



PHARMACEUTICAL SOCIETY

of New Zealand Incorporated

PHARMACY WORKFORCE SURVEY 2024

Executive Report

Pharmaceutical Society of New Zealand Inc.

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Pharmacy Workforce Survey – Executive Report

August 2024

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Foreword

As the professional body for pharmacists and technicians working in community, hospital, general practice, and non-patient facing settings, the Pharmaceutical Society of New Zealand (PSNZ) is keenly interested in how our members are coping with what we know has been years of unrelenting workplace pressures.

Our members are committed to their patients and to fulfilling their responsibilities as a critical part of Aotearoa New Zealand's healthcare system. We all know the tremendous contribution pharmacists played during the COVID-19 pandemic with community pharmacists emerging as the largest provider of COVID-19 vaccines in 2023 while also providing 38 per cent of influenza vaccinations.¹

What COVID-19 masked is the underlying pressures on our members, especially in community pharmacy, that were already evident in the December 2020 Independent Review of Community Pharmacy Services by Sapere² which listed issues to address as: workforce dissatisfaction with remuneration, work-life balance, stress, career trajectory(s) and sustainability of the future workforce.

PSNZ has continued to hear from pharmacists who are struggling with ongoing workforce pressures, and we are concerned about the impact this is having on them, their teams, their care of their patients and the system as a whole. In 2022 PSNZ surveyed the profession and gathered valuable feedback which has been useful in our support to pharmacists, as well as ongoing advocacy on behalf of our members with Ministers and their officials.

On 6 June 2024, PSNZ launched our second workforce survey with a focus on pharmacists working in community, hospital, general practice, and non-patient facing roles. Technicians working in these settings also participated, although most respondents were pharmacists. The aim has been to gather more data on the pressures that everyone working across the pharmacy sector is facing and the impact this is having.

The reported impacts across all aspects of pharmacy are qualitative assessments from survey participants based on working in the same settings over the period they are estimating changes/increases have occurred. For example, a reported 80% increase in one aspect of pharmacy means the participants have observed that level of increase in the work over the past six months to a year, so from mid-2023, when the last COVID-19 restrictions were lifted by the New Zealand Government, to mid-2024 when the survey was conducted.

In this context, the survey is providing data on post-pandemic health system pressures and their impact on pharmacists and technicians working in community, general practice, hospitals, and non-patient facing roles and the patients most of them serve.

The survey closed on 2 July 2024 with 431 responses across the membership.

The results, themes, and key areas of concern, along with potential solutions are discussed below.

¹ [Pharmacies get gold for COVID-19 vaccinations and silver for flu jabs | Pharmacy Today](#)

² <https://srgexpert.com/wp-content/uploads/2023/10/Independent-Review-Community-Pharmacy-Services-Stage-One-Sapere-2020.pdf>

The survey results highlight that our members are under sustained pressure across all settings, but remain committed to serving patients, their whānau and communities. They want decision makers and funders to know that pharmacy can contribute to broader system improvements and health outcomes and that pharmacists and technicians have the skills and experience to meet patients and health system needs across all settings. With more funding, and better support, they could make an even greater impact.

However, the herculean efforts pharmacists and pharmacy teams made during COVID-19 and beyond are no longer sustainable without a significant increase in funding and resources. The deep well of goodwill which has seen our members putting the 'greater good' ahead of personal and team wellbeing for far too long has run dry.

The reality for pharmacists, technicians, and the wider pharmacy teams in Aotearoa in 2024 is that of a workforce struggling in the face of unsustainable workloads, inadequate funding, and supply chain shortages. The issues are exacerbated by stressed patients increasingly responding to these pressures with ill-temper and aggression.

Greater financial and professional support is required across all settings and relevant legislation needs to be updated to reflect modern practices.

Our members have clearly signalled what they would like PSNZ to do to support them better, with greater support for their mental health and wellbeing, stronger advocacy on their behalf, more resources committed to promote and encourage greater collegiality through branches, and more support for education. We have taken this feedback on board and take our role to support our members very seriously.

The second survey results also provide PSNZ with additional evidence that can be used in making pharmacy's ongoing case to Ministers, other Members of Parliament, the Ministry of Health, Health New Zealand, and other stakeholders including the media.

I want to thank PSNZ's Practice and Policy Manager, Chris Jay, and his team for undertaking this survey on top of a heavy workload. Its findings are invaluable in helping PSNZ to advocate on behalf of our members.



Michael Hammond
President, PSNZ

Survey closed on 2 July 2024.

Response rate

Total responses: 431

Community Pharmacy responses: 327

Hospital Pharmacy responses: 44

Pharmacists in general practice responses: 30

People working in non-patient facing roles: 30

A summary of the workforce survey responses can be found in **Appendix 1**

A summary of the workforce survey responses for years 1-5 post-registration can be found in **Appendix 2**.

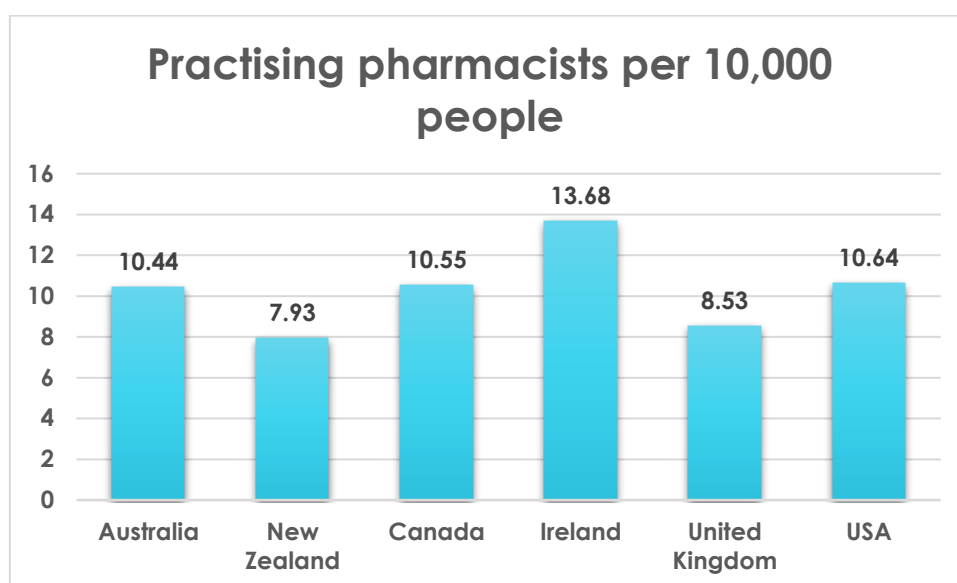
A summary of the workforce survey responses specific to pharmacists working in general practice can be found in **Appendix 3**.

A summary of free text responses can be found in **Appendix 4 to 7**.

Key Findings

Staffing shortages

The shortage of pharmacists in Aotearoa has been well documented. The Pharmacy Council of New Zealand (PCNZ) 2023 demographic report shows there were 7.93 practising pharmacists for every 10,000 people in Aotearoa New Zealand on 30 June 2023. This represents a decline from 2022 (8.04) to a level in between that reported in 2020 (7.81) and 2021 (7.99). The minimal growth rate for practising pharmacists in 2023 does not match the higher national population growth rate of 1.96 percent. The density of pharmacists in Aotearoa New Zealand is less than what is reported for comparable jurisdictions: Australia (10.44), Canada (10.55), Ireland (13.68), United Kingdom (8.53), and United States of America (10.64).³



The impact of this shortage, and related issues, is being felt acutely by pharmacists in all settings. As well as an overall shortage, other factors including sickness due to COVID-19, budgetary challenges affecting the ability to employ staff, staff stress and other issues linked to work and a variety of health issues have had negative impacts. These shortages have placed increased pressure on staff, increased their working hours, and have limited the level of patient care and advice able to be given.

In summary:

94% of community pharmacy respondents have experienced staff shortages in the past 6 to 12 months.

90% of hospital pharmacy respondents have experienced staff shortages in the past 6 to 12 months.

82% of non-patient facing respondents have experienced staff shortages in the past 6 to 12 months.

74% of pharmacists in general practice who responded have experienced staff shortages in the past 6 to 12 months.

³ <https://pharmacycouncil.org.nz/wp-content/uploads/2023/12/Pharmacy-Council-Workforce-Demographic-Report-2023.pdf>

Workload pressures

Community pharmacy

As the health system, particularly general practice⁴, continues to face ongoing budget and staffing pressures, demand for advice from community pharmacists has dramatically increased in the past 12 months. The following statistics highlight the breadth and depths of those pressures.

These include an 80% increase in patients consulting community pharmacists after being unable to access general practice, a 59% increase in delays in prescriptions being issued and a 54% increase in people seeking advice for minor conditions. Even more concerning is the 43% increase in requests to community pharmacists for more serious conditions.

Overall, community pharmacy has seen significant increases in the following in the past year:

- 80% increase in requests from patients unable to access general practice.
- 59% increase in delays in prescriptions being issued by prescribers.
- 55% increase in incorrect messaging to patients from prescribers regarding medicine availability.
- 54% increase in requests for healthcare advice for minor conditions.
- 43% increase in requests for healthcare advice for more serious conditions.

This has significantly reduced the time available to spend with patients (94%), meant longer times to dispense prescriptions (86%), and pharmacists' being unable to respond to patients' phone calls/emails as promptly as usual (80%).

Hospital pharmacy

These workload and overall system pressures are also being felt by pharmacists working in Aotearoa New Zealand's hospitals. Requests for clinical advice have increased by 50%, with phone calls from prescribers/nursing staff about prescriptions or charts increasing by 47% over the past 12 months.

Hospital pharmacy has seen a significant increase in the following over the past year:

- Request for clinical advice (50%).
- Requests for medicines (42%).
- Incorrect messaging from prescribers/nursing staff to the pharmacy team (40%).
- Phone calls from prescribers/nursing staff about prescriptions or charts (47%).
- Medicine information enquires (29%).

This has reduced time available to spend with patients (88%), meant a reduction in clinically-based services (88%) and resulted in pharmacists being unable to respond to emails and phone calls as promptly as usual (88%).

⁴ <https://www.stuff.co.nz/nz-news/350194021/wed-see-more-people-dying-ambulances-doctors-fear-gp-system-brink-collapse>

Pharmacists in General Practice

Pharmacists in general practice have seen a significant increase in several areas over the past year although the impact is not as intense as that for pharmacists in other settings. This has, however, negatively impacted on the ability of pharmacists in general practice to support the team as much as they would like, to respond to patients' calls and to spend as much time on education.

The increases included:

- Medicine optimisation of patient's medicines (35%)
- Formal referrals from practice staff (30%)
- Informal referrals from practice (26%)
- Education support for patients (21%)
- Phone calls from pharmacies about prescriptions (17%).

Mental health and wellbeing

Community pharmacy

The workforce shortages and funding pressures have led to inadequate staffing levels and caused pharmacists to have to work longer hours with less breaks. The result of this has been that two-thirds, or 66%, of community pharmacy team respondents reported that their current work has had a negative impact on their mental health and wellbeing over the past year. Causal factors include:

- Inadequate staffing (80%)
- Long working hours and lack of work-life balance (57%)
- Lack of rest breaks (50%)
- Pharmacy Council of New Zealand (PCNZ) recertification requirements (49%).

The long-term effects of this workforce crisis are potentially profound. Almost half (45%) of community pharmacists say they considered leaving the profession during the past year and almost a third (30%) have considered shifting from their current employer. When asked where they saw themselves in 5 years' time, 51% said they would not be in pharmacy anymore.

The comments made in response to these questions humanise the toll that workforce shortages and funding pressures are having on pharmacists:

"Pharmacy feels so undervalued and unrespected right now. We feel kicked and punched with no light at the end of the tunnel. We deserve so much more and it is tiring and unfair."

"I enjoy some of the interactions I have with customers and the colleagues I work with. It is my colleagues which (sic) keep me grounded, however the financial pressures on my bosses mean staff shortages and no replacement/cover for staff which means more pressure and responsibilities to(sic) the remaining staff."

Those working in rural pharmacies are especially affected:

“There are significant workforce pressure in pharmacy where there’s simply not enough pharmacists wanting to work in rural areas to deliver meaningful pharmacy services.”

The reality for pharmacy owners is one of overwhelming pressure on every front:

“I would like to be able to offer competitive wages for my valued staff and in some cases (am) actually opting to pay key people in my business more than I manage to take home myself. I was holding out thinking things would change, the new government might recognise our struggles and address funding but this does not seem likely at all.”

Hospital pharmacy

More than half (55%) of hospital pharmacy team respondents reported that their current work has had a negative impact on their mental health and wellbeing in the past 12 months.

Inadequate staffing levels was the biggest factor affecting the wellbeing of pharmacists working in hospital settings with almost three-quarters (74%) of respondents citing this as having a negative impact on their health and wellbeing in the previous 12 months. Other factors affecting mental health and wellbeing include:

- Lack of protected learning time (58%)
- Long working hours and lack of work-life balance (55%)
- Lack of colleague or senior support on the job (45%)

Of this group, 40% said they did not see themselves working in pharmacy in five years’ time. Almost a quarter (24%) of this group reported considering leaving the profession and one-third (33%) moving from their current employer in the next 12 months.

Non-patient facing roles

The impact of inadequate staffing levels and other work-based pressures resulted in half (50%) of non-patient facing respondents stating they felt that their work has had a negative impact on their mental health and wellbeing in the past 12 months. Again, inadequate staffing (55%) was the number one cause. Other factors included:

- Lack of colleague or senior support on the job (45%)
- Long working hours and lack of work-life balance (41%)
- Lack of protected learning time (33%).

This has resulted in 17% of these pharmacists considering leaving the profession and 43% moving from their current employer in the next 12 months. However, when asked where they saw themselves in 5 years’ time, 61% said they would still be in their current role.

Pharmacists in General Practice

Pharmacists working in general practice reported lower levels of negative mental health and wellbeing impacts from their work with just over one-third (36%) of pharmacists in general practice having felt that their current work had a negative impact on their mental health and wellbeing in the past 12 months.

This was due to:

- Pharmacy Council of New Zealand (PCNZ) recertification requirements (37%)
- Inadequate staffing (33%)
- Lack of protected learning time (33%)
- Long working hours and lack of work-life balance (30%).

Even so, in the past 12 months almost one quarter (24%) of pharmacists in this group were considering leaving the profession and 20% moving from their current employer. However, when asked where they saw themselves in five years' time, 80% said they would likely still be in their current role. This highlights the immediate, and extreme, pressure members are under right now, rather than a desire to move for most of this group.

Supply chain impact

While the chronic shortage of hormone replacement therapy [HRT] medicine for women in perimenopause and menopause has justifiably received widespread media coverage, post-pandemic supply chain issues are now endemic in Aotearoa New Zealand pharmacies.

Community Pharmacy

85% of survey respondents working in community pharmacy reported experiencing supply chain challenges affecting patients multiple times a day over the past year.

90% of community pharmacies are having daily contact with wholesalers to try and resolve stock supply issues and 45% are having daily contact with general practices to address prescription-related stock shortages. In community pharmacies this work is taking at least one or two hours per day of staffing time to resolve.

88% of community pharmacy respondents say their patients are negatively impacted by supply chain issues each day.

General Practice

46% of pharmacists working in general practice have reported supply chain challenges affecting patients multiple times a day over the past year.

Secondary care

The supply chain issues are also affecting hospitals with more than one-third (38%) of hospital pharmacies experiencing supply chain challenges affecting patients multiple times a day and 33% are experiencing supply chain challenges daily. As a result, 86% of pharmacists are needing to communicate with prescribers to resolve supply chain issues and 72% are having frustrations with the supply chain being directly expressed at them by staff across the hospital, impacting on their ability to do their work.

Almost 60% of inpatient (stock) lists require amendment and 65% of hospital pharmacy respondents report patient health is being put at risk due to delays in receiving urgent treatments.

Sector Challenges and Stressors

A thematic summary of the respondents' free text questions from all settings sees similar challenges and stressors being experienced by PSNZ members across the whole of Aotearoa New Zealand's health system.

Government funding decisions across all settings has created financial and operational pressures and there is a need for increased funding to maintain safe staffing levels, operational viability and ensure reasonable salaries for pharmacists and their teams, particularly in community pharmacies.

Respondents report that dealing with medicine supply shortages, angry patients, and verbal abuse significantly has added to the stress of an already extreme workload, leading to constant tiredness and work-induced fatigue.

They also reported that the transition to electronic scripts has not improved patient health outcomes, and frequent phone inquiries about scripts were disrupting workflow. Regular script errors, difficulty reaching prescribers' scripts, and being understaffed have all contributed to overwhelming stress. Reduced time for patient consultations is also resulting in conflict and discomfort across teams.

Workforce pressure, regulatory stress, and the real issue of burnout, especially among young pharmacists, are prevalent. Working more hours than desired due to lack of qualified staff has led to tiredness and reduced empathy.

Overall, the stress from multitasking, lack of breaks, and feeling limited in their ability to help patients due to systemic issues, along with feeling poorly treated by regulators and other parts of the health system, have all contributed to the creation of a challenging work environment.

These factors coupled with an increased expectation to deliver more with less across the system, has directly impacted on the collegiality within and between pharmacy and other health teams.

Ongoing staff shortages and lack of replacements, or cover, has exacerbated the pressure with trainees expected to do more and a growing concern about the number of upcoming retirements.

At a system level, funders do not appear to value pharmacies' contribution to the broader health system, there is regional variation which makes the implementation of new initiatives difficult and reduced budgets are having an impact on training, recruitment, and education.

Potential solutions

Survey participants were asked what actions would address the stressors outlined above. These have been identified from the survey feedback received and summarised into bullet points. At a high level, members believe there needs to be a step change in the way pharmacy presents itself so it can take its rightful place as a critical part of Aotearoa New Zealand's health system. To achieve this, internal change is needed with a more collegial approach being taken across the profession and having a combined voice focused on demonstrating the value pharmacy could be offering with more funding and other resources.

Other suggestions include:

- More pharmacists, whether full-time, part-time, or locums, and to appropriately use technicians with increased responsibilities for Pharmacy Accuracy Checking Technicians (PACT) and the creation of additional clinical roles.
- Patient care should involve more face-to-face engagement and initiatives to increase awareness of pharmacy services to take pressure off primary and secondary care.
- Services should focus on funding and appropriate budgeting, staffing, and location-based acute and chronic care management. In community pharmacy this should include the permanent introduction, and funding, of the minor ailment service.
- Upskilling technicians and creating pathways to becoming pharmacists is essential, as is improving morale through better pay and job satisfaction and raising patient awareness and respect for pharmacists.
- Easier return-to-registration processes and smoother recertification.
- Removal of recruitment hiring freezes along with improved remuneration and clearer career pathways.
- Peer learning for all areas of pharmacy with funded/budgeted services.
- Enhancing workflows through a clinically-based model including better pathways, IT systems, standing orders, and robotics.
- System improvements such as better e-scripts and two-way communication with all prescribers.
- More integrated working between community pharmacy and general practice.
- Ensuring directors and upper management are accountable and supportive of what pharmacies and their teams are trying to achieve. Audit, compliance and governance tools may also help in achieving this outcome.
- Legislation should be updated to reflect modern practices.
- IT systems need improvement.
- The perception of the pharmacist's role among students should be clarified to encourage more into the profession.
- Funding should allow general practices to commission roles independently of PHO funding.
- Peer support through face-to-face interactions and debriefing opportunities is important.

Stories

It's one thing to examine the quantitative feedback respondents have provided – on their own they paint a stark picture of committed professionals dealing with multiple stressors which are affecting their well-being and their day-to-day ability to provide patients, whānau and others with the level of care and support they want to provide.

However, it is first-hand accounts that bring those stressors to life. Below are very personal stories that were shared with us during survey which summarise in a poignant way what is happening the sector.

The effect of early-career pharmacists choosing locuming over permanent roles:

“We are in crisis. We have new grads going locuming instead of taking permanent positions. Pharmacies like mine are sitting precariously on edge of the cliff. If another pharmacist resigns, we would have to shut with a debt of over a million dollars and I would lose my house. That's the reality I live with every day.”

“There should be a minimum requirement for experience; around five years, (which) would at least give these new grads some practical experience, and there should be some extra training and qualification needed to become a locum, like a pharmacist prescriber or a vaccinator has. This would ensure that permanent positions would be filled every year and pharmacies would not have to shut.”

The realities of operating a community pharmacy in 2024:

“We've been advertising for nearly two years for a pharmacist and nothing. Our contract increases are not negotiated. They are dictated by Te Whatu Ora. The 2022 increase gave me \$2000 on (sic) the hand every month which divided by all our staff, wasn't even a \$1 an hour.”

“Our 2012 contract formula is faulty and we pay 7% on every item over approximately \$18, so all those insulins and the newer inhalers we dispense, we pay and subsidise the medicines budget. How is that fair? I am getting paid less per dispensing when all the funding streams are added together and then divided by the number of scripts we do than we were in 2012. How is that fair?”

“I have staff wanting inflation adjusted pay rises and I can't do it. I don't get enough to pay their weekly wages, especially on a five week pay month. I had one wage round in March and another again in April which I couldn't pay for. There wasn't enough money in the account. Stressful and extremely upsetting for me.”

“We need a loud strong consistent voice to get out of this crisis and so far we have been incredible quiet and gullible enough to believe them when they say they only have 3% to offer, take it or leave it. That's because the nurses are getting double figure pay rises and firefighters for about 25% (sic), but pharmacy only gets 3%. They are walking all over us and laughing about it.”

“We have an amazing team and as an owner I don't want to let them down and I try to cushion/absorb the pressure. When I can get a locum (which is rare as we don't have a local one) I pay unsustainable costs- petrol, accommodation, travel time.”

This is a common story amongst pharmacy owners who feel they have done all that has been asked of them, and more:

“I myself am a pharmacist that has found themselves at the end of my tether. In 2020 after the first wave of COVID and being what I consider instrumental in the first wave response I embarked on ownership in a pharmacy with some business partners. Since 2020 and experiencing all the highs and lows of business ownership, staff management, building a business and a good relationship with my patients I have found myself completely burnt out, exhausted and lost faith in my career and health system.”

“After jumping, pivoting, taking on all new services and participating quite heavily in all extra services of late I am just exhausted of (sic) constant emails, complaints, funding, and invoicing requirements. So many hoops to jump through to even get some piddly amount of funding is just ridiculous and a gross waste of time. Usually these “extra” tasks happen outside of work hours and continue to mount up. The hardest part is remembering to record everything.”

“Unfortunately, due to underfunding of pharmacy I find myself not being the boss I would like to be, unable to offer competitive wages for my valued staff and in some cases actually opting to pay key people in my business more than I manage to take home myself. I was holding out thinking things would change, the new government might recognise our struggles and address funding but this does not seem likely at all.”

“Compounded by interest rates increasing, minimum wage increasing, petrol increasing, rent, rates, insurance all balanced with the decrease in sales and no more funding I do believe pharmacies will start to close, putting those that manage to stay open under even more pressure.”

