



COMMONWEALTH OF AUSTRALIA

## Official Committee Hansard

# HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON EMPLOYMENT AND  
WORKPLACE RELATIONS

**Reference: Pay equity and increasing female participation in the workforce**

THURSDAY, 5 FEBRUARY 2009

CANBERRA

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**HOUSE OF REPRESENTATIVES**  
**STANDING COMMITTEE ON EMPLOYMENT AND WORKPLACE RELATIONS**  
**Thursday, 5 February 2009**

**Members:** Ms Jackson (*Chair*), Mr Haase (*Deputy Chair*), Ms Bird, Ms Hall, Mr Hayes, Mr Keenan, Mr Marles, Mr Ramsey, Dr Southcott and Mr Symon

**Members in attendance:** Ms Bird, Mr Haase, Mr Hayes, Ms Jackson, Mr Ramsey and Mr Symon

**Terms of reference for the inquiry:**

To inquire into and report on:

Pay equity and associated issues related to increasing female participation in the workforce including, but not limited to:

- The adequacy of current data to reliably monitor employment changes that may impact on pay equity issues;
- The need for education and information among employers, employees and trade unions in relation to pay equity issues;
- Current structural arrangements in the negotiation of wages that may impact disproportionately on women;
- The adequacy of recent and current equal remuneration provisions in state and federal workplace relations legislation;
- The adequacy of current arrangements to ensure fair access to training and promotion for women who have taken maternity leave and/or returned to work part time and/or sought flexible work hours; and
- The need for further legislative reform to address pay equity in Australia.

**WITNESSES**

**CHEN, Mrs Lillian, New South Wales Branch Committee Member, Pharmacy Guild of  
Australia..... 1**

**DALTON, Ms Ann Jennifer, Director, Government Relations and Policy, Pharmacy Guild of  
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**GALBRAITH, Miss Amanda Kim, ACT Branch President and Member, Women and Young  
Pharmacists Committee, Pharmacy Guild of Australia ..... 1**



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**Committee met at 11.26 am**

**CHEN, Mrs Lillian, New South Wales Branch Committee Member, Pharmacy Guild of Australia**

**DALTON, Ms Ann Jennifer, Director, Government Relations and Policy, Pharmacy Guild of Australia**

**GALBRAITH, Miss Amanda Kim, ACT Branch President and Member, Women and Young Pharmacists Committee, Pharmacy Guild of Australia**

**CHAIR (Ms Bird)**—I would like to welcome you all to today's hearing. This is the 11th public hearing for the committee's inquiry into pay equity and associated issues relating to increasing female participation in the workforce. Miss Galbraith, who do you have with you today?

**Miss Galbraith**—This is Amelia Buykx. She is my prime assistant in the pharmacy!

**Mr HAASE**—She is all of—

**Miss Galbraith**—Fourteen months.

**Mr HAASE**—Lovely.

**CHAIR**—Do you have any comments to make on the capacity in which you appear?

**Mrs Chen**—I am also a pharmacist.

**CHAIR**—Thank you very much. Although the committee does not require you to give evidence under oath today, I should advise you that this hearing is a legal proceeding of the parliament and therefore has the same standing as proceedings of the respective houses of the parliament. We have received the Pharmacy Guild's written submissions to this inquiry, but we would be happy to receive any additional information or indeed have an opening presentation or statement from you before the committee starts asking questions.

**Ms Dalton**—Thank you very much. I will open and then, given that Amanda and Lillian are both practising pharmacists, it is probably appropriate that they reply more thoroughly to your questions. Thank you for the opportunity provided to us today to expand on our submission to this committee. One of the committees that we have is the Women and Young Pharmacists Committee, which has been consulted in the preparation of this submission. The details of the Pharmacy Guild are in our submission, but, just for the record, we represent community pharmacy proprietors. That is all I will give as an overview because all the other details are contained in the submission. Once again, thank you for the opportunity.

**CHAIR**—I am grateful to you for coming along. I am sure that members of the committee have questions they would like to ask. I will kick it off before I hand over to other committee members. We understood that you have the Pharmacy Women's Congress—is that correct?

