



COMMUNITY PHARMACY

ENVIRONMENTAL SCAN 2010



2010



Contents

Introduction	1
The Role of Service Skills Australia	1
Objectives	1
Key messages	2
Latest industry intelligence	2
The contribution of the industries	2
Retention	4
Small and medium enterprises	4
Regional aspects	5
Macro-environment factors	6
Growing population	6
Ageing population	6
Health agenda	7
Economic factors	7
Business trends	8
Technology	8
Identified workforce development needs	9
Quality delivery – industry’s contribution	9
Completion rates	10
Suggested approaches to workforce development	11
Recognition of prior learning	11
VET in schools	11
Current impact of training packages	12
Future directions for endorsed components of training packages	14
Appendix A – Community pharmacy occupations and qualifications in demand	15
Endnotes	16

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This document supports the *Service Skills Australia 2010 Environmental Scan*.
For information on trends in other service industries, see our Environmental Scan findings for:

- Funeral Services
- Hairdressing and Beauty Services
- Retail, Wholesale, and Floristry
- Sport, Fitness, Community and Outdoor Recreation
- Tourism, Hospitality and Events.

All of these documents can be viewed and downloaded from our website, www.serviceskills.com.au

INTRODUCTION

THE ROLE OF SERVICE SKILLS AUSTRALIA

Service Skills Australia (SSA) is the Industry Skills Council for the service industries. Skills councils are the recognised national bodies providing advice to government and industry on industry training and skill development needs.

SSA is an independent, not-for-profit body, managed by industry members and funded by the Australian government to:

- develop a culture within the service industries which promotes and enhances the skills development of its workforce
- develop policies, programs and services, including industry training packages, that support industry needs in relation to skills and workforce development
- achieve quality skills outcomes throughout the service industries
- produce quality workforce development information and use industry intelligence to inform decision making.

SSA represents the interests of businesses across sectors, including tourism, hospitality and events; sport, fitness and recreation; and retail, wholesale and personal services.

OBJECTIVES

This environmental scan provides an industry-specific overview of current and future trends and developments in the community pharmacy industry in relation to workforce development and vocational education and training (VET). Developed in partnership with industry and based on data mostly collected between February 2009 and January 2010, the scan reflects key issues and provides information on current and future skill demands, and their context, to inform the continuous improvement of training packages in this sector.



“There is a lack of recognition of the significant contribution that the community pharmacy sector brings to the Australian economy.”

KEY MESSAGES

SSA's Environmental Scan 2009 advocated for skill development in the right way and in the right timeframe. Skill development needs to occur in a way that ensures that the right skills are being developed for the job outcome, context of learners, and learners' work circumstances¹. These issues are still valid and current.

There is a lack of recognition of the significant contribution that the community pharmacy sector brings to the Australian economy.

Businesses and employees in this sector bear the consequence of a broad misconception that workers are low skilled, with a lesser need for support and resourcing to develop skills. Consequences may be seen to include poor funding support, lack of recognition of careers in the industry, and ongoing issues in the quality of training and assessment delivered by some providers.

LATEST INDUSTRY INTELLIGENCE

THE CONTRIBUTION OF THE INDUSTRIES

- There are 5,046 community pharmacies in Australia (as of mid-2009)².
- The sector employed approximately 46,000 people in 2008³.
- Community pharmacies dispense 249 million prescriptions annually, including 183 million Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) subsidised prescriptions, and total dispensary sales represent around 70% of all sales through pharmacies⁴.
- The average community pharmacy dispenses 49,738 prescriptions a year⁵.
- There is expected to be higher growth in the number of pharmacists in the workforce than in any other health subsector, with growth between 2007 and 2038 projected to be 160%⁶.

The community pharmacy industry is made up of mainly small and medium-sized enterprises (SMEs). Community pharmacies provide a variety of products and services; not only selling prescription and scheduled over-the-counter medicines, but also playing a role in the provision of related services, such as medication management, and health education, information and advice.

Community pharmacies are moving from one-off service provision to a model of continuity of care. The breadth of services offered by these pharmacies has increased in recent years to health advice on drugs and medications as well as services for well-being. As a result, pharmacy and dispensary assistants will need skill development in such things as medication management and compliance and health education to support these growing services. This need takes on greater significance when viewed in light of the federal government's Preventative Health Strategy⁷.

The community pharmacy sector is subject to a high level of regulation, in particular ownership laws which limit the ownership of pharmacies and legislative frameworks for dealing with scheduled medicines, such as 'Pharmacy' (S2) and 'Pharmacist Only' (S3) medicines. These growing regulatory demands require training to target the specific required skills and knowledge.