“With declining mental health and finally deciding to put my family and my mental health first, I am selling my shares and taking a step back from such a full role in pharmacy.”

“I will continue to work part time in pharmacy for another 6 months as agreed with the sale of the shares and honestly at that point will be looking for a change of career. Disillusioned, disappointed and nothing to show for all my effort.”

The reality of being a rural pharmacist:

“I am mostly unhappy with my job. I am an owner of a rural pharmacy and as such don't get much time off. It is difficult to get a locum and need to plan well in advance. It is very hard for me to make appointments for health issues. I just don't get a level of job satisfaction, am always questioning my own ability and worry that I am not performing well enough. It is lonely and I feel unsupported.”

The impact of daily workplace stressors:

“If I can get through the day without getting verbally yelled at from a customer and/or staff member then it's a good day. There's been so many ups and downs in pharmacy over the past 12 months that I find myself not emotionally invested in work. I've kinda (sic) become used to people's reaction that it doesn't affect me now.”

The Sisyphean reality of being a community pharmacy owner:

“As an owner, we are short of pharmacists, so I am working long hours. That wouldn’t be so bad but am working long hours and still drowning and not keeping on top of paperwork. My family is suffering. I have young children and I am really missing out on aspects of their childhood. But there doesn’t seem to be anything I can do about it. We have shares for sale but no buyer. We struggle to get locums. We are 2 full time pharmacists short. We can’t offer the service that we would like to.”

“Pressures have increased. Customers are far more demanding and entitled. GP shortages have more work filtering through our doors for no extra remuneration. The cost of employing staff has considerably increased with no increase in remuneration to support this. 3% does not even cut the mustard... my rent alone increased 14% last year. Basically have to work longer and harder to cover the ever increasing costs of running a business.”

“I love what I do and the customers and how much I can help them. I am stressed about retaining staff, coping with low staff levels and no holiday in sight. Financially we are struggling with loss of retail from discounters and cost pressures resulting in deficits.”

“I love what I do but the pressure I am under when I do it now due to increased work load and being under staffed and other added pressures due to our (sic) of stocks or patients unable to get a timely appointment with their GP makes the work day very demanding.”

“I love putting my almost 30 years of experience as a pharmacist into practice and helping people. Being kind. Listening. Problem solving. The negatives are lack of staff, the pressures caused by the constant flow of escripts from the printer, the lack of GPs & Nurses available to answer queries on prescriptions. Working sole charge under constant pressure with no breaks is challenging. Self-checking for 9 hours a day is challenging.”

“I love helping patients and counselling about their medicine. It is so rewarding. I feel there is so much work and scope we have to help our communities (sic) health. However I am struggling with limited pharmacists available and the increasing demands.”

“It is now a luxury to walk down a street in daylight hours, have any kind of a proper lunch break, drink a coffee that is still lukewarm or even get 2 days off in a row.”

“We are so lucky to be on the medical centres practice management system to easily contact prescribers. It is super frustrating trying to contact other medical centres. There was one case we were on hold for 10 plus minutes so opted to instead send an email, and the response from the medical centre was we must phone, not email! So frustrating moments like that can add up. It's also very hard to take annual leave as difficult to get locums to cover. Had 2-3 weeks off in 2 full years.”

APPENDICES

Appendix 1- Pharmacy workforce survey summary (431 responses)

The survey closed on 2 July 2024 with:

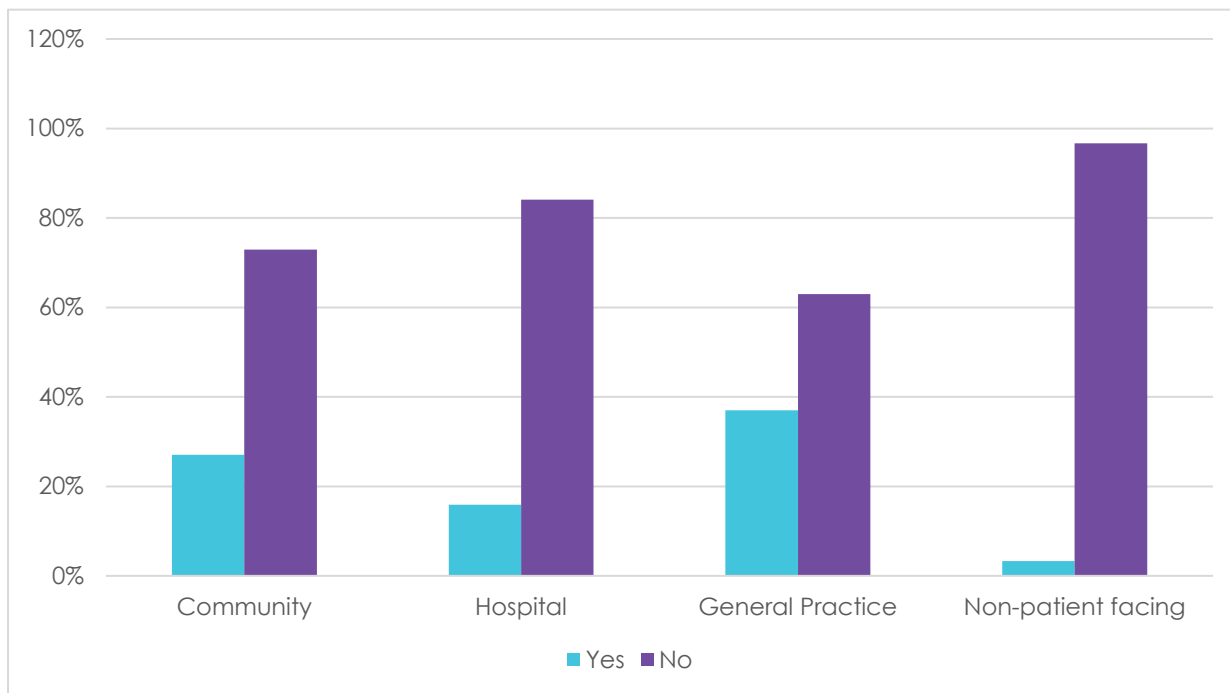
Community Pharmacy: 327 responses

Hospital Pharmacy: 44 responses

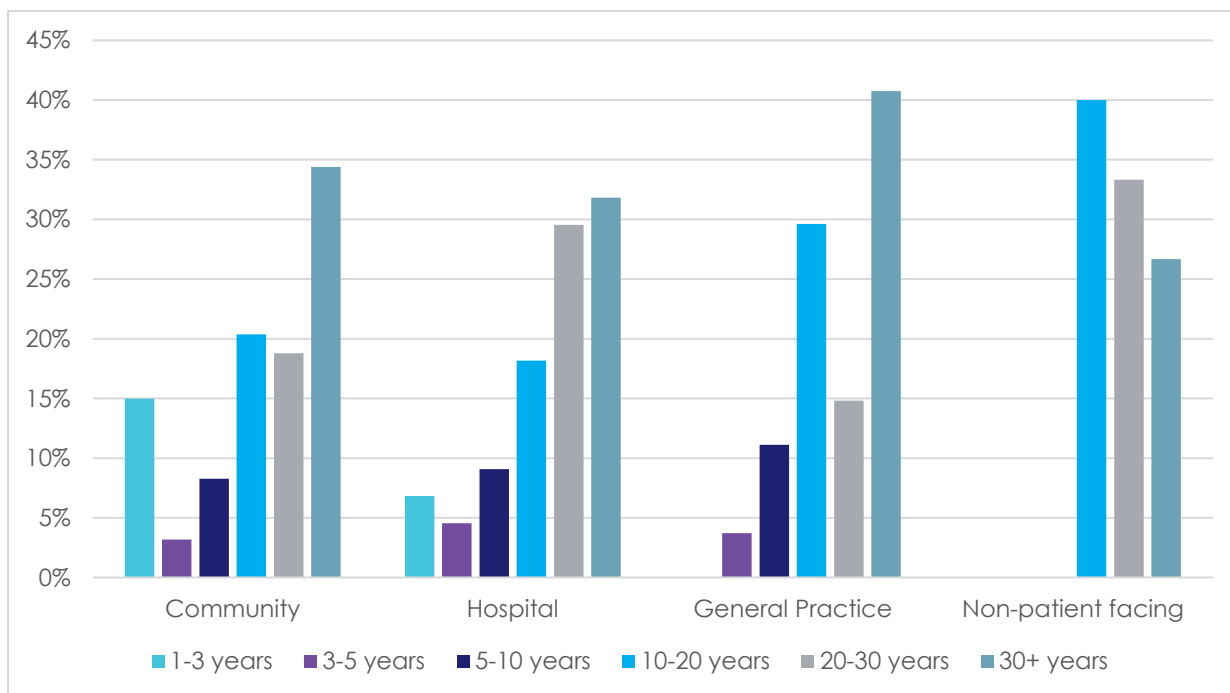
Pharmacists in General Practice: 30 responses

People in non-patient facing roles: 30 responses

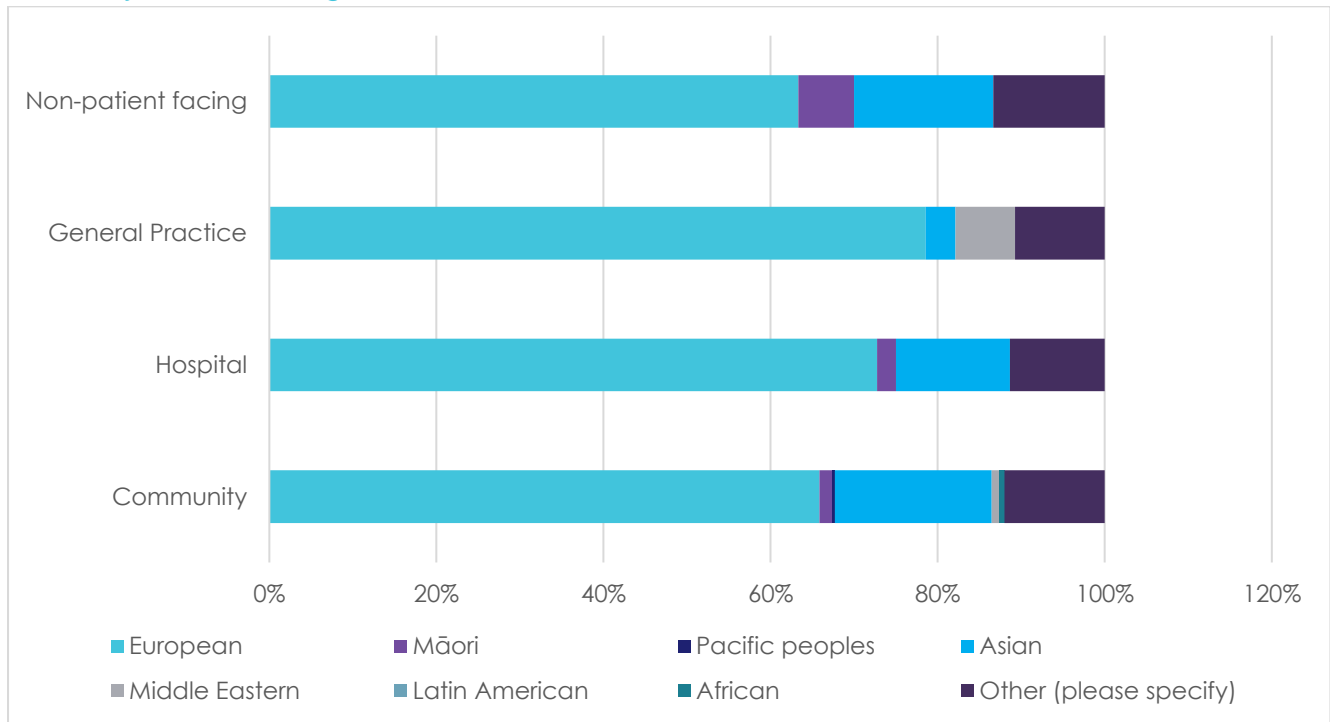
Do you work in a rural location?



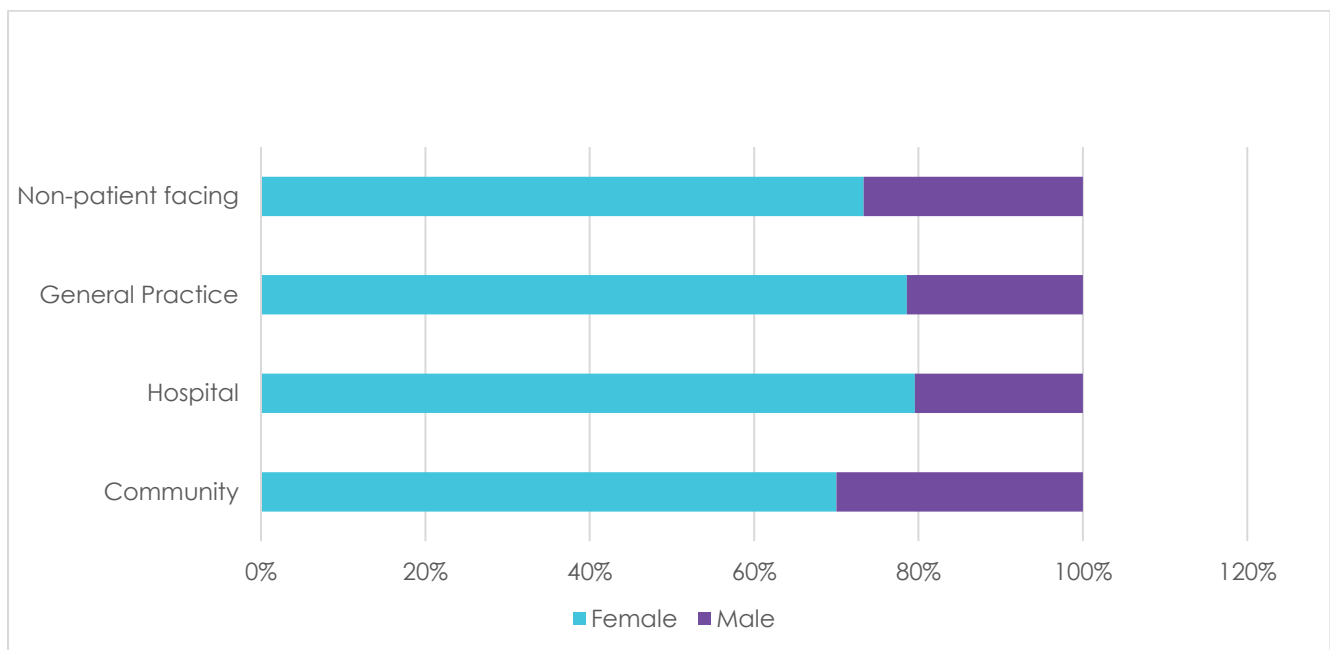
How long have you been working as a pharmacist or pharmacy technician?



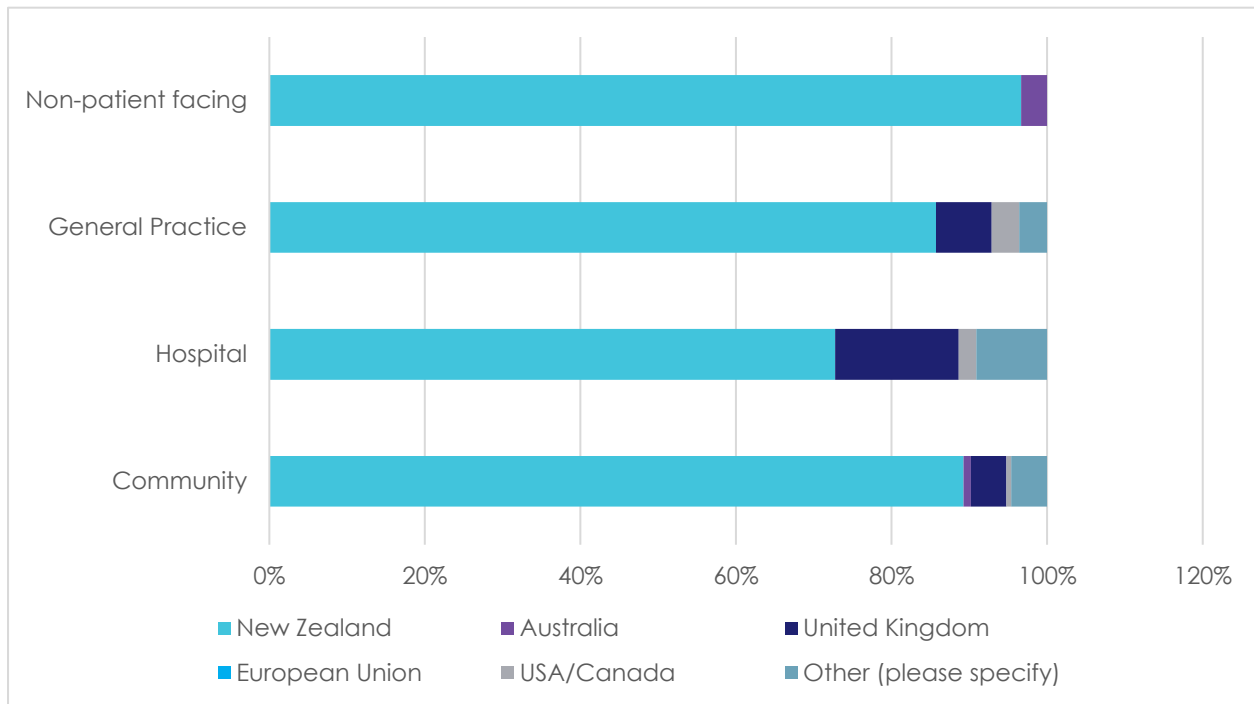
What is your ethnic origin?



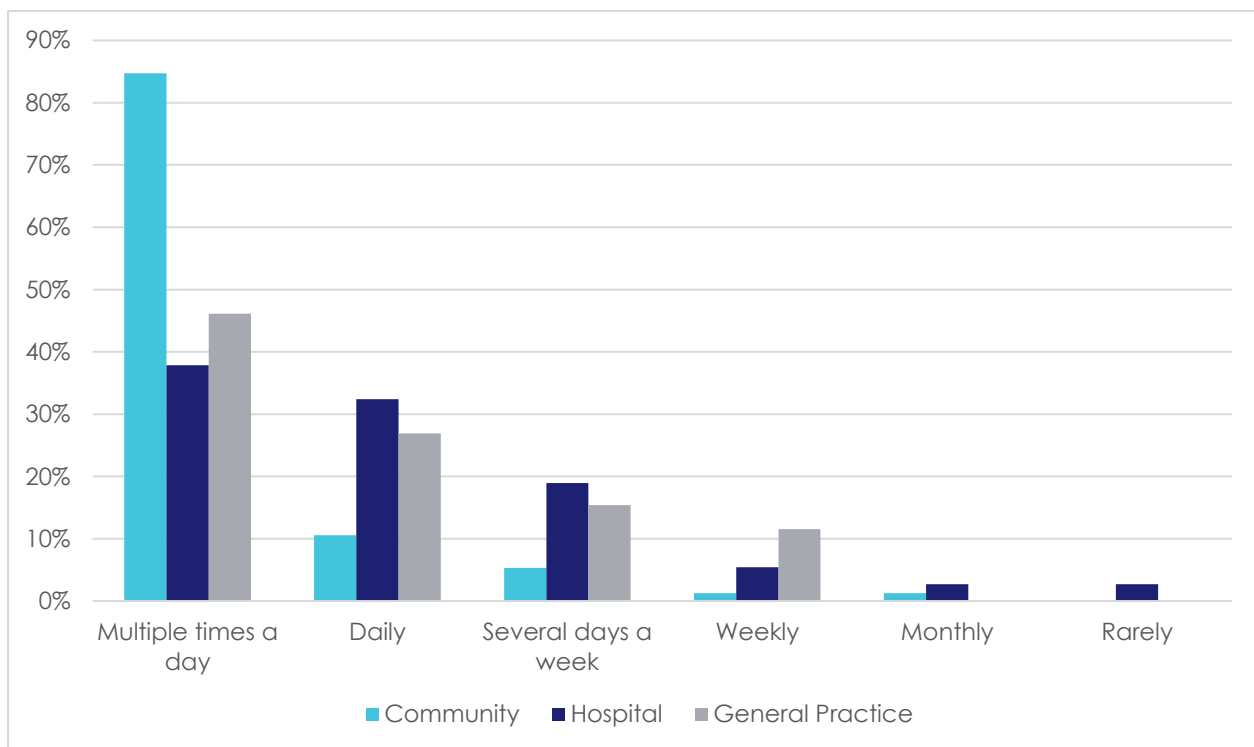
What is your gender?



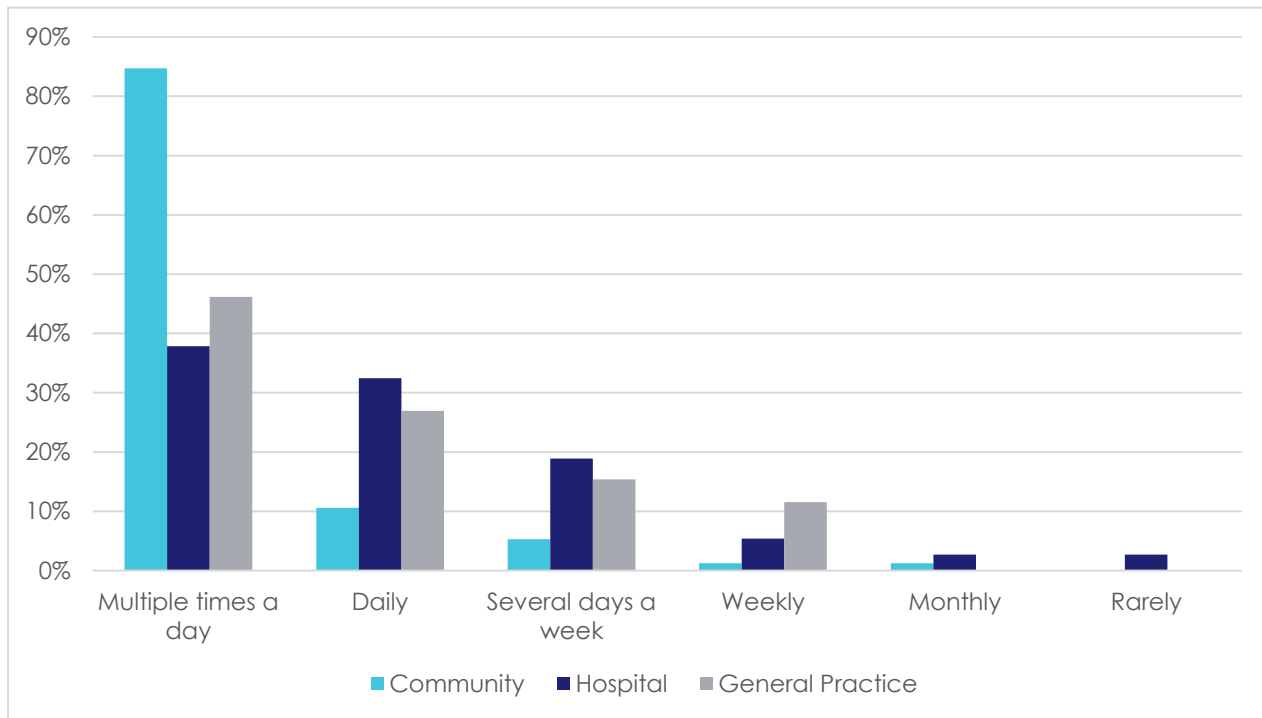
Where did you complete your initial qualification?