**Ms Dalton**—Yes.

**CHAIR**—Is it an active organisation within the overall Pharmacy Guild?

**Ms Dalton**—It is an event which is run by the Pharmacy Guild of Australia under the Women and Young Pharmacists Committee. That is run out of various states every year. We are into our fourth congress, this year, which will be held in Surfers Paradise.

**Miss Galbraith**—I believe it is our fifth.

**Ms Dalton**—That is right. We usually attract about 300 women pharmacists and some men, and a lot of pharmacy assistants, because it covers a whole range of pharmacy business and professional practice issues.

**CHAIR**—It seemed from your information that a substantial number of pharmacists are women. Am I to assume that that is a changing characteristic?

**Mrs Chen**—Are you referring to being employed or going through pharmacy, because the whole dynamic changes? The data—it is specified here—shows that 70 per cent of graduates are female compared to 30 per cent male. When you go into the workforce it is shown there. When you look at ownership you see that it flips straight over: only 30 per cent of ownerships are by females.

**Mr HAASE**—Would you repeat that percentage figure again?

**Mrs Chen**—The ratio is 30 to 70 for graduates.

**Mr HAASE**—Thirty per cent male and 70 per cent female are owners.

**Mrs Chen**—No, graduates.

**Mr HAASE**—Yes, and when it comes to ownership?

**Mrs Chen**—It becomes 30 per cent female, 70 per cent male. It is really quite interesting.

**Mr HAASE**—It reverses. Wonderful.

**CHAIR**—I do not know if ‘wonderful’ would have been the word.

**Mr HAASE**—Wonderful was an intention to express my satisfaction with the answer.

**Mrs Chen**—I am not sure if I properly answered your question, but I just wanted to bring that up.

**Mr HAASE**—That is what I wanted to know.

**Mrs Chen**—I just wanted to bring up the point that, in the end, ownership ends up being 70 per cent. There are older gentlemen who will be retiring in the next 10 years and the issue there is to try to increase female participation and ownership.

**Mr RAMSEY**—The situation now would be a reflection of the mix between male and female at graduation 40 years ago, more than anything else.

**Mrs Chen**—Yes, of course.

**Miss Galbraith**—When I was at university 15 years ago it was much more half-half, and it is just shifting through.

**Mr HAYES**—I find it a struggle to accept, in terms of the statistics you are giving us, that 70 per cent of graduates are female—I understand that—and that it reverses when you go into working in the profession. It reverses, it seems to me, at the point of ownership of a pharmacy.

**Mrs Chen**—Yes.

**Mr HAYES**—I would have thought that this has something to do with the lending facilities. I do not think that there are too many graduate chemists that go in there without having a substantial loan offered to them by various institutions. Is it a matter of who picks up the loan?

**Miss Galbraith**—Definitely. My personal experience is that I am in a partnership with two older gentlemen who have been in pharmacy ownership for almost 40 years. They have very good contacts with a bank here, so I was very lucky to be able to go into the bank and quite easily be given a loan. However, I do have female friends who have had to buy a house and then use the equity in that to buy another house and then use the equity in the two to get a deposit for the pharmacy.

**Mr HAYES**—But this is something that is changing, because as I understand it if you go back 10 or even 15 years it was not uncommon for just about every graduate to be offered loans and facilitation into ownership. Again, I am not sure; does that reflect that there is a change in the figures of ownership in that every graduate was offered—

**Mrs Chen**—I was just thinking about your original question, because I wanted to take it back to gender differences. I did not actually think there was a major gender difference when you went for a bank loan; it was actually an age difference. It is not necessarily due to lending facilities, or however else you get funding for a pharmacy—because you do need a substantial amount of money—but I think it is to do with other things that women have to deal with in their lives. You would have heard that in other hearings as well. Amanda did not go straight into owning a pharmacy but that was not because she was not able to get the funds but because of other things that she needed to do in her own personal life.

**Mr HAYES**—To deal with the gender imbalance in terms of ownership you really have to address those questions, do you not?

