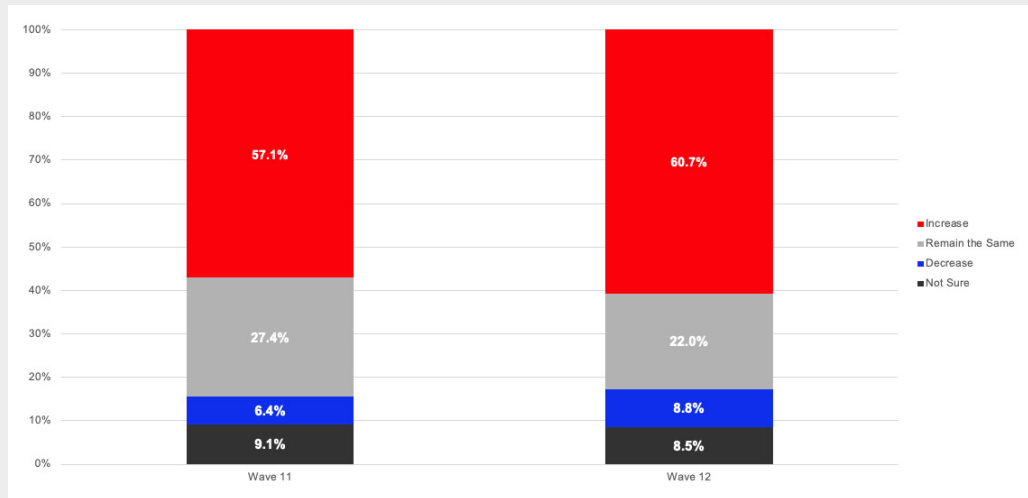
John Bell

“Vaccinations were included in service provision, and they have been an important element in the last two waves.”

Victoria Garcia-Cardenas

“Will the value of your pharmacy increase, decrease or remain the same in the next three years?”

Figure 5. Expected value of pharmacy in the next three years



Only calculated for decision makers (N Wave 11 = 296, N Wave 12 = 318)

Longer term projections are more uncertain when evaluating the expected value of community pharmacy, as reflected by higher percentages of decision makers who were not sure (3.5% for the next twelve months and 8.5% for the next three years).

Interestingly a comparison of changes in expected value at twelve months and three years, provides similar positive trends percentages (waves 10, 11 and 12). The great majority of the decision makers

(82.7%) in 2022 believe that the value of their pharmacy in the next three years will increase or stay the same with a small change from 2021 when it reached 84.1%.

The “guaranteed” remuneration associated with the 7CPA and the ability of pharmacies to adapt to the challenges associated with COVID-19 appear to have had a positive effect on pharmacists’ sense of confidence.

Table 4. Average changes in value expected in the next 3 years

Responders who think the value will increase (n=193 in this wave)											
	Nov-12	Sep-13	Aug-14	Sep-15	Sep-16	Sep-17	Oct-18	Oct-19	Oct-20	Oct-21	Nov-22
Average increase	15.00%	17.00%	16.80%	16.10%	20.40%	17.50%	18.10%	16.50%	16.40%	17.20%	17.95%
Maximum											2%
Minimum											120%

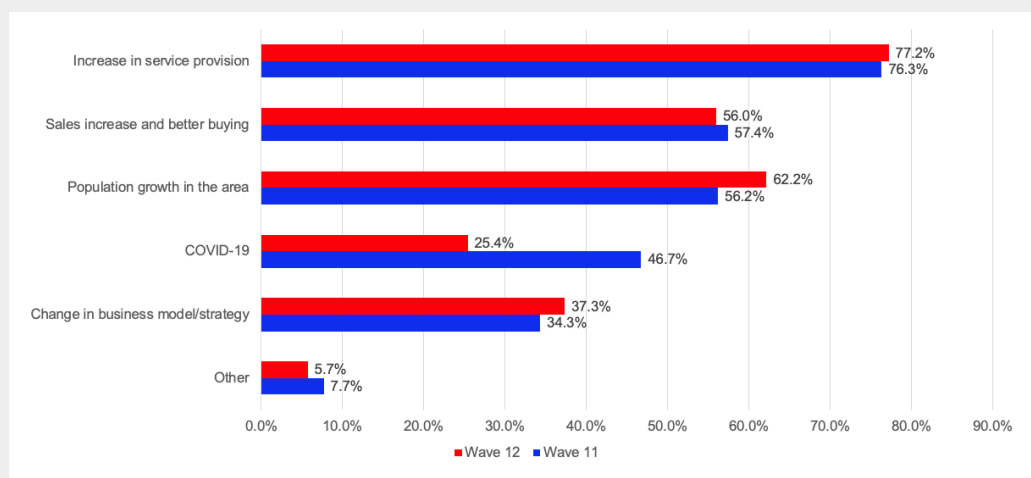
Responders who think the value will decrease (n=28 in this wave)											
	Nov-12	Sep-13	Aug-14	Sep-15	Sep-16	Sep-17	Oct-18	Oct-19	Oct-20	Oct-21	Nov-22
Average increase	-20.00%	-24.00%	-23.80%	-18.10%	-18.70%	19.10%	18.00%	-17.80%	-16.40%	-15.50%	-16.14%
Maximum											-5%
Minimum											-30%

It is important to note that 145 decision makers thought that the value of their pharmacy will increase in the next twelve months, versus 193 who believed that there would be an increase in value over a three-year period. Conversely, 32 decision makers expected a decrease in the value of their pharmacy in a twelve-month time frame, with 28 anticipating a decrease in the next three years.

Results have also improved in the percentage of respondents expecting an increase in pharmacy value over the last four years, up to 17.95%.

However, for those who believe value is going to fall, the percentage has also slightly increased from 15.5% in 2021 to 16.1% in 2022. Nevertheless, certainty in the future value of pharmacies is positive from a decision maker point of view.

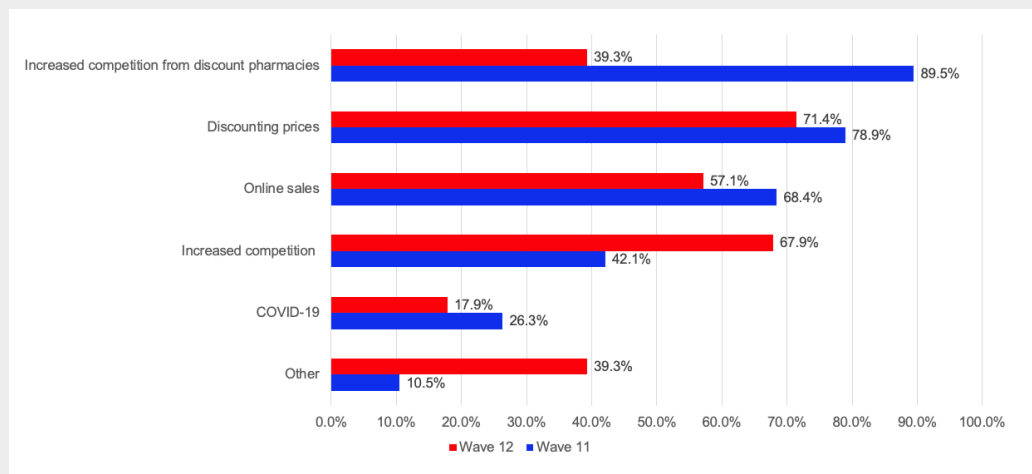
Figure 6. Reasons for increased value in the next three years (n=193)



Only calculated for decision makers. Participants could choose more than one option.

Pharmacists were asked to indicate the reasons for their predicted change in the value of their pharmacy in the next three years. Reasons for the increase in value followed similar patterns to those reported in the twelve-month projections. Reasons associated with COVID-19 also decreased drastically (from 55.9% in wave 11 to 35.4% in wave 12).

Figure 7. Reasons for decreased value in the next three years (n=28)



Only calculated for decision makers. Participants could choose more than one option.