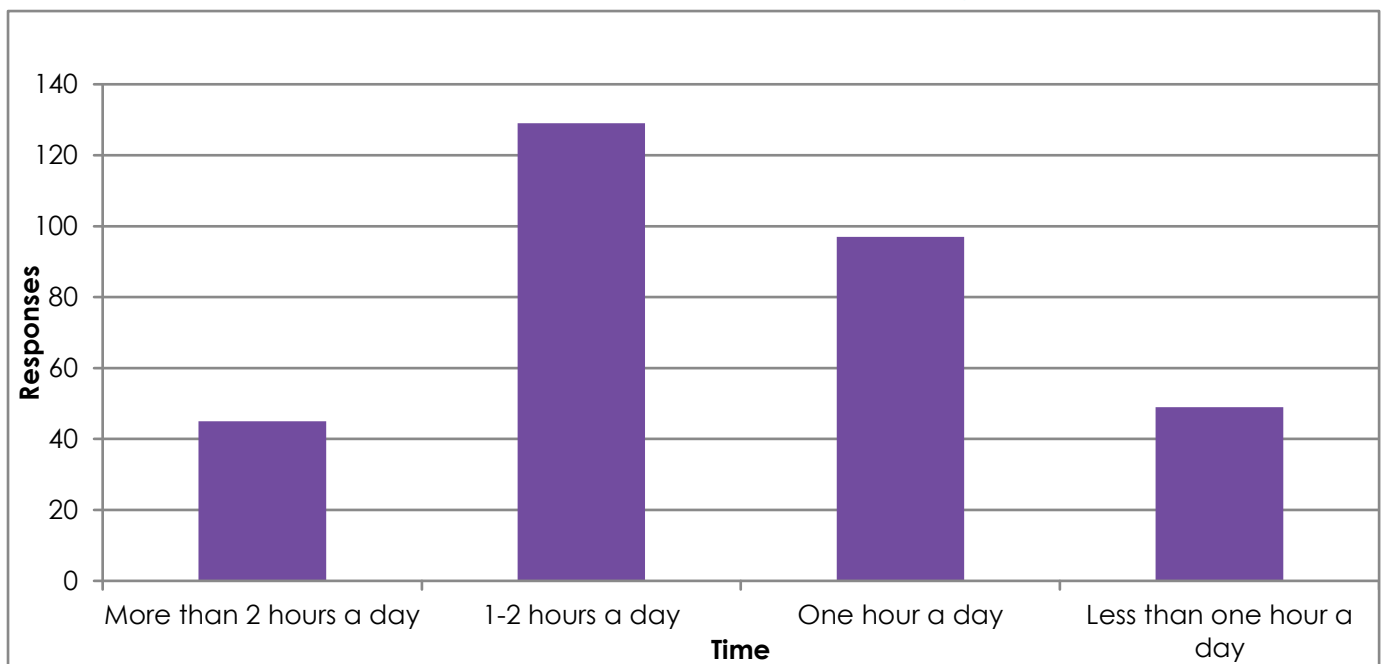
How often are medicine supply chain issues affecting patients?



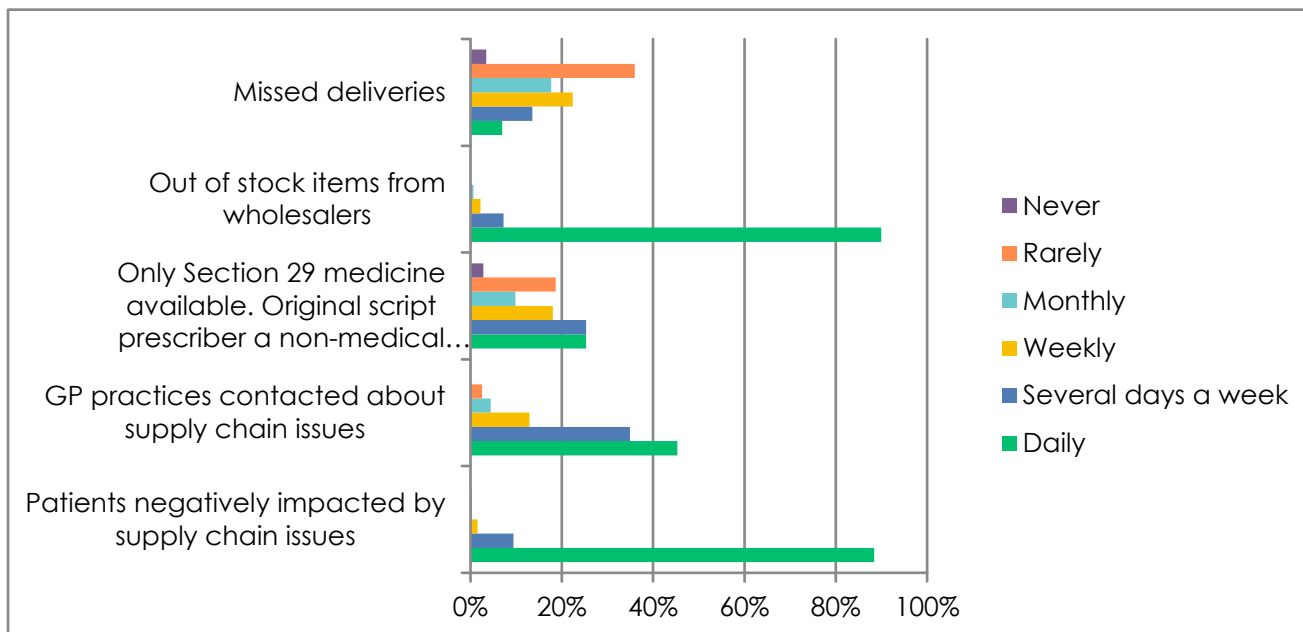
How often are medicine supply chains issues affecting the pharmacy?



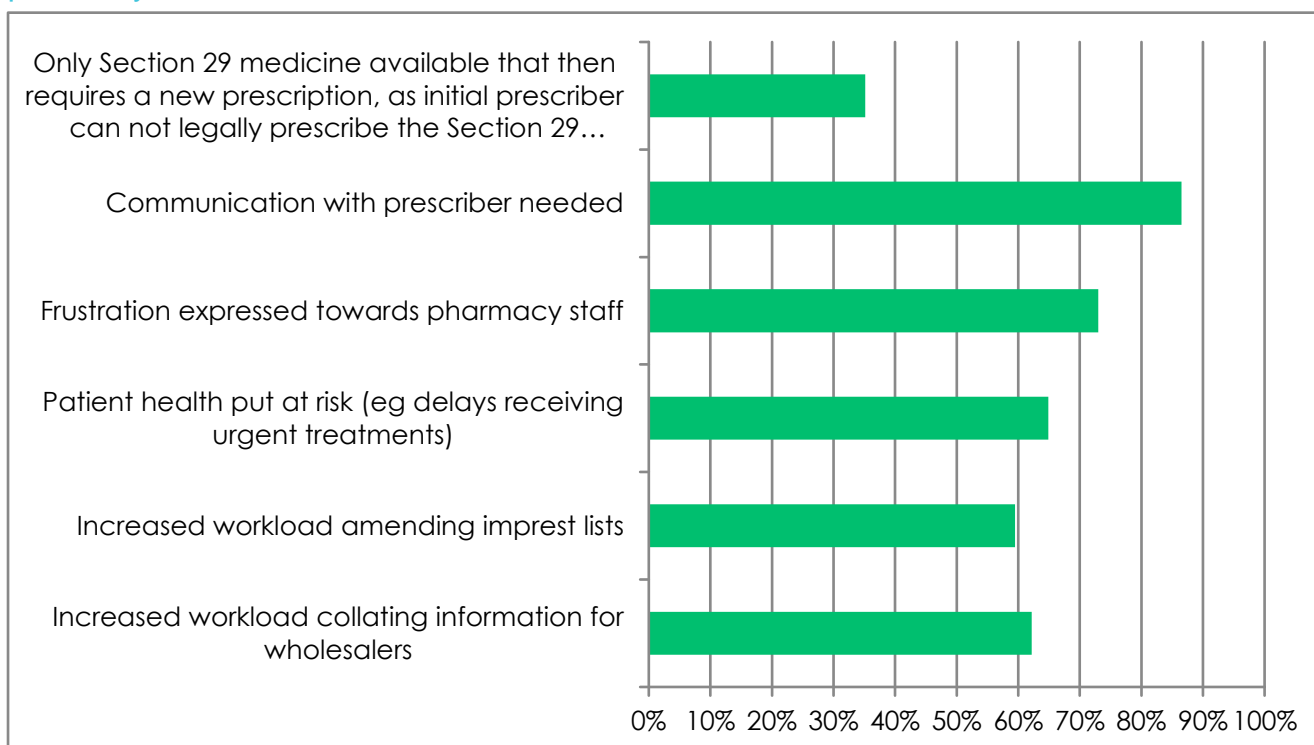
How many hours does your community pharmacy team spend trying to obtain stock alternatives?



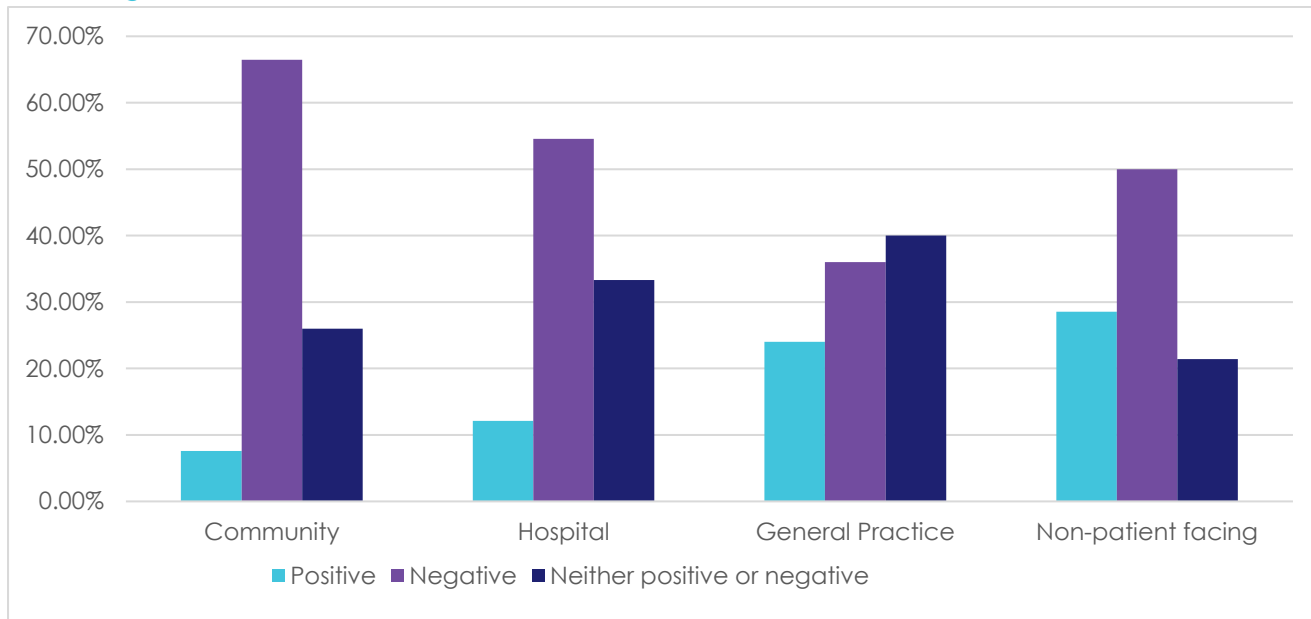
How often do each of the following occur in the community pharmacy?



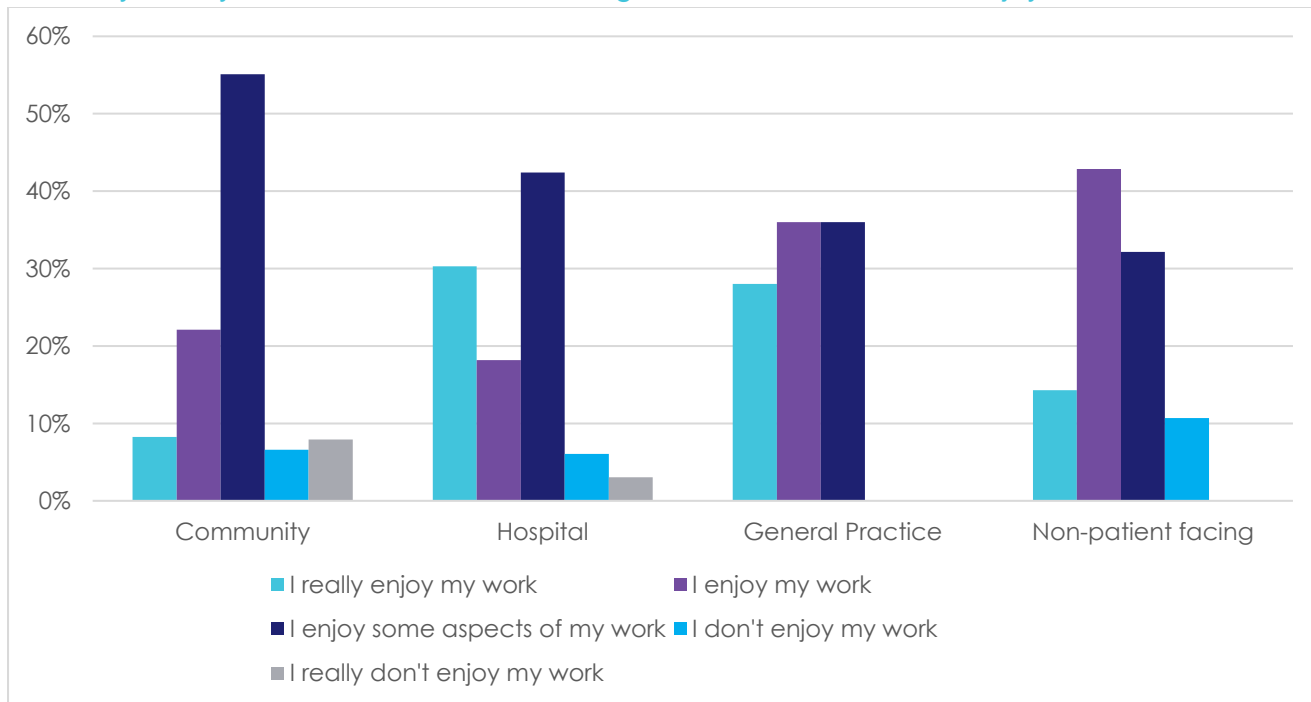
Which of the following have occurred as a consequence of medicine supply issues in your hospital pharmacy?



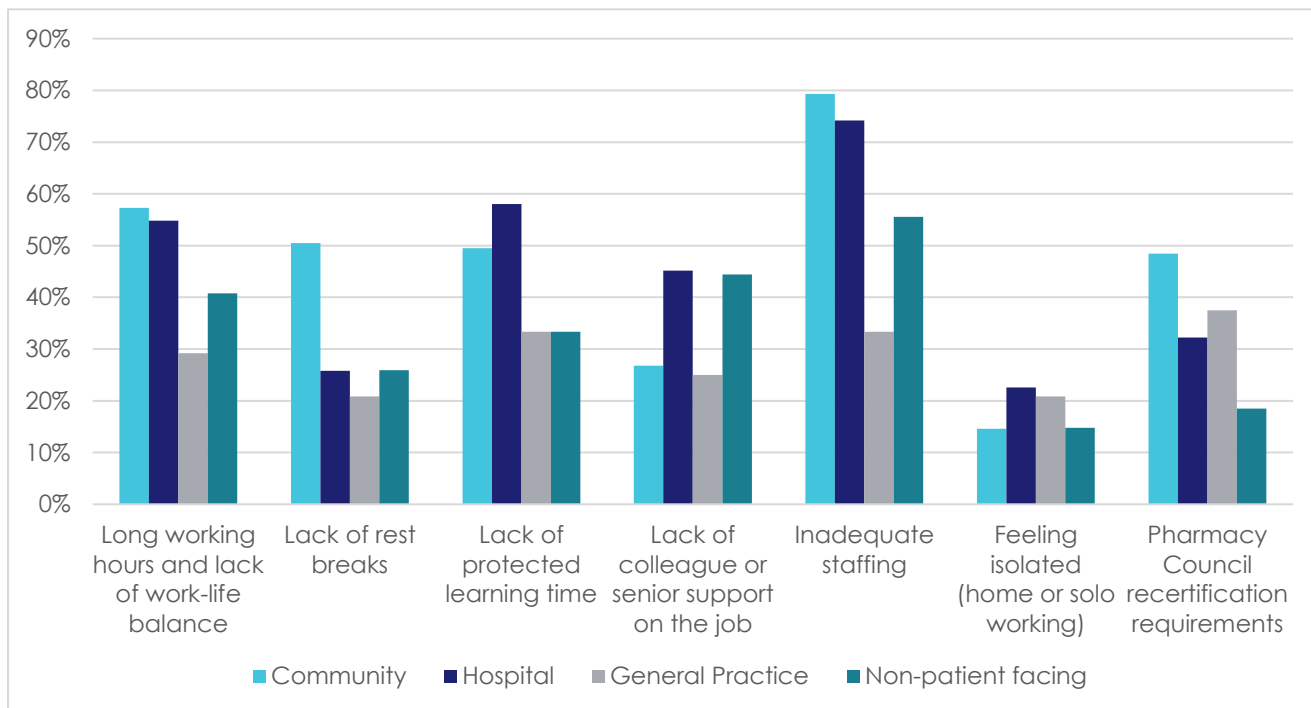
In the last year, has your work had a positive or negative impact on your mental health and wellbeing?



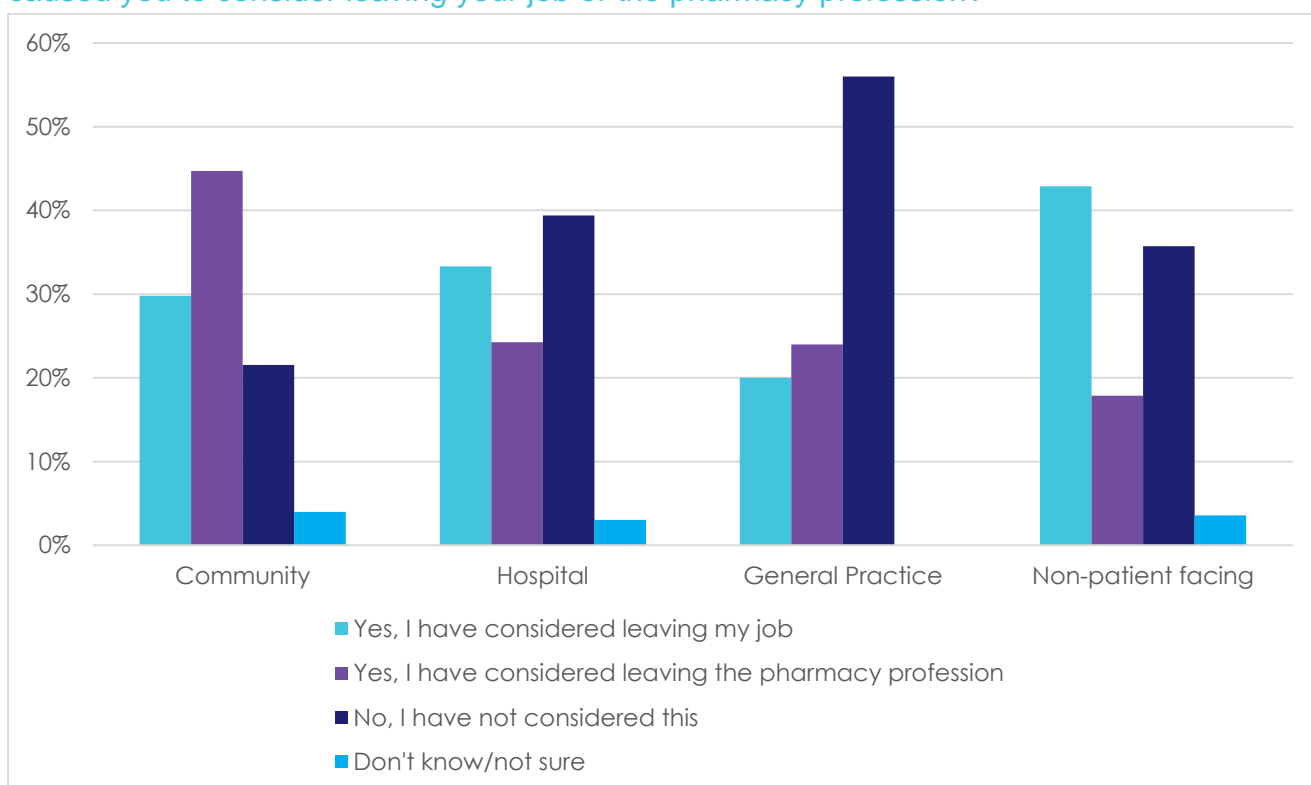
On a day-to-day basis, which of the following statements about work enjoyment best describes you?