**Mrs Chen**—Yes, absolutely.

**Miss Galbraith**—Anecdotal evidence is suggesting that, particularly at the moment with the current economic climate—beforehand it was perhaps a little easier—the banks are looking for a bit more security as well. It might shift a little bit hard for a while and then hopefully ease up again.

**CHAIR**—Are there more salaried pharmacists now than there were 10 or 20 years ago? Is that another change in the industry, or has there been no major change?

**Miss Galbraith**—Certainly there are a lot more universities offering pharmacy as a subject to study. It used to be that you could only study pharmacy in New South Wales, the ACT and Sydney, but now they have all got them.

**Ms Dalton**—Every state now has a university pharmacy school.

**Miss Galbraith**—There are quite a lot more graduates coming out. Unfortunately for a lot of the rural communities, they tend to stay in the big cities and not travel to the country areas. There are certainly a lot of challenges getting pharmacists to country towns.

**CHAIR**—Out of curiosity, your congress is obviously incredibly popular with 300 attending, but I think your sample for the survey material was only 46—I would not mind your views about how comfortable you feel about that sample size and the information contained. Do you think that is still good, valid general data about pharmacists?

**Ms Dalton**—We certainly would have liked a higher response to that survey. We have a feeling that some people completed the survey but did not actually hand it in because, when we did that second round and went to calculate them, there were not really that many there. As to its accuracy to pharmacy overall, I would have to get back to you on that. We are certainly continuing to survey women pharmacists annually on certain issues, but not necessarily in relation to the nature of this committee. We would be more than happy to expand on any of those areas.

**Mrs Chen**—Our next survey is due at the beginning of April to coincide with the next largest pharmacy conference, the Australian Pharmacy Professional Conference. We will be seeking another survey to be sent out at that time as well.

**CHAIR**—I know that in your information you talked about community pharmacy and said that the retail award applied. I got the impression—and please tell me if I am wrong—that that might apply more to shop assistants and pharmacy assistants in the pharmacy and that pharmacists are treated separately as professionals rather than specifically paid on the award. If that is the case, I am curious about starting rates for pharmacists and whether you can give me any evidence, anecdotal or otherwise, about the difference between rates of pay, salary or contract based on gender in your industry.

**Miss Galbraith**—I do not believe that there is a lot of gender difference on pay. Certainly the pay when I employ people is on their experience. If you are a good pharmacist you will get good pay; if you are a bad pharmacist, I do not care what sex you are, you will get bad pay. That seems to be, from the survey results that we have as well, quite firm. We pay all the newly registered pharmacists, male or female, in our group in Canberra the exact same amount. Then,

depending on their experience and how well they cope with their challenges, we increase it accordingly.

**CHAIR**—Can you give me a bit of an idea about a good pharmacist versus a bad pharmacist, particularly if you are on employment making that judgment?

**Miss Galbraith**—A good pharmacist would be somebody who can come into the business and deal with the challenges of community pharmacy. It is not like, ‘I have a 10 o’clock meeting and this at 9.30’; people just turn up whenever they turn up. You need to be able to deal with the fact that sometimes you might have a large number of people coming in. You have to work out who can help whom and how you can get them all sorted and out of the pharmacy with the advice that they need.

**Mrs Chen**—That does not mean that a bad one cannot become a good one, either, with mentoring and training.

**CHAIR**—They just need more experience.

**Mrs Chen**—Exactly.

**Miss Galbraith**—From an employment point of view, you are also looking for a pharmacist who might supervise and better train the staff that are there so that they get a bit more experience and are able to help you out. It is largely communications skills, for me, that would separate a good from a bad pharmacist. If they can communicate with patients, doctors and other pharmacists then we are doing all right, and they will be paid as much as they want, pretty much. Most pharmacists are competent; it is those extra skills such as communication and coping in difficult situations that I look for.

**CHAIR**—Does anyone else have any questions?

**Mr SYMON**—My question goes to paid maternity leave. You cited the New Zealand example. I was fortunate enough to have a bit of a look at that back in 2005. You probably know that Australia is one of only two countries in the OECD that does not have a paid maternity leave scheme. I found that the New Zealand scheme, whilst it was good, was probably more suited to their lower wage rates in New Zealand, compared to Australia. To me, the thing was that it was only 14 weeks. I was wondering if you could comment on whether you think that 14 weeks is an appropriate time for a paid maternity leave scheme.