Although online sales were not considered an important reason for decreased pharmacy value in the next year; they were considered important for value decrease in the next three years (57.1% expected in the next three years and 31.3% in the next twelve months). However, competition from discount pharmacies as a reason for value decrease was smaller (39.3% expected in the next three years and 59.4% in the next twelve months).

EXPERT COMMENTARY

“It is interesting to see how much the discount issue seems to be declining in the current environment. So, it appears that, pharmacists are not quite as worried. They see the uptake of service provision and other activities being used as strategies to compete on price discounting.”

Warwick Plunkett

“Maybe the expectation of population growth with immigration back to normal levels is driving the 3-year outlook.”

John Montgomery

“It may be that price matching with discount pharmacies have mitigated, to some extent, the discount banner group advantages.”

Charlie Benrimoj

Figure 8. Identified areas of greatest opportunity for community pharmacy in next three years



Pharmacists were asked to indicate the major areas of opportunity for community pharmacy over the next three years. Results are similar to the previous wave, with the addition of medicinal cannabis and pharmacist prescribing. Prescriptions for medicinal cannabis are increasing every year with nearly 2000 authorised prescribers in 2022⁵. It is important to

note that this survey was undertaken in November 2022, prior to most State Governments publicly supporting increases in pharmacist scope of practice. Nevertheless, pharmacist prescribing was identified as one of the major opportunities for community pharmacy.

EXPERT COMMENTARY

“Results are not surprising; people are starting to reflect on scope of practice and seeing that as a major opportunity.”

Charlie Benrimoj

“It’s interesting to see medicinal cannabis cited as an opportunity. There are a number of pharmacies that are now specialising in medicinal cannabis with some collaborating with medicinal cannabis clinics. This has been driven by the TGA Special Access Scheme (SAS-B).”

John Montgomery

“We are seeing an increase in pharmacy owners reviewing their business strategy to incorporate a higher focus on professional services and additional revenue streams. It will be interesting to follow how these revenue streams continue to evolve in the next few years.”

Belinda Hegarty

“It is encouraging to see how professional services continue to be perceived as the area of greatest opportunity for community pharmacy, aligning with the international trend for an extended scope of practice in the pharmacy profession.”

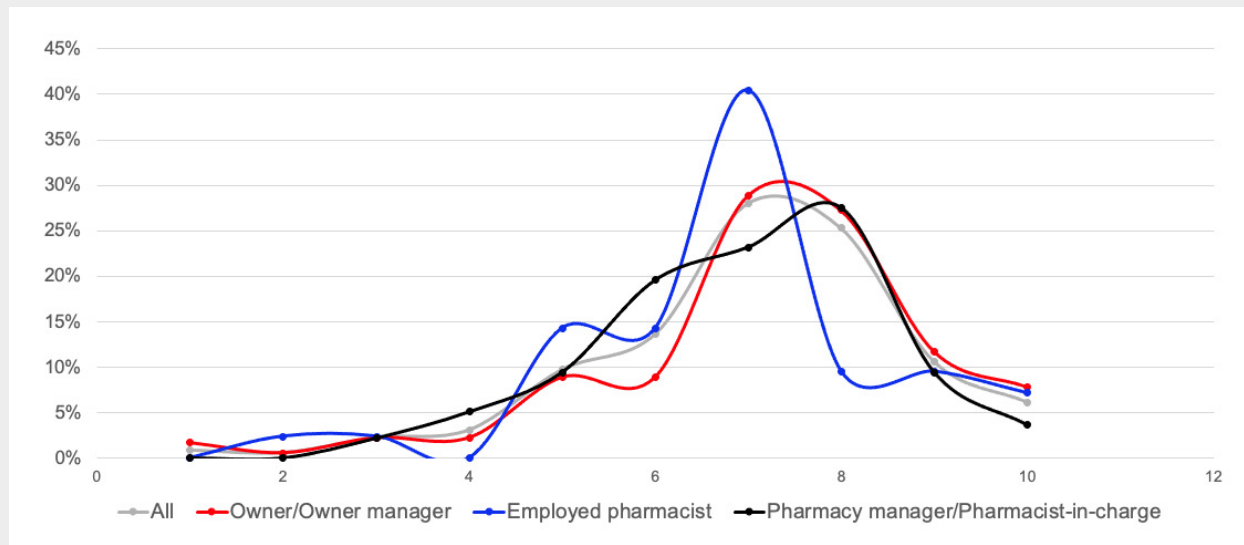
Victoria Garcia-Cardenas

5. Australian Government: Department of Health and Aged Care. 2023. Medicinal cannabis Authorised Prescriber Scheme data. <https://www.tga.gov.au/products/unapproved-therapeutic-goods/medicinal-cannabis-hub/medicinal-cannabis-access-pathways-and-patient-access-data/medicinal-cannabis-authorised-prescriber-scheme-data>

Confidence in the future

“On a scale of 1 to 10 where 1 is extremely pessimistic and 10 is extremely optimistic, how confident are you in the future viability of community-based pharmacy?”

Figure 9. Pharmacists' confidence in the future viability of community-based pharmacy, comparison by pharmacist type

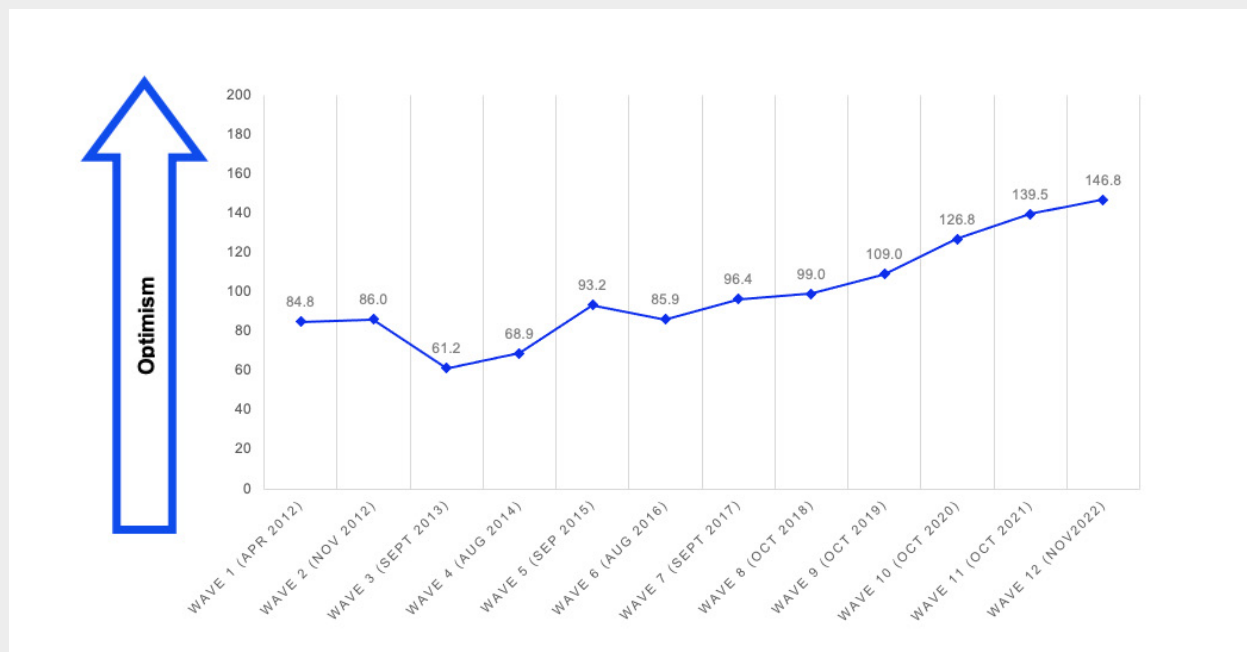


Respondents were asked to indicate their perceived confidence in the future viability of community pharmacy. Figure 9 demonstrates a slight skewing of owner/owner managers and pharmacy manager/pharmacist in charge to a more perceived optimistic standpoint when compared with employed pharmacists. However, means for confidence in the future are similar between groups - slightly higher for pharmacy owners/owner managers (mean=7.2) than for the other two groups, employed or managers/pharmacists in charge, where the mean was 6.9 for both.

