

NSW Health

2007

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Profile of the Pharmacists Workforce in NSW

An overview of information from the 2007 Labour Force Survey.

## 1

# INTRODUCTION

This report provides an overview of information from the 2007 NSW Pharmacy Labour Force Survey. All persons wishing to work as pharmacists in this State must be registered with the Pharmacy Board of New South Wales ('the Board'). This includes persons whose primary registration may be in another State but who work some or all of their time in NSW.

An extract from the register of pharmacists maintained by the Board was undertaken on 15 March 2008. All pharmacists who had been registered on 31 December 2006 were invited to renew their registration for the year 2007 unless they had advised the Board that they did not wish to maintain their registration. Accompanying their invitation to renew was a Labour Force Survey form that the Board requested be completed and returned together with their remittance. An alternative means for payment and completion of the survey was available through the internet. The Pharmacy Board is the only health registration board that offered this alternative.

Most pharmacists choosing to renew also participated in the labour force survey. However, it is not mandatory to complete a survey form and some pharmacists renewed registration without participation in the survey. Persons who chose not to renew by 31 December 2007 were deemed to have unfinancial status. Other reasons for persons to have lost financial status include deregistration following disciplinary action or death.

Persons who made their first application to be registered as a pharmacist during the year 2007 (new entrants) were not asked to complete a Labour Force Survey form. Similarly, persons who had lost registration before 31 December 2006, but had previously been registered, could re-register with the payment of a restoration fee and did not receive a survey form.

The current register of pharmacists who hold financial status therefore can be divided into three categories; renewals, new entrants and re-registrations, while the register also holds information about registrants without financial status in two categories; persons who were financial (currently registered) on 31 December 2006 and persons who had become unfinancial at an earlier time. Labour force data will have been submitted only by renewals.

Note that selected charts have been included as part of this discussion. They are not designed to be exhaustive but rather to highlight areas of possible interest to the reader. In order to focus on these areas, small groups of respondents or responses may have been consolidated or disregarded in the charts. There may also be small inconsistencies due to rounding.

Strict procedures are followed to ensure the privacy of individual pharmacists who respond to the survey. There is no access to identifying data, as individual names and addresses are not included on the data file. Survey information that could identify individual respondents will not be made available. The continued support of the Pharmacy Board, professional organisations and pharmacists participating in the survey is appreciated.

This report provides an overview and commentary on the pharmacy workforce in 2007. It is intended for readers wishing to obtain information on current labour force conditions and trends over time without the presentation of detailed tabulations from the survey. Full tables covering responses to each question on the survey form have been placed in a separate report. The series of reports covering eight health professions together with earlier reports in the series can be downloaded free of charge from the NSW Health website:

[http://www.health.nsw.gov.au/pubs/subs/sub\\_workforce.asp](http://www.health.nsw.gov.au/pubs/subs/sub_workforce.asp)

## 2

## REGISTRANTS

## 2.1 The Number of Pharmacists on the Register

The 2007 register of pharmacists contains 9,328 (2006 8,657) names. However, there were 191 fewer financial registrants than in 2006. Apart from the full registration and unfinancial categories, a small number of pharmacists fall into other categories including provisional registration, mutual recognition and suspension. Persons with current full registration are divided as follows:

Renewals	7,403	
New Entrants	365	
Previously Unfinancial	43	
TOTAL CURRENT	7,811	(2006 8,002)
Not on register 2006	324	
Unfinancial in last 12 months	588	
Unfinancial for > 12 months	<u>605</u>	
TOTAL NON CURRENT	1,517	(2006 655)

It was found that 6,554 (2006 6,888) pharmacists completed labour force survey data, a response rate of 88.5% (2006 86.1%). The respondents included 4,517 (2006 4,537) persons currently working as pharmacists in NSW (69% of the survey respondents), and 2,037 (2006 2,351) persons who are not currently working as NSW pharmacists or did not indicate their current working status. The higher response rate and lower working participation rate than was found for other labour force profiles may be related to the availability of online response.

Previous reports in this series have proposed two methods for estimation of the actual pharmacy workforce. The first method used until 2003 made assumptions about non responding pharmacists with additional estimates for new entrants and persons previously unfinancial who do not receive labour force surveys. The second method used in the period 2003-2005 is based on responses to the Census of Population and Housing, 2001. There are advantages and disadvantages to both methods.

There would be 5,102 renewal pharmacists working in NSW if we assume that those who did not respond to the survey have a similar workforce pattern to those who did respond. An additional 363 pharmacists can be estimated from the pool of new entrants and restorations. However, there may be good grounds for believing that non-respondents include a higher percentage of persons who are not working and therefore the above estimate may be too high. The 2006 Census of Population and Housing included 4,737 respondents who reported working as a pharmacist in NSW as their main occupation compared to 5,465 by the method outlined above. However, the census is itself an underenumeration of the true population because it excludes those temporarily overseas and those who work part time and nominated another occupation. All data shown in this report exclude assumptions made for non-respondents to the survey.

Chart 2.1a shows registration, survey and NSW workforce estimates grouped by gender of the respondents. The gender for a small number of survey respondents could not be ascertained.

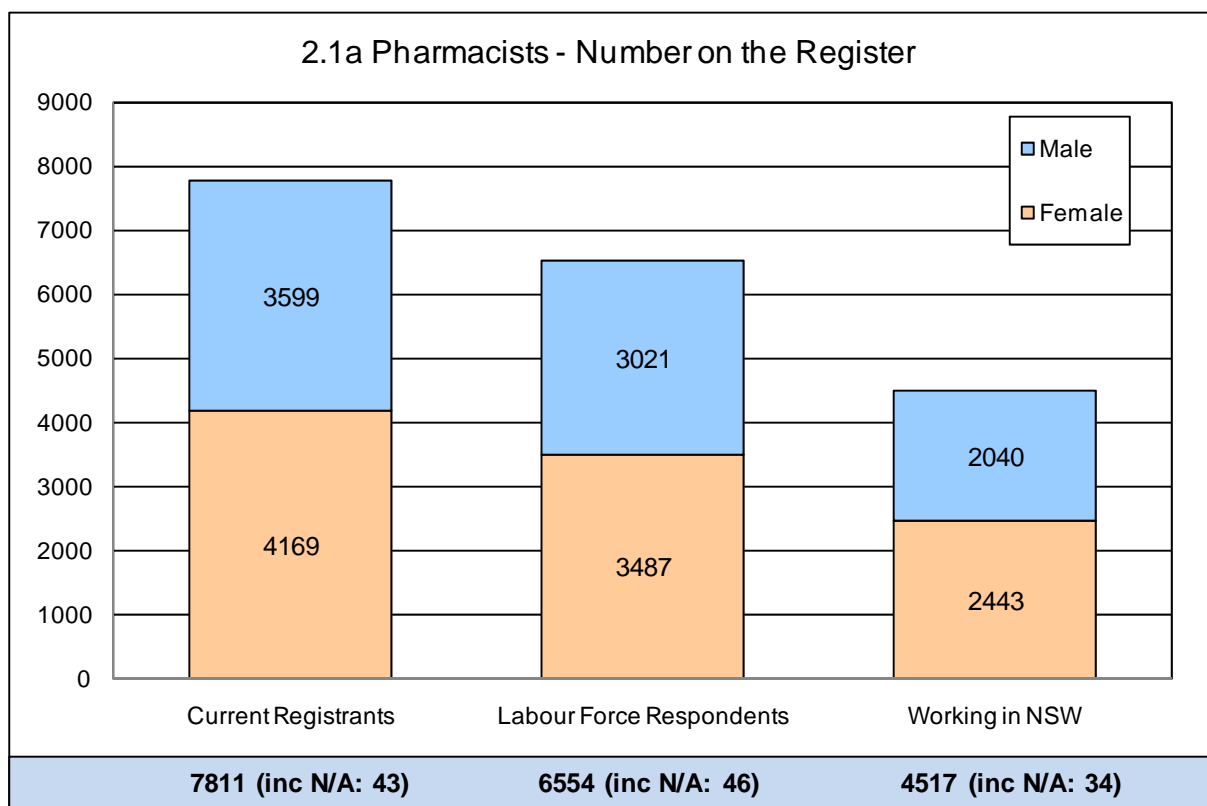
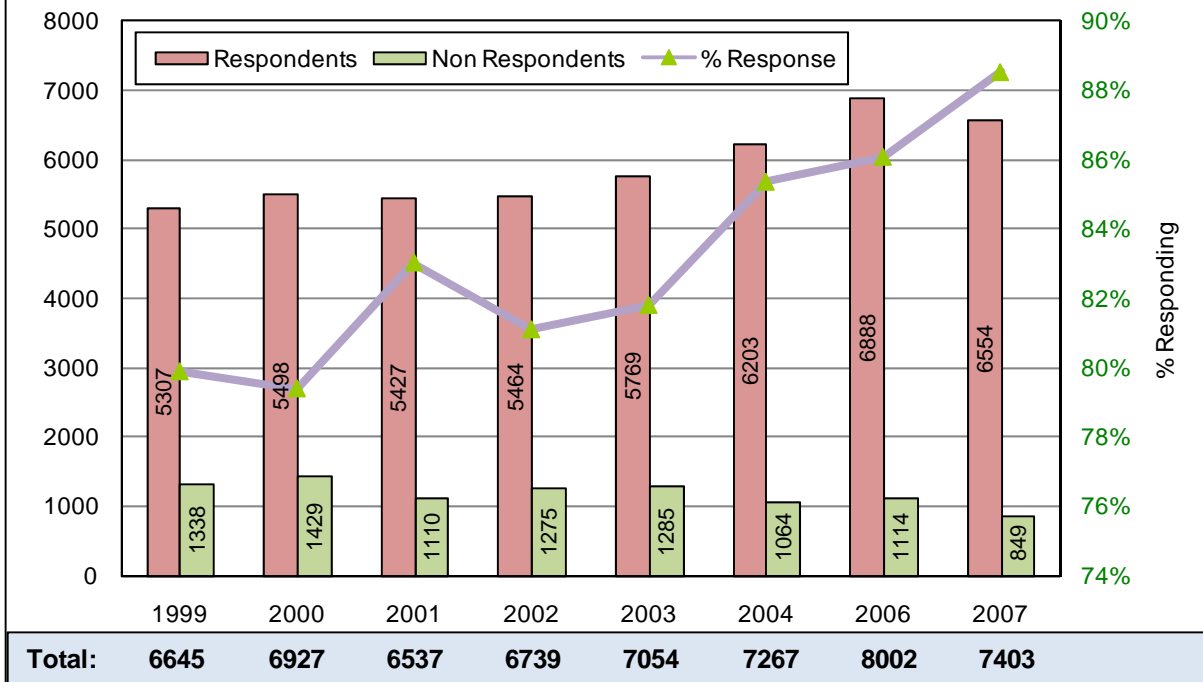


Chart 2.1b provides an estimate of the number of respondents and non-respondents for all years between 1999 and 2007 excepting 2005 where data is not currently available. It is an estimate because changes to the registration process cause some distortion to the time series although it is clear that there has been an increased response rate since 2003.

2.1b Pharmacists - Response Rate to the Labour Force Survey 1999-2007



# 3

## CHARACTERISTICS OF THE FINANCIAL REGISTRANTS

The population in this section of the report are the 7,811 pharmacists with full registration who were financial on 15 March 2007.

### 3.1 Age and Gender of Current Registrants

The proportion of female registrants is slowly rising (53.7% in 2007 compared to 52.2% in 2005 and 50.8% in 2001) but pharmacy is a two tiered profession in terms of the gender balance. Below the age of 40, there are approximately 50% more female registrants while over the age of 60, there are approximately 50% more males. The only age with a gender balance is the 55-59 year old band. Overall, the average (mean) age for women is eight years younger than for men at 42.0 and 49.9 years respectively. Chart 3.1a indicates both the changing gender balance and the proportionately large number of pharmacists aged 60 and over.