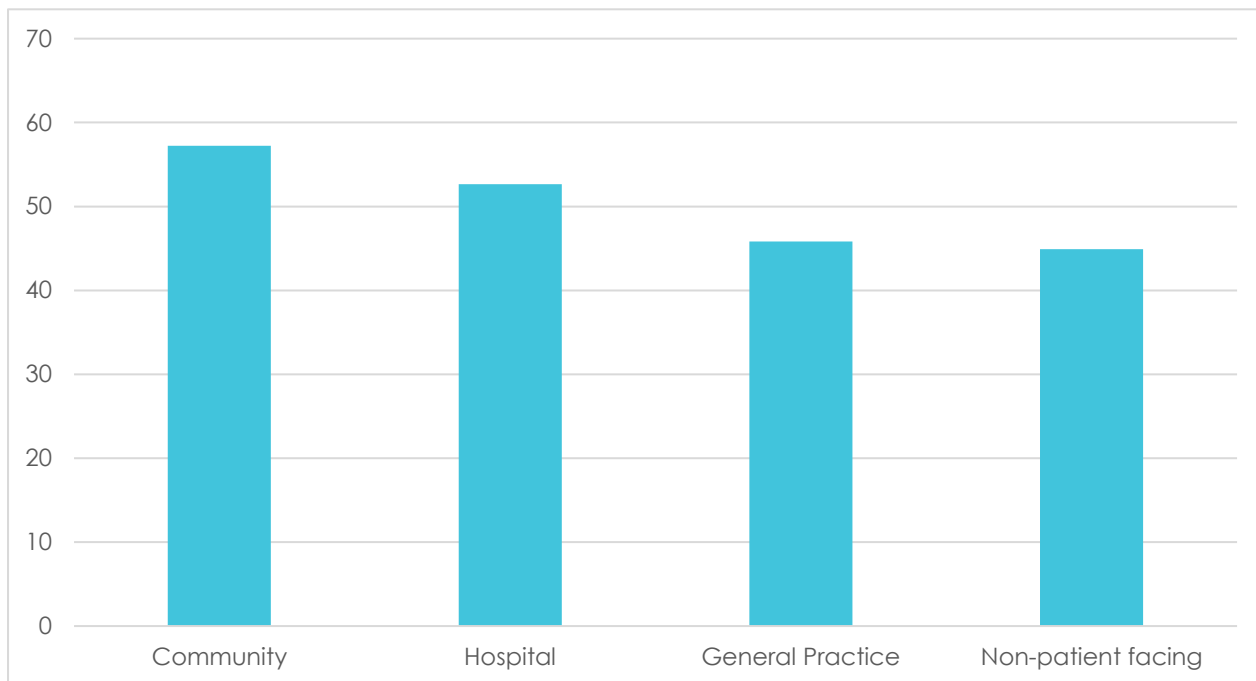
Which of the following, if any would, you say have had a negative impact on your mental health and wellbeing in the last year?



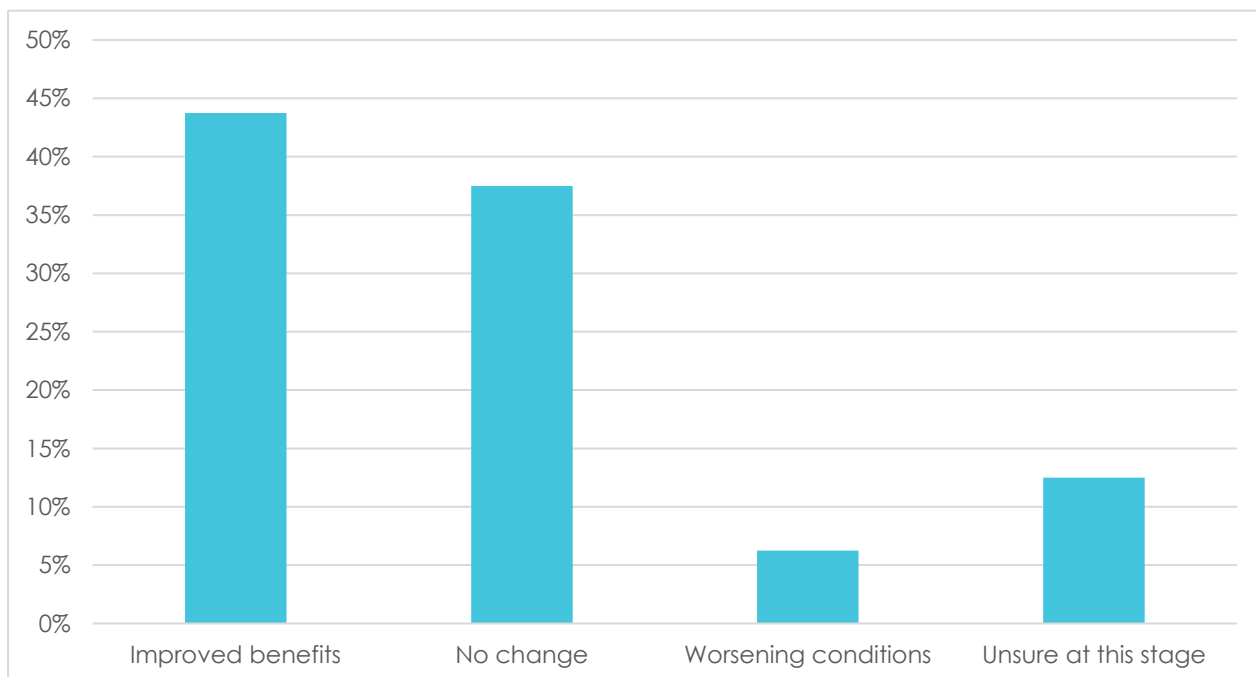
In the last year, at any point, has the impact of your work on your mental health and wellbeing caused you to consider leaving your job or the pharmacy profession?



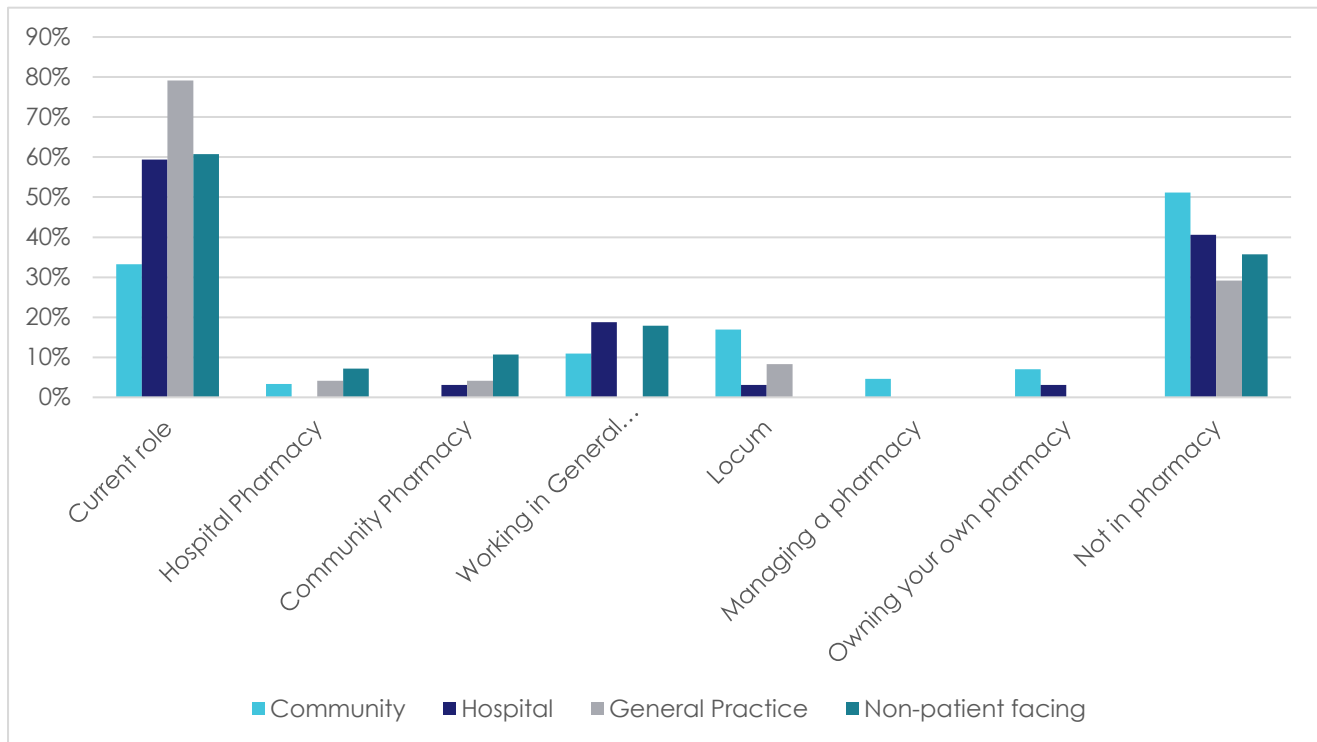
How would you currently rate yourself on a 0 to 10 scale, where 0 is “not at all burnt out” and 100 is “extremely burnt out”?



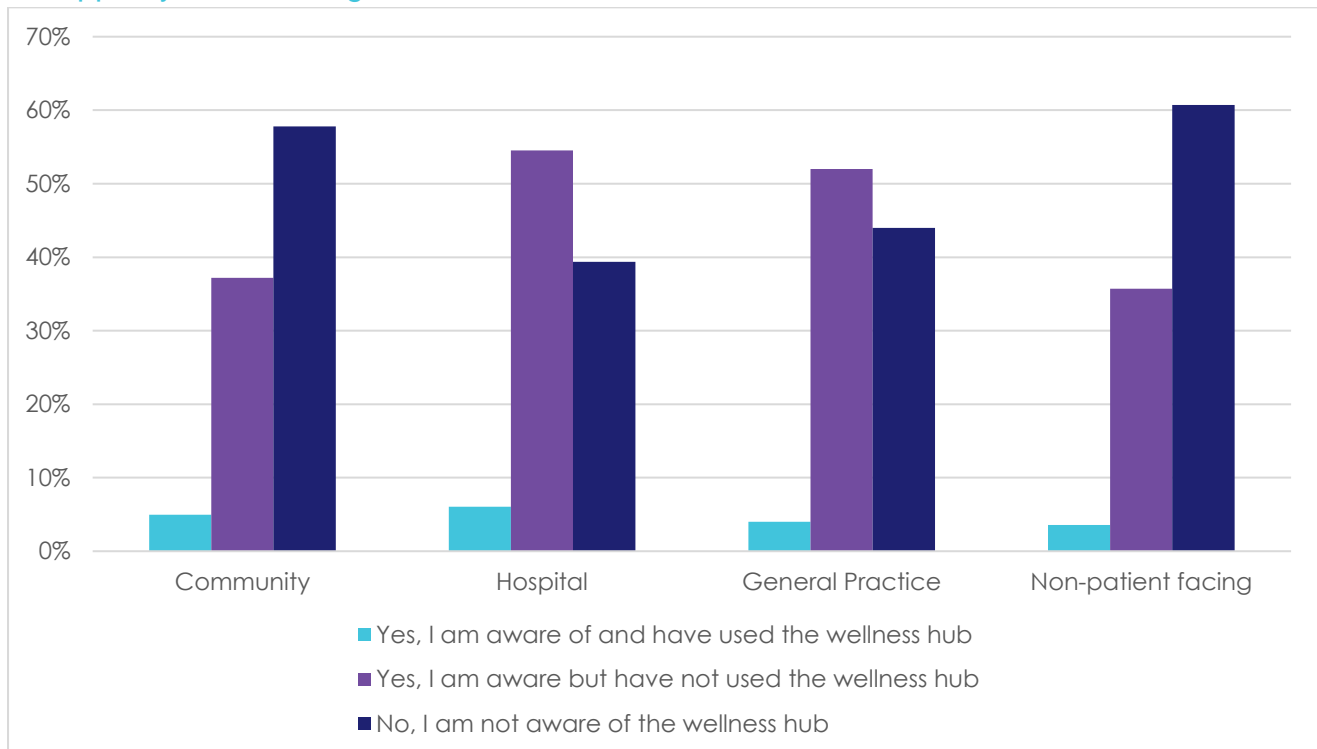
Has the recent hospital pay equity settlement impacted on your working terms and conditions?



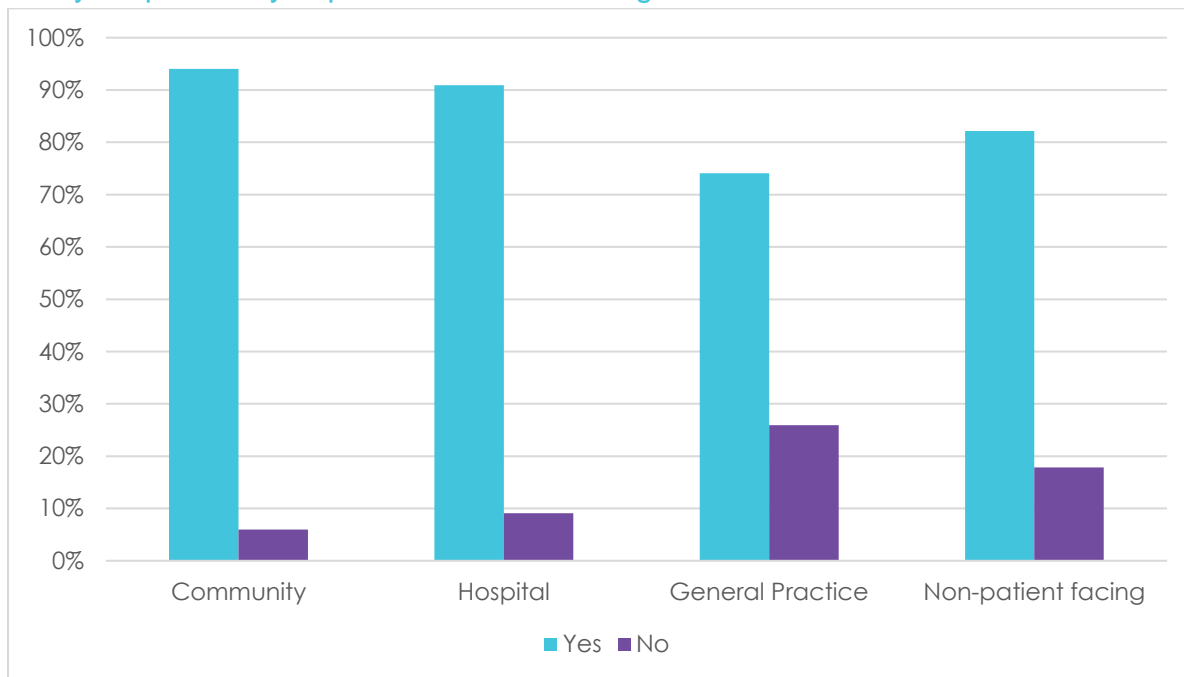
Where do you see yourself in 5 years' time?



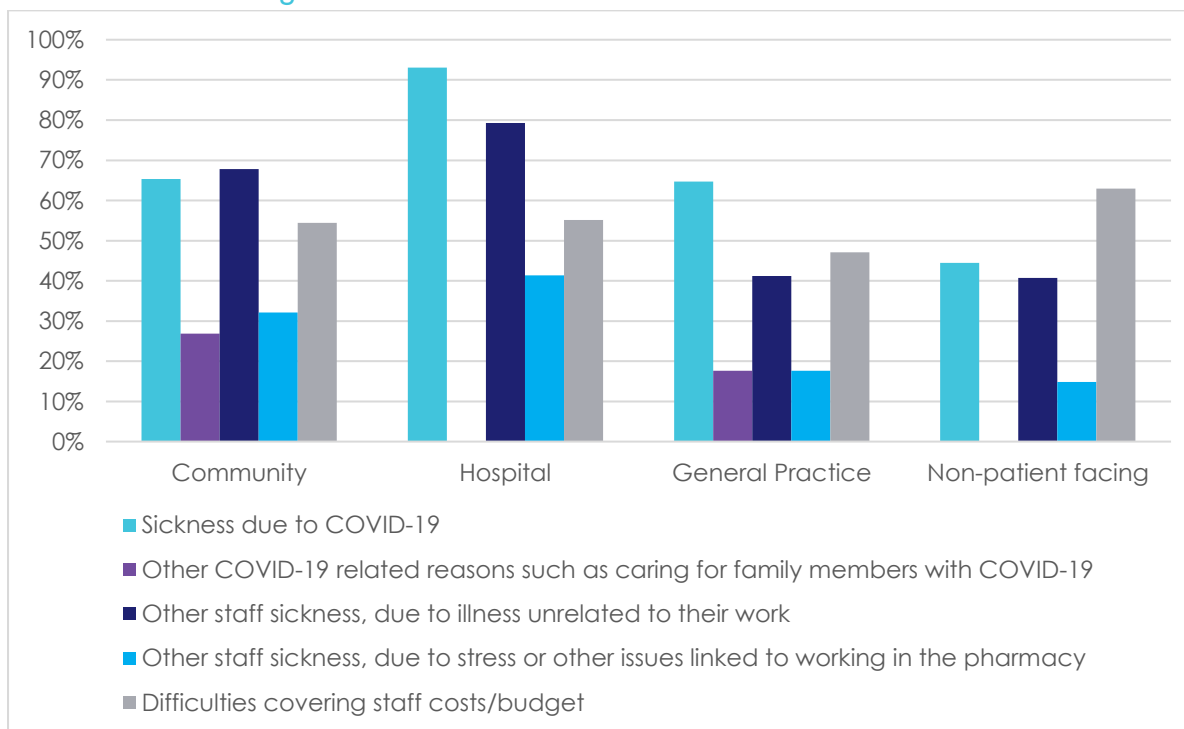
Are you aware of the PSNZ Wellbeing hub- a webpage with dedicated resources and signposting to support your wellbeing?



Has your pharmacy experienced staff shortages in the last 6-12 months?

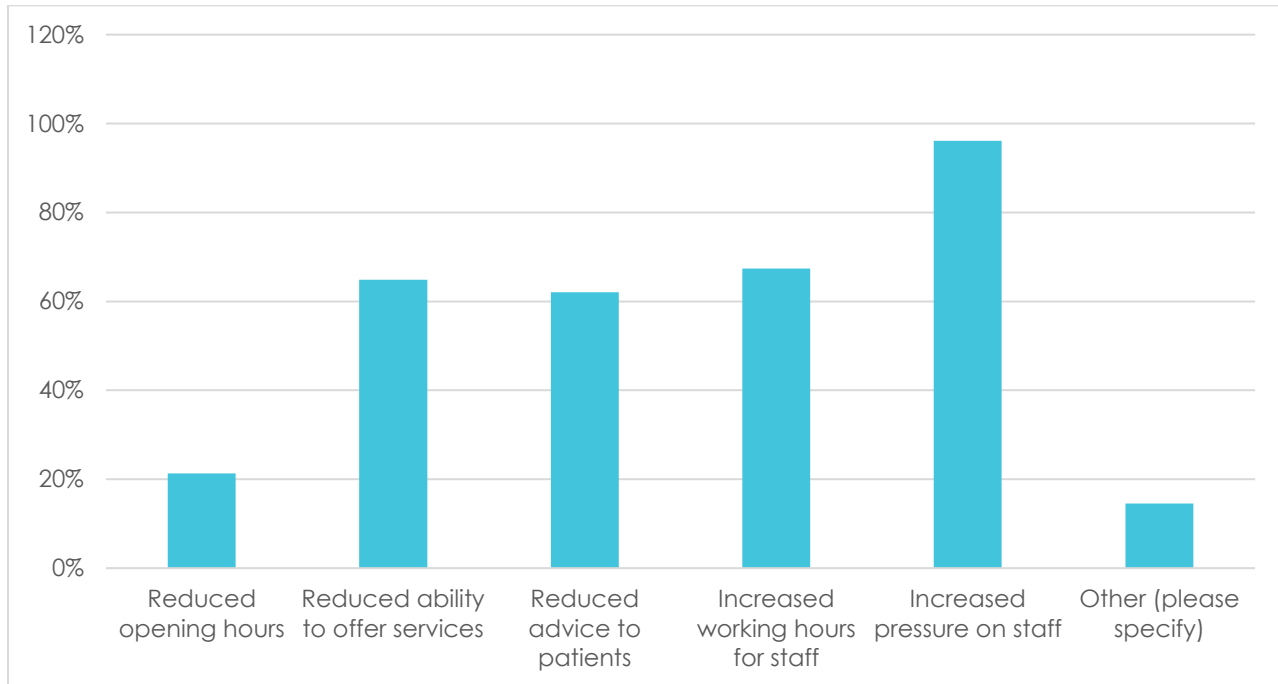


Are the staff shortages due to?