Based on analysis of the industry for the financial year ended 30 June 2008, the average Australian pharmacy achieved retail sales comprising approximately 27% of total sales, including S2 and S3 medicines. The analysis does not pick up the impact of specialist departments recently introduced in pharmacies, e.g. weight management and smoking cessation. It also does not factor in the move to bigger stores, including superstores and discounters. However, the analysis does show that the retail trend is in decline, with prescriptions being the primary driver⁸.

Three key expenses make up around 90% of the sector's total expenses.

- Cost of goods sold = around 67–71%.
- Wages = 12–15%.
- Rent = 3–5%⁹.

Challenges facing the community pharmacy industry are viewed as being:

- larger retailers having the buying power to offer lower prices than small local pharmacies and dispensaries
- need to develop health specialist product knowledge amongst the workforce
- issues relating to an ageing workforce and population
- training staff and diversifying business (examples of diversification include connecting dietician services and other services within or in closer proximity to pharmacies)
- deregulation
- attracting and retaining quality staff
- language barriers of international pharmacy students
- need for quick and smart training for pharmacy students, particularly in product knowledge, and
- responding to the increased multiculturalism of the workforce and wider Australian community.

Feedback suggests that these challenges can be addressed by focusing on quality service, not price alone; specialising staff in different roles; lobbying for legislation to set limitations on discounts and to maintain prices; and screening potential staff members' language abilities.

The community pharmacy industry often describes its workforce as a 'two-tier' workforce consisting of part-time and casual labour on the one hand and full-time labour characterised by experience, longevity and maturity on the other. The industry is also a labour-intensive one; its services not as easily automated as those of other industries. Therefore, management skills incorporating motivation, conflict management, planning and team building are crucial to the industry for its continued growth and productivity.

Retention

Retention of talent is an important focus for the industry, although this focus does not necessarily extend to the retention of casual employees. The view put forward in consultation is that good pharmacy assistants are leaving the industry because of a lack of recognition. Casual employees are predominantly trained for the work they need to perform to do their job, and are often viewed as 'pre-career' and on the path to other career options. This by no means reflects on the quality of the training received or the quality of the work experience of casual employees. As promotion from within the business is a key characteristic of the industry – with many casuals pursuing a career within the industry – opportunities exist for business to do a better job of harnessing their current casual workforce. Skill and workforce development strategies are among the most influential retention tools to workers in the community pharmacy industry.

DEVELOPING SKILLS IS THE BEST RETENTION TOOL.

CRITICALLY, STRATEGIES NEED TO BE CONGRUENT WITH THE BUSINESS CASE. SKILL DEVELOPMENT NEEDS TO ACCOMMODATE THE DIFFERENT TRAINING NEEDS OF DIFFERENT INDUSTRIES.

QUALITY DELIVERY INCLUDES BEING ABLE TO RESPOND TO THE VARIABILITY OF INDUSTRY.

Small and medium enterprises

SSA believes that a key role of government should be to provide advice and support to SMEs to support the development of skills and systems to improve productivity.

Leaders and managers of SMEs fulfil a wide range of roles requiring a variety of skills. The global financial crisis (GFC) has highlighted the need for managers to have a greater knowledge and understanding of financial matters, technology, business planning and human resource management. Industry feedback to SSA strongly supported the need for managers to have a better understanding of the global economy and how it relates to their businesses, and to have financial management skills to understand business processes that maintain profitability.

The importance of having succession plans in place was raised by industry. Effective succession planning reduces the time and expense faced by employers when having to continually recruit, and increases staff motivation through training opportunities and advancement within the business.

Leadership and management skills benefit far more than the business bottom line. Human resource management skills are critical to managing workforces with diverse needs and improving their productivity and morale, which in turn can improve individual and social wellbeing and so contribute to socioeconomic mobility and economic growth. To be effective, training for managers in broad areas of finance and human resources in the community pharmacy industry requires a long-term approach. Convincing employers that training at Certificate IV and Diploma levels is necessary for relevant existing workers may be a way of starting the process. While this may be relatively easy for large businesses, it will be more difficult for smaller businesses where the employer is also the manager.

Industry consultation revealed a perception that many people who buy into small business are motivated by a belief in their business experience and are not aware of the limitations of that experience. The consequences of poor management are dire for others in the supply chain, such as wholesalers who are left with large debts when businesses fail.