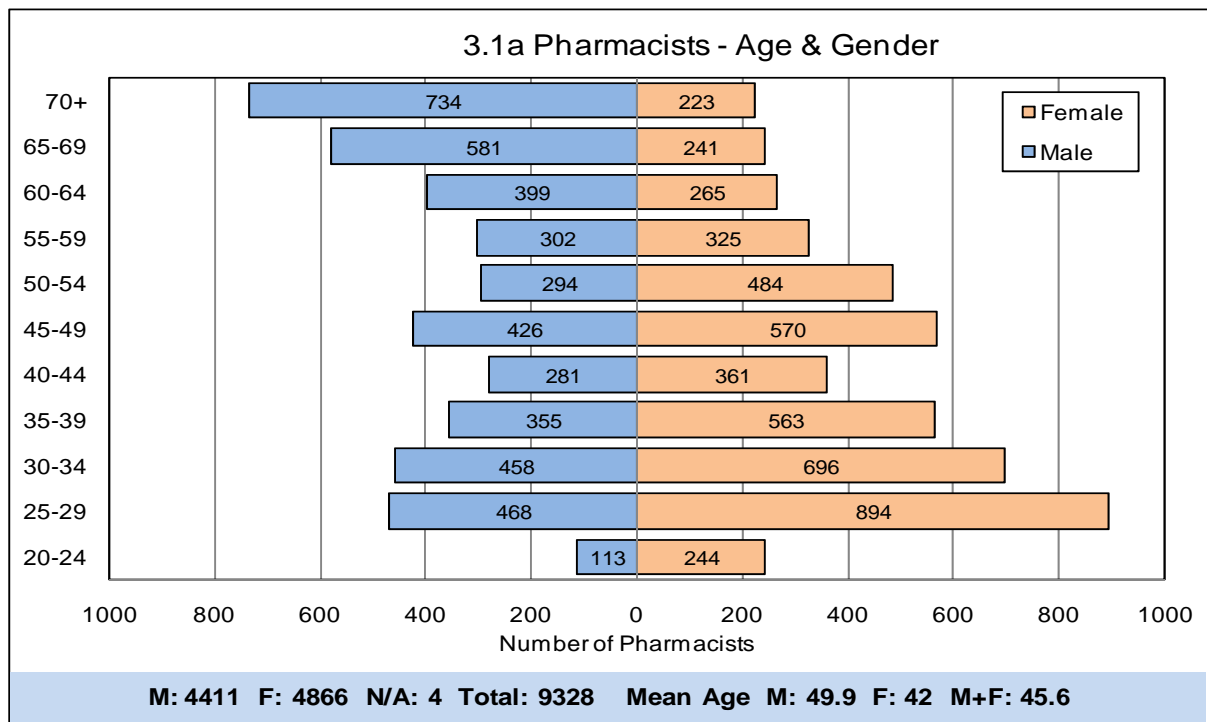
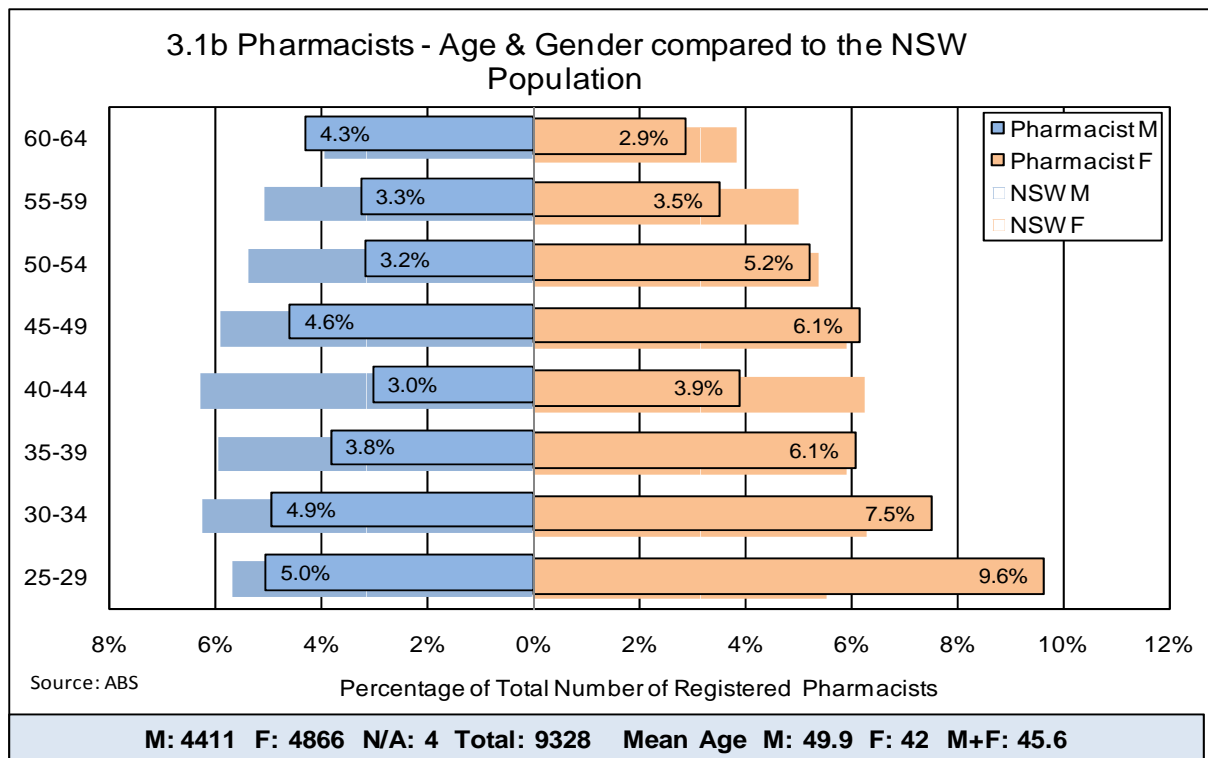


Chart 3.1b highlights the percentage distribution of pharmacists with the percentage distribution of the NSW population at working ages in 2006<sup>1</sup>. As pharmacists do not generally enter the workforce before the age of 25, the comparison is made only between the ages of 25 and 64. The unusually low number of pharmacists between 40-44 may be an artefact of previous data records since the 45-49 age band is similarly larger than expected. Overall, the percentage of male pharmacists is lower than in the workforce except for the oldest age band while the percentage of female pharmacists is greater than the workforce at younger ages and lower than the workforce after the age of 40.

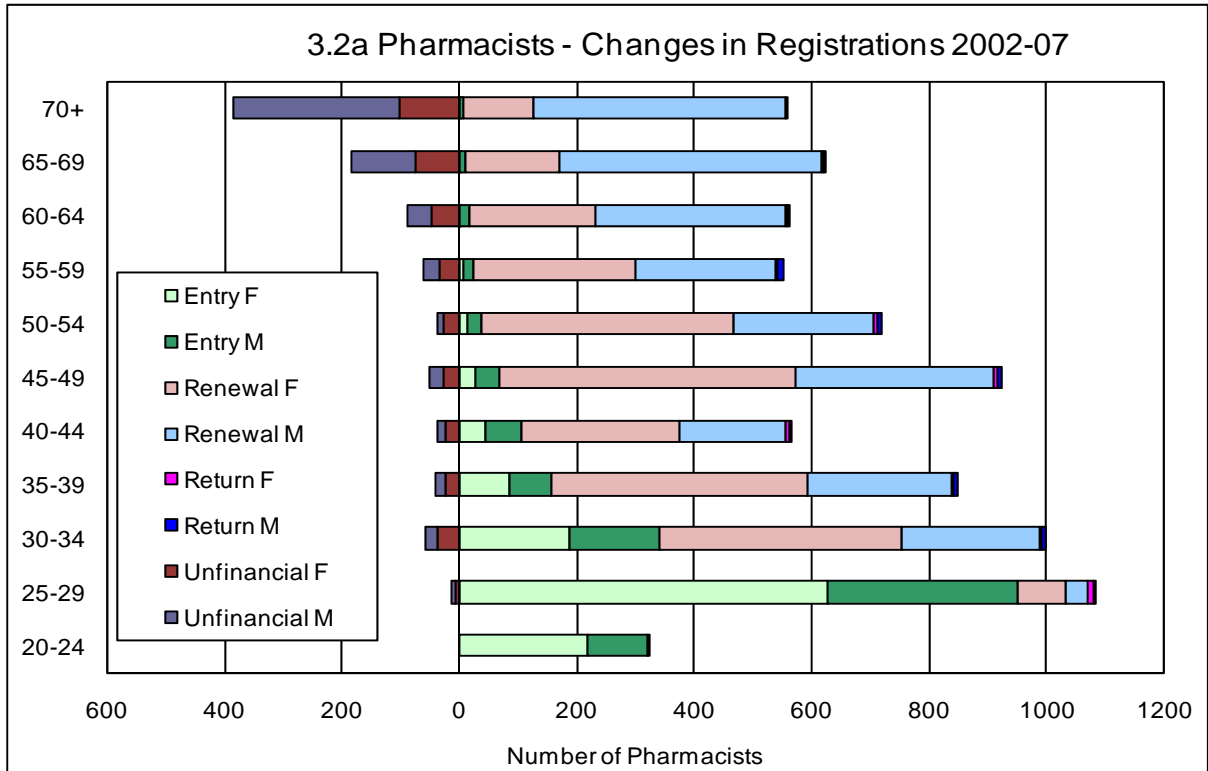


### 3.2 Projected Changes to the Pharmacist Population

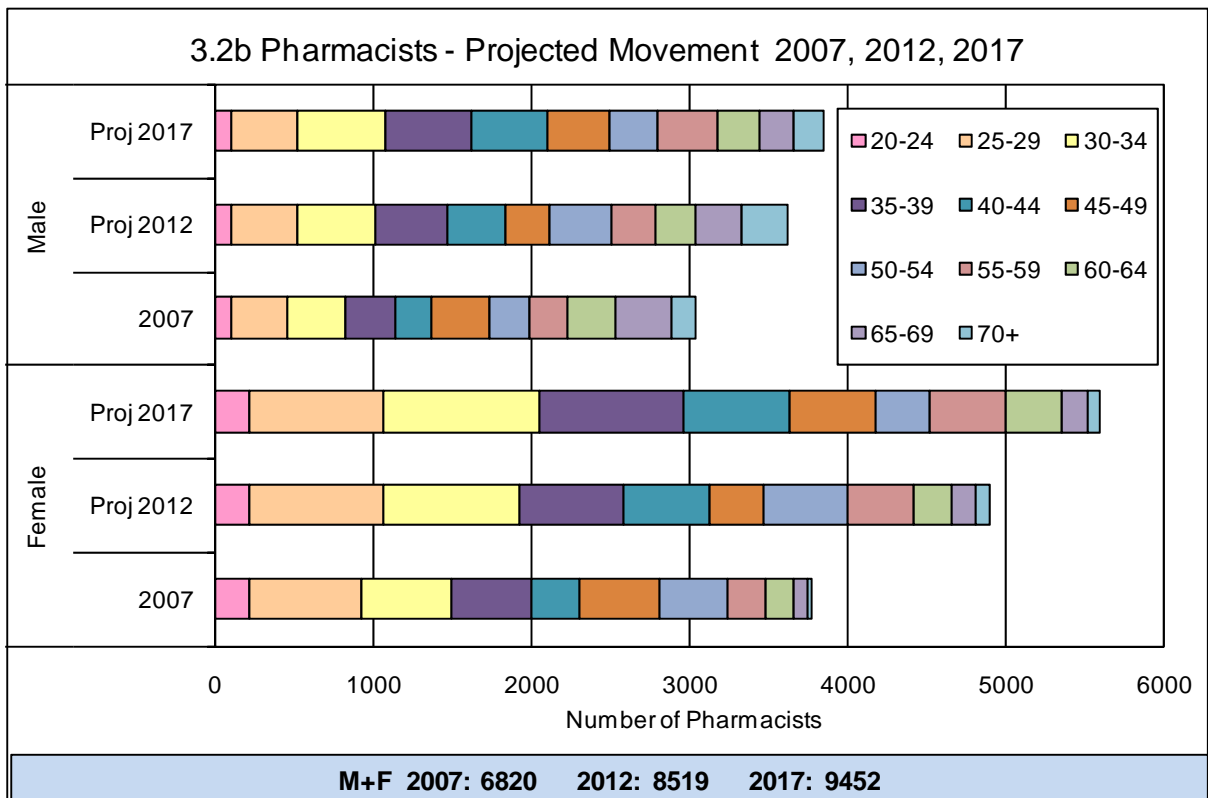
The shift by age can most readily be seen by examination of the movement rates shown in Chart 3.2a. The interesting issue here is that decisions to discontinue registration occur at younger ages as well as over the age of 70. However, pharmacists approaching retirement and for some years later tend to remain registered with relatively few leaving the profession between the ages of 60 to 70. There are a larger number of females becoming unfinancial in the 30-34 year age group than at all ages thereafter. As could be expected, most new entrants are in the youngest age groups.

We can expect an upward expansion of the profession provided the number of graduates continue at the present rate and that pharmacists remain in the profession for most of their working lives as is currently the practice. The number of female pharmacists is expected to grow by about 120 per annum while a more modest growth for male pharmacists of about 50 per annum will occur with continuation of the current pattern. However, the projection is slightly lower than those of last year owing to a higher number of deletions.

<sup>1</sup> Australian Bureau of Statistics *Population by Age & Sex New South Wales 2006* Catalogue No. 3235.1



The projections to the years 2012 and 2017 are shown in Chart 3.2b excluding the pharmacists whose age was not known. While the profession is growing by about 170 pharmacists per annum, much of this growth is in the oldest age band, especially for males. Nevertheless, there is still modest growth under the age of 60 when most pharmacists would expect to be working.



### 3.3 Qualifications

Most pharmacist hold a degree of Bachelor of Pharmacy (BPharm). Graduation from the degree program commenced at the University of Sydney in 1963 and Charles Sturt University (Wagga Wagga) in 2001. There are 53% of all pharmacists holding a BPharm from one of these NSW universities and another 16% with that degree from another Australian or internationally recognised university. The Master of Pharmacy (MPharm) has begun to supersede the BPharm as the standard undergraduate degree but those graduates do not yet form part of the data base.

The most common qualification for pharmacists prior to the degree program was the diploma course run through the Pharmacy Board of NSW and 17% of pharmacists on the register hold that qualification. The remaining registrants are overseas trained and have been accepted to practise in Australia by the Australian Pharmacy Examining Council (APEC).

## 4

## CHARACTERISTICS OF THE SURVEY RESPONDENTS

There were 6,554 pharmacists who responded to the survey. The working status information provided was:

Working only in NSW	3,665	
Working mainly in NSW	48	
Working mainly in other States	85	
Working only in other States	393	
Working overseas	312	
Currently on leave	<u>54</u>	
TOTAL Working	4,556	(2006 5,186)
Not working in Pharmacy	372	
Not working at all	<u>593</u>	
TOTAL not working	966	(2006 725)
Did not answer	1,032	(2006 977)

### 4.1 Selected Characteristics

Table 4.1a indicates certain characteristics of the whole set of pharmacists including the 1,032 who did not respond to the question on labour force status. From answers given to other questions, it was determined that 667 of these pharmacists do work in NSW while 365 do not work in this State or have status that could not be ascertained from other responses. The aspects shown in Table 4.1a are relevant to all pharmacists rather than just those who work in NSW and the table shows the percentage of working pharmacists for each attribute.

A higher proportion of female respondents indicated that they are working in NSW (70% compared to 68% male). Usually it would be expected that a higher proportion of women would not be working but the younger ages of female pharmacists has reversed that effect. Older pharmacists show a larger proportion who are no longer working. However, even after the age of 60, a majority (58%) are still working as pharmacists in NSW.

There are 138 registered pharmacists (2.1% of the labour force) who are neither citizens nor permanent residents, of whom 23 are currently working in NSW.

It was found that 125 pharmacists stated that they were seeking work, equivalent to 1.9% of the labour force. Three quarters of these pharmacists are looking for part time work only. A majority of the persons seeking part time work are women in younger age groups.

There were 892 pharmacists who were registered in another State or Territory of whom 468 live interstate and another 112 live close to the State boundaries.

**Table 4.1a Selected Characteristics of Survey Respondents**

	<b>Working as NSW Pharmacist</b>	<b>Not Working as NSW Pharmacist</b>	<b>Percent Working</b>
Male	2040	981	68
Female	2443	1044	70
Aged 60 or over	910	656	58
Not permanent resident	28	119	19
Seeking Work	0	125	0
Registered Interstate	349	543	39
Total Respondents	<b>4517</b>	<b>2037</b>	<b>69</b>

## 5

# PHARMACISTS WORKING IN NEW SOUTH WALES

## 5.1 Field of Work

From this point of the report, all the data presented relates only to the 4,517 pharmacists who work in NSW or are currently on leave. Respondents who did not answer the question on work status or could not be assigned from other responses are also excluded in tabulations and charts from this section.