Across all pharmacists, an increase in the percentage of optimistic respondents was observed (from 33.3% in 2021 to 41.9% in 2022), with a corresponding decrease in neutral (from 59.4% in 2021 to 54.4% in 2022) and pessimistic (from 7.2% in 2021 to 3.6% in 2022) responders.

UTS Community Pharmacy Barometer™

Figure 10. Community Pharmacy Barometer™ index



The Pharmacy Barometer™ index continues to increase to a record number of 146.8 out of 200 (a score of 100 represents neutral confidence). Commencing in 2012, the Barometer™ has continued with an increase in confidence from 2016. The COVID-19 pandemic has galvanised and encouraged the profession and government to see greater value in community pharmacy, generating new roles and extending the scope of practice. A large number of initiatives and studies will assist the profession and community pharmacy to evolve more rapidly.

EXPERT COMMENTARY

“Managers and owners are more optimistic, while employees are less optimistic, continuing a trend seen in previous barometers which if not addressed will have negative implications for community pharmacy.”

Charlie Benrimoj

“There are a few exceptions, but the majority of pharmacists continue to do better and better, particularly through COVID-19.”

Warwick Plunkett

“It is pleasing to see an uplift in future confidence across all pharmacists when compared to previous years. Workforce shortages have been a key factor in wage increases for employed pharmacists, which looks to be contributing to the uplift in confidence.”

Belinda Hegarty

“Work pressure during the COVID-19 years may have contributed to the sense of disillusionment, particularly amongst pharmacist employees, but commitment by pharmacists during this time has led to a greater public and government awareness of and confidence in pharmacy’s broader role in healthcare.”

John Bell

Community pharmacy staff

Community pharmacy staff

“In the last six months have you had any difficulties in filling pharmacist positions?”

Figure 11. Difficulties in filling pharmacist positions in the last 6 months (n=180)

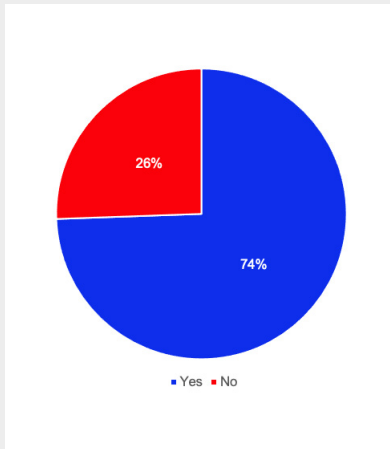
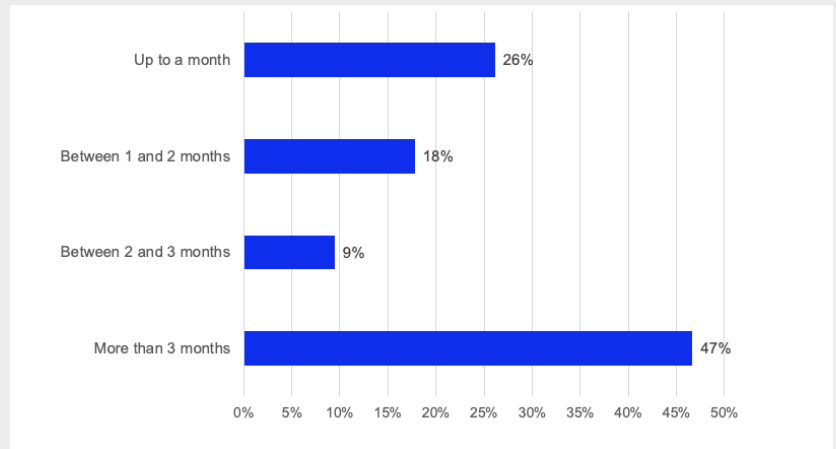
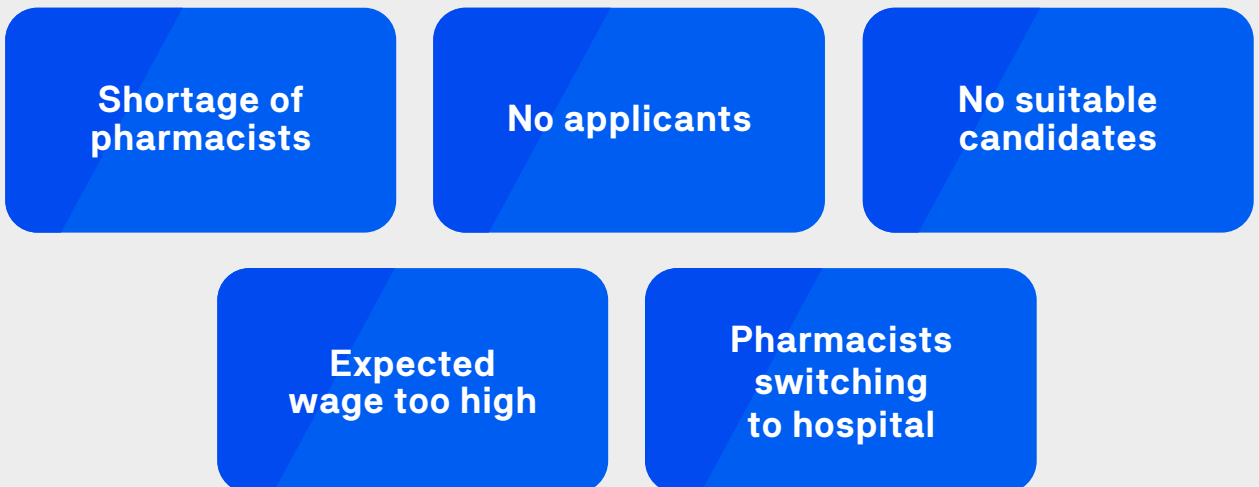


Figure 12. Time taking to fill pharmacist positions (n=180)



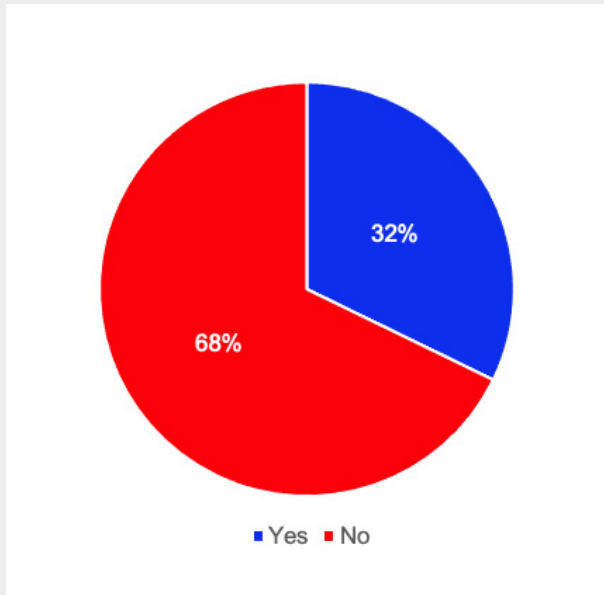
The most common reasons cited for difficulties filling positions were an insufficient number of pharmacists (shortage of pharmacists or no applicants), combined with a lack of suitable candidates, expectations of wages being too high, and pharmacists switching to other areas of practice.

Figure 13. Specifics around the difficulties experienced finding staff



“Are you actively considering leaving community pharmacy employment?”

Figure 14. Pharmacists actively considering leaving community pharmacy employment (n=180)



EXPERT COMMENTARY

“The fact that almost a third of pharmacists are considering leaving the profession is obviously multifactorial, but remuneration is likely one of the reasons despite the apparent increase in remuneration.”