Feedback to SSA from industry also presents a more culturally diverse range of businesses in pharmacy ownership, with more skilled migrants managing, owning and/or operating community pharmacies.

REGIONAL ASPECTS

While broad conclusions may be made about certain sections of the service industries, **IT IS CRUCIAL TO THE NATION'S WORKFORCE DEVELOPMENT NOT TO HOMOGENISE WORKFORCE DEVELOPMENT RESPONSES.**

Not unexpectedly, not every national trend is reflected at state level. Even within a state, there are regional variations based on the health of the industries, demographic trends (employment, growth, ageing, migration, etc.) and local economic drivers.

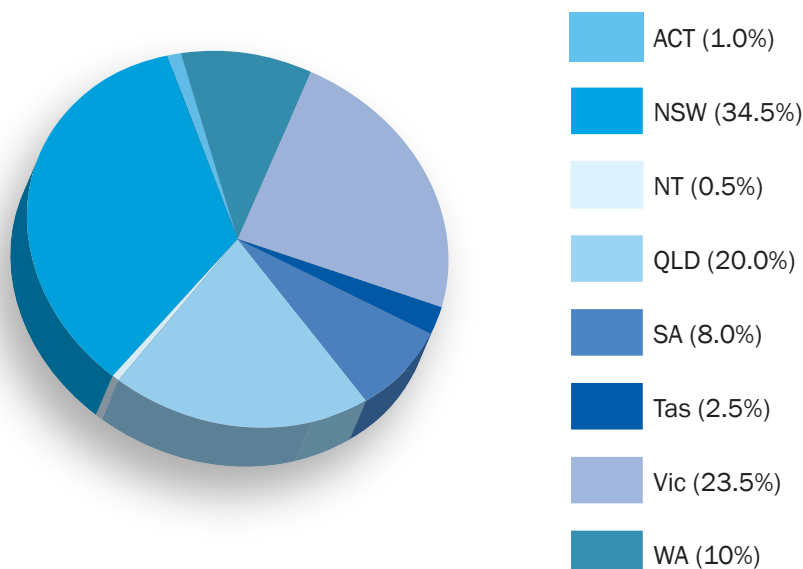


FIGURE 1 STATE DISTRIBUTION OF COMMUNITY PHARMACIES IN AUSTRALIA¹⁰ (2009)

As can be seen in Figure 1, state distribution of community pharmacies directly relates to population size, even though the number of people per pharmacy varies from 3,371 (Tasmania) to 5,151 (Northern Territory) in urban areas and from 3,586 (Tasmania) to 12,850 (Northern Territory) in rural areas¹¹.

Between April and June 2009 over a quarter of all community pharmacy traineeship commencements occurred in New South Wales (26%). However, over half of all completions took place in Queensland (52%)¹².

Industry feedback to SSA indicated that an increasing number of pharmacies are opening in the Northern Territory. Many of these pharmacies are offering discounted products, which affects existing pharmacies in a region with a small population base. In addition, supermarkets and the internet also divert customers from pharmacy services. It was noted that fewer sales representatives visit regional centres, such as Katherine, meaning that less product training is available.

MACRO-ENVIRONMENT FACTORS

Change is a constant within the community pharmacy sector. The difference between those businesses that foresee and adapt to change and those that don't, is survival. The intent of this section of the report is not to review the data already available on the number of businesses that open and close each year, but rather to paint a picture of the diversity, growth and future of the industry.

Future domestic, social, and economic changes will have multiple effects on the community pharmacy industry. Leadership and entrepreneurial skills are particularly important for handling changes in Australian society. For example, growth in the cultural diversity of employees and a reduction of the proportion of younger people will be significant trends. Hence, managers and supervisors will need to improve recruitment strategies, increase staff retention rates, and more effectively motivate staff to increase growth and productivity.

Growing population

Australia's estimated resident population of 22 million in June 2009¹³ is projected to increase to between 30.9–42.5 million by 2056, and to between 33.7–62.2 million by 2101¹⁴.

This population growth will lead to an increased demand for workers in the service industries; staff efficiency and productivity gains will be required in some sectors to service the growing number of customers. Industry consultation has shown that a growing population is seen as potentially being good for business, with an increase in sales. Pharmacies will become busier as the demand for doctors grows.

Industry feedback to SSA supported the need for the workforce to reflect the growing diversity of Australian society. Businesses will need to ensure that their employees are fully skilled to adapt to a new set of expectations and demands, including cultural issues.