**Miss Galbraith**—Most of my friends and I would agree that we would be happy with any maternity leave! I think a lot of us would be grateful for any level of maternity leave, but I believe 14 weeks is a good start. If you look at Denmark, it has 48 weeks paid maternity leave.

**Mr SYMON**—Many of the European countries do. What I am trying to get out of you is that, while 14 weeks is better than zero, is there an optimum—

**Miss Galbraith**—It is not enough, no.

**Mr SYMON**—That is what I am trying to get out of you.

**Miss Galbraith**—This is why women have to get into the workforce; we do have to have children and we have to get back in again. I would suggest that 12 months would be the optimum. Most of my friends, as much as possible, have had 12 months leave and now have just gone back to work with their babies going to child care, or dad is now staying at home looking after them. I went back when Amelia was about five months old, only a couple of mornings a week, but mainly that was because I was an owner and despite my having a child my business was still running. I cannot just sit at home and say, ‘See you later.’ You do have to be there and you have to look after your staff and everything else. I found that to be a huge pressure. Apart from that, it was financial pressure; I had to go to work to earn money.

**Mr SYMON**—That is the second part of my question. Have you in mind a rate that you think would be applicable for such a scheme in Australia?

**Miss Galbraith**—I know that public servants here in Canberra get paid their normal wage: 14 weeks full pay and 28 weeks at half-pay. If you are looking at a pharmacist who is earning fairly good money, who might buy a home loan on that status or whatever else, suddenly they are on maternity leave and have no income. My husband and I found it quite difficult because I am the income earner in our family and suddenly I am not working. It has been a huge challenge. I know it is why a lot of women put off that second child because you have had a bit of time off and you have to recoup some funds before you can afford to have a second child.

**Ms Dalton**—Just to add to that, there is the difficulty of being out of pharmacy so long, given the knowledge that is required and all the continuing professional education that is required with the changing scheduling of the medicine information.

**Miss Galbraith**—We would like to look at mentoring opportunities for women getting back into the industry. I was only out for about six months and when I got back there were new drugs that I had not seen before and I had to really quickly get back on that knowledge base.

**Mr SYMON**—So you might benefit from a graduated maternity leave scheme where you started off full-time and then maybe went to three or four days off a week over a period of time?

**Miss Galbraith**—Absolutely. That is what I did. I did two mornings a week, then I went to three mornings, then four part-days, according to what we could manage.

**Mrs Chen**—That would reflect what has happened in our business, where people would normally come back on a part-time basis—and we are happy to have them back. They have intellectual property and they have experience of our business and customers as well.

**Miss Galbraith**—That experience and relationship with your customers is valuable—finding another pharmacist does not necessarily solve your dilemma—because they have that personal relationship. They know when the husband passed away or when the daughter had the child. It is that real relationship that is important.

**Mr SYMON**—Thank you.

**Mr RAMSEY**—How common is that in the industry? I would have thought that most employers would be pretty keen to nurse their new mothers back into the workforce again, that

they would give the opportunities of one, two or three days a week. It sounds like you do it in your business. Is that common?

**Miss Galbraith**—Absolutely.

**Ms Dalton**—Yes. That is why women particularly are attracted to community pharmacy. Ultimately, the flexibility that the business can provide is really part of the attraction.

**Miss Galbraith**—I would like to speak to that, because when I studied pharmacy everybody would say to me, ‘Oh, that’s a good career for a woman.’ I used to say to them that I was not doing it because it was a good career for a woman. I love being with people and I love helping them with their medicines; that is my passion. Yes, down the track it might be good because I am a woman and I can work part-time, but we all go into it because of a passion for people, their medicines and their health.

**Mr RAMSEY**—I might point out that my sister is a pharmacist, and that is exactly what my father said!

**Mr HAASE**—It is interesting for us to have the opportunity to speak to you about this topic, your being female employers and in business. You all express the desirability of having that intellectual property and that experience back in your business as quickly as possible.