John Montgomery

“On the one hand, confidence and the index are going up and everyone mentions the increasing value of community pharmacies. Nevertheless, on the other hand, employees are not participating sufficiently in these economic gains. However, employers are using a mixed of very interesting strategies to fill pharmacist positions.”

Charlie Benrimoj

“COVID-19 has undoubtedly changed the way we work. Increased workload and stress during the pandemic, together with the reduced remote or flexible working options available in community pharmacy may have influenced these results.”

Victoria Garcia-Cardenas

Nearly a third (32.0%, n=58) of the 180 pharmacy managers/ pharmacists-in-charge and employed pharmacists indicated that they were actively considering leaving community pharmacy. A higher proportion of employed pharmacists (36.0%) were considering leaving than pharmacy managers/ pharmacist-in-charge (31.0%). The reasons fuelling this trend might be related to remuneration, role dissatisfaction, workplace pressure or the workplace environment.

Faced with these employee pressures, pharmacy owners appear to have considered not only increased remuneration (72%), but also other strategies such as flexible working arrangements (72%), an incentive-based payment structure (33%) or equity ownership (12%) to fill vacancies.

“Do you feel that the role of dispensary assistants/ technicians should involve more formal qualifications?”

This wave of the survey included questions regarding the role of dispensary assistants/technicians. The majority of respondents (54.0%) think that the role should involve more formal qualifications. Currently there is training and education available but no formal obligation to undertake it.

As scope of practice for pharmacists broadens, a better structured process in the pharmacy could relieve dispensing pressure from pharmacists to pharmacy dispensary assistants/technicians, releasing pharmacists to provide services that need a higher competency. Indeed, some of the reasons pharmacists thought that formal education is required for pharmacy dispensary assistants/technicians is the increase in their responsibility and the decrease of errors when providing better services.

Figure 15. Reasons why formal qualifications are required (n=193)



EXPERT COMMENTARY

“The proportion of people thinking that technicians have now a more important role is higher than expected. A high percentage think they need more training and qualifications. This is linked to the shortage of pharmacists as well. It is difficult to resolve that shortage in the very near future and one way of doing it, is ensuring that there are better qualified dispensary technicians working in pharmacies. For that to happen they might need better training and qualifications.”

Warwick Plunkett

Role and remuneration of community pharmacists

Role and remuneration of community pharmacists

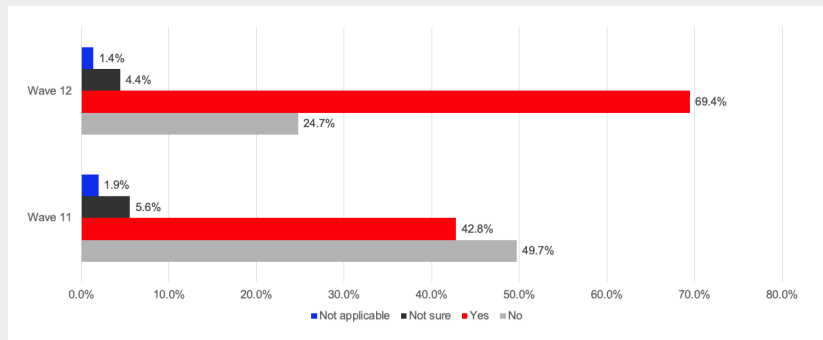
Pharmacy is one of the most trusted professions in Australia and has had a strong presence in the community for over 150 years⁶. Pharmacists' scope of practice continues to expand as evidenced by an increase in service delivery and increasing roles in vaccination, aged care, disease state management and self-care services. The PSA's "Pharmacists in 2023"⁷ and the Pharmacy Guild's "Community Pharmacy 2025"⁸ both advocate for an enhanced role of the community pharmacist in providing evidence-based services that complement pharmacists' current scope of practice.

Adequate and appropriate remuneration of pharmacists is required to support their ability to practice to their full scope. PSA's "Pharmacists in 2023: Roles and Remuneration" report identified that the average hourly pay rate for community pharmacists was well below that of other professions with comparative levels of professional responsibility and training. Additionally, the 2022 Graduate Outcomes Survey identified pharmacy graduates received the lowest full-time median salary at \$52,000 compared to all other employment outcomes from recent Australian university graduates, despite having the highest rate of fulltime employment (96.2%)⁹.

6. Pharmaceutical Society of Australia. 2023. Pharmacy as a Career. <https://www.psa.org.au/career-and-support/pharmacy-as-a-career/>
7. Pharmaceutical Society of Australia 2019. Pharmacists in 2023: For patients, for our profession, for Australia's health system. Canberra: PSA.
8. The Pharmacy Guild of Australia. 2018. Community Pharmacy 2025. Canberra.
9. Quality Indicators for Learning and Teaching. 2021. Graduate Outcomes Survey. [https://www.qilt.edu.au/surveys/graduate-outcomes-survey-\(gos\)](https://www.qilt.edu.au/surveys/graduate-outcomes-survey-(gos))

“Has the remuneration level of your pharmacist employee (or if you are an employed pharmacist) increased in the last year?”

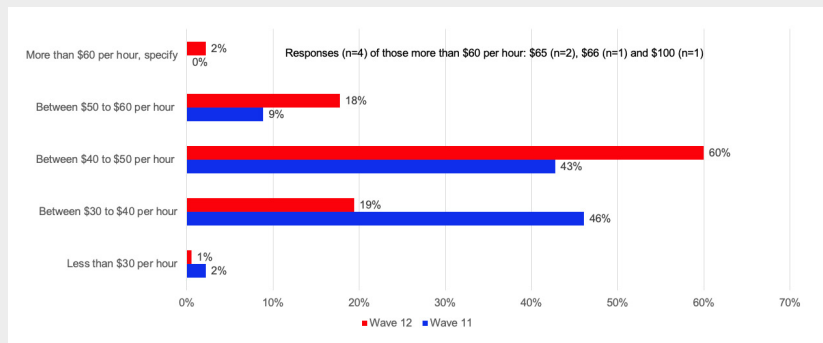
Figure 16. Increases in pharmacist remuneration level in the last year



There is a trend in increasing salaries over the last few waves of the Barometer™. There is nearly a 40.0% increase in the proportion of

pharmacists reporting that their salary has gone up; from 30.3% of pharmacists having an increase in 2020 to 69.4% having an increase in 2022.

Figure 17. Hourly rate of remuneration of employee pharmacists (n=180)



Most employee pharmacists have an hourly rate between \$40-50 (60.0% of pharmacists) in 2022 while there was only 43.0% of pharmacists in that range in 2021.

There has been a decline in the proportion of pharmacists receiving an hourly salary between \$30-40 over the last few years, from 54.0% in 2020, to 46.0% in 2021 and 19.0% in 2022.

Accordingly, higher ranges of hourly salary have increased. Specifically, the proportion of pharmacists with an hourly rate of remuneration between \$50-60 has doubled in relation to the previous year, with 18.0% of pharmacists receiving that salary in 2022.

EXPERT COMMENTARY

“Wages are increasing with more people getting an increase from \$30-40/hour to \$40-50/hour. However, the question is if these rates are adequate and appropriate.”

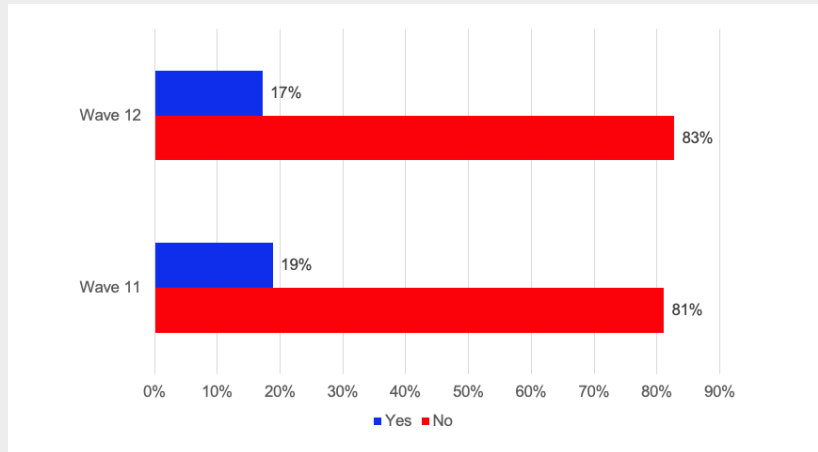
Charlie Benrimoj

“We have observed a remuneration increase in the past two waves of the Pharmacy Barometer™. Future expanded scope of practice has the potential to contribute to this positive trend”.