Feedback also noted that one outcome of a growing population could be an increase in the demand for baby and infant care products. Community pharmacies have a key role to play in supporting new mothers and older people in their health care, both in terms of the retail and the dispensary aspects of the business.

A key skill requirement for the industry is the ability to provide health care solutions, balancing consumer advice and expert pharmacist support and guidance. It is essential that training addresses changing health needs, and that different groups are provided with adequate and respectful duty of care.

Ageing population

Population ageing is occurring globally, with a substantial shift in the age structure towards older ages. The median age of Australia's population (36.8 years mid 2007) is projected to increase to between 38.7–40.7 years in 2026 and to between 41.9–45.2 years in 2056¹⁵.

Australia's population aged 15–64 years, which encompasses much of the working-age population, is projected to decline from 67% in 2004, to between 57–59% in 2051¹⁶. As labour force growth is forecast to be slower than population growth, participation rate decreases.

The implications of these trends for the community pharmacy industry are numerous. The ageing population will require more pharmacists and staff to be trained in home health, incontinence, wound care, sleep apnoea, disease management and diabetes. With a growing number of older people at home, pharmacy workers will also need to be able to assist customers with home health equipment and first aid. Stock changes will be required more frequently. There is also an increasing demand for dose administration aids for older people. These can be supplied to customers to assist them in maintaining their independence, or to nursing and residential care facilities. Industry feedback has indicated that many pharmacies are addressing this demand, with some employing staff to pack and dispense these medicines.

As with other industries, the workforce in pharmacy is ageing. Challenges this presents include the training older workers will need to keep their IT skills current, and businesses needing to ensure robust workplace health and safety policies are in place, especially where the manual handling of heavy objects is required. The issue of an ageing workforce does however present an opportunity for older workers to act as mentors for younger employees and pass on their skills and knowledge.

Health agenda

Feedback to SSA reported a growing consumer awareness of vitamin and herbal supplements, and highlighted the role of television media in influencing consumer trends. A news story about a particular treatment, supplement or drug often leads to increased customer enquiries about the reported issues.

Recent outbreaks of swine flu (H1N1) and avian flu have highlighted the role that pharmacies will need to adopt in the event of a pandemic. For example, pharmacy assistants will need basic skills in infection control and senior staff may need to become involved with ensuring the ongoing supply of medicines to customers during this time. This will involve developing strategies to ensure pharmacies remain open without increasing the transmission of the virus.

In terms of demographics, baby boomers appear particularly interested in complementary or alternative medicines and health care products. This was identified as an area where pharmacists may require additional training.

Industry reported an increasing number of people choosing to consult with a pharmacist initially, rather than first making an appointment with a doctor.

Economic factors

The impact of the GFC was highlighted through SSA's consultation with industry, with its effects on community pharmacy business varying. Some reported increases in economic activity, while others reported struggling.

In Victoria, the industry reported a noticeable decline in discretionary spending in the retail arm of pharmacies. However the dispensary aspect of filling scripts, seen as the key to economic sustainability and viewed as a staple of the industry, remained steady for most pharmacies. Whereas in the Northern Territory, industry reported little adverse impact from the GFC; with one pharmacist in Katherine reporting a 7% increase in sales, attributed to more people holidaying in the region. Others identified only a short-lived and relatively minor dip in sales.

Feedback to SSA indicated that the PBS had more of an impact on business than the GFC and that there had been no international problems with pharmaceutical, medical and drug companies that supply to, or are associated with, pharmacies in Australia.

The GFC has however prompted pharmacies to review their business practices and strategies, with some identifying the need to be more competitive with prices and provide more special offers to entice customers into the pharmacy.

Feedback also indicated that there is a need for training in selling skills. However, sales skills in a pharmacy environment need to reflect the legislation and guidelines that exist for the sale of medicines.

During the course of consultation, industry suggested the following ways pharmacists could reduce the effects of the GFC.

- Spend more time with patients and let technicians do dispensary work and assist with preparing prescriptions.
- Be at the front of shop, talking to patients, giving advice and providing staff supervision.
- Concentrate on key brands in key categories and staff training.
- De-clutter and consider reformatting the store.
- Resist purchasing large volumes of unneeded stock¹⁷.

Business trends

During consultation with SSA, representatives from the community pharmacy industry were asked to identify the major business trends and changes they expect to take place over the next five to ten years. Reaction to this question varied, depending on the location of the pharmacy. Respondents from inner city pharmacies didn't predict a great change from the current trends. Lower socio-economic areas however reported that given that many people are now going to the pharmacy instead of a doctor, pharmacies will attempt to provide more specialised health services as a way of attracting more customers.