**Ms Dalton**—Yes.

**Mr HAASE**—Yet we are talking about maternity leave and how 12 months maternity leave would be highly desirable. That may clash with your desire as proprietors to have that intellectual property, that knowledge, back in your business. You will appreciate that we have a dilemma deciding what would be the best solution. It has been proposed that we have a staggered arrangement. I am concerned also about the cost to a business, the cost to a proprietor, and whether we ought to be recommending that the taxpayers collectively support paid maternity leave, the business proprietor does so or it is a shared situation. Do you have an opinion that you would care to share with us?

**Mrs Chen**—I can understand the conundrum of that because that is something that comes to us. It goes down to any aspect of training: you would rather keep someone who is trained than lose someone who is not trained.

**Miss Galbraith**—In regards to who would actually foot the bill, so to speak, we would recommend that it be a government run scheme and it be administered by the government.

**Mr HAASE**—That was at least predictable, Lillian!

**Mrs Chen**—Thank you!

**Ms BIRD**—In addition to that, the reality of a government funded scheme is that it would be the minimum wage or something like that. We are not going to be in a position to pay people at their existing wage level. I would like some idea on how useful that would be for making the decision.

**Mrs Chen**—That would be similar to what would happen if we ever had workers compensation situations, which we unfortunately do have in pharmacy, where people are not paid the agreed wage—because we do pay above the award wage. There are people who should definitely be paid at award level, but in a workers compensation case you get paid the award wage. As a minimum that would obviously be fine.

I would like to make a comment about the 12 months. Because we are sharing our own personal experiences, I might just add to what people have done in their own situations. I actually only took three months maternity leave for both children for financial reasons, and for career progression reasons as well. I was lucky enough to have family there—who are unpaid. My husband continued to work normally, and I do not think that is going to be the same situation for everyone, so I would understand. I do also care for the people who work for me and I know that they do not have that situation. My pharmacies are in the Holsworthy area, where there are a lot of defence people. They have actually moved interstate and they have no-one. We actually have quite a high percentage of women who have married into defence and they work for our pharmacies. There are situations where we cannot fulfil their every need. We try to be as flexible as possible, but something has to give with the childcare situation.

**CHAIR**—That is obviously the case. I note in your submission the obvious concerns about the introduction or application of the new retail industry award applying to community pharmacies. I suspect most of us as members have received correspondence from the guild about that issue, yet anecdotal and evidence based information given to this committee indicated that, in a situation where there were individual contracts and much greater deregulation—looking at the gap between men’s and women’s wages—the median hourly rate was substantially worse for women under that deregulated environment. I raise that because it is clearly an issue. We have talked about the issues associated with the professionals in your pharmacies but, relatively speaking, your pharmacy assistants are low paid, mostly women and probably not accessing maternity leave entitlements or the like because of the low rates of pay in the industry.

**Mrs Chen**—It is interesting, though—pharmacies are undergoing a really major change now. People may have thought that we were dispensers and then retailers. There is the division you talked about between pharmacists and pharmacy assistants, who are low-paid. I think pharmacy in general in the last 10 years has really taken up professional services. To run professional services adequately in our environment, everyone on the team has to be trained well, including the pharmacy assistants. We actually have pharmacy assistants who are being paid more than our pharmacy graduates.

**CHAIR**—But is there a clear alternative career path from pharmacy assistant to pharmacist? There does not seem to be to me. You have to go back to university and study to be a pharmacist. There is no halfway house where you can be working in the occupation while undertaking the tertiary training and building up—

**Ms Dalton**—You could be a pharmacy assistant working part-time and doing a pharmacy degree or you could have a health sciences degree and then do a pharmacy graduate course.

**CHAIR**—But there is no situation in your industry where that is a recognised or encouraged connection between employment and training.