Victoria Garcia-Cardenas

“Is the role of any employed pharmacist dedicated mainly to the provision of non-dispensing professional services?”

Figure 18. Role of any employed pharmacist dedicated mainly to the provision of professional services (n=180)



The trend has not changed in the last few years for the number of pharmacists whose role is mainly dedicated to professional services. The percentage of pharmacists mainly dedicated to services has declined from 19.0%

in 2021. Pharmacists are not being employed solely to provide services; therefore, it will be more difficult to have specialist pharmacists in the profession.

EXPERT COMMENTARY

“Given there is not much difference in the hourly rate between those pharmacists who are service providers compared to those who are not, suggests that the service specialist role does not have traction.”

John Montgomery

“The pharmacy owners must realise the fact that services such as the vaccination process required greater remuneration for pharmacist providers.”

Warwick Plunkett

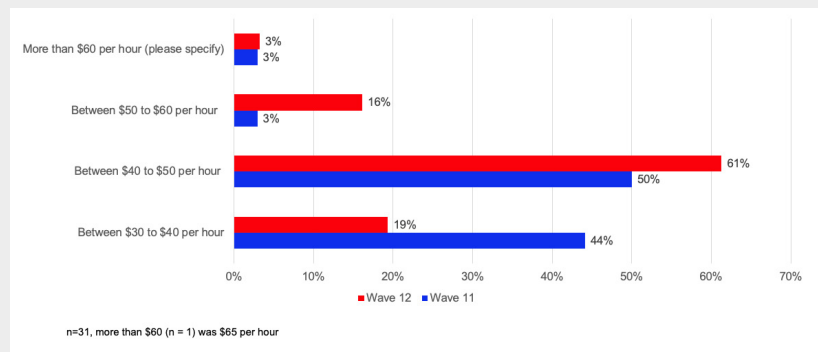
“For the vast majority of pharmacies, remuneration from professional service provision alone is not yet sufficient to employ a pharmacist full time.”

John Bell

“It appears that the model adopted by pharmacy owners and managers will require all pharmacists to provide services. Whether this is the optimal model for service delivery is worth debating.”

Charlie Benrimoj

Figure 19. Average hourly rate of service provider



The payment for specialist pharmacists mainly dedicated to the provision of professional services is slightly higher than the previous year. Nevertheless, it is similar when compared to employed pharmacists in general: 60.0% of employed pharmacists and 61.0% of service providers were paid between \$40-50/hour, and 18.0% of employed pharmacists were obtaining between \$50-60/hour salary compared to 16.0% of the service providers. Considering the complexity in the service provision and the difference in the wages for a service provider, pharmacists might consider not staying in the service provision role.

Scope of practice for pharmacists

Scope of practice for pharmacists

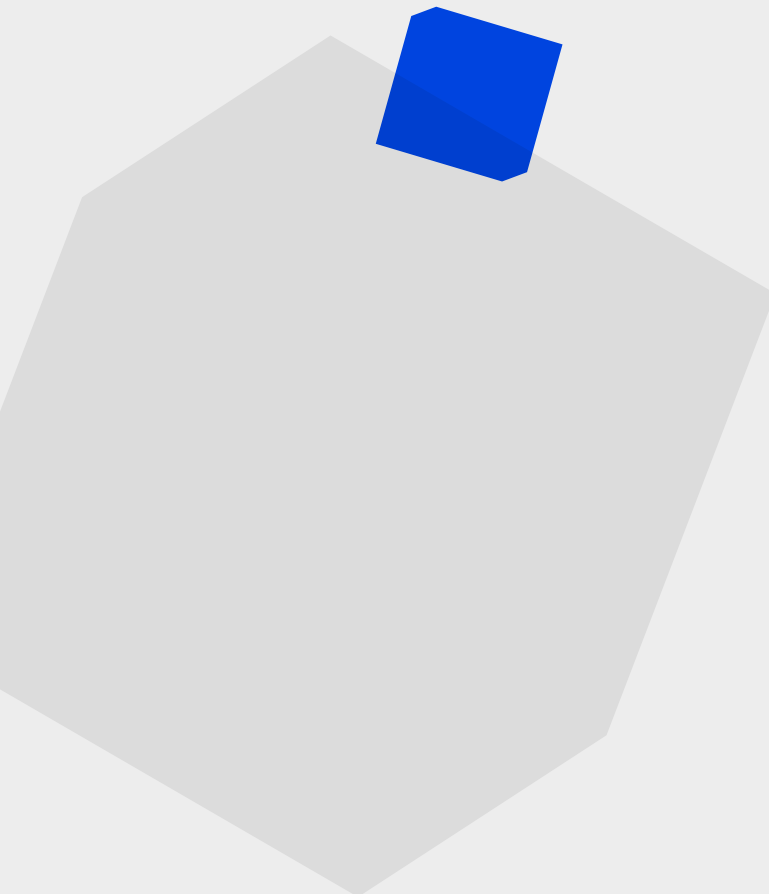
One of the new topics for the survey in 2022 was scope of practice. Pharmacists were asked their views about five different scenarios regarding the supply or prescribing of various medications:

- Scenario 1: Antibiotic for an uncomplicated urinary tract infection in female patients.
- Scenario 2: Combination inhaler (beta agonist and corticosteroid) for patients with asthma where it has already been prescribed by a medical practitioner.
- Scenario 3: Tamiflu® (oseltamivir phosphate) for reducing the symptoms of influenza in adults.
- Scenario 4: Oral contraceptive already prescribed by a medical practitioner.
- Scenario 5: Antivirals for adult patients with confirmed COVID-19.

Support, confidence, and preparedness for each of the five scenarios was rated on a scale from 1 to 10. The pharmacists' support/confidence/preparedness was categorised into three different levels:

- Completely supported/confident/prepared: 8 to 10.
- Neutral: 4 to 7.
- Not supported/confident/prepared: 1 to 3.

By reporting the data in two different ways (i.e. through categorising groups as above and by reporting means) trends can be discerned. Support for all five scenarios was similar, with 'complete support' from 60 to 75% of pharmacists. The two scenarios more commonly supported were the supply of oral contraceptive already prescribed by a medical practitioner (73.0%) and the supply of a combination inhaler for patients with asthma who has already had a prescription (73.0%). Means for the support of the different scenarios varied from 7.7 to 8.3.