Pharmacists represent a very popular source of medical information, second only to doctors. While 85% of Australians sought information about medicines or the treatment of a minor illness from a doctor in the past year, the corresponding figure for pharmacists is 62%. According to industry feedback, as many as 10 million Australians turned to their local pharmacist for information about medicines or the treatment of a minor illness in the past year. Other popular sources of information are family members or friends (46%), the internet (33%) and medical books (16%)¹⁸.

The need for pharmacies to play a greater role in helping manage health issues, such as chronic health conditions, was also raised by industry. This will require pharmacies to run more health programs and undertake disease management.

Other trends were identified as being an increase in warehouse and discount pharmacies; greater emphasis on customer service; an increase in the number of trainers and trained staff; and more specialised departments within pharmacies. Concerns were raised about the negative impact that deregulation would have on the industry and wider community. The view was put forward that deregulation would potentially lead to supermarkets selling pharmaceutical goods yet not employing skilled and trained staff.

To be equipped to meet the predicted changes, community pharmacy managers and employers will need to increase the skills and knowledge base of the workforce. This will mean extending training to beyond new entrants and increasing the professional learning opportunities for existing employees.

Technology

Changes in technology impact on the community pharmacy industry. They generate ongoing training and skill development for employees and facilitate what is recognised as a major industry trend: the growth in online health services, including prescription services.

The internet is an especially popular source among younger Australians, with almost half of those aged 18–34 years seeking medical information online in the past year¹⁹.

This will lead to expenditure shifts, with savings to be made on items such as use of space for retail outlets. There may be a reduction in staffing, but good web-based customer service is viewed as critical in terms of responsiveness and handling customer queries and complaints.

The introduction of e-prescriptions will also lead to changes in the way in which pharmacists receive prescriptions. This will impact on the role of both the pharmacy assistant and dispensary assistant. The introduction of Mirixa (a compliance program that encourages customers to take their medicines in line with their doctor's requirements) will also have an impact on pharmacy and dispensary assistants as they will have a role in organising the program and making appointments.

The ability to use changing technologies and software applications has been identified as a huge advantage, as it allows businesses to advertise to a wider audience relatively cheaply. Instant messaging and the ability to display photographs of new products also assist online sales. The online availability of product images also increases accountability for delivering products.

E-learning is seen as an opportunity by the industry to respond to increasing changes in products and regulation, and there is ongoing interest in this form of learning. However, while e-learning was identified as advantageous for people capable of self-directed learning, there is a belief that face-to-face learning for practical components is still of benefit.



IDENTIFIED WORKFORCE DEVELOPMENT NEEDS

People – customers and employees – are critical to community pharmacy. The sector firmly believes that building a highly skilled workforce will deliver a productive economy. Continuous lifelong learning is crucial for ongoing improvements in productivity and participation.

Entry point to the sector is at Certificate II, with ‘trade level’ qualifications (which include skills in supervising and coaching staff) sitting at Certificate III. Australian Qualifications Framework (AQF) level 2 and 3 qualifications represent the bulk of the community pharmacy workforce, with the remainder made up to a significantly lesser extent of the higher AQF levels.

Quality delivery – industry’s contribution

While SSA represents industry’s voice within the VET sector, its influence in strengthening training provision is limited to ensuring the robustness of its training packages. However, industry representatives are keen to become more involved in implementation to support the national training system and build the nation’s productivity.

In response to ongoing industry concern, SSA has already made improvements to the quality of its training packages. This has resulted in more specific units of competency, tighter assessment guidelines and more detailed requirements for assessors. Future changes will also result in more helpful, detailed resource checklists available as part of the non-endorsed training package support material.

Further, SSA has recently implemented two innovations to provide more input into provider recognition processes, which have been very well received.

- The ‘pink slip’ system, whereby in NSW the Vocational Education and Training Advisory Body (VETAB) contracts an industry specialist to inspect the registered training organisation (RTO) prior to registration to ensure that its facilities meet industry standards.
- In the development of the most recent Training Packages, SSA has produced a User Guide which specifies:
 - minimum assessment and learning requirements to achieve qualifications
 - required assessor/trainer qualifications and experiences above and beyond those required by regulation
 - professional development requirements for trainers and assessors
 - requirements around work placement and/or experience
 - guidelines for selecting and recruiting students
 - minimum equipment and facility requirements for delivery
 - minimum recommended duration for delivery of units and/or qualifications.

