



## ABSTRACT

### Pharmacy Workforce Planning

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**Abstract (250 words):**

Past planning of the pharmacy workforce has focused on predicting future pharmacist supply and demand. Somewhat static approaches did not allow for exploration of outcomes in the case of significant variation from the preferred assumptions of the planning model, a situation particularly problematic when the assumptions proved to be inaccurate.

This study placed less emphasis on developing a definitive forecast for the future pharmacy labour market (in particular the pharmacist segment), and instead attempted to create a strong and credible platform from which a range of feasible future scenarios could be fashioned and examined. A comparatively simple Pharmacy Workforce Planning Model (referred to throughout the rest of this document as 'the model') was thus created using standard Excel software with an even simpler user friendly interface. The model allows examination of demand and supply through thirty five separate variables each of which has a range of potential values. These values have been set as a continuum between reasonable 'high' and 'low' estimates around a median 'Best estimate' to form a default or 'Best estimate' scenario which can be called up by the model and used for generating new scenarios. Best estimates were developed from analysis of secondary data from many sources (e.g. Australian Bureau of Statistics Population Census) and from primary data collected during the course of the study (e.g. survey of community and hospital pharmacies). In theory a huge number of labour market scenario (projected separate estimates of supply and demand from 2006 to 2025) permutations can be generated from the model — in practice the need for scenarios to be informed by a hypothesis on the future direction of pharmacy services would limit the alternatives.

Running the model for the 'Best estimate' scenario results in a forecast future labour market where supply is projected to grow at a compound rate of 3.2% (adding 11,237 FTE pharmacists to the workforce), and total demand at a rate of 2.4% (adding 7,654 FTE pharmacists to the demand for pharmacist labour). The 'Best estimate' scenario is highly sensitive to change in several key variables principally the productivity of pharmacist labour in both the community and hospital sectors (but particularly the community sector) and growth in demand for directly unfunded primary health care activity. Two alternative scenarios have been constructed in the model in order to demonstrate its use; an 'Aspirational world' scenario (high supply and demand growth) and a 'Left behind world' scenario (which explores a low demand growth). The basis of these scenarios was derived from a Search Conference of key pharmacy profession informants hypothesizing the direction in which pharmacy services might evolve.

The real value in the model that this study delivers is the opportunity it provides to explore many scenarios within a feasible range of possibilities and thus assist the pharmacy profession policy makers to shape future services delivery and influence factors that would most likely deliver a labour market to support the services delivery vision.