**Ms Dalton**—No, not necessarily, but we can cite a number of examples where young women have started off as pharmacy assistants and then completed the certificate training—certificates II to IV; that is where their interest in pharmacy has developed—and become pharmacists. There are three examples that I know of in the ACT. While there is clearly not a connected pathway, they do that certificate training first and then proceed to a pharmacy degree.

**Miss Galbraith**—Some of our pharmacy assistants are very proud to be pharmacy assistants. They take great pride in their role.

**Ms BIRD**—From my own visits to pharmacies, I am conscious that pharmacy assistants increasingly have specialised areas, like nutritional supplements or alternative medicines. Are they well recognised? Are there actual qualifications they can get that are recognised?

**Miss Galbraith**—They are the certificates that Ann was talking about.

**Ms Dalton**—They will have general core units that they need to do—very basic things such as customer skills, cash and wrap and so forth—which develop into the professional service area. It would be a very detailed course—not to the level of detail that a pharmacist would require, but they would be trained in areas such as asthma and diabetes.

**CHAIR**—But there is also no credit for the university courses. This is one of the issues we have across the board that I find incredibly frustrating: universities' lack of willingness to recognise experience and/or vocational training as part of the building blocks of the course.

**Miss Galbraith**—That is true.

**Ms Dalton**—I see what you are saying and I agree.

**Ms BIRD**—I think the model we are talking about is being used in the Northern Territory to get women in remote and rural areas into teaching. There are a lot of women teacher assistants who have done a variety of certificate courses and so forth to assist in the job. The universities there actually recognise those as an encouragement to those women to undertake the full professional qualification. Are you aware of any universities that are being flexible?

**Ms Dalton**—I am sorry; I cannot comment on that. We would have to get someone from our training area to provide comment on that.

**Mrs Chen**—As far as I know, it is not recognised.

**Ms BIRD**—You have particularly identified staffing in rural areas and community pharmacies as a real issue. I am sure that many of them have a lot of women working in their retail and advisory sections. We need good pathways, particularly through the Open University, to recognise that and give them some credit.

**Miss Galbraith**—You are right. All of the pharmacy assistants I know who have done it have had to go back and start from scratch. Certainly, the experience they have in the pharmacy will make the course a lot easier.

**CHAIR**—It is probably likely to make them a good pharmacist too.

**Miss Galbraith**—They have passion about it and they want to do it because they have decided that it is something they are passionate about.

**Mrs Chen**—Especially if you have mentored them through that whole process. Every certificate needs a designated coordinator and, if it were you and they come back to you, that is even better.

**Mr HAYES**—You do not give RPL to doctors, and you are as much in the medical profession as doctors.

**Ms BIRD**—But even doctors' courses have generic skills modules—communications skills and things like that. You cannot get credit for those at uni when it affects your HECS debt that you are going to walk away with. Often it is a mature-age student, probably with a family, involved in study. Those can be really significant factors for people deciding on whether to up their certificate IV diploma to a degree. If they say, 'Hang on, if I start from scratch none of this is going to be recognised. I will have a full HECS debt and I do not get any benefit from that,' it can be a real deterrent to people making that decision.

**Mrs Chen**—It is a very interesting section of certificate III. I do not know whether other training industries have that in their traineeships. We have an offshoot. You can choose either community pharmacy retail or you can choose dispensary assistant. I have looked at that because we have mentored people through that. It is absolutely amazing. That is purely drug knowledge.

**CHAIR**—Certificate III is what they call a trade equivalent and I would argue that your average electrician or mechanic, for example, would be earning substantially more than someone with a certificate III in pharmacy—

**Miss Galbraith**—I think electricians earn more than I do.

**Ms Dalton**—I think that what we can see in common is that it is about what the market will sustain looking forward. I could name a number of pharmacy assistants who are paid well above the award rate because they are just very good pharmacy assistants, and people come back. An example is that my daughter is a part-time pharmacy assistant while she is at university. She has done that since she was 14. She absolutely loves the profession and is now studying psychology because she has enjoyed the interaction with people, particularly the elderly. She is paid above her award because she is a very good pharmacy assistant. She offers the patients something more than just an over-the-counter product.