SSA recommends that auditing and quality processes be made more effective through a more active industry role, including the use of industry advisers.

The service industries are ready, willing and able to be more supportive of the national training system. SSA's commitment to ensuring that the skilling system is able to support productivity growth has been reiterated in a range of projects, including the 'New Deal'²⁰ project which explored ways that industry can value add and support better quality outcomes in its training system.

In 2010 SSA will implement recommendations of the 'New Deal', which will result in:

- retaining a panel of technical industry advisers that will be available to audit systems to assist in the audit process and spot checks
- establishing a provider recognition and information system to support the selection of quality training providers
- establishing a service industry assessor network to enhance VET practitioner capability, and
- implementing a strategy to improve the capability of VET practitioners working with the service industries, including an annual series of professional development activities aimed at improving industry and pedagogical skills and knowledge.

Completion rates

Completion rates continue to be a concern to this industry. Critically, industry overall and the service industry in particular, believe that they have been unnecessarily disadvantaged by use of completion rates as a measure of success of industry training. This situation remains a concern in 2010.

There is a range of measures that assess the inputs, outputs and outcomes of the VET sector. A primary outcome measure is recording the number of students who complete government-funded VET courses. Government funding is usually provided through traineeships, short course programs and skill shortage courses.

The issue of completion rates and how VET is measured is currently a high-profile issue, as the federal government outlined in its response to the Bradley Review of Higher Education²¹. The federal Minister for Education has stated that VET course completion rates should be a primary indicator of success when looking to increase the number of students who receive a qualification.

The completion rates of government-funded courses vary significantly across industry sectors and qualification levels. While completion rates are considered quite high, there is minimal information on the context in which this data is collected.

Within the service industries and in other sectors, little is known about why completion rates vary and, in particular, why students do not complete courses. Further research on completion rates is warranted if this issue is to be properly understood.

Currently, information publicly available on the VET effort is limited to public-funded training and accredited training delivered to international students as part of immigration requirements. SSA is aware that the existing data only provides part of the picture and is looking forward to the implementation of the National VET Data Strategy.

SUGGESTED APPROACHES TO WORKFORCE DEVELOPMENT

Recognition of prior learning

During 2009, SSA worked with industry to develop a new model of recognition of prior learning (RPL) as feedback had indicated that employees in the service industries found the existing RPL processes and procedures too demanding, requiring a considerable investment in time and effort in an industry where time is crucial to ensuring quality customer experiences²².

A skills recognition process that is appropriate for the service industries needs to be industry and work focused. Skills recognition candidates need to describe and/or demonstrate the jobs and tasks they do and describe and/or demonstrate what the jobs and tasks involve. Taking into account the feedback on capability, a crucial part of the process involves an industry savvy 'specialist' assessor who 'translates' the information provided to meet VET requirements. **IT IS THE SPECIALIST ASSESSOR WHO DECIDES WHETHER THE INFORMATION PRESENTED COULD BE EQUIVALENT TO A QUALIFICATION OR PART OF A QUALIFICATION – NOT THE CANDIDATE. THE CANDIDATE'S ROLE IS TO KNOW WHAT THEY DO IN THEIR INDUSTRY.**

One of the major strengths of this model is that it is very simple for new, existing and potential workers to understand. As this more interactive, facilitated process does not require individuals to have strong literacy skills or knowledge of competencies and the VET framework, it also meets the diverse needs of the service industries' workforce. In reality the approach is based on the candidate's experience and skill with duties and tasks. It is the assessor's responsibility to link the candidate's information to competencies²³.

VET in schools

Industry feedback to SSA indicated problems around the delivery of vocational education and training in schools (VETiS).

Feedback suggested that typical delivery of VETiS does not achieve required industry outcomes and, often in school environments, VET training requirements are in competition with a fundamentally different pedagogical approach. Furthermore, inconsistency of VETiS practice and delivery across the states and territories makes delivery difficult for those providers and employers who employ across state borders.

Working with industry, SSA is addressing these issues through its VETiS project in 2010, which includes the development of an industry position paper and 'rules of engagement' for the service industries. Further it aims to develop 'resource ready' tools to assist VETiS delivery, as well as case studies that reflect what is occurring in industry.

“A SKILLS RECOGNITION PROCESS THAT IS APPROPRIATE FOR THE SERVICE INDUSTRIES NEEDS TO BE INDUSTRY AND WORK FOCUSED.”