Support

Figure 20. Percentage of pharmacists depending on the level of support to provide medication to patients

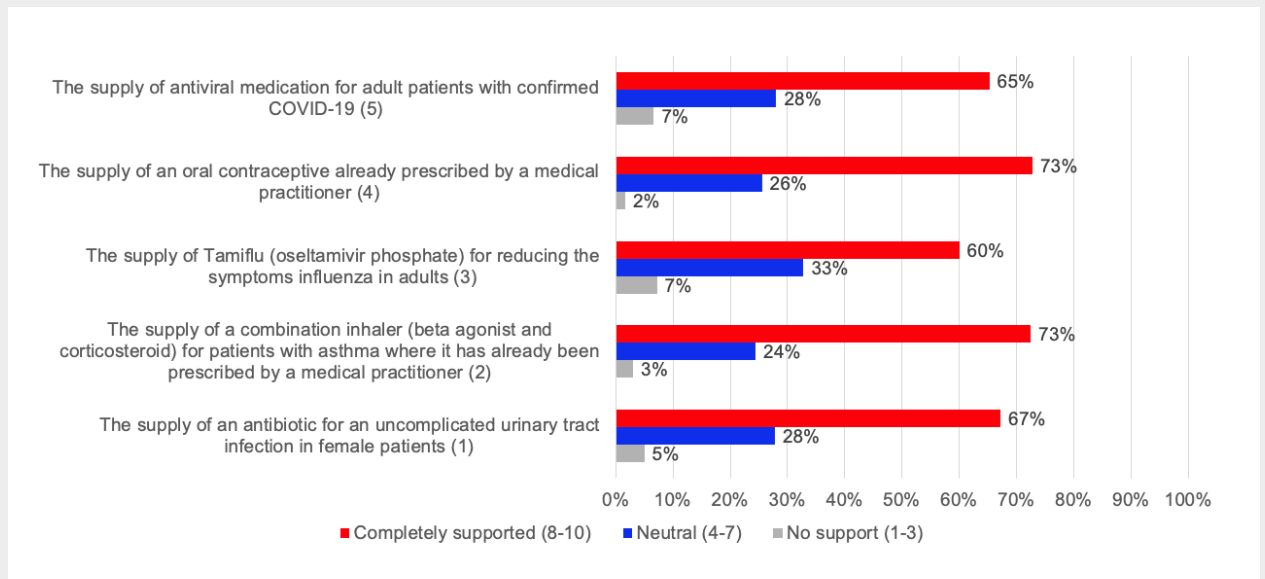
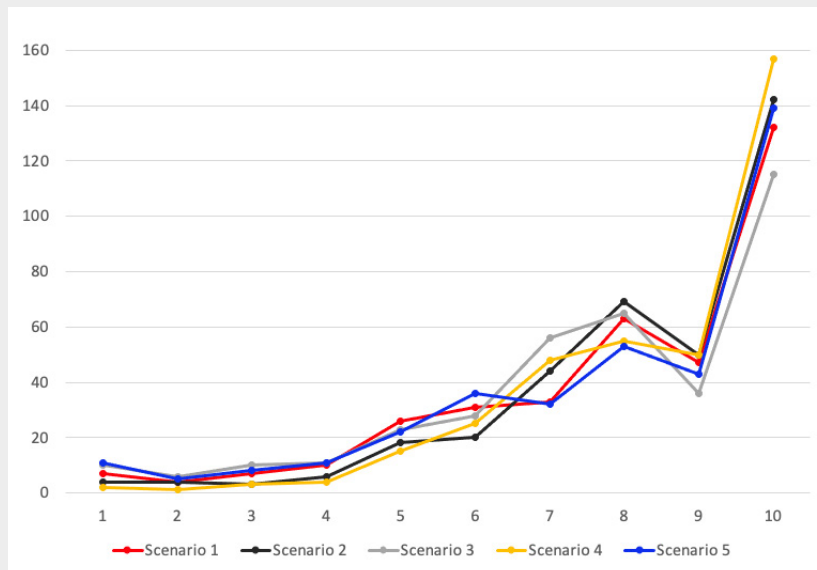


Figure 21. Level of support for each scenario



EXPERT COMMENTARY

“If this question about support for providing medication to patients would have been asked ten years ago, the response would have been reversed. Therefore, pharmacy owners are seeing where the profession is moving. Maybe they are not completely prepared for it but the trend is changing.”

Warwick Plunkett

“Support and confidence are high, but preparedness is a little lower suggesting that education and training could play a critical role.”

John Montgomery

Confidence

The scores were slightly lower for pharmacists' confidence than for support. A quarter to a third of the respondents felt neutral or not confident to provide the medication in the five scenarios (26.0% to 40.0% of pharmacists). Means for the confidence of pharmacists for the different scenarios varied from 7.6 to 8.3.

Figure 22. Percentage of pharmacists depending on the level of confidence to provide medication to patients

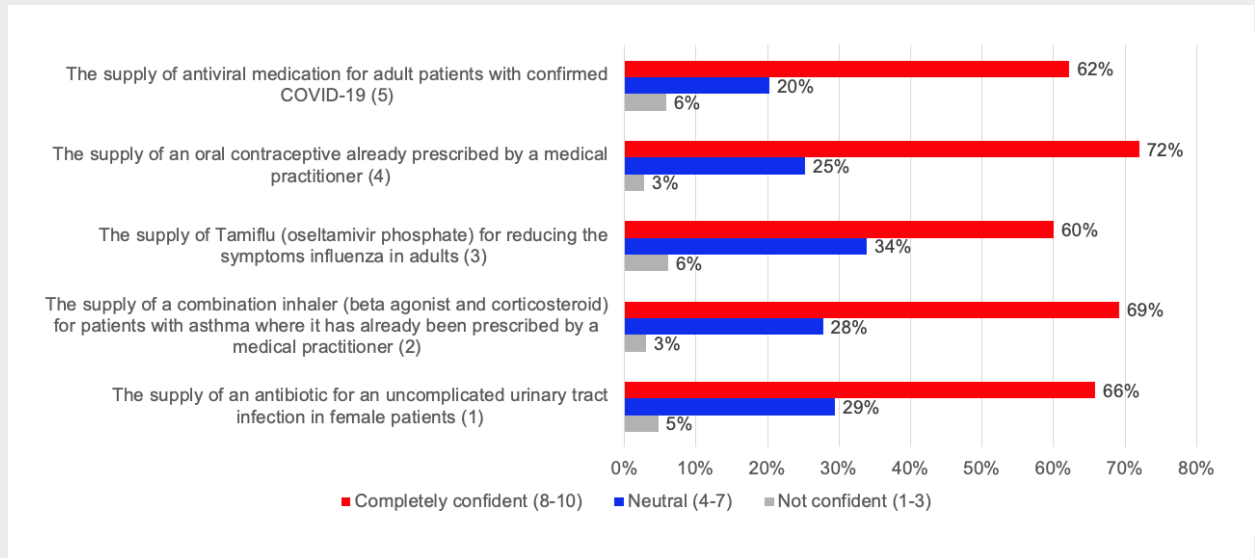
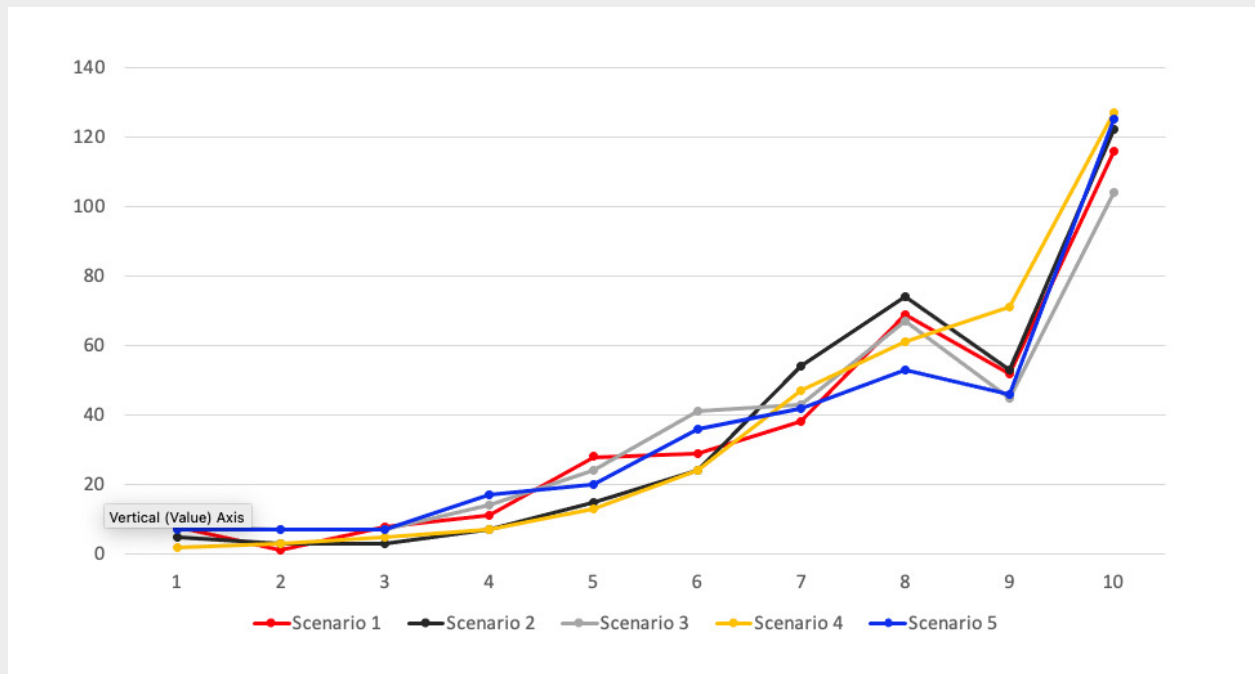