We also divide pharmacists into three categories of field of work. These are (1) community pharmacists who work in the retail shopfront environment; (2) hospital pharmacists who dispense medication in public or private hospitals; and (3) all other pharmacists including those working in education, industry and administration. While this section of the report is concerned with all pharmacists, the following sections deal with community pharmacists and hospital pharmacists respectively followed by a conclusion for other pharmacists and the total pharmacy population.

The majority of the pharmacy labour force (77%) works in community pharmacy. Hospital pharmacists account for about another 14% with lesser numbers in industry (3%), administration and education (1% each). The remaining 3% of pharmacists work in other areas such as research or consulting. There is a substantial difference between males and females with regard to field of work. While community pharmacy is 52% male, hospital pharmacists are 78% female. Other fields of work lie intermediate being 67% female.

Chart 5.1a provides the number of pharmacists by field of work and age band. Unlike gender, there is no clear age difference in the field of work other than a small peak for hospital pharmacists between 50 and 54.

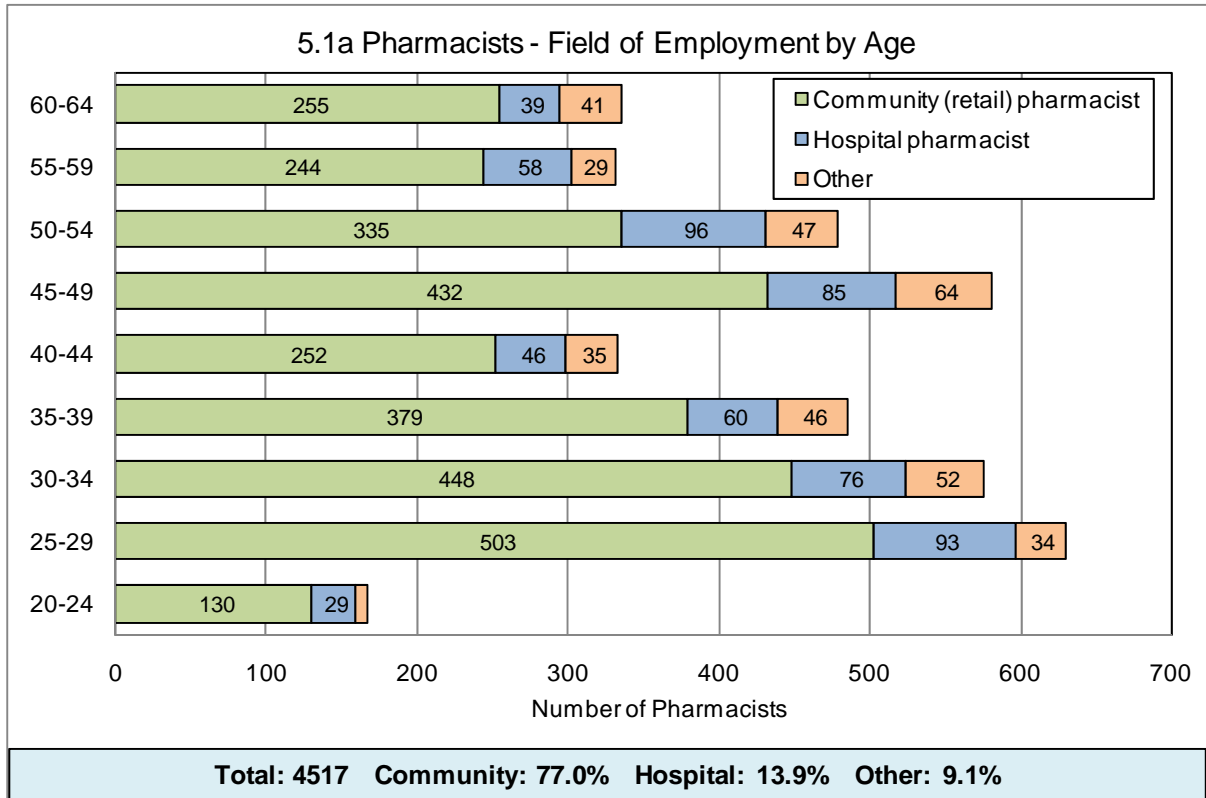
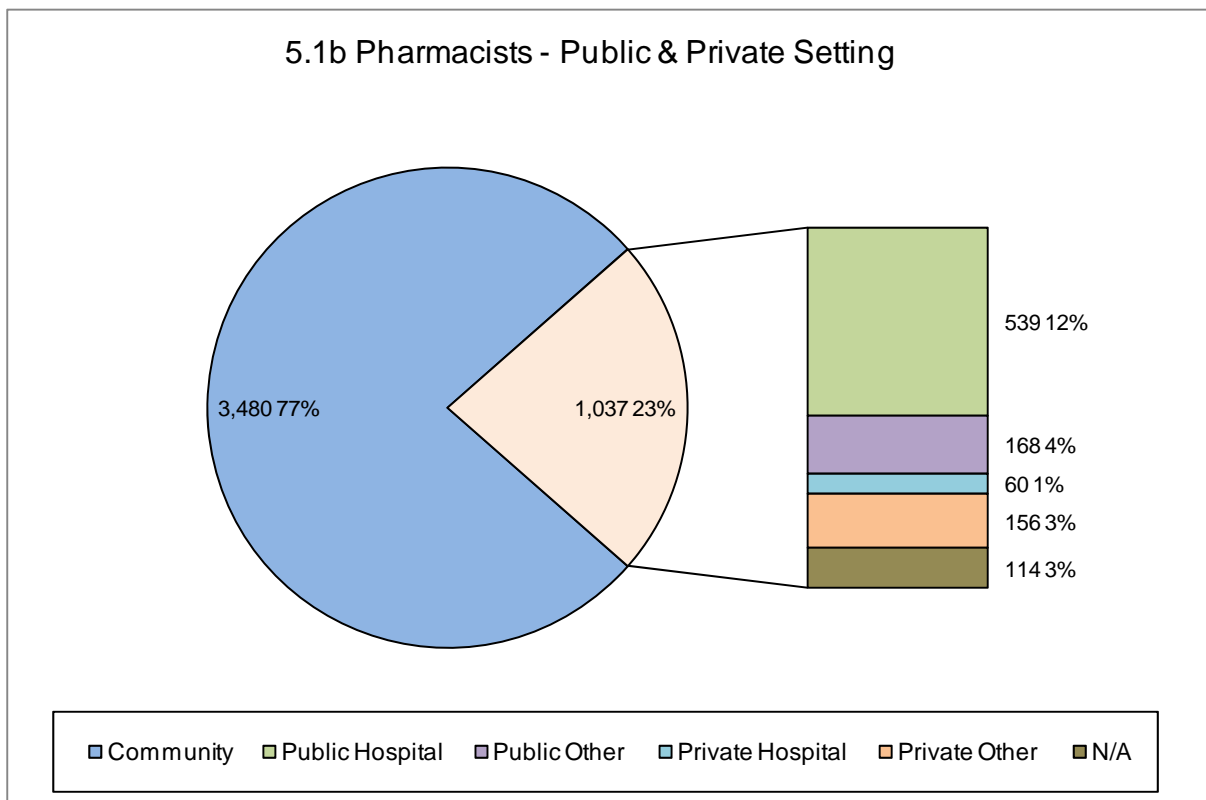


Chart 5.1b shows the distribution of the field of work in public and private settings using a consolidated format. All community pharmacists work in the private sector by definition. By contrast, hospital pharmacists work 88% in the public sector. In total, 16% of pharmacists work in the public sector and 82% in the private.



There were 851 (2006 912) pharmacists who stated they worked in a second position for one hour a week or more. Most of these pharmacists were working in the community (76%). The second job for hospital pharmacists was usually as a community pharmacist while the second job for community pharmacists was predominantly in another community setting.

## 5.2 Place of Residence

On the survey form, pharmacists who work in NSW were requested to state their postcode of residence and the location and postcode of their main job and second job (if applicable). This approach differs from the other health profession surveys where all respondents were asked to provide their location of residence. Consequently, the postcode of residence listed on the register was applied to pharmacists who did not complete this section of the form. The responses were edited to ensure that postcode matched location. Postcode was converted to Area Health Service (AHS) using an algorithm that selects the most appropriate AHS for that postcode.

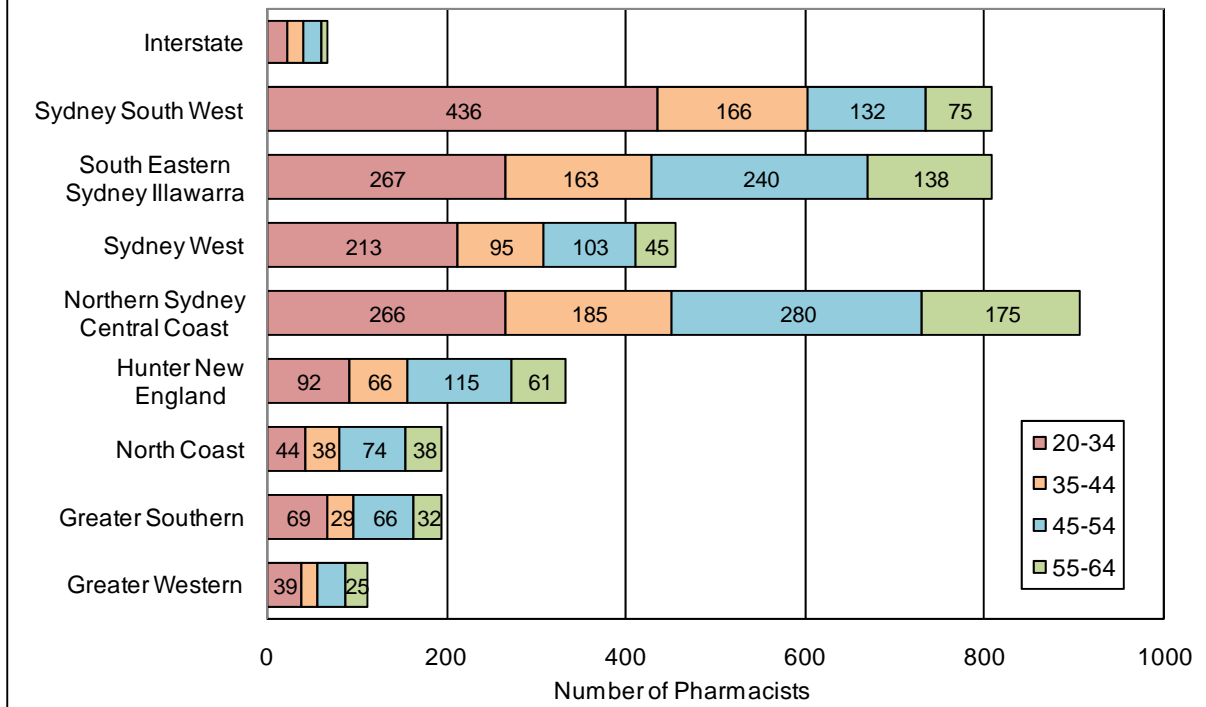
Taken together, location of residence and location of workplace can indicate structural problems with the geography of the workforce. People prefer to work in reasonable proximity to where they live leading to substantial variation in opportunities taken up in different locations.

Responses from the survey indicate an average of 66.3 working pharmacists per 100,000 population of the State of NSW compared to 67.3 in 2006.

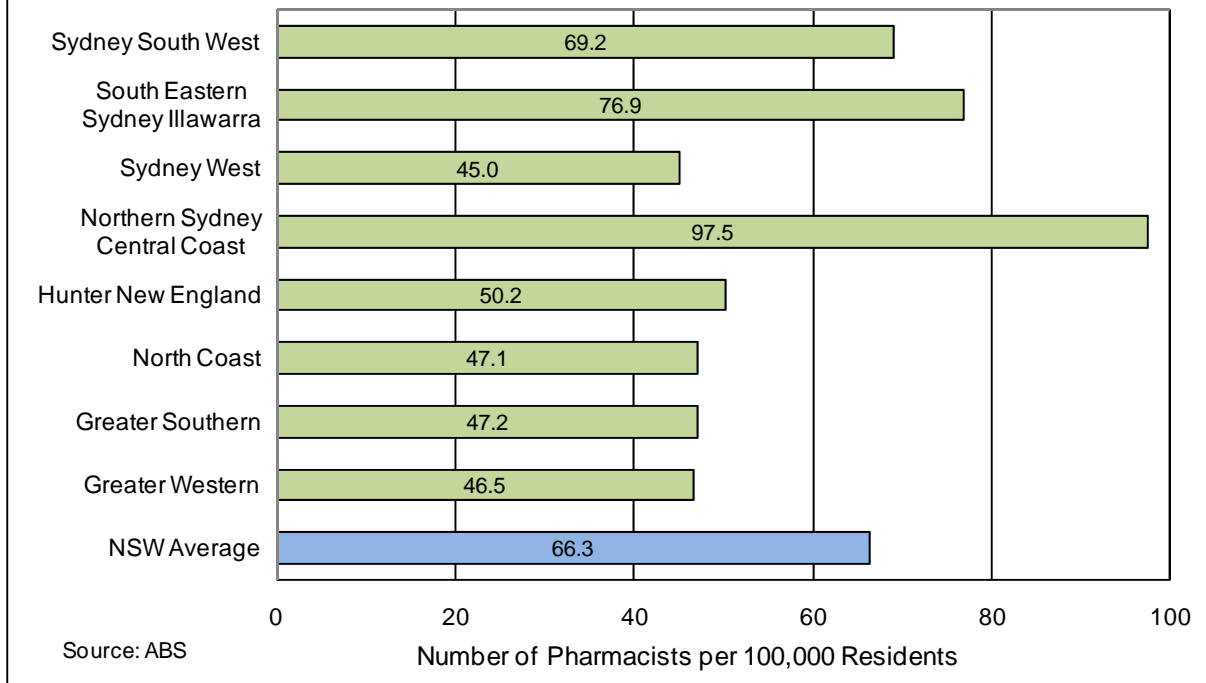
Chart 5.2a shows the reported AHS of residence by broad age bands for pharmacists working in NSW. The interstate addresses are usually the ACT, Gold Coast and Wodonga where NSW pharmacy services are situated adjacent to State borders. Chart 5.2b depicts the same information as a number of pharmacists per 100,000 AHS population.

Northern Sydney Central Coast and South Eastern Sydney Illawarra AHS contain more pharmacists than the State average while Sydney South West has slightly fewer. The other five AHS have substantially fewer pharmacists than the State average. It is especially noticeable that Sydney West has a comparable rate to the three entirely rural Areas of the State. Sydney West AHS includes many outer western suburbs with high health service needs.