CURRENT IMPACT OF TRAINING PACKAGES

As mentioned previously, business success largely depends on the quality of the customer service that employees provide and their specialist knowledge. Hence, the quality of entry-level qualifications is of great importance. In order to progress in working life, employees need a good skill base and a high-quality and current vocational education. The requirement of high levels of product knowledge needs to be complemented with maturity, professionalism and risk management associated with preliminary health care advice.

As the role of community pharmacies evolves and expands, the growing and ageing Australian population will place a demand on pharmacy staff to improve and maintain their knowledge of new products and health-related services.

The Quality Care Pharmacy Program (QCPP) is an ongoing quality control program that pharmacies must comply with to retain their 'Quality Care' accreditation, with an accreditation cycle of two years as of July 2008²⁴. The QCPP was developed by the Pharmacy Guild of Australia in 1997, in consultation with the Pharmaceutical Society of Australia and other industry stakeholders. Any pharmacy within Australia (guild or non-guild members) can register with the program²⁵. To be a QCPP-accredited pharmacy, all pharmacy staff members selling 'Pharmacy' and 'Pharmacist Only' medicines must complete nationally recognised accredited training. The National Council of the Pharmacy Guild of Australia recommended that this training forms a critical component of the Certificates II, III and IV in Community Pharmacy. There is also a requirement for ongoing or refresher training in subsequent years after the initial award; currently this requirement is three hours of training a year.

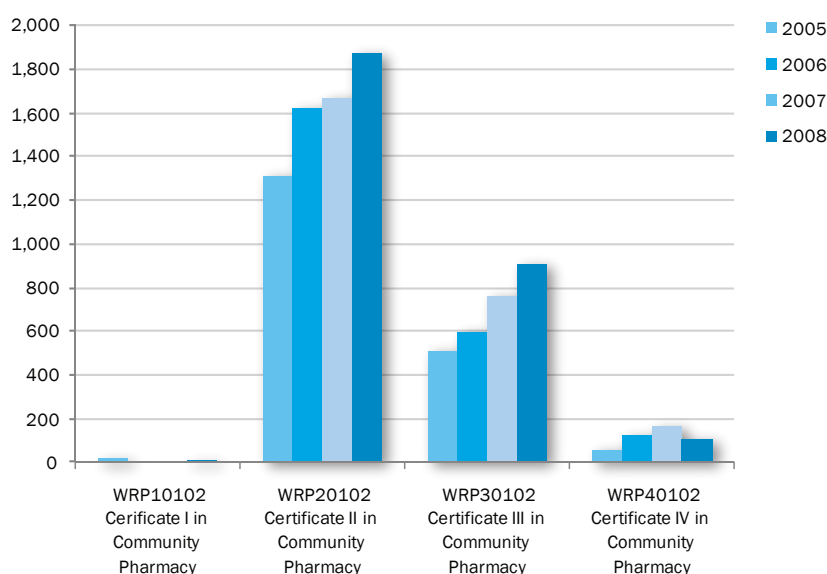


FIGURE 2 VOCATIONAL COURSE ENROLMENTS BY COMMUNITY PHARMACY QUALIFICATION (2005–2008)

As may be seen in Figure 2, the majority of course enrolments in community pharmacy training with public providers between 2005 and 2008 were in the Certificate II in Community Pharmacy. This reflects industry needs, as the majority of the workforce is at this level. Certificate II in Community Pharmacy provides the skills and knowledge for an individual to be competent to work at entry level in a community pharmacy. Typical functions include serving and interacting with customers, merchandising products and controlling stock, understanding the product range and the roles and responsibilities of pharmacy assistants and pharmacists, and communicating with customers to identify needs and provide appropriate product advice and/or referral.

The increasing uptake of Certificate III qualifications mirrors the growing up-skilling of the workforce.