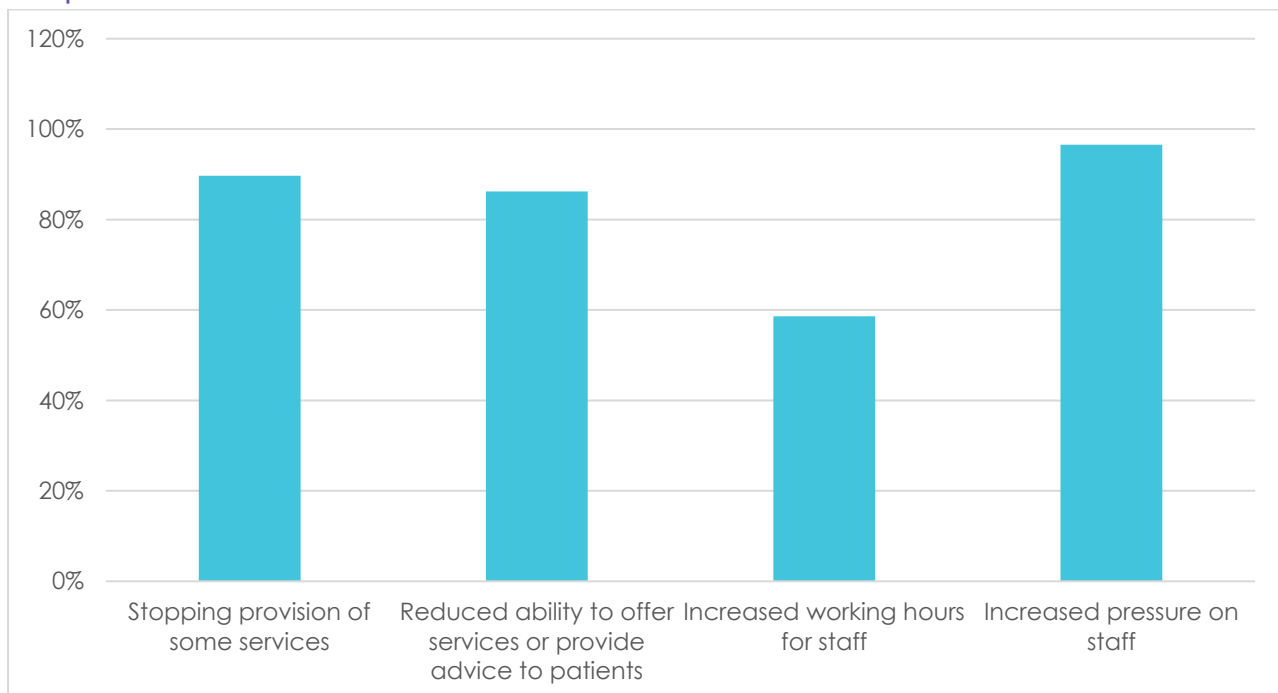


What impacts are staff shortages having on the pharmacy and its patients

Community

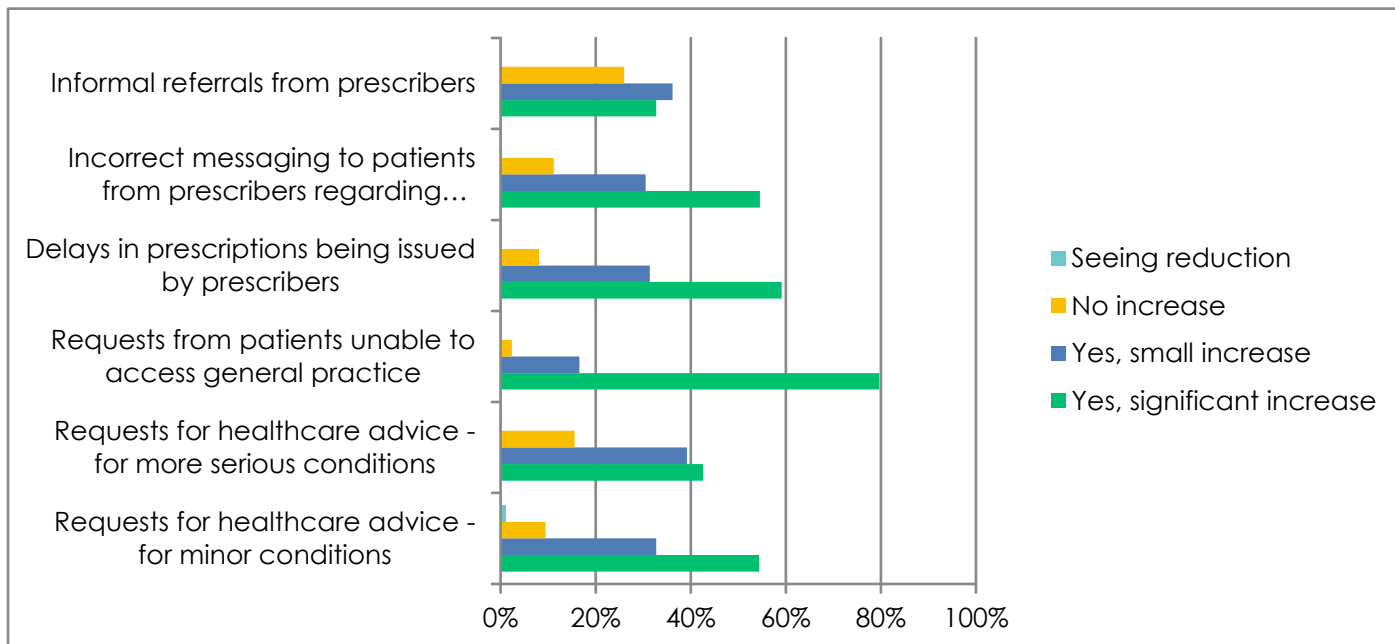


Hospital

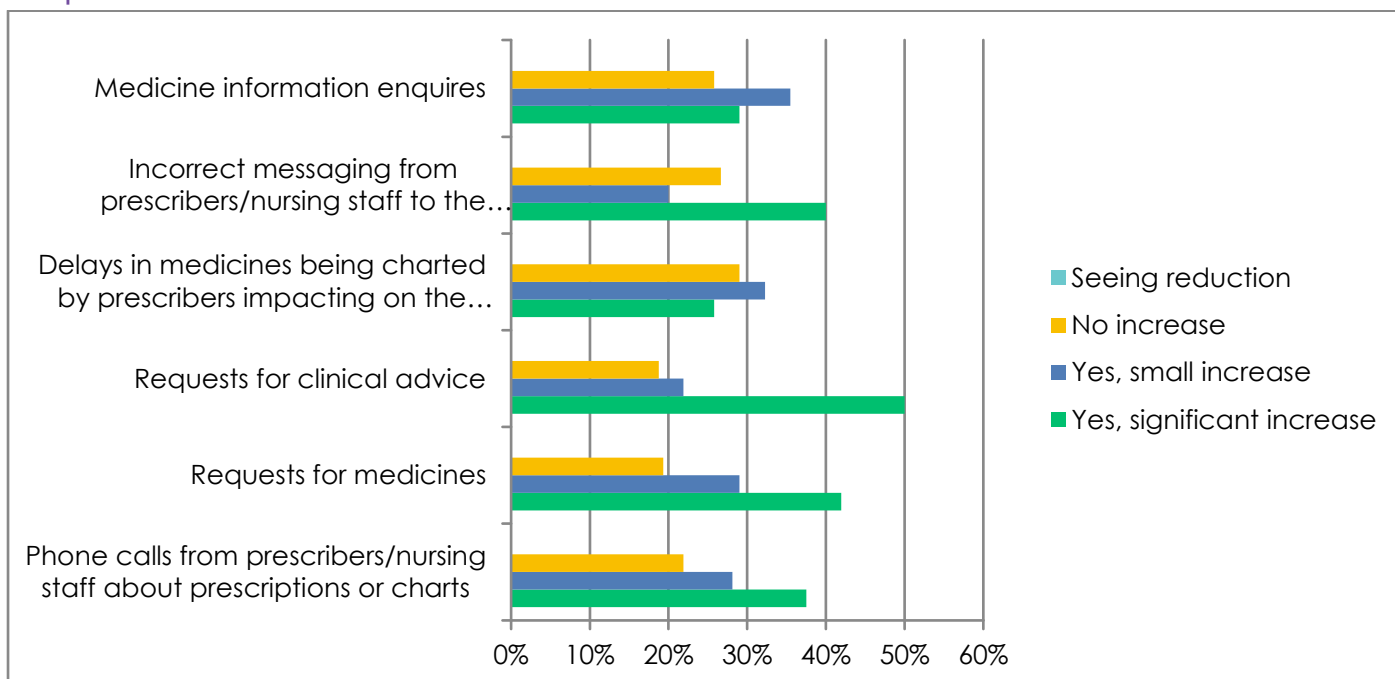


Have you experienced an increase in any of the following since this time last year?

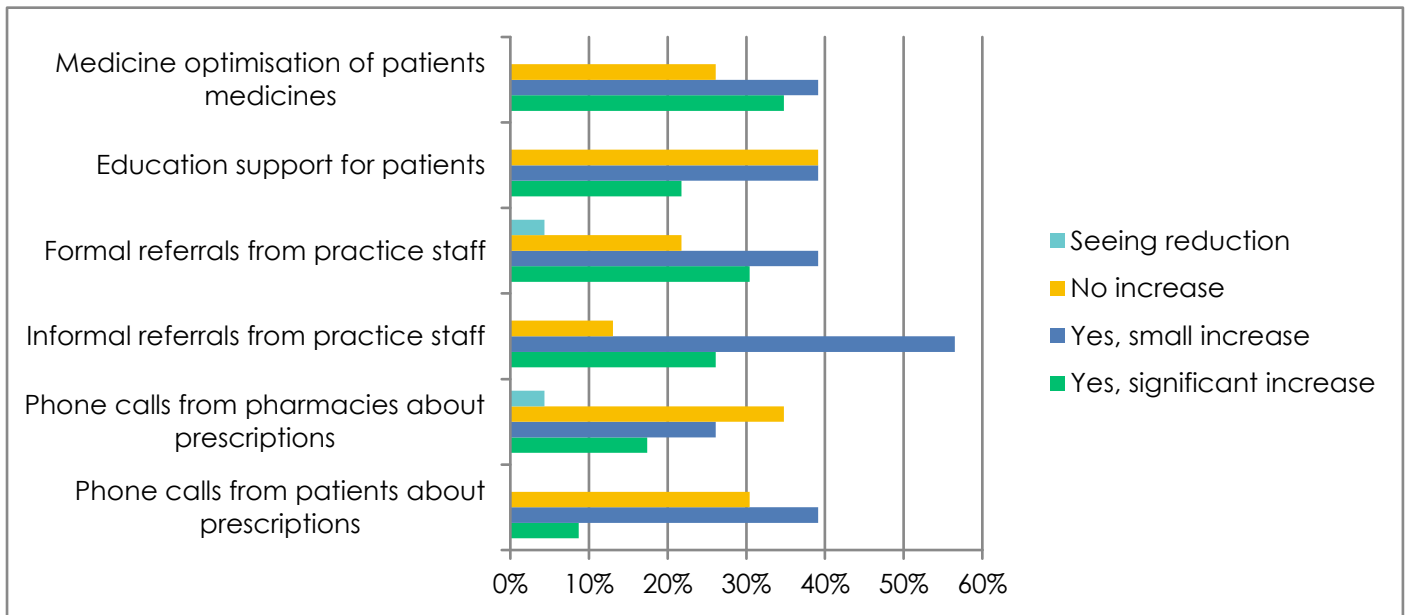
Community



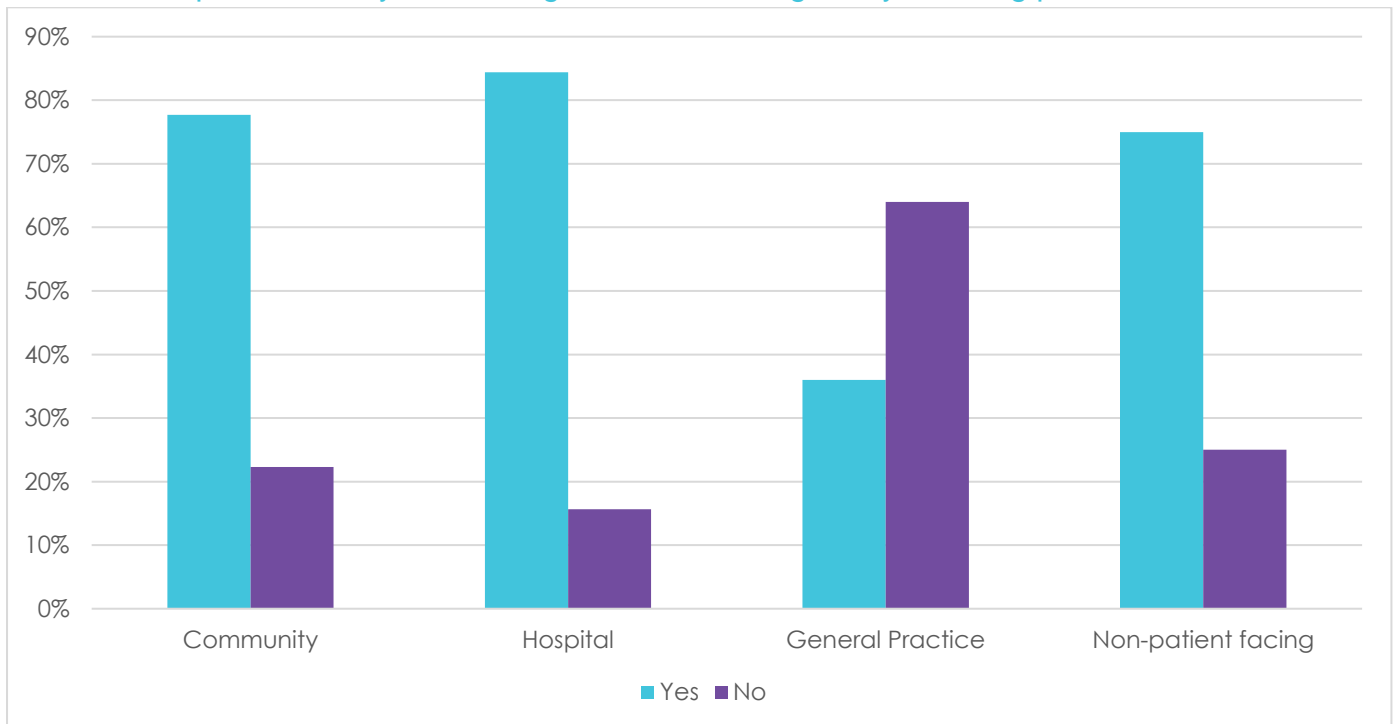
Hospital



General Practice

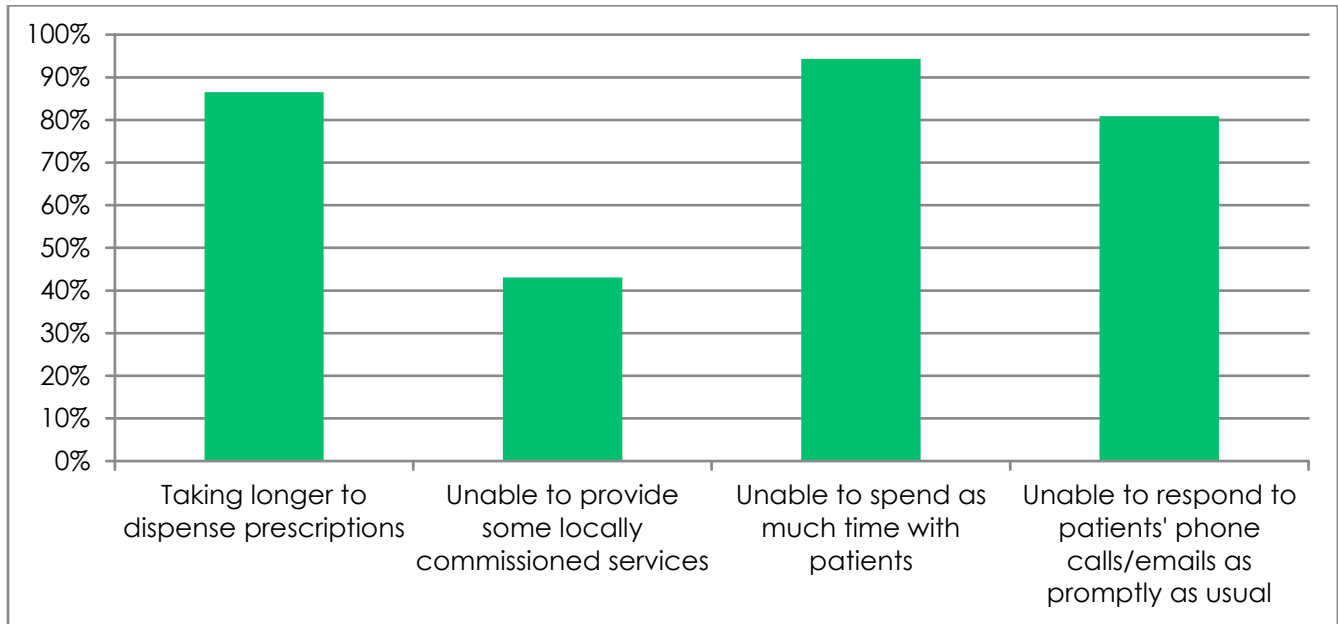


Are the work pressures in your working environment negatively affecting patient services?

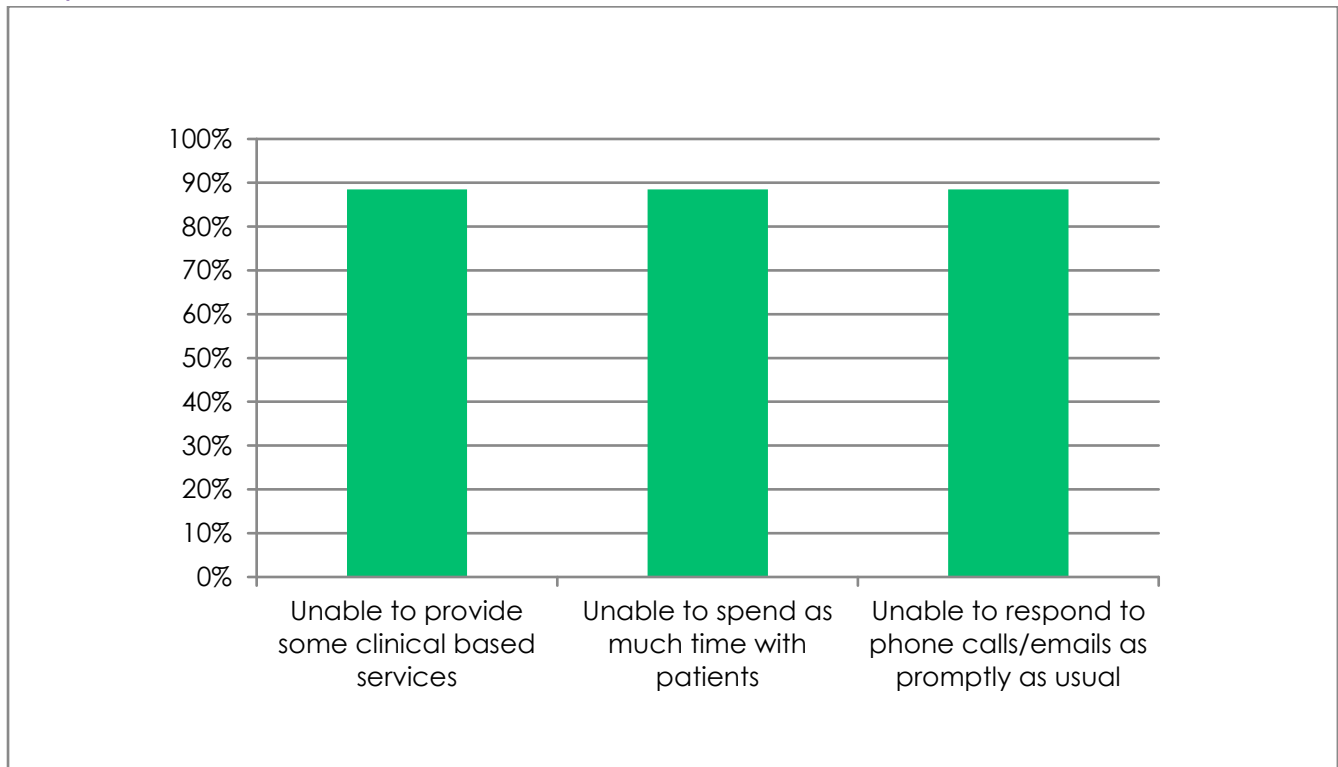


What has the impact on patients been?