5.2a Pharmacists Working in NSW - Place of Residence by Age

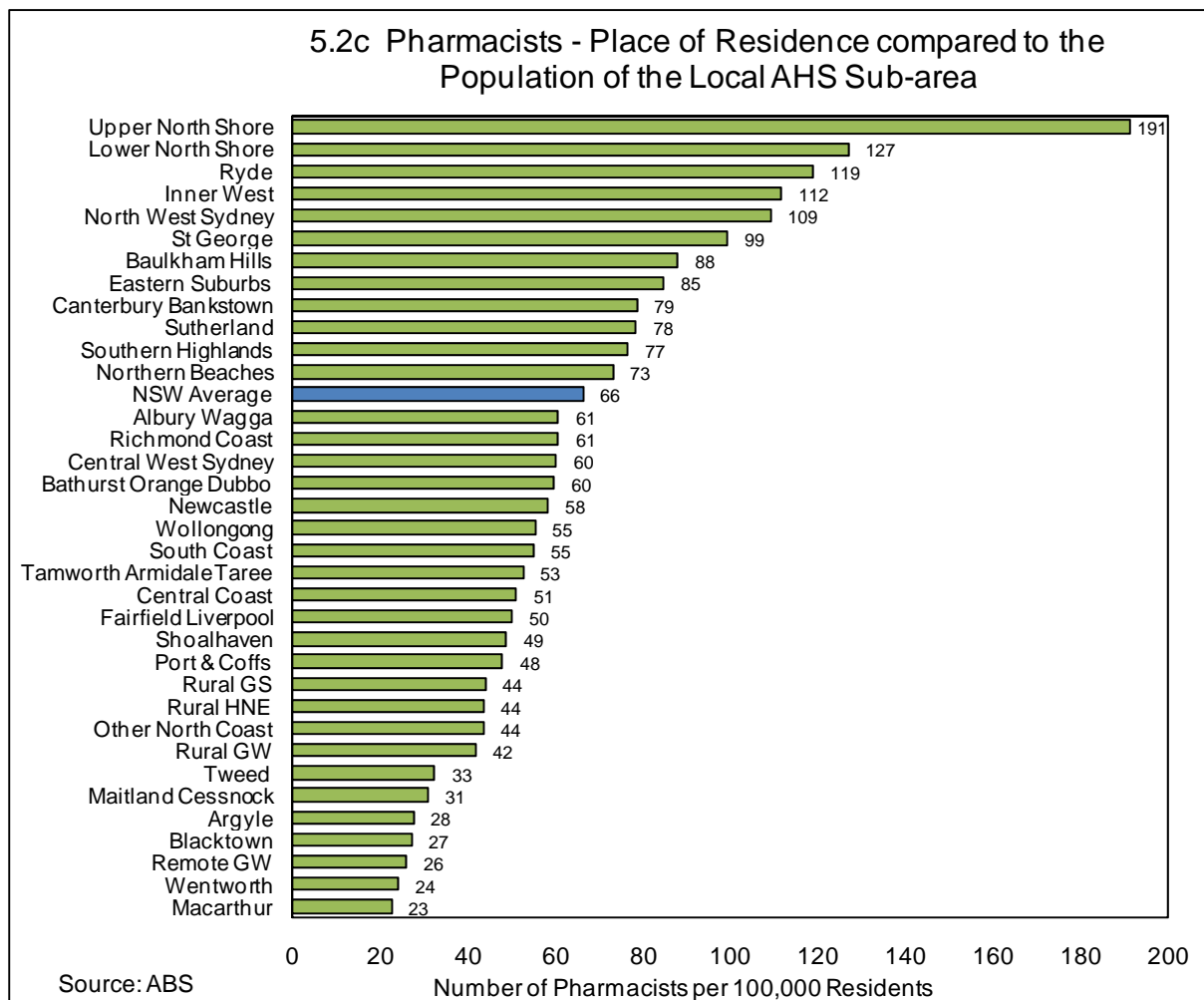


5.2b Pharmacists - Place of Residence compared to the Population of the Local AHS



As the AHS are very large and heterogenous, a similar analysis was undertaken for sub-areas, consistent with planning districts within the AHS. The results are shown in Chart 5.2c. There is very great variation within the western metropolitan AHS of Sydney. Sydney South West AHS was shown to contain a rate of pharmacist supply similar to the State average. However, the Inner West suburbs close to the city have almost twice the State average while in Macarthur the rate is only one third of the average and the lowest rate of resident pharmacists in the State. Blacktown and Wentworth in the outer western suburbs of Sydney have lower rates than any of the nominated rural sub-areas.

Most pharmacists live in the higher socioeconomic status suburbs to the north of the city or along the harbour. While there are generally fewer pharmacists in regional and rural areas than in the cities, the upper North Coast and many large inland towns have similar statistics to medium socioeconomic status Sydney suburbs.



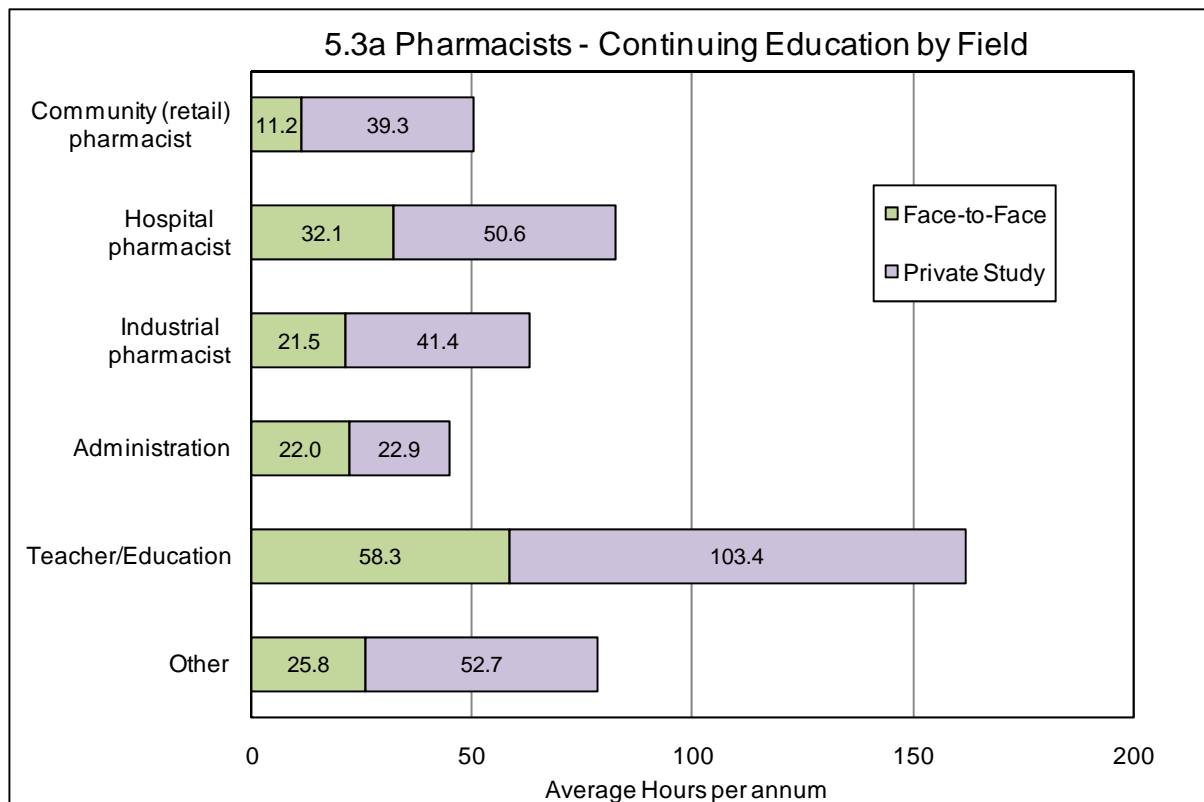
Hours and place of work are discussed separately for community pharmacists and hospital pharmacists in Sections 6 and 7 respectively.

### 5.3 Professional Development

Continuing professional development is a key educational requirement for pharmacists. Respondents were asked to nominate the number of hours completed in face-to-face sessions such as seminars and conferences, and also the number of hours spent in private study.

A total of 255,787 (2006 249,526) hours was nominated by 4,144 pharmacists (2006 3,857). There were 2,695 pharmacists who specified both types of education, 319 with only face-to-face and 1,130 with only private study. The remaining 373 working pharmacists did not participate or did not answer the question.

Chart 5.3a shows average hours by sex and type of education. About three times as many hours are spent in private study than in face-to-face sessions. While there is little difference between men and women, there is substantial variation by field of pharmacy practice. Hospital pharmacists average 32 hours in annual face-to-face learning while community pharmacists average a little more than 11 hours. Other pharmacists (including professional educators) average 25 hours. For private study, the differences are less marked but keep the same trend. Hospital pharmacists reported 51 hours of annual private study compared to 39 hours for community pharmacists. Other pharmacists were again intermediate.



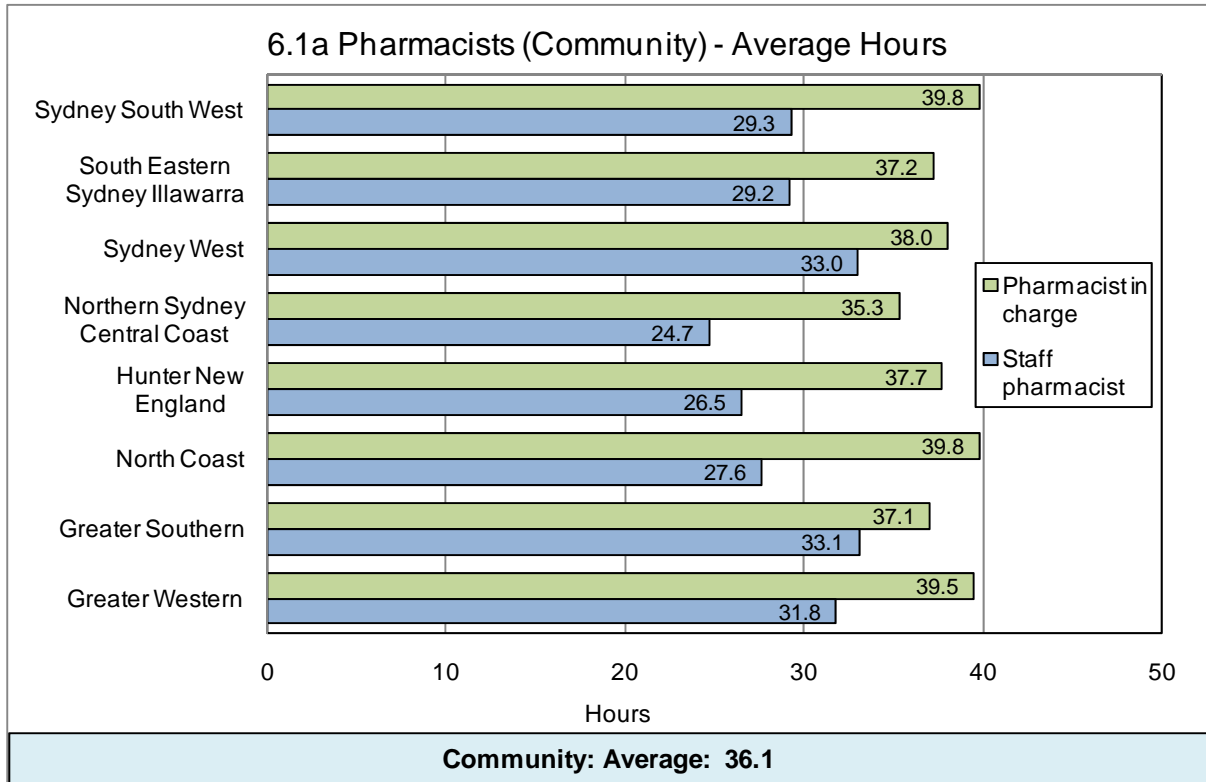
## 6

# COMMUNITY PHARMACISTS

## 6.1 Hours of Work

While 3,478 pharmacists responded that they work as a community pharmacist in NSW, 85 did not provide a response for the number of hours worked in this State during their usual week. This section shows statistics for hours of work for those 3,393 (2006 3,370) pharmacists who work in NSW for one hour or more. The few respondents stating more than 76 hours are limited to 76 hours for FTE reporting. Working hours outside of NSW have been disregarded

Community pharmacists working in NSW recorded a total of 122,458 (2006 123,888) hours of work in a typical week, an average of 36.1 (2006 36.8) hours per week. The main job accounted for 114,973 (94%) of these hours. The average working week was 39.0 hours for males and 32.9 hours for females, the difference of 6 hours primarily due to the larger number of part time female pharmacists. Chart 6.1a shows average hours worked by Area Health Service and status of community pharmacist. There is little difference among the Areas although pharmacists in Northern Sydney Central Coast work slightly fewer hours, on average.



## 6.2 Full Time Equivalents

Working hours may be expressed in full time equivalents FTE. Award regulations determine 38 hours as the standard working week although many pharmacists in private practice will extend that working week by a considerable extent. The award period of 38 hours can be regarded as the standard contribution of one full time person. Time worked in excess of 38 hours can then be taken as the excess contribution to the labour supply up to a total of 76 hours.

Community pharmacists working in NSW recorded a total FTE of 3,222.6 (2006 3,260.1) persons. This total FTE can be divided into 2,751.2 FTE or 0.79 FTE per working pharmacist up to 38 hours and 546.3 FTE (0.14 per person) as an additional contribution beyond 38 hours. The number of males and female FTEs by those working at least 1 FTE and those working less than 1 FTE is shown in Chart 6.2a by age.