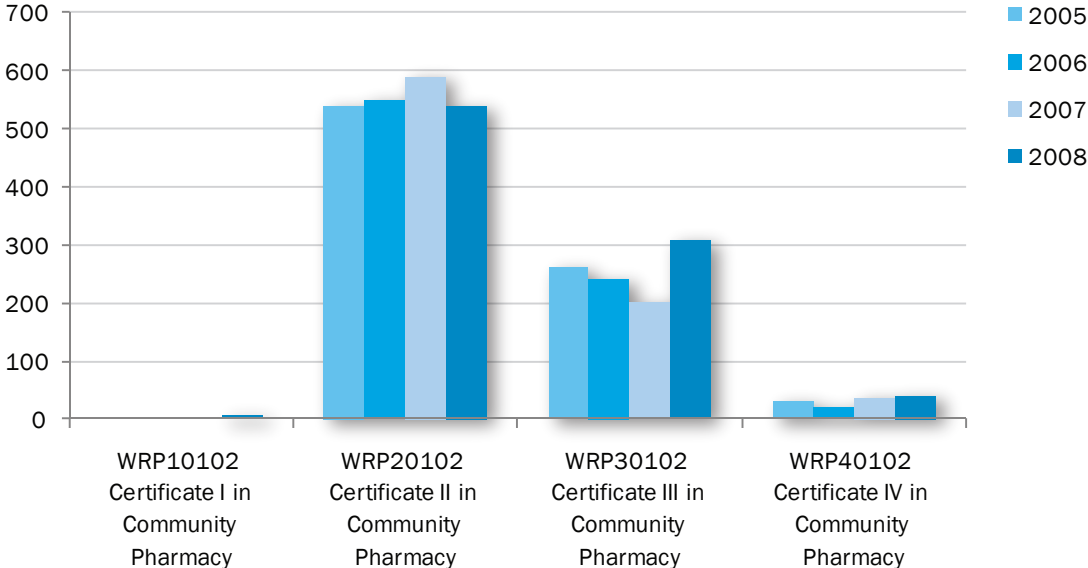


FIGURE 3 VOCATIONAL COURSE COMPLETIONS BY COMMUNITY PHARMACY QUALIFICATION (2005–2008)

It is worth noting that in addition to the above figures based on government-funded training, there are also private training organisations delivering training.

FUTURE DIRECTIONS FOR ENDORSED COMPONENTS OF TRAINING PACKAGES

Continuous improvement of the community pharmacy qualifications will occur in 2010, alongside the continuous improvement of SIR07 Retail Training Package. SSA will be developing a discussion paper early this year, with the review to occur later in the year.

The community pharmacy sector has also identified a need to develop articulation pathways to higher education to support the changes in the industry, and this will be taken up in the review of the industry's qualifications.

Leadership and management skills, in terms of staff management of the retail aspect of a pharmacy and liaison with the pharmacist, have been identified as areas where there are currently skills and labour shortages. A complex set of skills is required in staff management to ensure quality customer service. The need to maintain awareness of product knowledge with each new pharmaceutical line or specific health complaint is also critical. Training in skills and knowledge of vitamins, wound care and pain management is also required, and needs to be continually updated.

Industry feedback to SSA has indicated that pharmacy assistants do not receive the recognition for their work that they deserve. Interestingly, industry also recognises that pharmacy assistants are often put forward into leadership roles without the appropriate training. Better succession planning is required in this area; however the cost of training can sometimes prevent smaller pharmacies from training staff in management skills.

Industry feedback has also identified the critical importance of providing training to pharmacy assistants to enhance their understanding of boundaries when communicating with customers and knowing when to defer to the expertise of the pharmacist. Equally important is training in communication skills, given the vital importance of clear communication between the pharmacist and staff.

Industry workshops noted the need to provide clear pathways into community pharmacy and the importance of giving younger people a taste of the industry through work experience opportunities. Product knowledge and responding to the ongoing challenges of the changes in the industry were also viewed as crucial.

Appendix A provides information on occupations and qualifications in demand in the community pharmacy industry.

APPENDIX A – COMMUNITY PHARMACY OCCUPATIONS AND QUALIFICATIONS IN DEMAND

ANZSCO Code	Occupation	Training Package Qualification	Justification / Evidence
621411	Pharmacy sales assistant	Certificate II in Community Pharmacy Certificate III in Community Pharmacy Certificate IV in Community Pharmacy	<p>With the population of Australia both ageing and growing, staff efficiency and productivity gains in pharmacies will be required to service the growing number of customers.</p> <p>Community pharmacy plays a significant role as a primary health provider, with industry feedback reporting a growing number of people choosing to consult with a pharmacist initially, rather than making an appointment with a doctor.</p>

ENDNOTES

- 1 Service Skills Australia, Environmental Scan 2009
- 2 The Pharmacy Guild of Australia, November 2009
- 3 IBISWorld Report, *Pharmacies in Australia*, August 2009
- 4 National Retail Association
- 5 Pharmacy Guild of Australia Digest 2008
- 6 Pharmacy News, August 2009, NAB Health's *Changing face of the healthcare industry* report
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