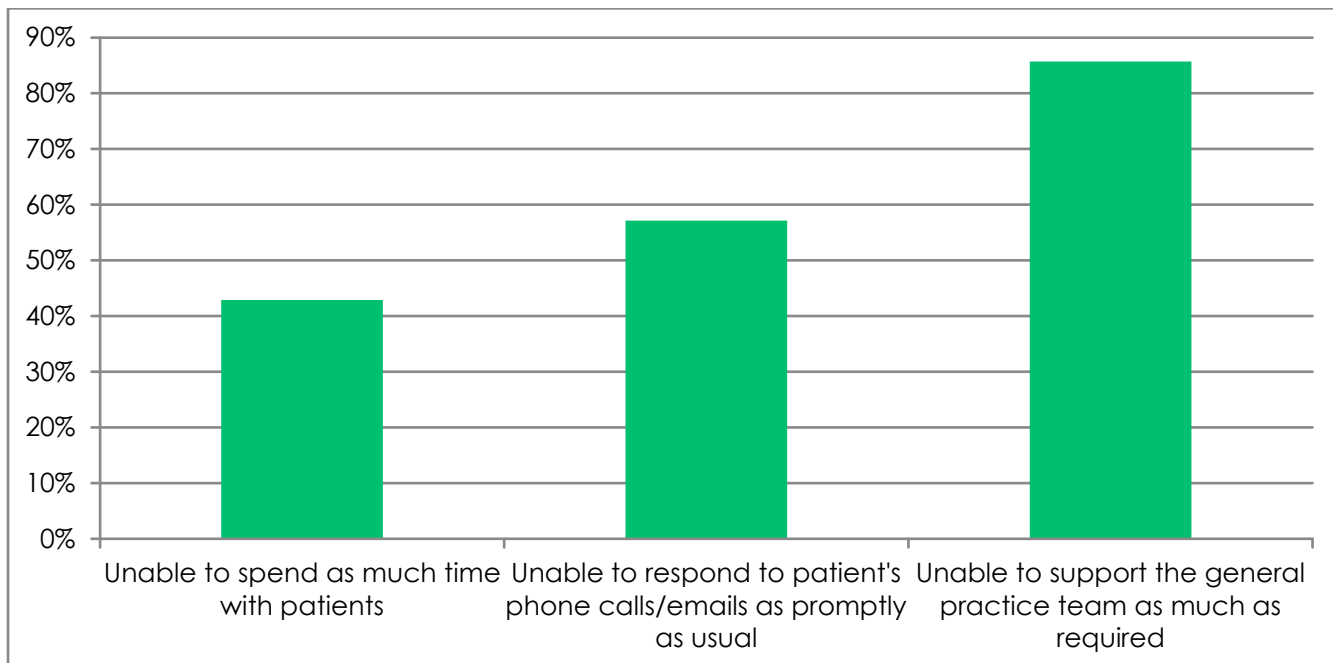
Community



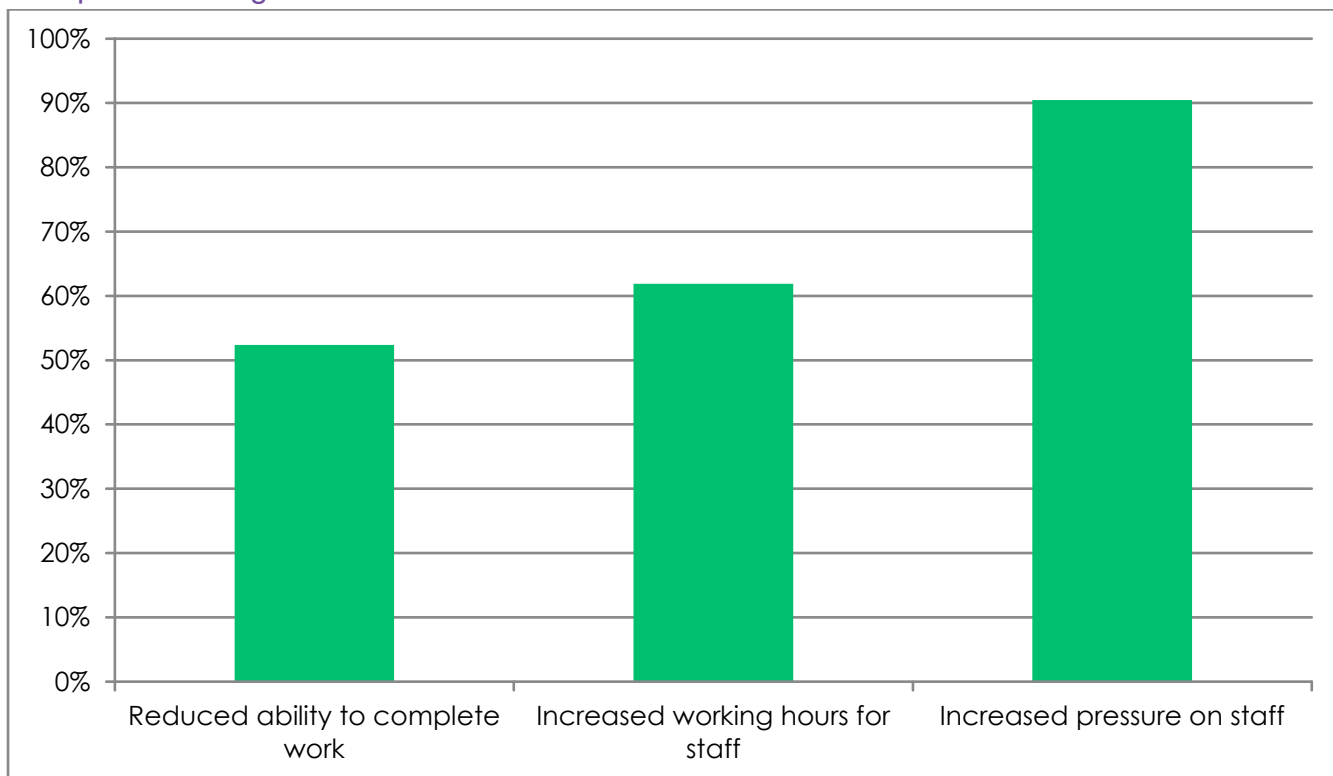
Hospital



General Practice

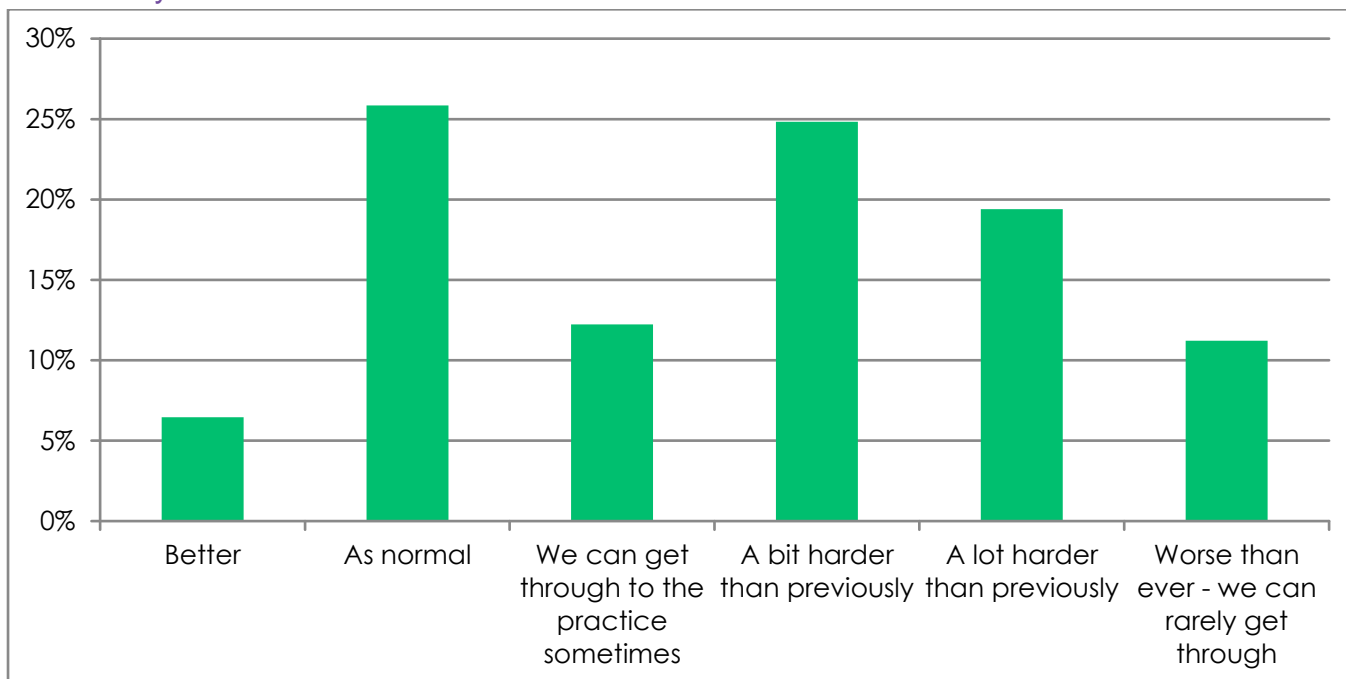


Non-patient facing roles

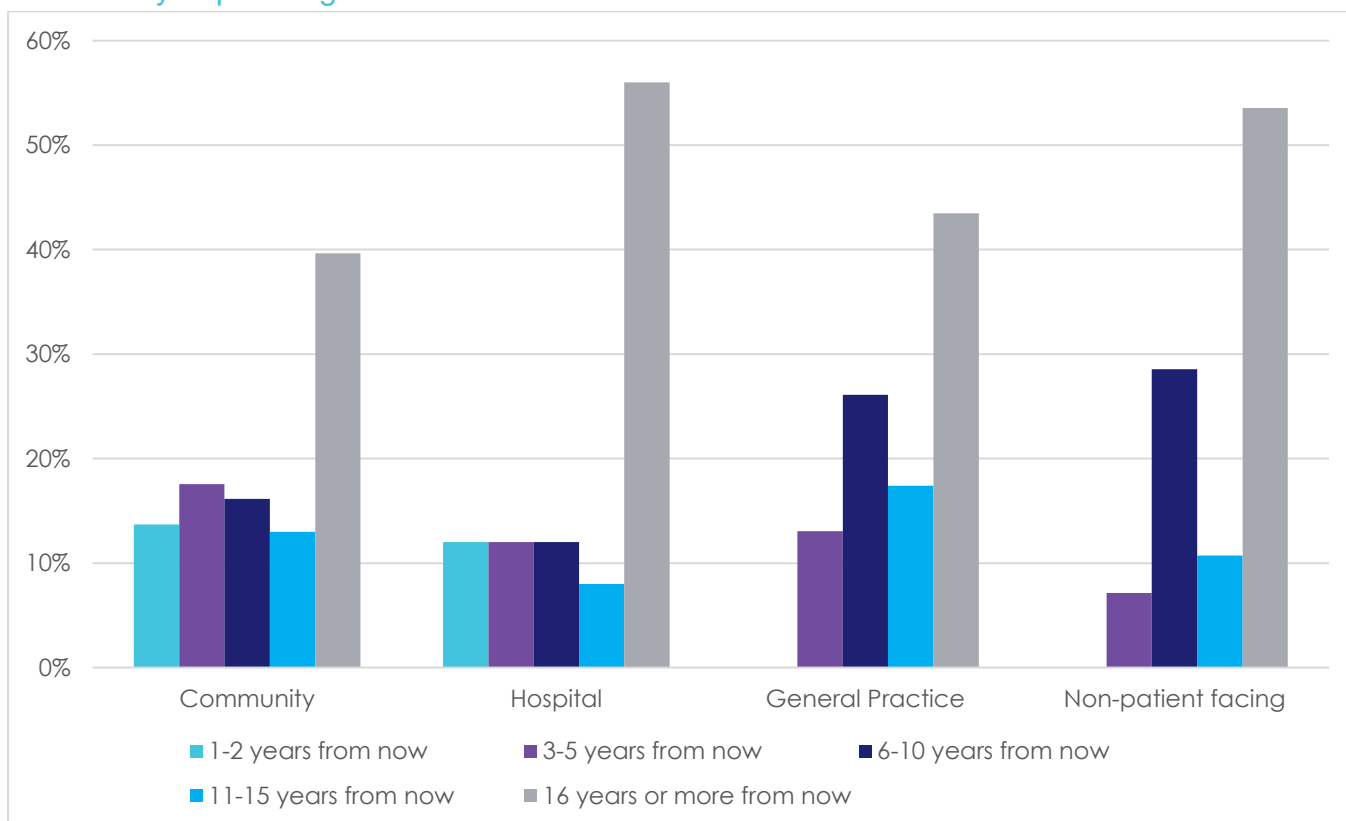


How is your pharmacy finding communication with prescribers over the last 6 months?

Community

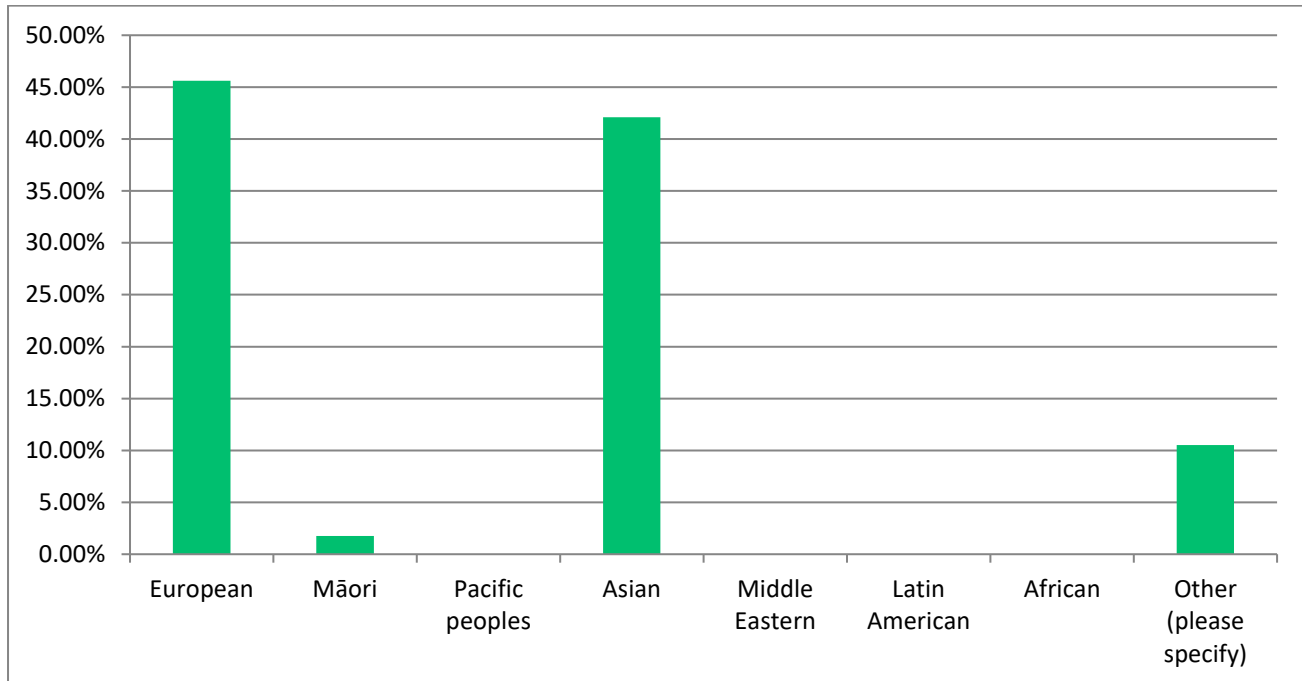


When are you planning to retire?

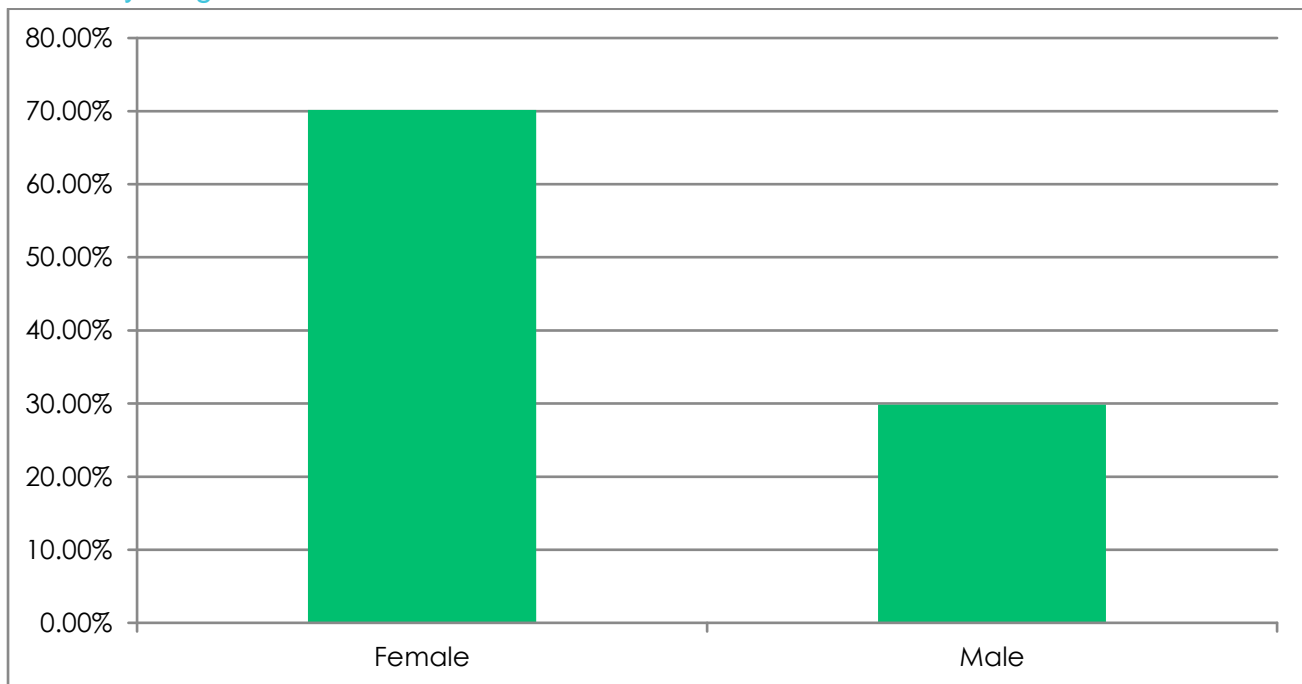


Appendix 2- Community Pharmacy 1 to 5 years qualified- key questions

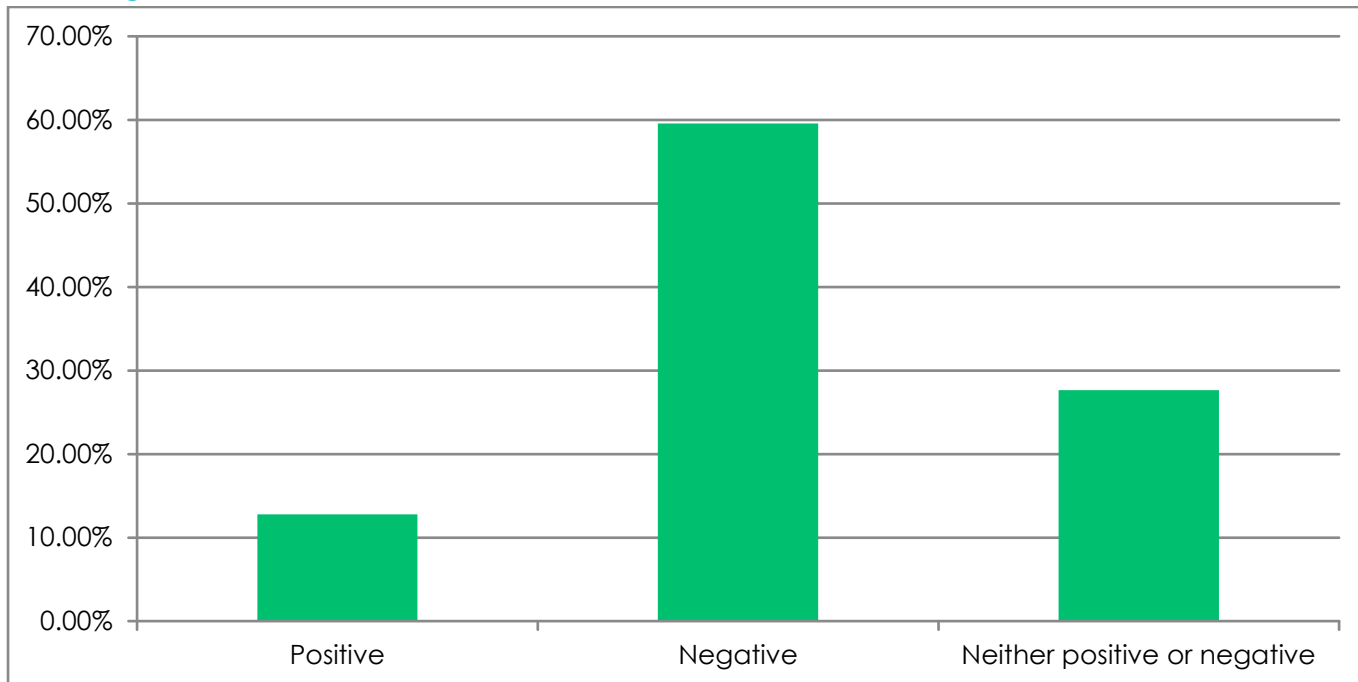
What is your ethnic origin



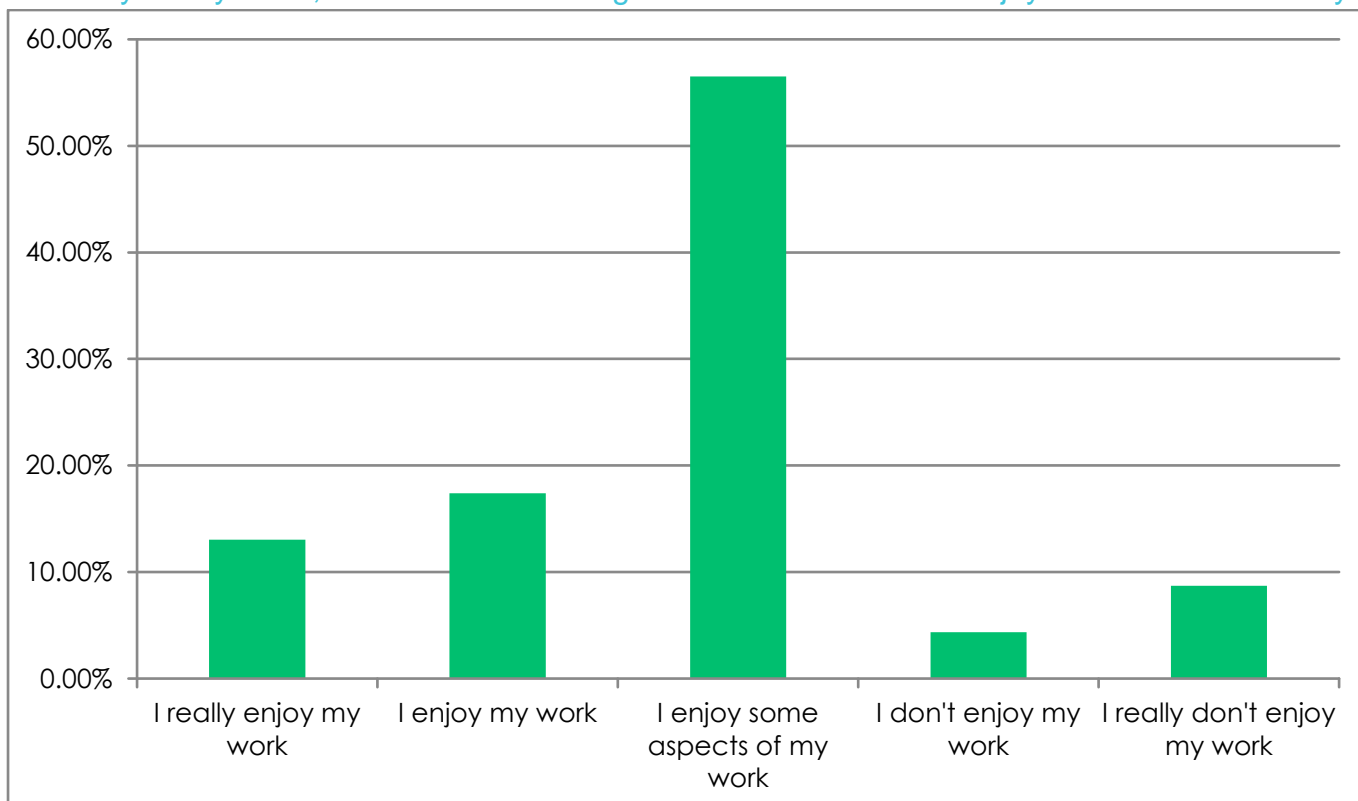
What is your gender?



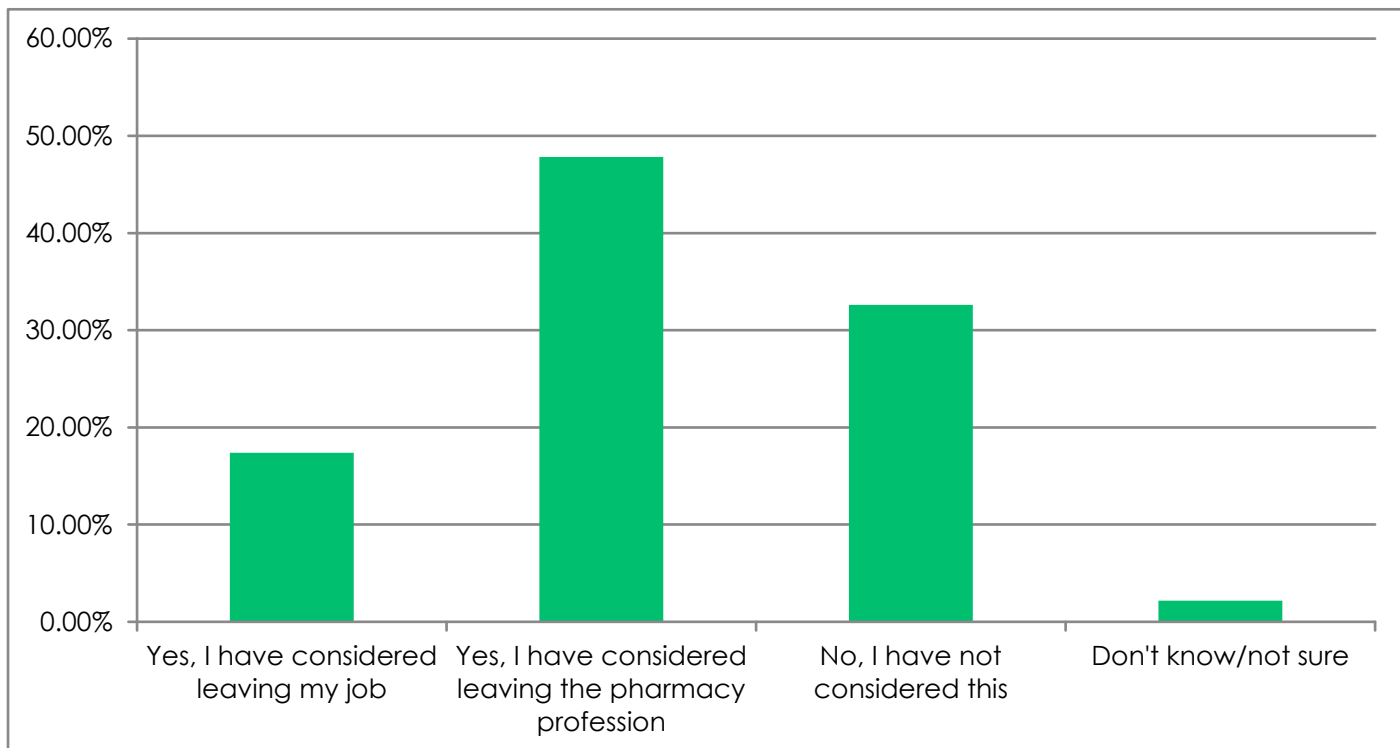
In the last year, has your work had a positive or negative impact on your mental health and wellbeing?