**Miss Galbraith**—It again comes back to training. If you have a good trainee that you have put through to cert IV, as with a few of mine, you pay them better and keep them on board, and then you do not have to hire someone again in 12 months time and train them up again. It is the same with any industry, really.

**Mr HAASE**—There is something I would like to pursue. It is still the case that to own a pharmacy one must be a pharmacist?

**Ms Dalton**—Yes.

**Mr HAASE**—Is that Australia wide?

**Ms Dalton**—Yes.

**Mr HAASE**—How precious is the profession when it comes to recruiting and—

**Ms BIRD**—Are you thinking about the midwives versus doctors type of thing?

**Mr HAASE**—Sort of. Are there any restrictions on training numbers and training positions for pharmacy?

**Miss Galbraith**—Do you mean at universities and that type of thing?

**Mr HAASE**—Yes. We know that we could use a lot more doctors in Australia, for instance, and there is a limitation on the number of training positions. ‘Precious’ is a word that I use to describe members of the AMA for restricting those numbers and outcomes.

**Miss Galbraith**—I do not think that is the case in all the university courses. In fact, I think that they are expecting an influx. Unfortunately, an influx into the city does not help the rural areas.

**CHAIR**—There is already some skills shortage and there is a much bigger skills shortage in pharmacy approaching us.

**Mrs Chen**—In New South Wales the pharmacy course went from three years to four years. There was a time when we went without.

**Miss Galbraith**—Yes, there was a gap.

**Mrs Chen**—There was no-one, because they were still trying to get through the system, and there is another year of registration as well. That was an interesting time.

**Miss Galbraith**—I do not know that we would be ‘precious’.

**Mr HAASE**—It would strike me that, as we have been discussing, there is little evidence that says that the profession highly values those persons with people skills who are on the floor, if you like—that is, being encouraged back to university to do pharmacy. There is no overt action to highly value their people skills and get them into the profession.

**Mrs Chen**—I suppose it is all about when people actually join your business. We have what we call juniors—after-school children who work as casuals—because that is what you do in your local area. If someone comes in and says, ‘Would you like to put my child on for a couple of hours a day?’ you do it because they are good customers of yours and it helps that child to get some work experience. What we have found is that they would work for us for four years before they even decide that they will go to either university or TAFE, or they actually continue with our pharmacy and become senior pharmacy assistants. Maybe it is not an overt thing. It just

seems to be natural to us. If you are a person who wants to be in a pharmacy and you want to do a job that is health based, you just continue on with it, and we nurture them through that.

**Ms BIRD**—Can I just cheat a little bit and cross over inquiries a little?

**CHAIR**—Yeah, yeah!

**Ms BIRD**—It is the Standing Committee on Education and Training's school-work balance inquiry. Sadly, we have had very little take-up by employer bodies in providing information, so can I just make a little call out to ask your organisation to have a look at those?

**Ms Dalton**—Sure. That was released yesterday?

**Ms BIRD**—Yes. It is not just school-work balance; it is also recognising paid work as a part of the qualification students receive. You seem like an industry that might have some good ideas around that.

**Miss Galbraith**—I do not know the new word for it but it used to be called Snap training.

**Ms Dalton**—school new apprenticeships placement.

**Miss Galbraith**—I have had quite a few of those. Students who have been working with me part time of an evening have come along and asked, 'Can I do this while I am at school?' It is part of the year 11 course, so one of their subjects is working with us and they do their cert I while they are doing it.

**Mr HAASE**—So it would seem that you do have a formalisation.

**Ms BIRD**—This is not directly related. All I am saying is: could you have a look at that inquiry and look at a submission, particularly on young workers in those spots.

**Ms Dalton**—I think we can find some very good examples.

**Ms BIRD**—That would be great. Sorry, Chair!

**CHAIR**—You are forgiven.

**Miss Galbraith**—Can I come back to the maternity leave?

**CHAIR**—Please do.

**Miss Galbraith**—We were talking about how it would be funded. My view right now is a bit coloured by my personal experience. I cannot just think about it as an employer alone; I have to think about it as an employee as well. As an employee, I would have gotten pregnant, finished up, had no maternity leave and probably been desperate to pay off the home loan and come back to work earlier. That works well for the pharmacy as well, but I would prefer them to have time with their children. That would be fine, but I think the thing we need to remember with

pharmacies—and community pharmacies, in particular—is that they are small businesses. I and three of my pharmacists have just had children in the last 12 months. If I had had to fund that maternity leave I might as well have shut up shop and gone home because I could not afford it. I simply do not have the funds to pay that.