Figure 23. Level of confidence in each scenario



Preparedness

As expected, level of preparedness was similar to the level of confidence and lower than the level of support obtained. The proportions of completely prepared pharmacists ranged from 57.0% in Scenario 3 (supply of Tamiflu® for influenza symptoms in adults), to 68.0% in Scenario 4 (supply of oral contraceptive when already prescribed by a practitioner). Means for the level of preparedness of the different scenarios varied from 7.4 (Scenario 3) to 8.1 (Scenario 4).

Figure 24. Percentage of pharmacists depending on the level of preparedness to provide medication to patients

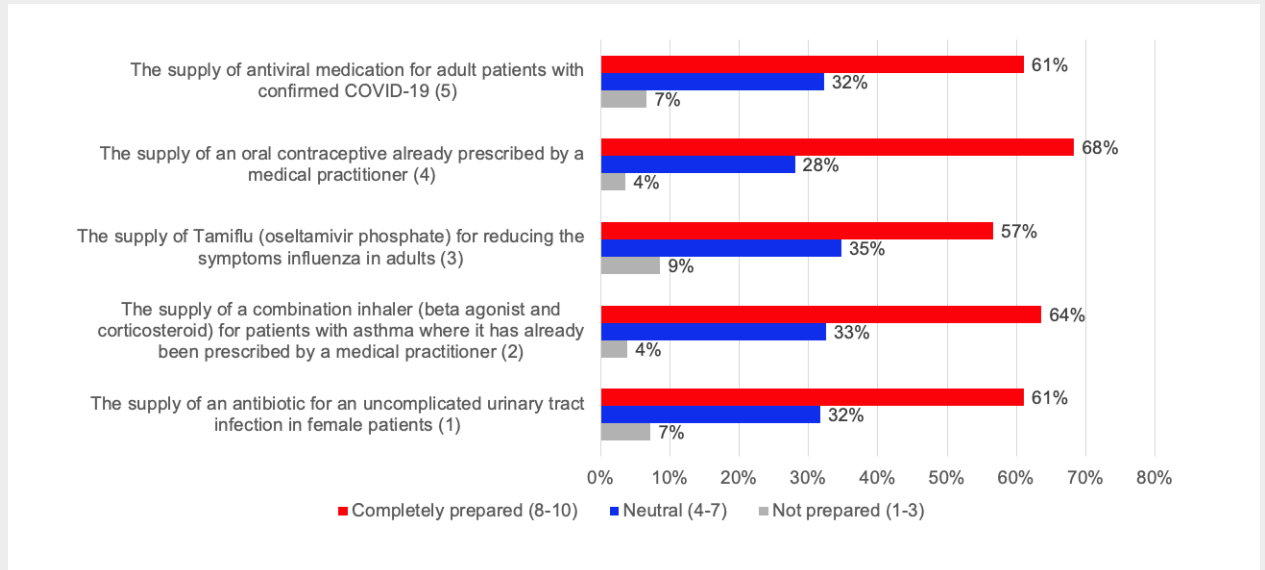
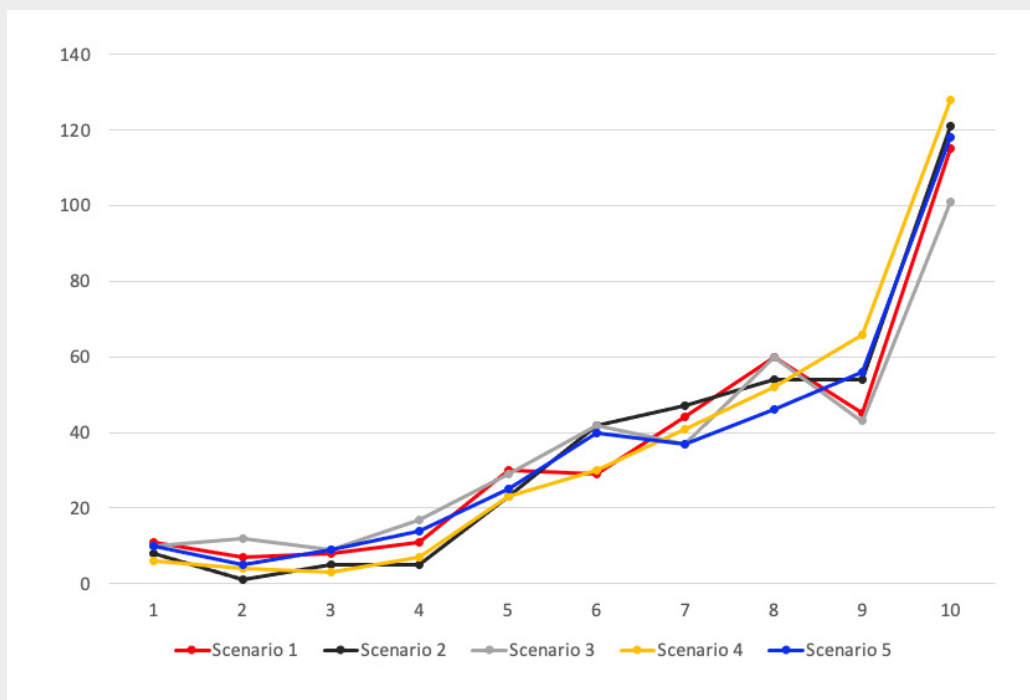
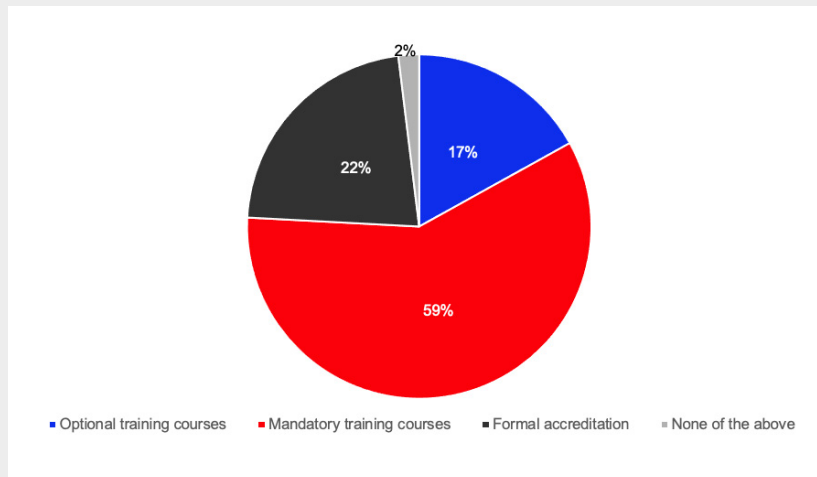


Figure 25. Level of preparedness to provide medication to patients



“Should the ability of pharmacists to practice in these areas be accompanied by:”

Figure 26. The ability of pharmacists to practice in these areas should be accompanied by



There were interesting responses expressed on which strategies would need to accompany and assist pharmacists supplying the five different medications. Surprisingly, most pharmacists (59.0%) thought that mandatory training should be required if these services were contemplated. In addition, nearly a quarter of respondents (22.0%) believe that formal accreditation would be needed.