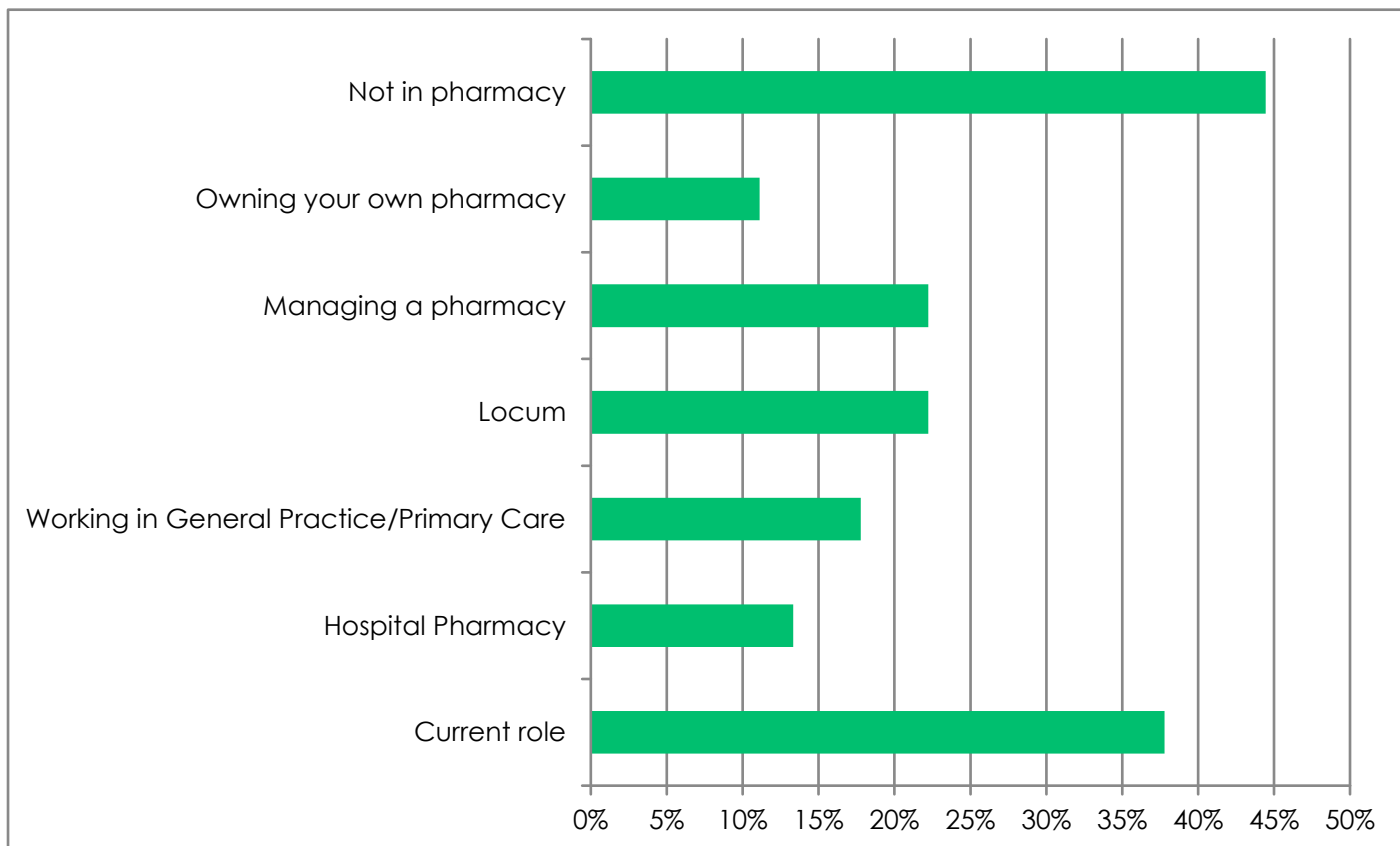
On a day to day basis, which of the following statements about work enjoyment best describes you?



In the last year, at any point has the impact of your work on your mental health and wellbeing caused you to consider leaving your job or the pharmacy profession.

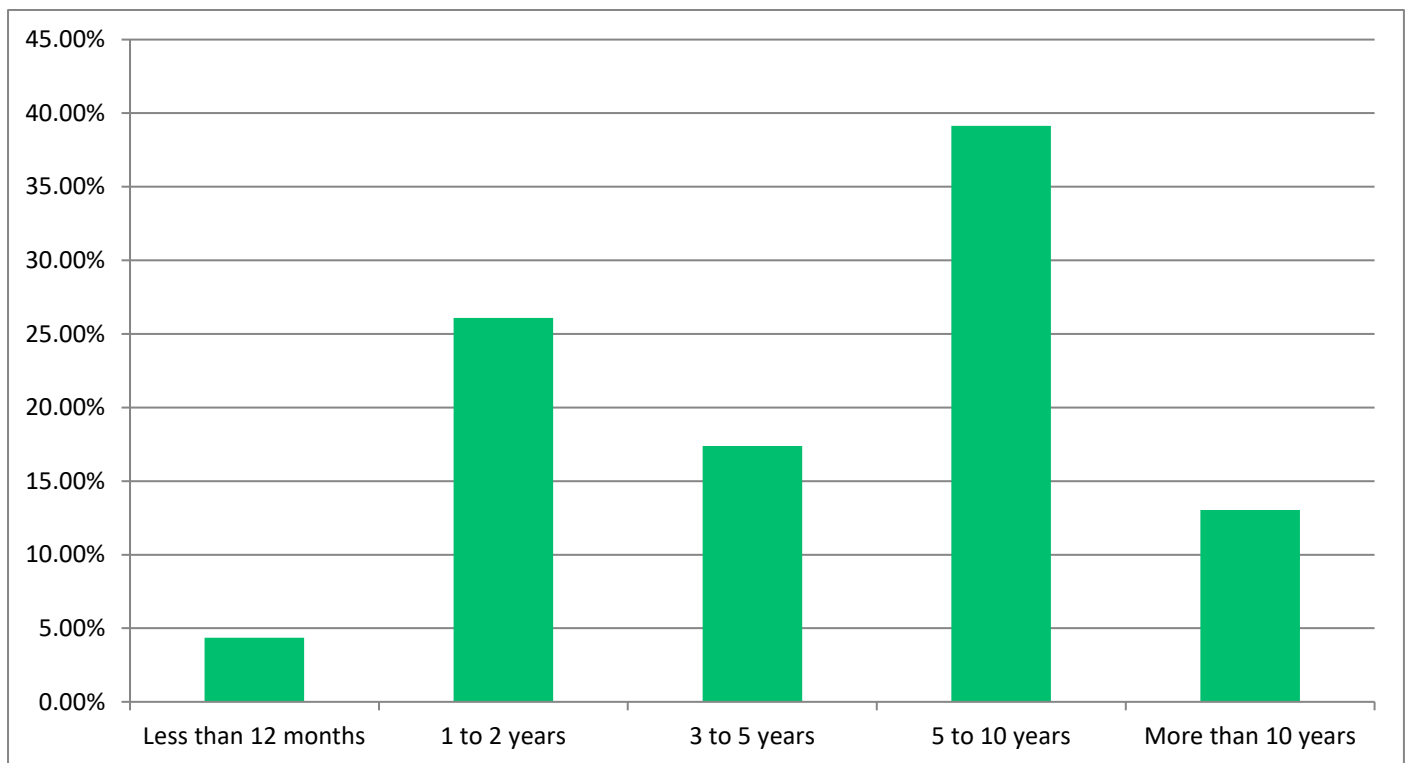


Where do you see yourself in 5 year's time?

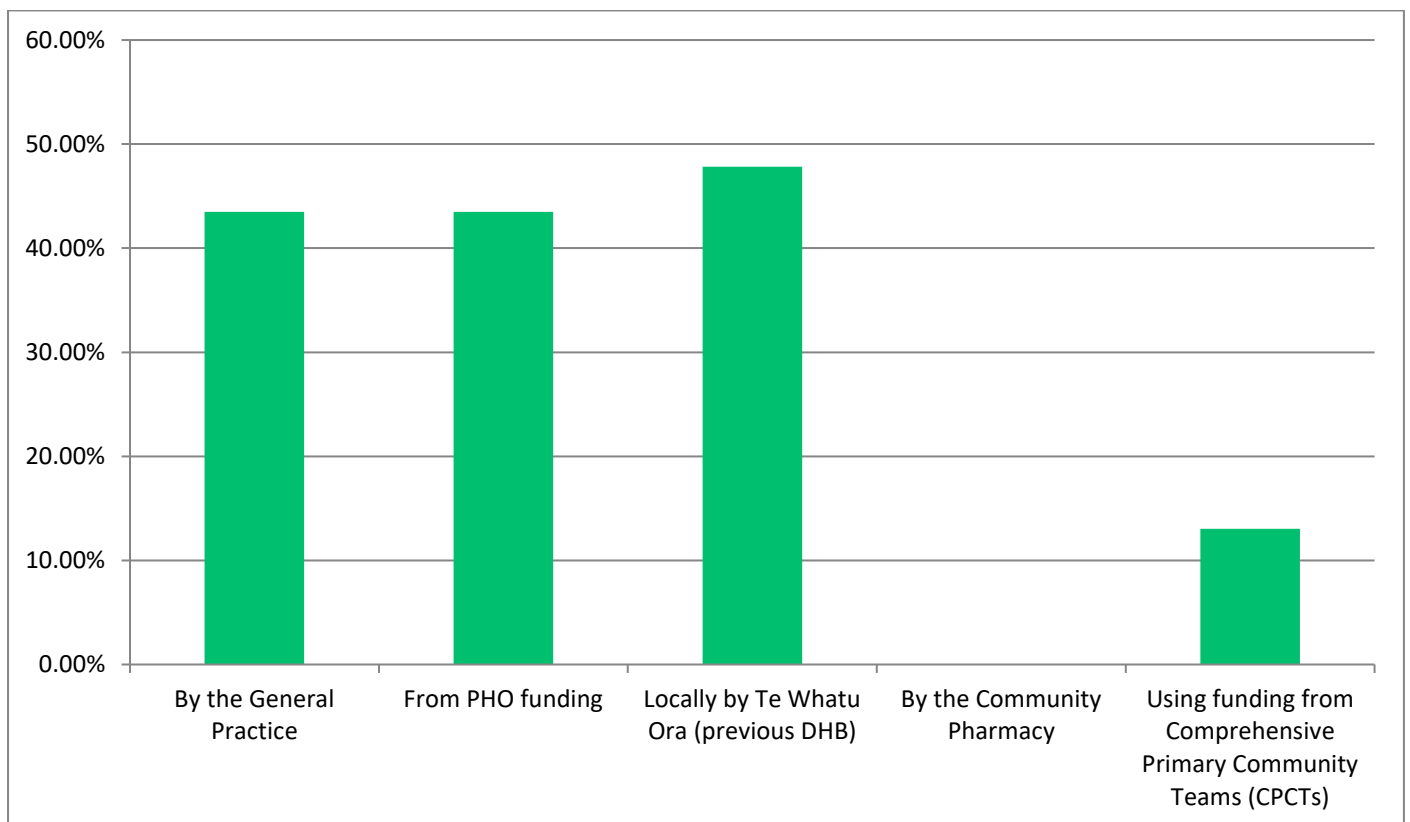


Appendix 3- Pharmacists in General Practice specific questions

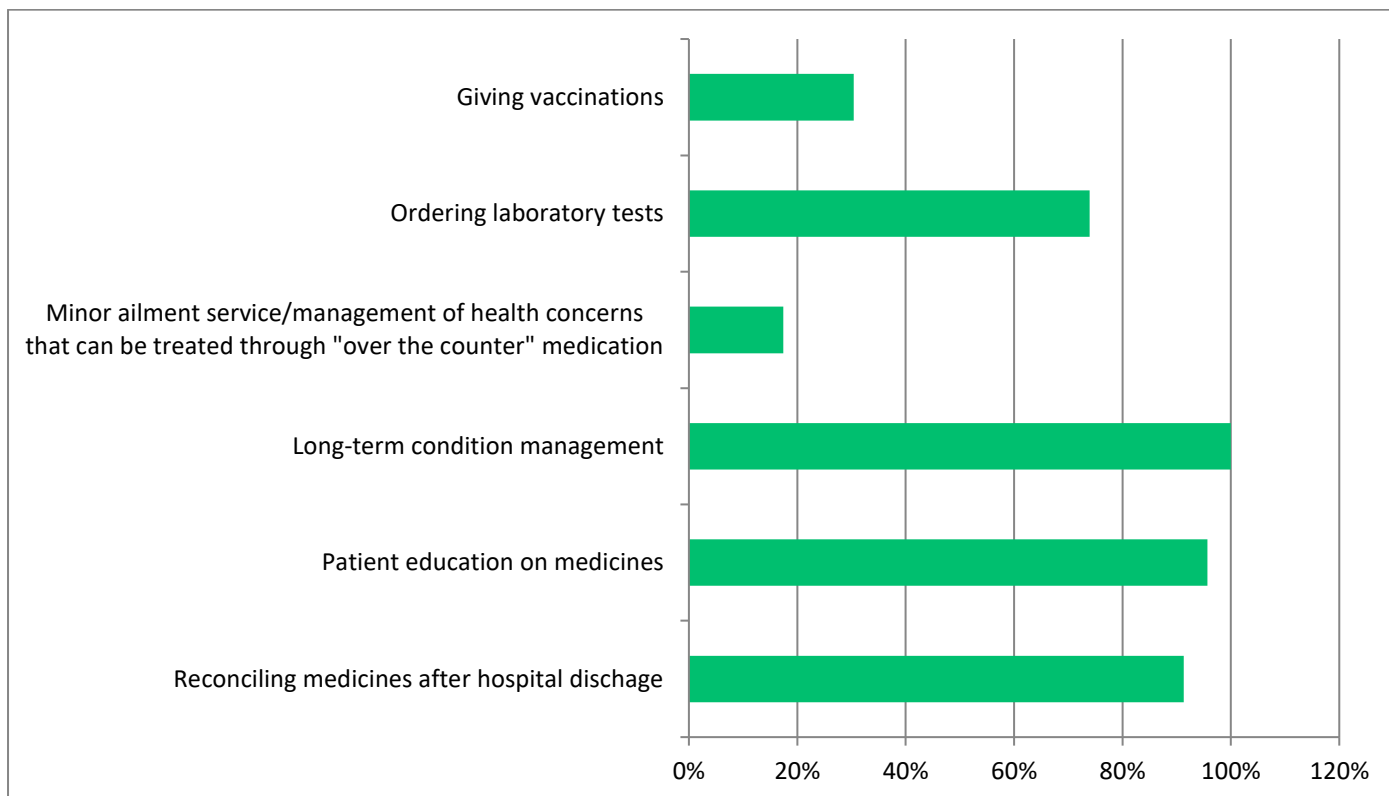
How long have you been working in general practice?



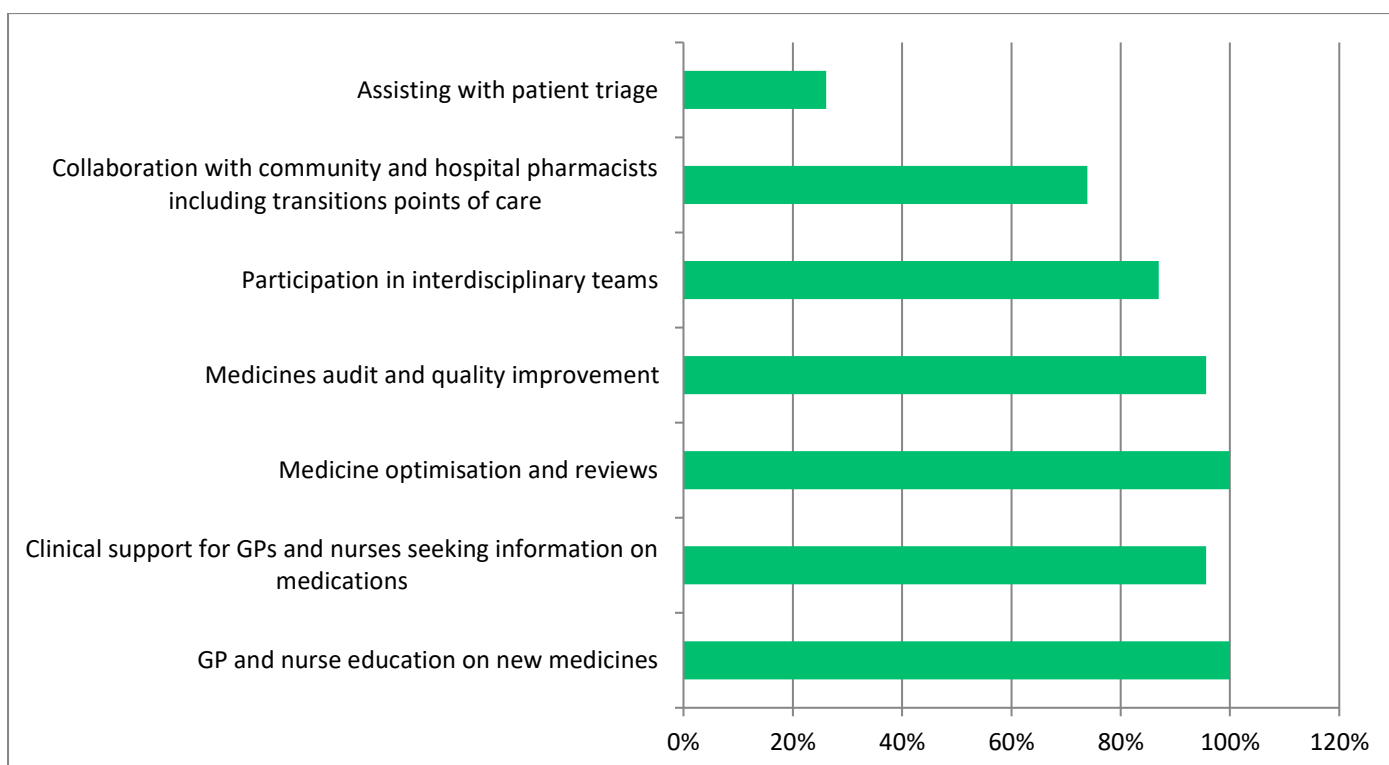
How is your role currently funded?



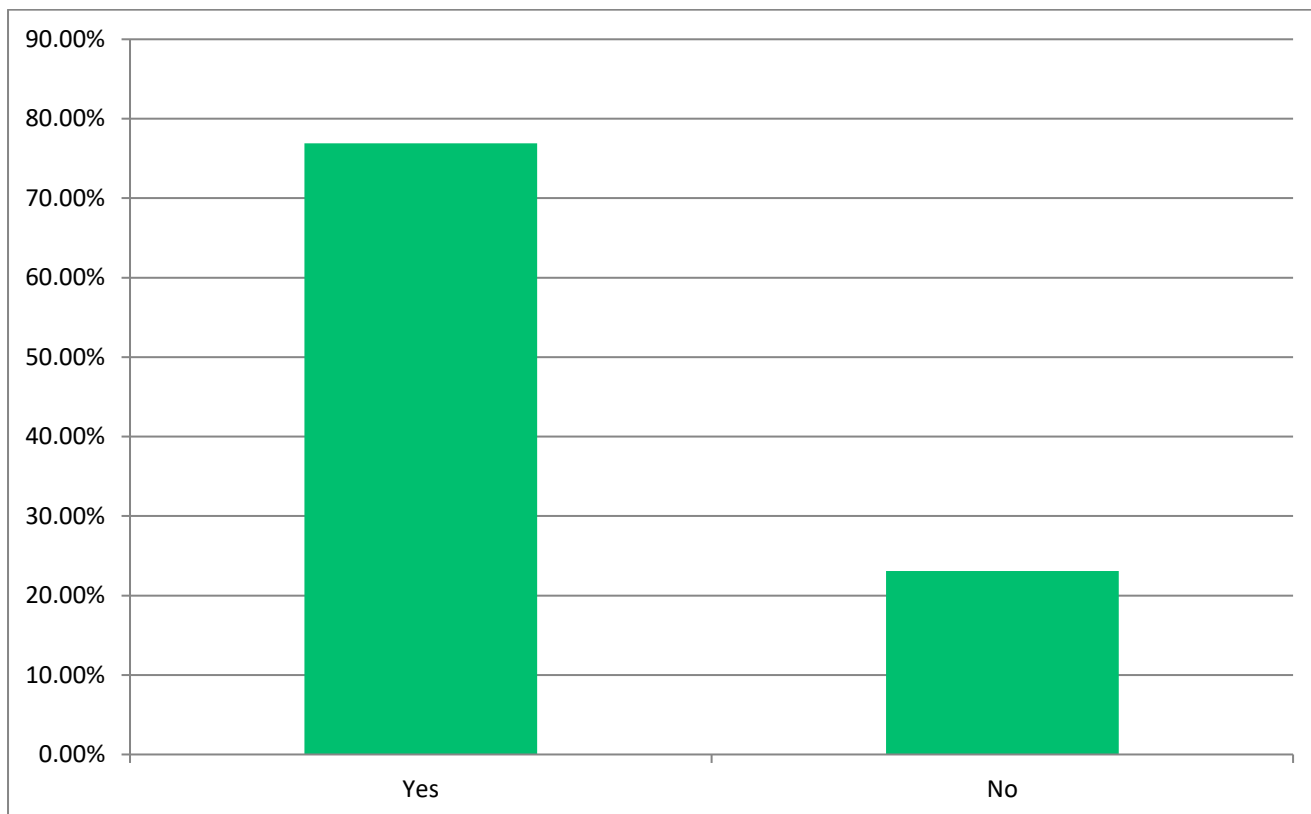
Do you undertake any of the following patient focused activities?