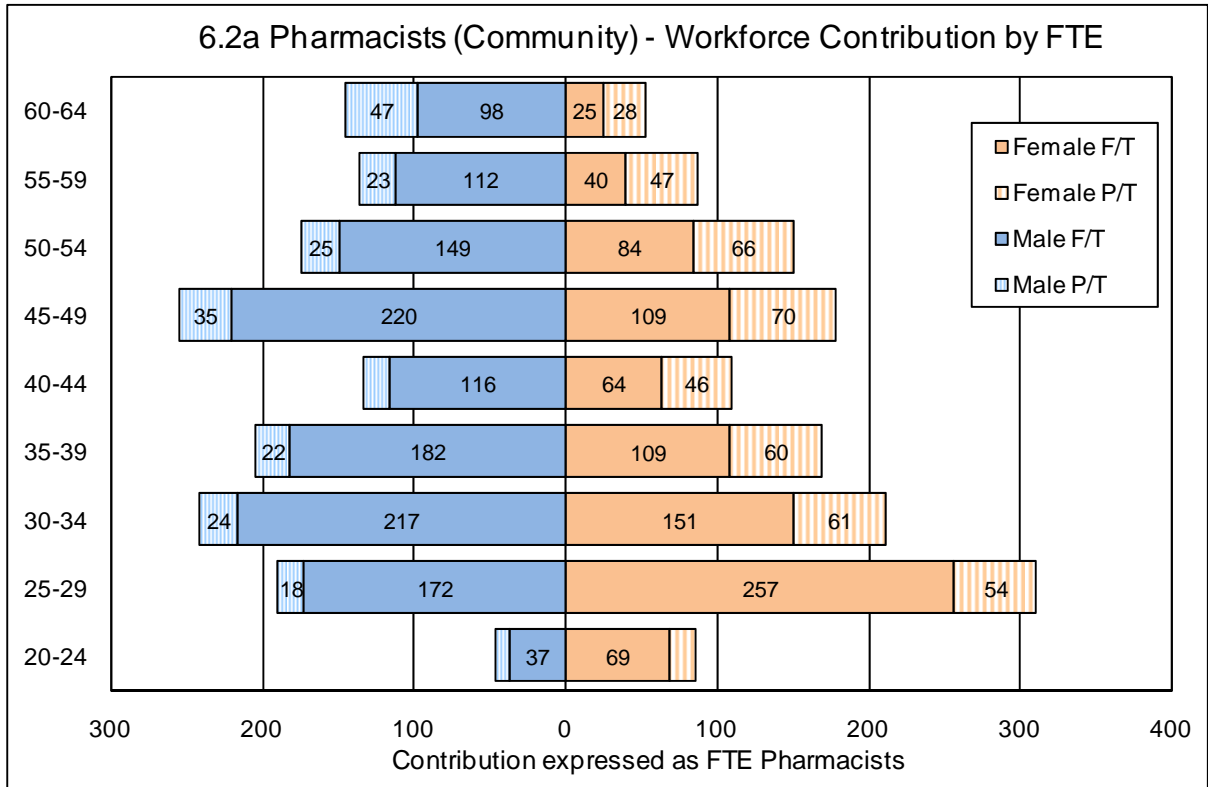
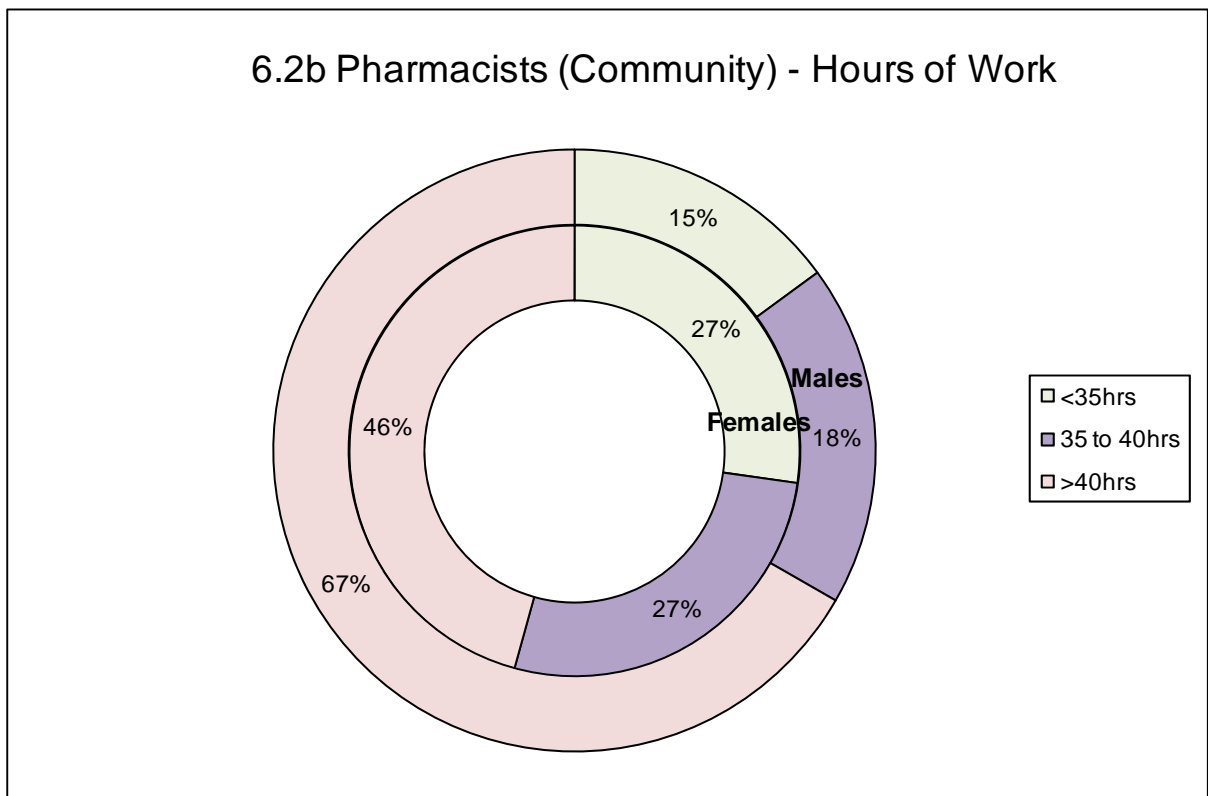
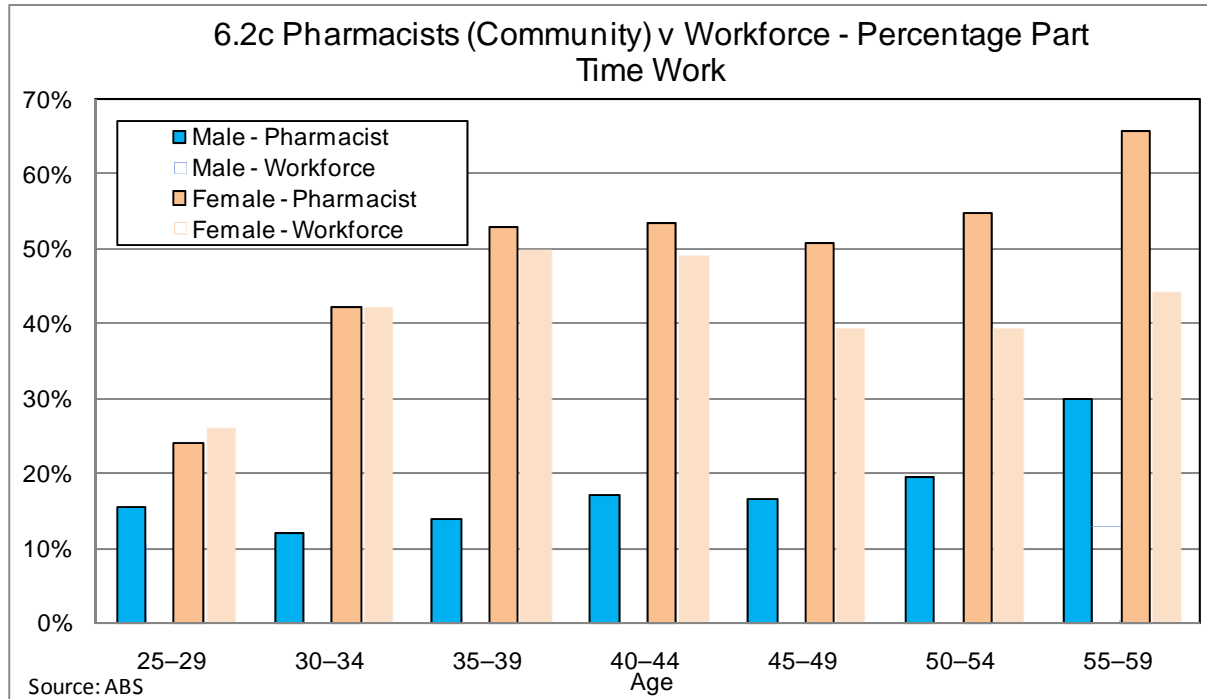


Chart 6.2b indicates the number of community pharmacists by gender working below and above 1 FTE. About 27% of the female labour force and 15% of males work less than 1 FTE. On the other hand, community pharmacists working more than 1 FTE comprise 67% and 46% of the male and female labour force respectively.



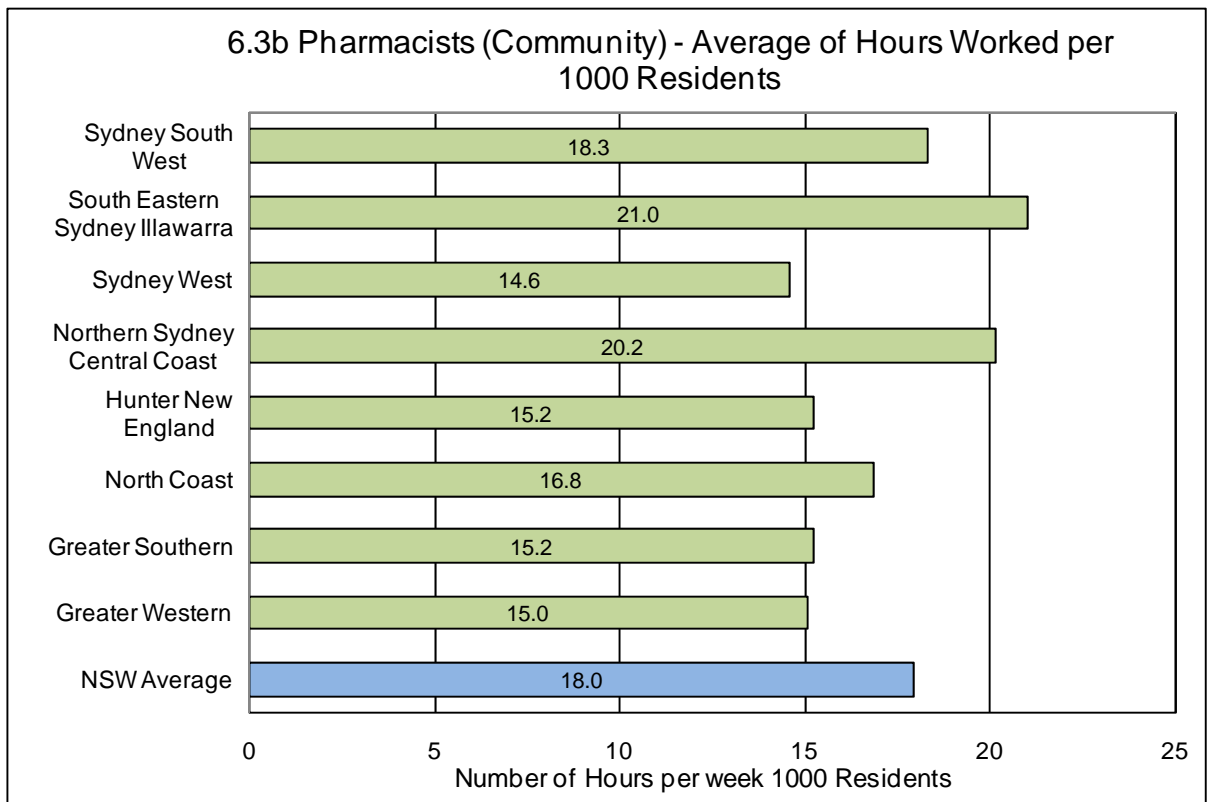
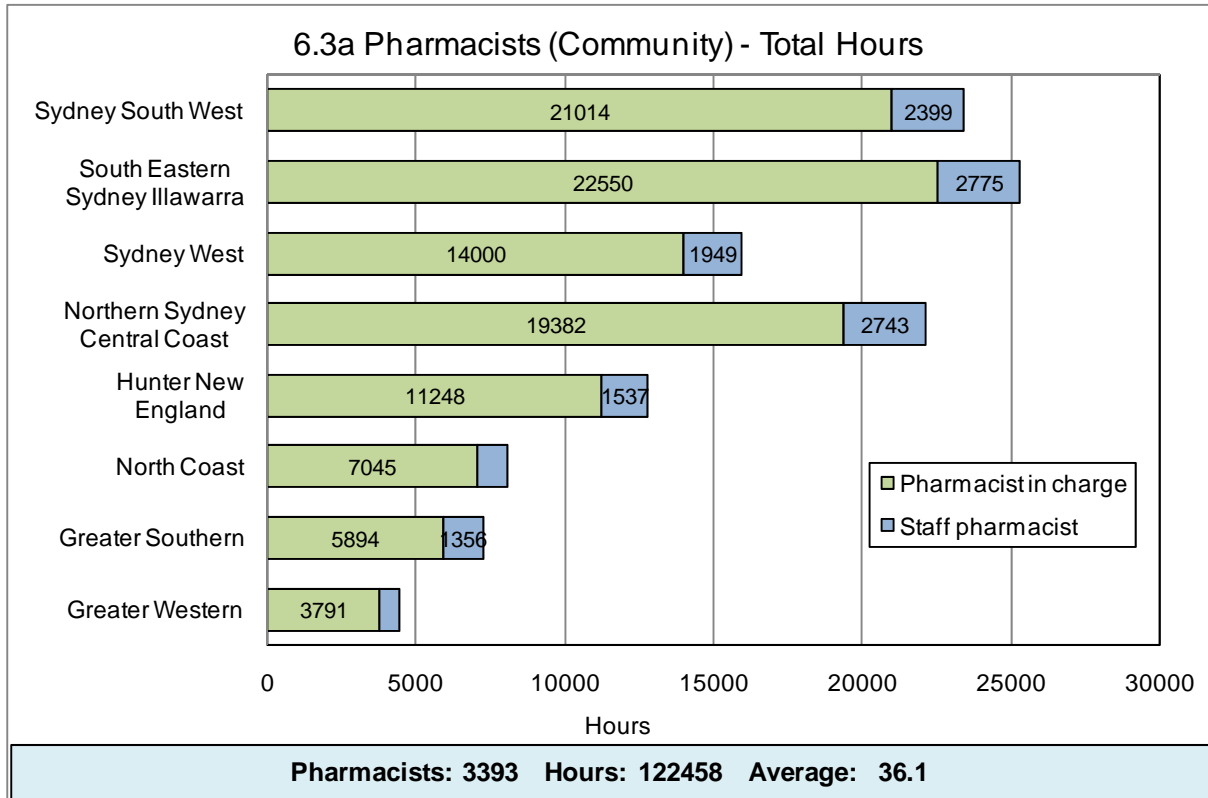
A comparison between part time work in pharmacy was made to part time work in the whole Australian Labour Market<sup>2</sup>. The pharmacy market was restricted to persons working only in NSW so as not to confuse persons working part time in NSW and part time in another State with those working part time as a whole. It will be observed that part time contribution to work at all ages is higher among pharmacists than in the workforce generally. For older male pharmacists, opportunities for part time work allow for part time percentages to be twice that of the general population.