Pharmacists considered that the scenarios proposed could be achieved through switching medication to S3 - Pharmacist Only (11%), a change in the legislation (33.0%), or both combined (55.0%). It appears that pharmacist would prefer acting under the pharmacist prescribing service model rather than with an increase in S3 medication rescheduling.

EXPERT COMMENTARY

“It is encouraging that pharmacists think that training should be mandatory for providing different services.”

John Montgomery

“If these provisions were to be included as part of the official education as a pharmacy student, then everyone would be on the position of offering them without additional training. The internal training and increasing wages for pharmacists are probably linked.”

Kylie Williams

“Results highlight the nature of pharmacists, who generally act only if legislation is supporting them.”

Warwick Plunkett

“Whilst there is no age breakdown in relation to which way pharmacists responded to this question, given pharmacy students’ enthusiasm for and confidence in an expanded role for pharmacists, it is likely that younger pharmacists would be generally in favour of all these scenarios.”

John Bell

“The choice of selecting the prescribing model may be a professional aspiration whilst choosing the rescheduling model reinforces the current model of practice.”

Charlie Benrimoj

Biosimilars

Biosimilar medicines

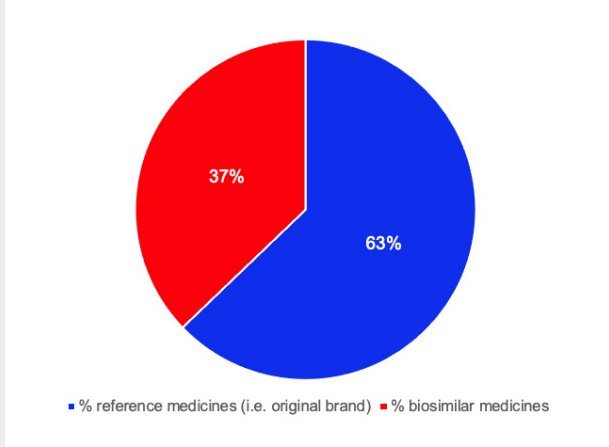
A biosimilar medicine is a highly similar version of a reference biological medicine. The reference biological medicine is the first brand to market¹⁰. The reference medicine is used by regulators to compare and evaluate the biosimilar medicine against. Biological medicines, including biosimilars, are used to treat serious diseases such as rheumatoid arthritis, inflammatory bowel diseases such as ulcerative colitis and

Crohn’s disease, cancer, diabetes, multiple sclerosis, kidney disease and severe psoriasis, and for treating infertility.

The introduction of biosimilar medicines encourages competition in the Australian market leading to a reduction in the cost of medicines, and savings to the health care system. These lower prices improve affordability of, and access to new treatments for seriously ill patients.

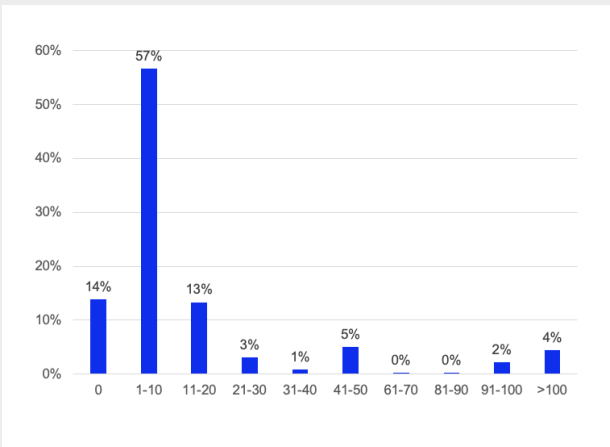
“Number and proportion of prescriptions received in the last month for both reference and biosimilar biological medicine.”

Figure 27. Proportion of reference and biosimilar biological medicines (n=310)



Similar to the previous wave in 2021, the percentage of prescriptions received that were biosimilars was 63.0%. It appears that despite the policy encouraging prescribers to utilise biosimilar brands in treatment naïve patients, the

Figure 28. Number of reference and biosimilar biological medicine prescriptions (n=347)

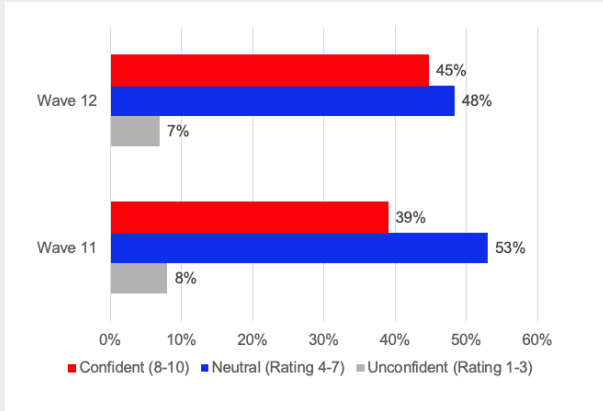


majority of prescribers continue to prescribe the reference medicine. The number of prescriptions received per month is still low, with a small increase (4.0%) in the 1 to 10 prescriptions per month category from 2021.

10. Australian Government Department of Health. 2017. Biosimilar Awareness Initiative, <http://www.health.gov.au/internet/main/publishing.nsf/Content/biosimilar-awareness-initiative>

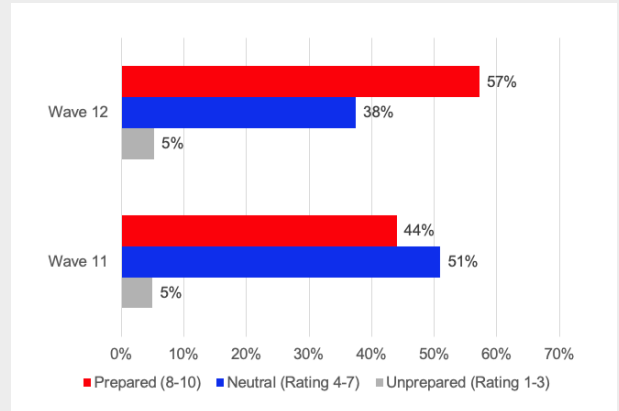
“What is your level of confidence and preparedness of biosimilar substitution and dispensing?”

Figure 29. Level of confidence on biosimilar substitution



The trend in confidence with biosimilar substitution and dispensing keeps increasing over the years. There has been a 10.0% increase in confident pharmacists over the last four years. While pharmacists were predominantly neutral in 2022, percentages between those confident and those neutral are similar.

Figure 30. Level of perceived preparedness to dispense biosimilars



In 2021 there was a decrease in the preparedness to dispense biosimilars of 8.0%, going from 52.0% to 44.0% of the pharmacists feeling prepared. In 2022, the trend is going up, with 57.0% of pharmacists feeling prepared for dispensing biosimilars. Those who felt unprepared remained the same, however 13.0% of pharmacists previously in the neutral category moved to the prepared category.

EXPERT COMMENTARY

“It’s been slow but both confidence and preparedness are moving in the right direction as biosimilars consolidate their place.”

John Montgomery

Conclusion

The 12th UTS Pharmacy Barometer™ of November 2022 shows that:

- The UTS Pharmacy Barometer™ was 146.8 out of 200, highlighting the increasing optimism pharmacists have in the profession despite all the recent challenges.
- Optimism and confidence are high; service provision and sales increase are the main reasons for financial growth.
- Most pharmacy owners and owner-managers stated that they had had difficulties in recruiting staff.
- Nearly a third of pharmacy managers/ pharmacist-in-charge and employed pharmacist indicated that they were actively considering leaving community pharmacy.
- For the topic scope of practice, most pharmacists support the supply of oral contraceptives already prescribed by a medical practitioner or combination inhalers for patients with asthma who has already had a prescription. Similar percentages of pharmacists felt completely confident and prepared for the proposed scenarios.
- Pharmacists' confidence and preparedness for the provision of biosimilars has been slowly increasing over the years.

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