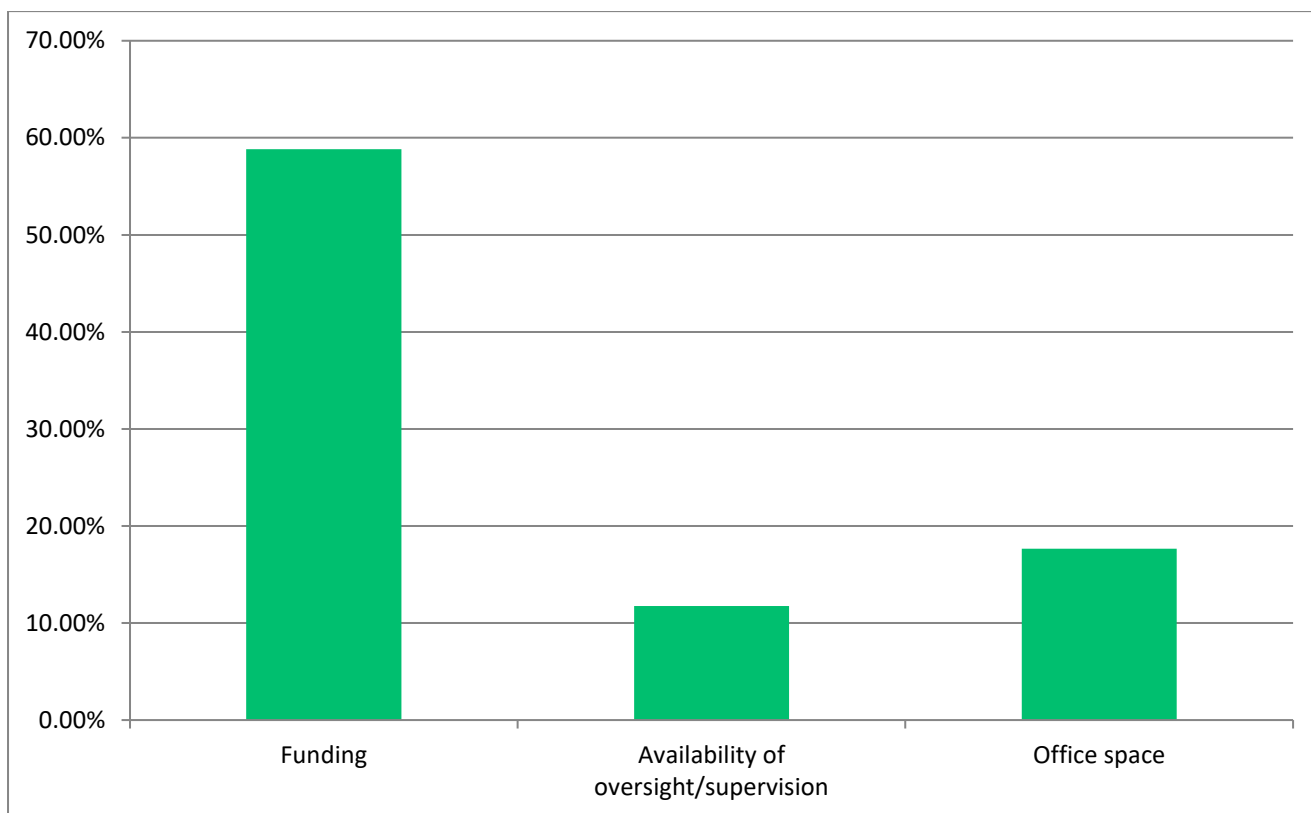
Do you undertake any of the following practice and/or clinician focused activities?



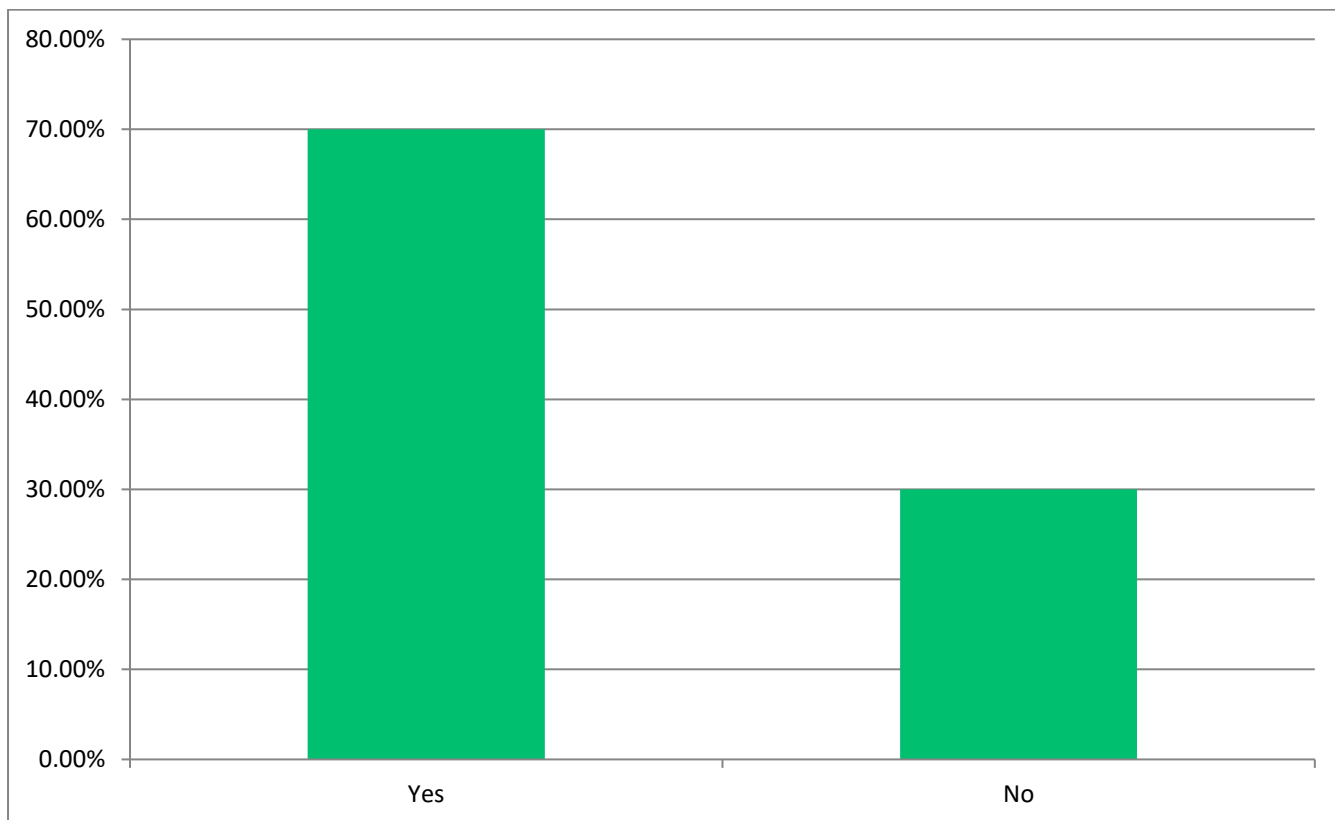
Do you think your practice(s) should have more pharmacist support than it does at present?



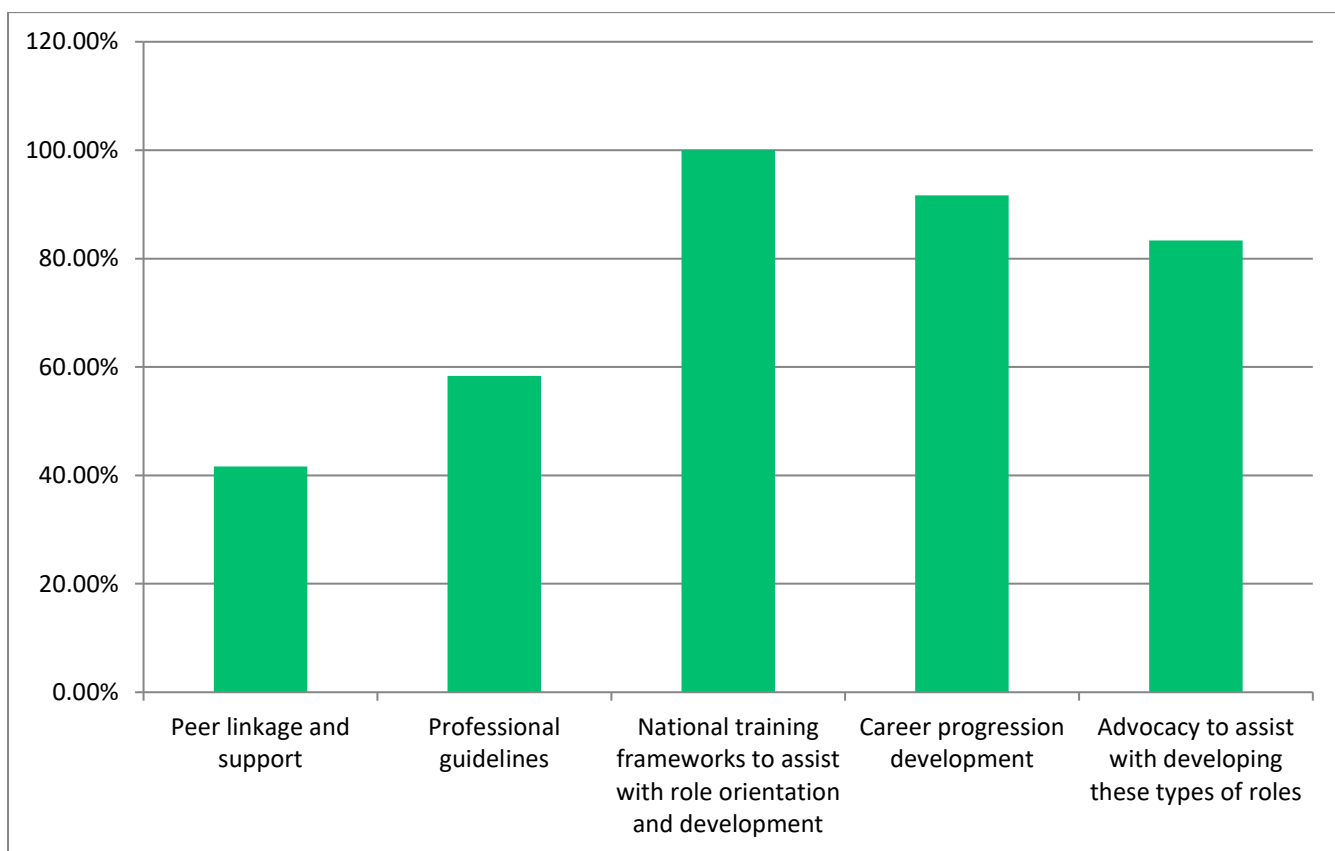
What is preventing your practice from having more pharmacist support?



Do you think PSNZ could provide additional training and support for your role in general practice?



What form should this training and support take?



Challenges and Stressors

- **Stock Shortages-** Dealing with stock shortages is a significant stressor.
- **Angry Patients-** Frequent encounters with angry patients and repetitive questions.
- **Verbal Abuse-** Patients' stress and verbal abuse affect both the individual and coworkers.
- **Workload-** Extreme workload leading to constant tiredness.
- **Electronic Scripts-** Transition to electronic scripts has not improved patient health outcomes.
- **Phone Interruptions-** Frequent phone inquiries about scripts disrupt workflow.
- **Script Errors-** Regular mistakes on scripts and difficulty reaching prescribers.
- **Understaffing-** Overwhelming stress from being understaffed.
- **Customer Misunderstanding-** Frustration with customers not understanding medicine availability issues.
- **Work-Induced Fatigue-** Extreme tiredness affecting personal life.
- **High Demand-** Struggle with being in high demand and unable to provide high-quality service.
- **Monotonous Work-** Boredom from repetitive tasks and not utilizing expertise.
- **Customer Service Pressure-** High customer service expectations making the job difficult.
- **Public Interaction Stress-** Stressful interactions with impatient and demanding customers.
- **Workload-** Huge workload and time-consuming issues with e-scripts and script errors.
- **Workforce Pressure-** Lack of pharmacists in rural areas and workforce dilution in main centres.
- **Regulatory Pressure-** Stress from heavy-handed approaches by Regulators.
- **Burnout-** Real issue of workforce burnout, leading to young pharmacists leaving the profession.
- **Verbal Abuse-** Dealing with demanding, aggressive, and entitled customers.
- **Multitasking Stress-** Negative impact of multitasking and lack of time to connect with the public.
- **Methadone Client Issues-** Stressful and inappropriate behaviour from methadone clients without support.
- **Script Problems-** Time spent solving script problems reduces time for customer consultations.
- **Conflict-** Too much conflict in the workplace.
- **Bad News-** Discomfort in delivering bad news, especially related to stock issues.
- **Aging-** Feeling the impact of getting older.
- **Supply Issues-** Supply issues add extra work without benefiting patients.

- **Financial Pressures-** Financial pressures on bosses leading to staff shortages and increased responsibilities.
- **Customer Frustration-** Patients frustrated with doctors' errors and missing medicines, leading to rude and impatient behaviour.
- **Administrative Burden-** Desire for less administrative burden to focus more on service and customers.
- **Prescription Errors-** Frustration with prescription errors, out-of-stock medicines, and staffing issues.
- **Health Impact-** Stress leading to health issues like shingles.
- **Bureaucracy-** Dislike for bureaucracy and feeling undervalued.
- **AI Concerns-** Worry about AI rendering pharmacists obsolete.
- **Rushed Work-** Dislike for being rushed and inadequate staffing.
- **Work Hours-** Working more hours than desired due to lack of qualified staff, leading to tiredness and reduced empathy.
- **Burnout Risk-** Stress and risk of burnout due to workload and staffing issues.
- **Disgruntled Customers-** Dealing with angry, impatient customers who don't value pharmacy services.
- **Bureaucratic Issues-** Frustration with outdated rules and bureaucratic tasks.
- **Workload Pressure-** Unrelenting workload pressure and high expectations.
- **Staff Shortages-** Inadequate staffing leading to increased pressure and errors.
- **Financial Pressures-** Financial strain on the business and insufficient government funding.
- **Desire to Retire-** Wanting to retire but unable to due to lack of buyers and financial commitments.
- **Health Impact-** Stress leading to health issues and fatigue.
- **Limited Impact-** Feeling limited in the ability to help patients due to systemic issues.
- **Regulatory Pressure-** Feeling poorly treated by regulators and other health sectors.
- **Multitasking Stress-** Stress from multitasking and lack of breaks.
- **Future Concerns-** Worry about the future of the profession and the impact of workforce shortages.

Workplace dynamics

- **Stress Among Coworkers-** Some coworkers struggle with stress and become grumpy, affecting the work environment.
- **Overworked Staff-** Insufficient staffing, leading to overworked employees and reliance on locums.
- **Micromanagement-** micromanaged despite doing a good job.
- **Lack of Appreciation-** Employees feel unappreciated and only criticized.

Systemic issues

- **Government Policies**-Government policies and the introduction of discount pharmacies have negatively impacted the business.
- **Financial Strain**- Need for increased income to maintain viability and ensure reasonable salaries for pharmacists.
- **Safety Concerns**- Enormous pressure on pharmacists creating safety issues.
- **Supply Chain Issues**- Medication supply issues leading to blame and verbal abuse.
- **Training Challenges**-Lack of trained staff and reliance on trainees causing stress and inefficiency.
- **Support Deficiency**- Feeling underappreciated and unsupported in dealing with difficult situations.
- **Staff Shortages**- Ongoing staff shortages and lack of replacement/cover.
- **Financial Hardship**- Impact of patients' financial hardship on their health.
- **Workload Pressure**-Increased pressure and responsibilities due to staff shortages.
- **Bureaucratic Challenges**- Struggles with bureaucratic demands and undervaluation.
- **Customer Demands**- Increasingly demanding and aggressive customers.
- **Workforce Burnout**- Real issue of workforce burnout and difficulty finding qualified staff.
- **Staffing and Workload**- Increased workload with the same staffing levels, leading to pressure.
- **Patient Expectations**- High and sometimes unrealistic expectations from patients.
- **Funding and Pay**- Concerns about lack of funding and poor pay driving colleagues out of the profession.
- **Workforce Situation**- Concerns about the worsening workforce situation and the impact of retirements.

How could PSNZ assist with mental health and wellbeing

- **MH Resources-** Mental Health, managing work life balance, personalised care, peer groups on MH. Courses on support and nurture, treats for staff, discount scheme for wellness programmes.
- **Remuneration-** more pay, appropriate remuneration, transparent salary scale.
- **Free education-** all PSNZ resources, handbook to every pharmacy. Appropriate support from Education Team (PSNZ) when failing course.
- **Workforce-** Retired pharmacists back on register, part-time pharmacists (APC), pharmacy techs pathway to pharmacist, shorter pathway for tech qualification, technician registration, promote profession as pharmacy career, alter conditions/registration requirements for newly qualified pharmacists. Locum register. Enable more overseas pharmacists to come into country.
- **Website-** easier to use.
- **Resource-** Increased frequency of engagement with branch networks, guidance to owners, or a course for owners, which they could completed, and display certification as having completed X course on good pharmacy management practice. PSNZ could have a set "support" locum pool for pharmacies in acute staffing hardship to help support short-mid term absences (say from 3 days+ to 4 weeks in duration). Better guidance on support in getting qualified for clinical roles in GP practices.
- **Advocacy-** more of it, and more visible.
- **Safe working environment-** workload balancing with workforce numbers.
- **General Practice-** Better prescribing, special authority.
- **Recert-** take it back from Council, change to points based like previous.
- **Career progression-** opportunities for growth, process to prevent but also support pharmacists who want to become locums straight out of intern year.
- **Public perception-** promote profession, lack of funding and historical legislation.
- **Fun-** Need more fun, something exciting, different but easy.
- **Education/Symposium-** face to face important. Modular course for managers who are not owners. Handbook of responsibilities.
- **Regulation-** enable pharmacist to leave the pharmacy or have a break away from pharmacy or "rest break".
- **Owners support group-** reduce isolation in a group.
- **Employee support group-** help with things at work and point in right direction for actions to be taken.

- **Supply chain-** work with PHARMAC, original pack dispensing.

Priority areas to improve patient care

- **Workforce-** more pharmacists (full, part time or locums), use techs appropriately including increased responsibility and PACT.
- **Funding-** remuneration.
- **Career path-** future direction and funded services.
- **Workflow-** improve pathways of work. Utilise standing orders, clinical base model, only deliver services that can be achieved with workforce within the pharmacy, robotics.
- **Patient care-** more face-to-face engagement, awareness of what pharmacies do.
- **Improve systems-** e-scripts including two-way communication with GPs, clinically appropriate scripts.
- **Services-** focus on funding, staffing, location of a pharmacy and then acute or chronic care management, bring back minor ailment service.
- **Funding of medicines-** improve special authority processes (remove for cheap meds), remove inappropriate medicines from schedule that are potentially available OTC.
- **Integrated working-** with general practice and pharmacists working there. Look after patients from GP practice where community pharmacy can provide support.
- **Audit and compliance-** ensure directors are taking their roles seriously and held accountable.

Further comments regard ongoing pressures on community pharmacies

- **GP engagement and communication-** respect both ways and collaboration. Combined plan for primary care.
- **Workforce-** easy of return to the register. Improve smooth recertification processes.
- **Consistent services-** ensure pharmacies do not turn away complex scripts (e.g. compounding).
- **Pharmacy Ownership-** revisit model, support workforce.
- **Access to workforce-** upskilling of techs and pathway to pharmacist.
- **Improve morale-** pay, job satisfaction.
- **Patient respect-** value what we bring. Raise awareness.

Appendix 5- Hospital Pharmacy - Summary of responses

1) Workplace impact

Challenges and stressors

- **Increased workload-** no staff and additional wards opening with no additional resource.
- **Increased expectation from clinical service –** more with less, MDT collegiality affected.
- **Supply chain-** medicine shortages.

Workplace dynamics

- **Environmental space-** not enough.
- **Staffing-** pressures creating additional work and inability to take leave.
- **Team dynamics-** interesting challenges across the team which creates tension.

Systemic issues

- **Reduced budgets-** training, unpaid working and inability to recruit.
- **Upper management-** appeared to be undervalued in terms of pharmacy roles but also remuneration.
- **Health NZ priorities-** regional variation which makes things difficult at the hospital level.

2) Help from Society to assist with mental health and wellbeing

- **Advocacy-** to Ministry and Government regarding having to try and more with less but also impact on patient safety through staff burn out.
- **Advocacy-** to general public - how the health system works and where pharmacy sits and what it does in a hospital environment.
- **Streamline processes-** help with standardising processes across districts.
- **Advocacy-** workforce ratios in secondary and tertiary care.

3) Priority areas to improve patient care

- **Funding-** for pharmacy staff.
- **Staffing-** Removing hiring freeze, recruit to areas of growth e.g. renal, older people, falls, ARC. More staff for current roles.
- **Improve IT resources-** electronic prescribing, medication management and patient safety
- **Career progress-** retention, standardised roles, peer learning.
- **Technician progression-** streamlined/national training package for technicians in ward based roles.

4) Further comments regarding ongoing pressures on hospital pharmacies

- **Workforce**- Pressures unsustainable. Covering other regions. Increased workload without FTE- poorer impact on patients.
- **Funding**- Greater financial and professional support required.
- **Legislation**- stuck in the pharmacy.
- **Health challenges**- More complex medicines that require upskilling but not much time due to patient turnover and staff shortages.
- **IT**- backward step having to claim.
- **Role perception**- Student perception of role for intern (i.e. top performer) dispel myth.

Appendix 6- Pharmacists in General Practice - Summary of responses

1) Workplace impact

Challenges and stressors

- **Workforce pressure-** more work than staff to undertake what is required (stop referrals) Need number of “x” pharmacists per “y” patients in each practice.
- **Workload pressure-** no time to rest or appreciate patient feedback. Not enough hours in the day to get everything done. Lack of management support.

Systemic issues

- **Funding-** Having to demonstrate roles regularly for ongoing funding, despite established evidence. Insufficient remuneration.

2) Help from Society to assist with mental health and wellbeing

- **Advocacy-** Stretched workforce, number of GP pharmacists per practice, different roles pharmacists play.
- **Awareness-** ensure people are aware of the qualification requirements for role.
- **CPD-** Address challenges and platform issues with Council’s CPD requirements.
- **Professional support-** Clinical Supervision.

3) Priority areas to improve patient care

- **Peer linkage-** working with 1 or 2 GP pharmacists but also spread workload. (Med Rec post discharge, insulin initiation).
- **Patient education and engagement-** primary prevention, falls prevention.
- **IT-** better systems to help get job done and access to appropriate health information, remote working options.
- **Workforce-** Techs in primary care to help with med rec, script enquires etc.

4) Further comments regarding ongoing pressures on pharmacists in general practice

- **Clinical support-** required for role including support from GPs.
- **Workforce pressure-** lot people working part-time to reduce burn out.
- **Peer support-** face to face and opportunities to debrief.
- **Services offered by PSNZ-** what are they and how do they help pharmacists in general practice. PSNZ possibly made irrelevant by CAPA.
- **Funding-** allow general practice to commission roles not through PHO funding.

Appendix 7- Pharmacists in non-patient facing roles - Summary of responses

1) Workplace impact

Challenges and Stressors

- Undervalued by management
- Difficult team interactions
- Challenging workplace

Systemic issues

- Challenging navigating the political environment
- Position and perception of pharmacy due to the negativity of the profession to the Centre instead of potentially being part of the solution.

2) Help from Society to assist with mental health and wellbeing

- **Peer support-** specific interest group.
- **Networking-** local branches, open-mind culture.
- **Advocacy-** continue demonstrate value of pharmacy to government, Pharmacy part of solution for health, foster collegiality in the profession and demonstrate value and role of pharmacy.

3) Priority areas to improve patient care

- **Advocating-** medicine related health outcomes.
- **Budgets-** sufficient staffing, enough health dollars to deliver what is required.
- **Communication-** clear across all level of the organisation and ensure voice is listened to.
- **Staffing-** we need more and plans for when staff leave.

4) Further comments regard ongoing pressures on pharmacist in non-patient facing roles

- **Less pressured-** compared to working in community.
- **Government expectations-** don't always reflect what can be done in reality.
- **Management engagement-** don't understand what non-patient facing roles entail and skill set of pharmacists in these roles to deliver.
- **Advocacy/support-** PSNZ drive more positivity and constructive solutions, allyship, mentoring and peer support.