### 6.3 Location of Work

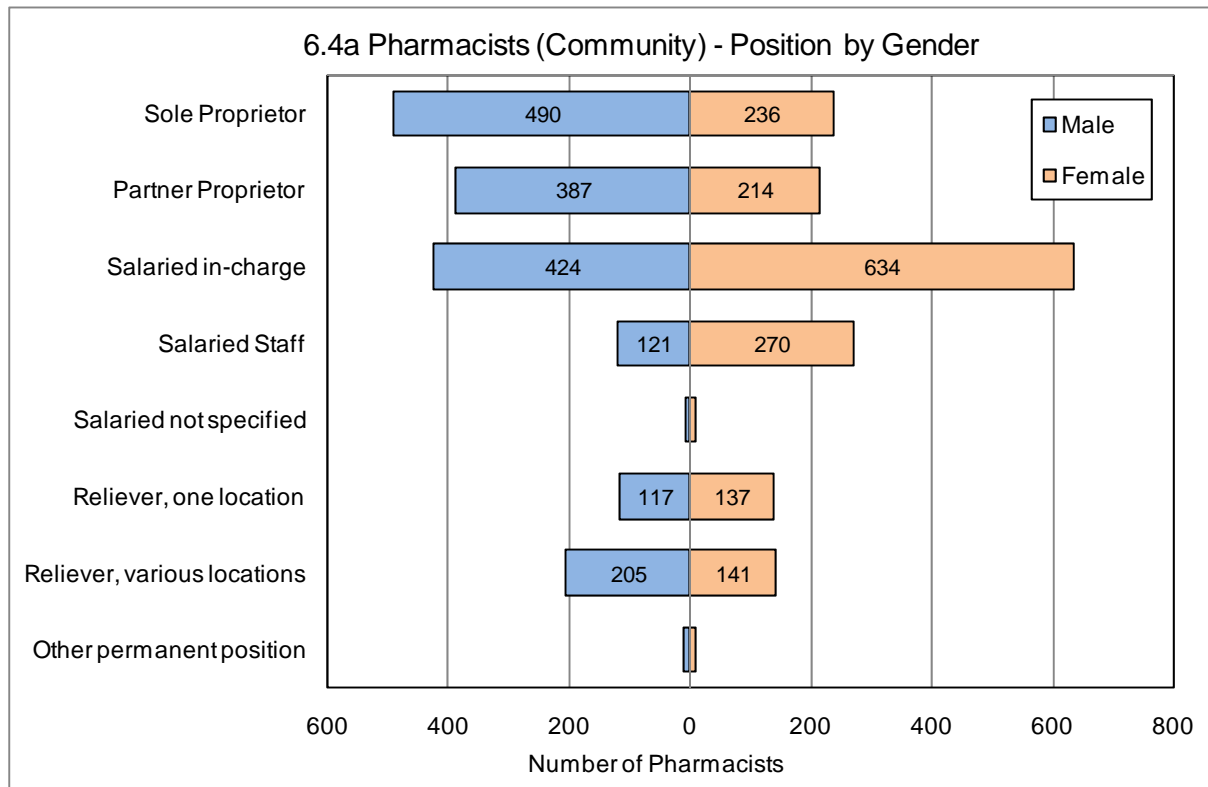
Chart 6.3a shows the total number of hours of work for all community pharmacists working in NSW by AHS of the main job while chart 6.3b presents the information in average hours worked per thousand residents. As with other reports in the 2007 series, the number of hours per week cannot exceed 76. It will be observed that hours of pharmacy work are fairly evenly distributed between metropolitan and rural areas. In Northern Sydney Central Coast and South Eastern Sydney Illawarra average hours per resident exceed the State average while Sydney West has the least concentration but the differences are not so marked as with most other health professions.

<sup>2</sup> Australian Bureau of Statistics *Australian Labour Market Statistics January 2007* Catalogue Number 6105.0



## 6.4 Type of Position

Chart 6.4a shows the position held at the community pharmacy of work. The chart indicates that most respondents were either the proprietor (40%) or the pharmacist in charge (28%) of a retail pharmacy. Another 14% work as an assistant pharmacist while 17% are relieving either at a single location or at various locations when permanent staff is unavailable. The remainder did not provide sufficient information from the sequence of questions for accurate classification.



## 6.5 Location of Premises

A majority of community pharmacists work in stand alone shops (67%) or in shopping malls (24%). Less than 10% of respondents indicated work in hospitals, medical centres or other establishments.

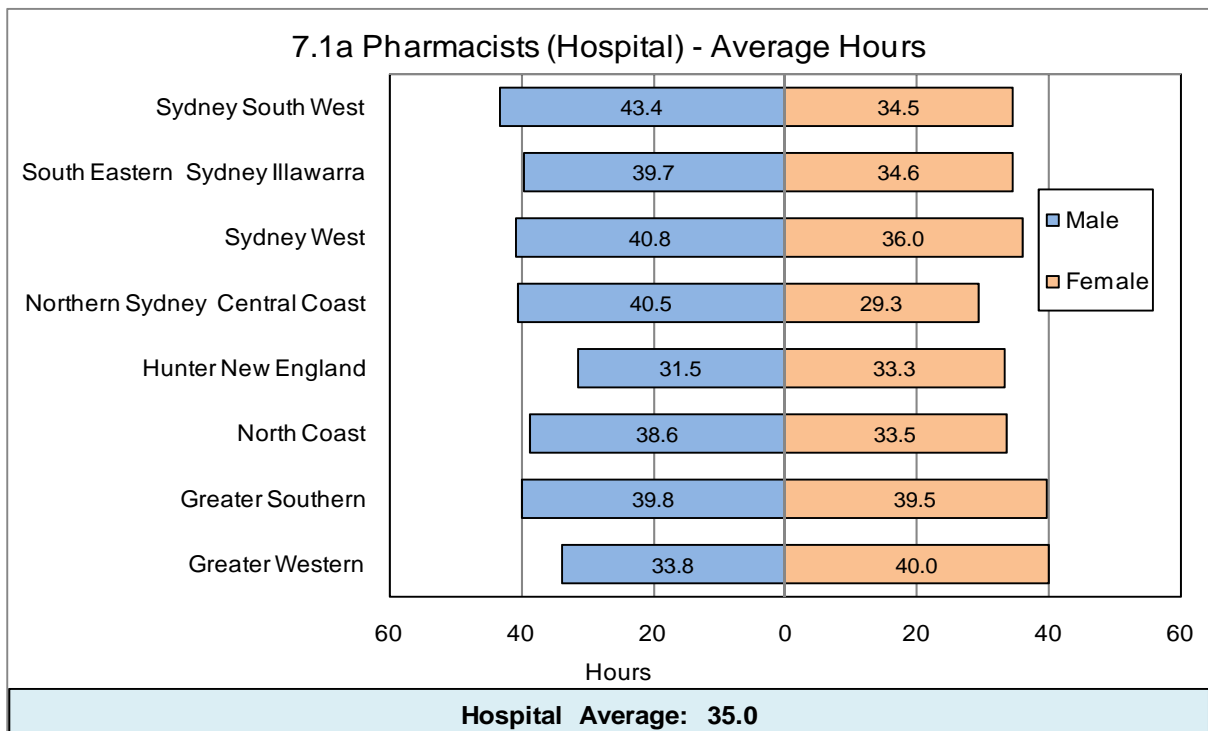
# 7

## HOSPITAL PHARMACISTS

### 7.1 Hours of Work

While 630 pharmacists responded that they work as a hospital pharmacist in NSW, 12 did not provide a response for the number of hours worked in this State during their usual week. This section shows statistics for hours of work for those 618 pharmacists who work in NSW for one hour or more. The few respondents stating more than 76 hours are limited to 76 hours for FTE reporting. Working hours outside of NSW have been disregarded.

Hospital pharmacists working in NSW recorded a total of 21,600 (2006 20,627) hours of work in a typical week, an average of 35.0 hours per week (2006 36.4), about one hour less than the average hours of community pharmacists. The main job accounted for 20,572 (95%) of these hours. The average working week was 39.2 hours for males and 33.8 hours for females, the difference of 5 hours primarily due to the larger number of part time female pharmacists. Chart 7.1a shows average hours worked by Area Health Service. There is little difference among the Areas although Hunter New England is significantly below the average among males.



## 7.2 Full Time Equivalents

Hospital pharmacists working in NSW recorded a total FTE of 568.4 (2006 542.9) persons. This total FTE can be divided into 519.6 FTE or 0.84 FTE per working pharmacist up to 38 hours and 48.8 FTE (0.08 per person) as an additional contribution beyond 38 hours. The number of males and female FTEs by those working at least 1 FTE and those working less than 1 FTE is shown in Chart 7.2a by age. .

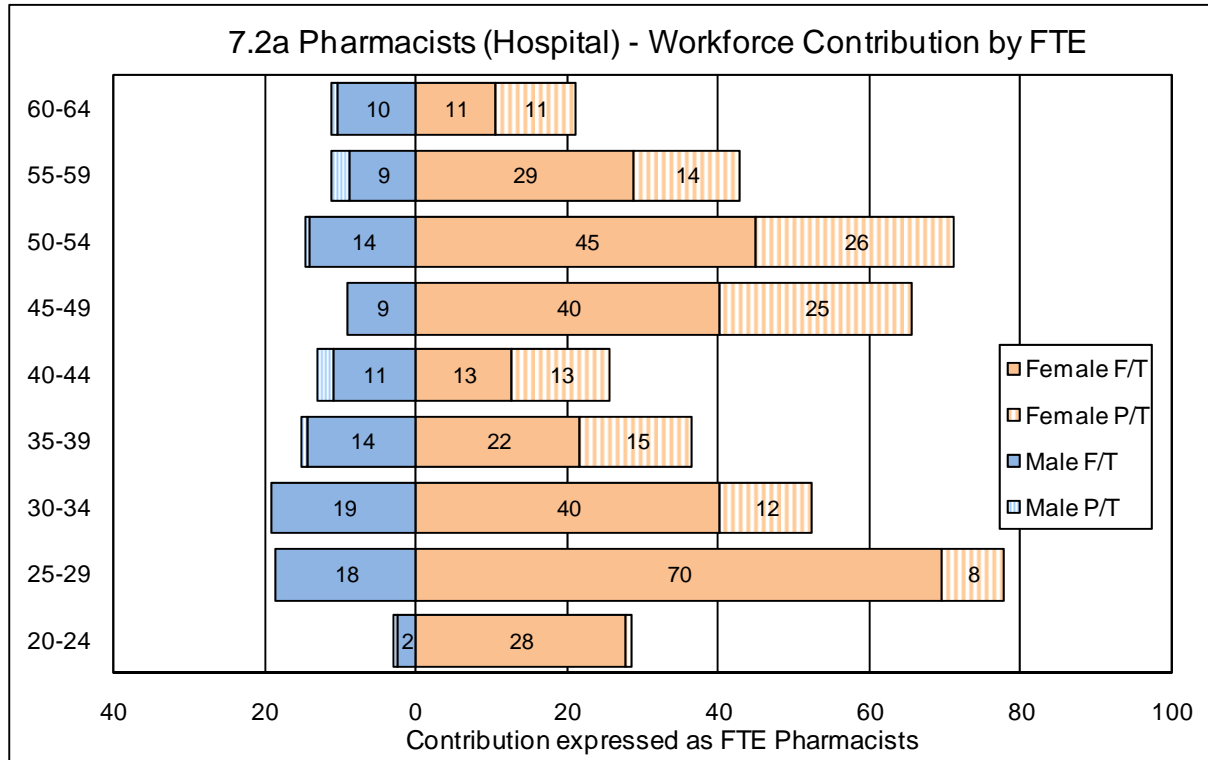
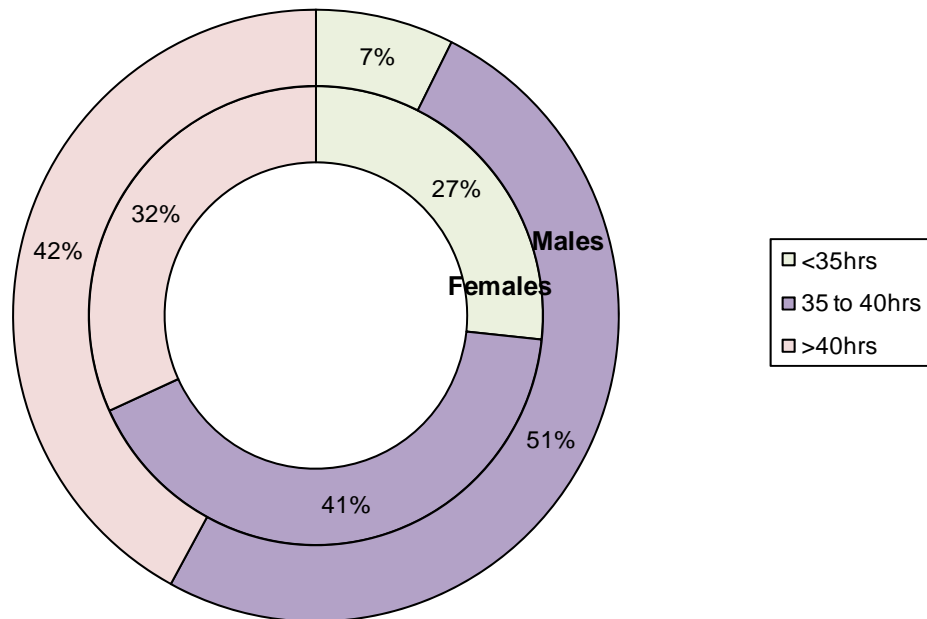


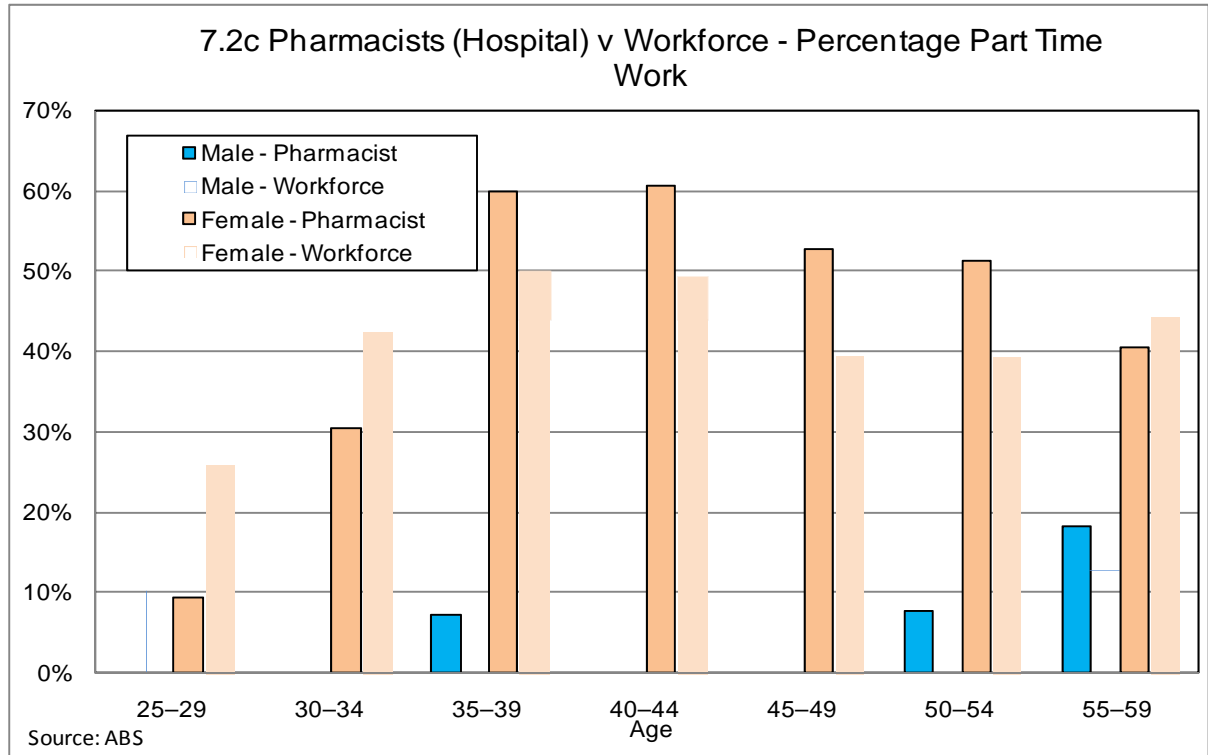
Chart 7.2b indicates work contributions by gender below and above 1 FTE. More hospital pharmacists work full time in comparison with community pharmacists. About 27% of the female labour force and 7% of males work less than 1 FTE, a relatively low figure for the health professions

### 7.2b Pharmacists (Hospital) - Hours of Work



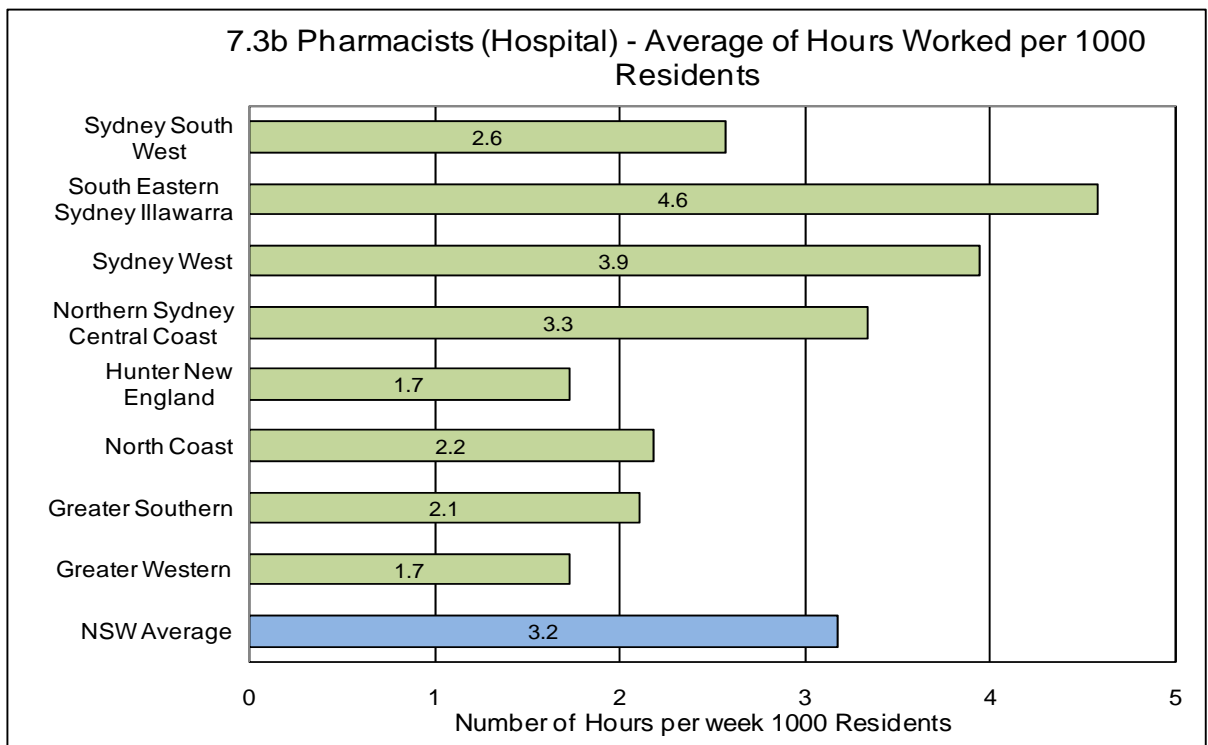
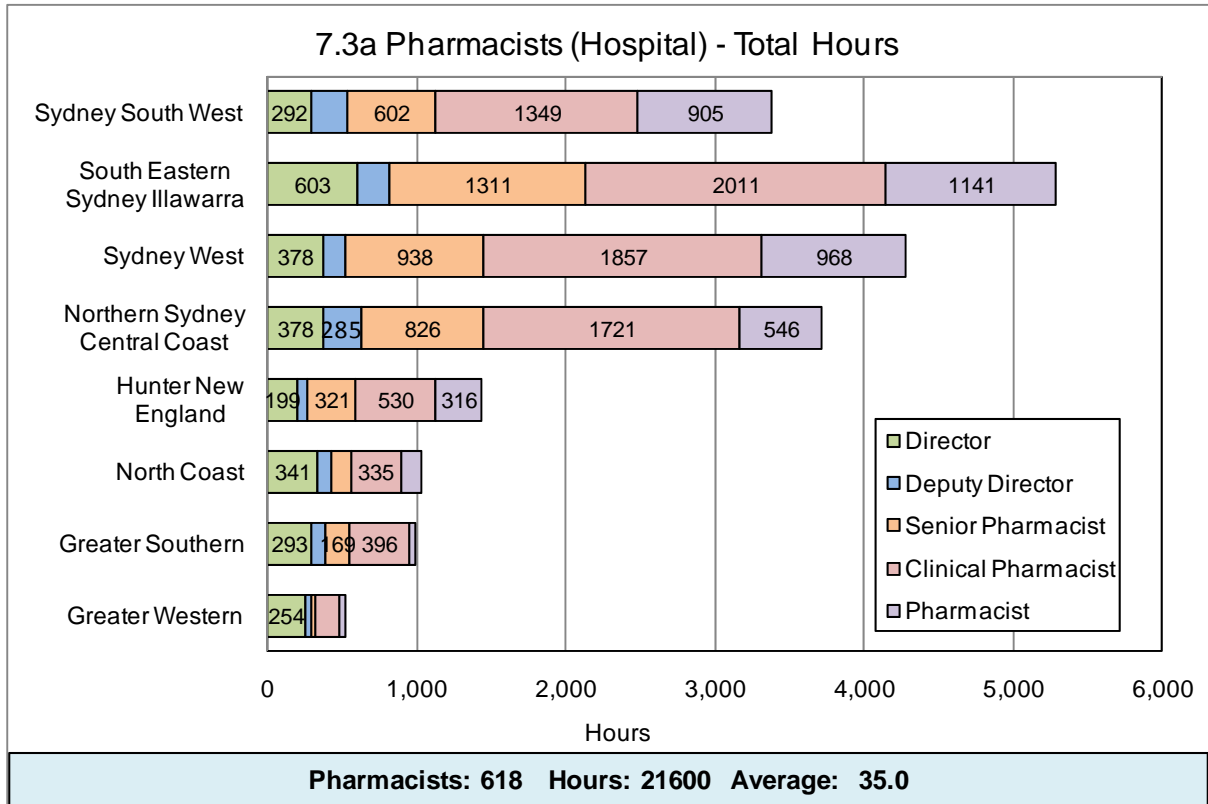
A comparison between part time work in hospital pharmacy was made to part time work in the whole Australian Labour Market<sup>3</sup>. The pharmacy market was restricted to persons working only in NSW so as not to confuse persons working part time in NSW and part time in another State with those working part time as a whole. It will be observed that part time contribution to work is usually similar to the workforce generally. There is less part time work among young females but more among middle age females and some male age bands.

<sup>3</sup> Australian Bureau of Statistics *Australian Labour Market Statistics January 2007* Catalogue Number 6105.0



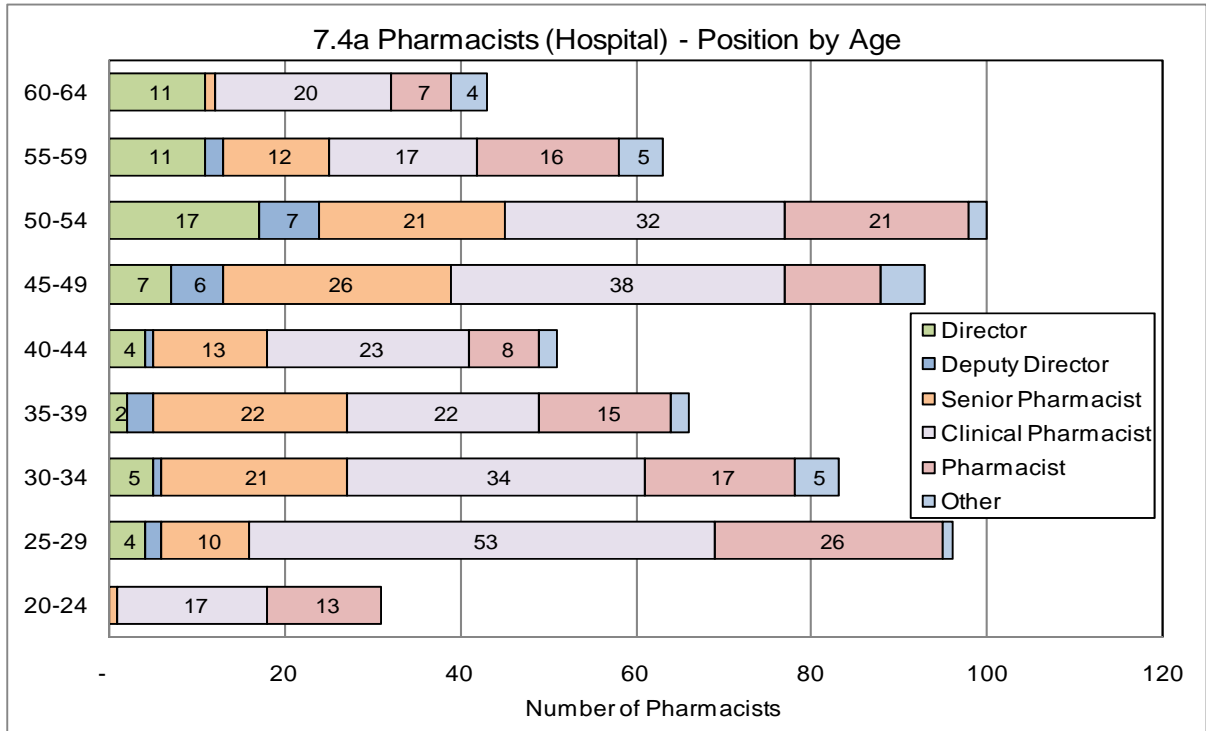
### 7.3 Location of Work

Chart 7.3a shows the total number of hours of work for all hospital pharmacists working in NSW by AHS of the main job while chart 7.3b presents the information in average hours worked per thousand residents. As with other reports in the 2007 series, the number of hours per week cannot exceed 76. To some extent, the rate indicates the location of major hospitals with large pharmacy departments. Metropolitan Areas and especially South Eastern Sydney Illawarra have a higher number of hospital pharmacists while the rate in the rural AHS is substantially less than the State average. The anomaly is Sydney South West AHS where the rate of hospital pharmacists to population is low.



## 7.4 Type of Position

Table 7.4a shows the position held at the hospital pharmacy of employment. It will be observed that 15% of respondents indicated that they were the director or deputy director of the service. Another 61% have a role as a senior or clinical pharmacist while 22% work as general pharmacists. It will be observed that Directors are usually in their 50s while other categories of pharmacist are found at all ages.



## 8

## OTHER PHARMACISTS AND THE TOTAL WORKFORCE

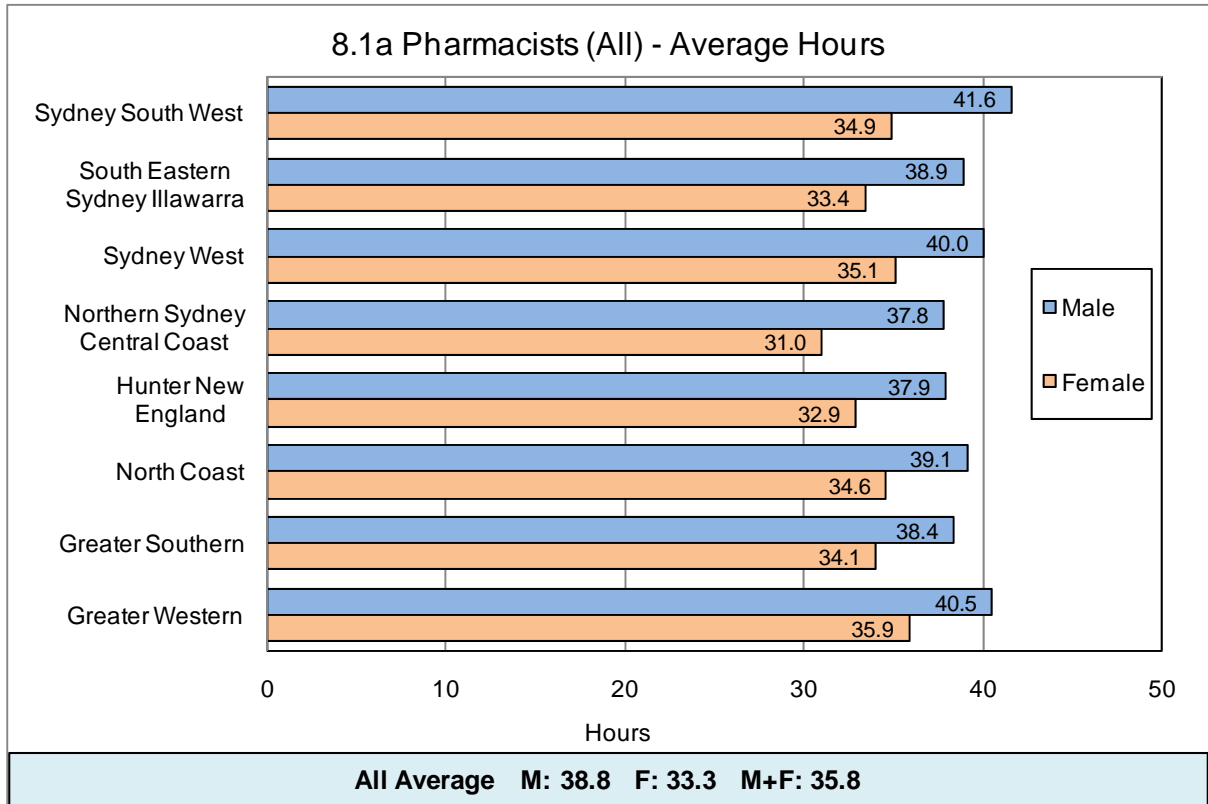
Apart from the community and hospital pharmacists discussed in the previous two sections, there is a smaller group of other pharmacists employed in a wide variety of settings including industry, education, research, administration, the defence forces and consultancy. There were 345 (2006 338) pharmacists responding as working in one of these other fields. This section also presents data on the total workforce including another 64 pharmacists who did not nominate a field of work.

### 8.1 Hours of Work

While 409 pharmacists responded that they work in fields other than community or hospital pharmacy, 32 did not provide a response for the number of hours worked in this State during their usual week. This section shows statistics for hours of work for those 377 pharmacists and shows total for all 4517 pharmacists, of whom 4,388 work in NSW for one hour or more. The few respondents stating more than 76 hours are limited to 76 hours for FTE reporting. Working hours outside of NSW have been disregarded

Other pharmacists working in NSW recorded a total of 13,246 (2006 17,762) hours of work in a typical week, an average of 35.1 hours per week, very similar to the average hours of hospital pharmacists. The main job accounted for 12,306 (93%) of these hours.

The total hours worked by all pharmacists was 157,304 (2006 162,277) at an average of 35.8 (2006 36.6) hours a week. The average working week was 38.8 (2006 39.8) hours for males and 33.3 (2006 33.6) hours for females. Chart 8.1a shows average hours worked by Area Health Service. There is little difference among the Areas, the lower average in the Northern Sydney Central Coast Area probably reflecting a greater opportunity for part time work.



## 8.2 Full Time Equivalent

Pharmacists working in NSW recorded a total FTE of 4,139.6 (2006 4,270.4) persons. This total FTE can be divided into 3,577.9 (2006 3,592.0) FTE or 0.82 FTE per working pharmacist up to 38 hours and 561.6 (2006 678.4) FTE or 0.13 per person as an additional contribution beyond 38 hours. Chart 8.2a shows the workforce contribution in FTE by full time and part time pharmacists by age. As most pharmacists work in the community, the comments made under 6.2 also apply here.

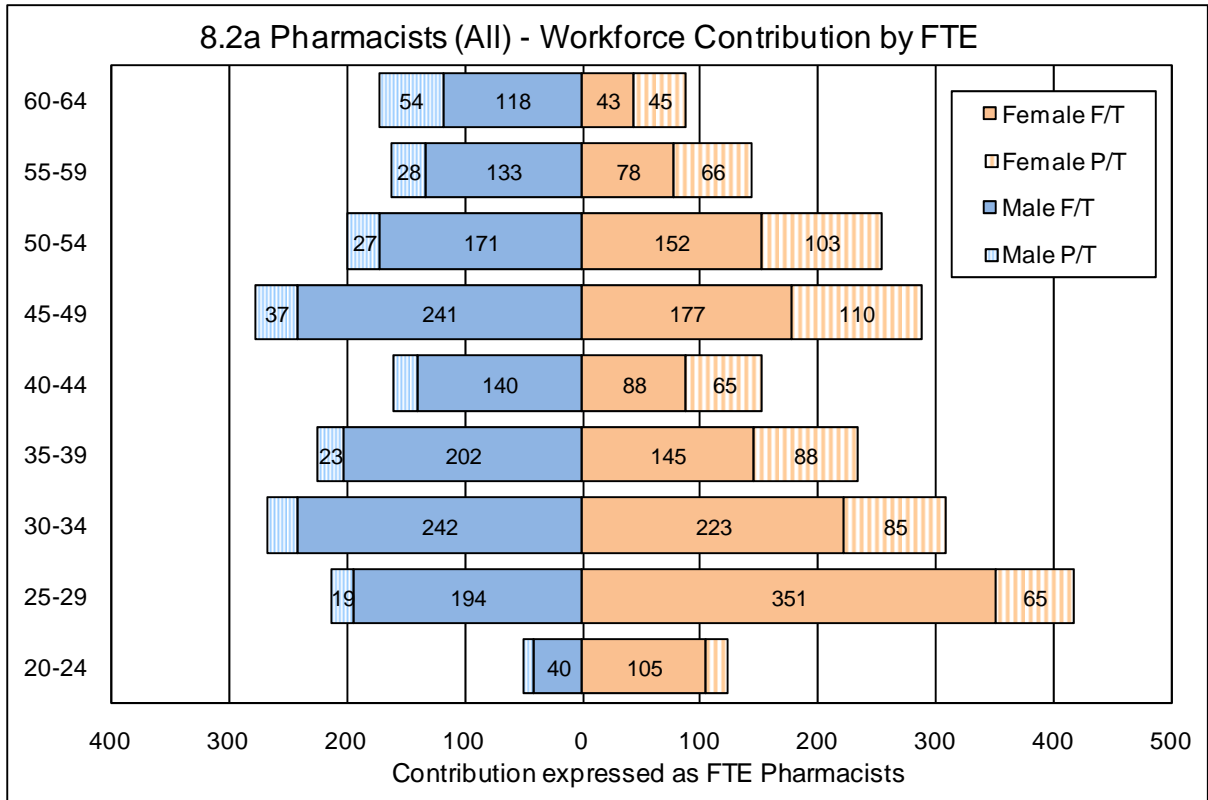
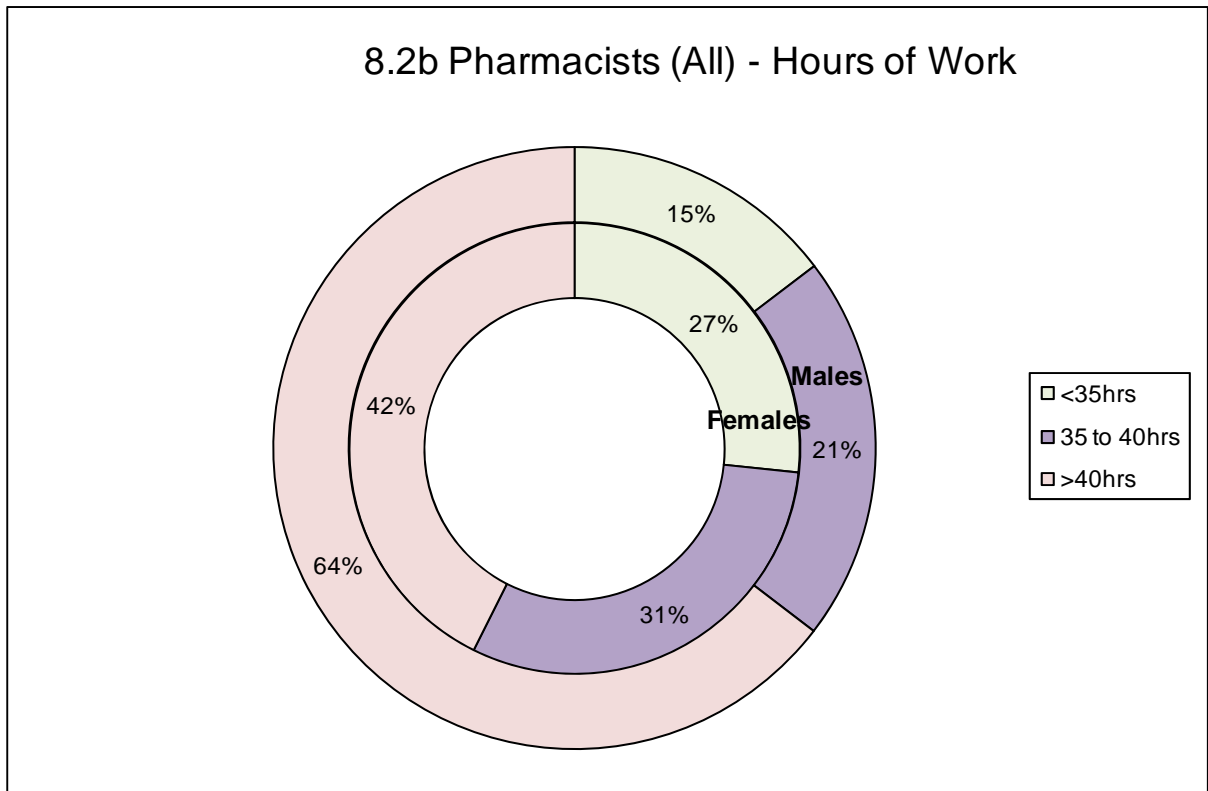
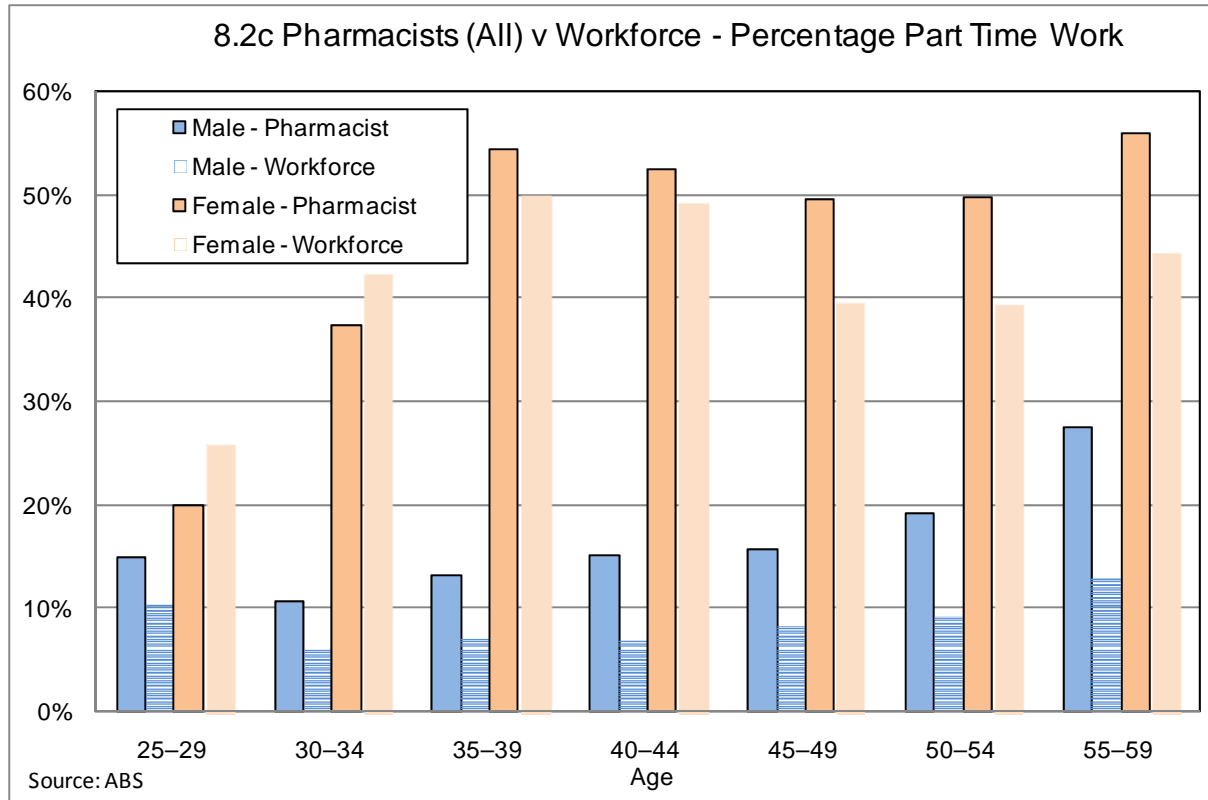


Chart 8.2b indicates the number of pharmacists working less than 35 hours a week or more than 40. About 27% of the female labour force and 15% of the male are working part time.



A comparison between part time work in pharmacy was made to part time work in the whole Australian Labour Market<sup>4</sup>. It will be observed that part time contribution to pharmacy work at all ages is higher than in the workforce generally with the exception of females in the youngest age bands. For older pharmacists, opportunities allow substantially greater proportions in part time work reaching more than twice the community levels for males over fifty.



### 8.3 Location of Work

Chart 8.3a shows the total number of hours of work for all pharmacists working in NSW (including the 'other' group) by AHS of the main job while chart 8.3b presents the information in average hours worked per thousand residents. As with other reports in the 2007 series, the number of hours per week cannot exceed 76. It will be observed that hours of pharmacy work are strongly concentrated in the metropolitan sectors of the State although only in Northern Sydney Central Coast and South Eastern Sydney Illawarra do average hours per resident exceed the State average.

<sup>4</sup> Australian Bureau of Statistics *Australian Labour Market Statistics January 2007* Catalogue Number 6105.0