The other thing there has been with the maternity leave is the administrative task of the owner paying it out and then claiming it back from the government. A lot of our income already goes into buying the medicine and giving it to the patient and then claiming it back from the government. Those extra costs would just be crippling for a small business.

**Ms Dalton**—And the GST.

**Miss Galbraith**—We pay the GST on it all and then we get that back. We are out of pocket the whole time waiting for money to come back in. I think if the maternity leave had to be funded by the actual employer in a small business—

**Mrs Chen**—It adds to the burden of—

**Miss Galbraith**—The burden of waiting for it is excruciating. Then you wonder, ‘Would I hire a woman who is going to have children soon, because I can’t afford it if she wants to go on maternity leave and I have to pay that out?’ Then you would actually be thinking, ‘I’ll hire you if you have a 6-year-old and an 8-year-old, but maybe I can’t afford to hire you if you’re my age and going to have children in the next two years.’

**Ms Dalton**—You have invested in their training as well.

**Miss Galbraith**—It is a problem. I will never be a rich pharmacist because I am too compassionate about other people, but it is something you have to consider with perhaps male owners who are not as concerned about that.

**CHAIR**—Anecdotally, we think that is already an issue, particularly in the professional field, because it is one of the things that explains the difference between, for example, two architects starting out at the same age with one male and one female. The owner thinks that, ‘This person is more likely to head off in three or five years time.’

**Ms BIRD**—I am just thinking laterally. Despite having been a teacher I never had maternity leave because I was always a casual. I am interested that it is still the same issue. It is about paying the mortgage. My son is now nearly 25, so that is how long ago we are talking. I could go down to my bank manager and say, ‘Look, I have a guaranteed job; can you defer my payments for three months?’ That was the time I took off. You could make arrangements. They would say, ‘Yes, that’s fine. We’ll defer them for three months. We know you have a job.’ You would pay double every second month until it was paid. There was flexibility to put arrangements like that in place. What I am hearing from young women now is that—

**Ms Dalton**—There is no flexibility.

**Ms BIRD**—those things just do not happen. I am interested in whether, from a policy perspective, it is worth it for us to look at arrangements with lenders as part of the maternity

compact that are actually about putting some of that flexibility back in place. I am wondering what you think about it.

**Miss Galbraith**—Can I tell you what I think that that is. Our home loan was reviewed a couple of years ago and I am fairly sure that there was a little box I could tick about whether or not I would like interest-only periods for various reasons. I am fairly sure my bank manager said I could think about doing it when I had the baby. But I have a very good relationship with my bank manager through the business, so I do not know whether that was—

**Ms BIRD**—That is the first time I have heard about it.

**Miss Galbraith**—But it was on the form, so there are obviously ways that you can ask for those sorts of things.

**Ms BIRD**—It might be something of interest for us to look at.

**CHAIR**—Yes. Increasingly, from everything you have said and from what is in your information today, one of the significant issues involved in the question of both pay equity and women's participation in the workforce is the fact that we still bear the primary responsibility for not only having children but for raising them. No-one necessarily wants to change that; we just do not want women to be incredibly disadvantaged. I would guess that female pharmacists are probably not going to have the kind of superannuation stored away that their male counterparts have. That is one incredible example there is. Certainly, it would be good if your women's group had other interesting and creative ideas about how we might look at addressing what is a pretty complex issue, with lots of different dimensions. At the same time, we want to improve the participation of women where they want to work and where they have that choice and opportunity to work. Yours is now, I think, one of the most female dominated industries.

**Ms BIRD**—Are we able to get the follow-up to the next survey that has been conducted, Chair?

**CHAIR**—That would be great.

**Ms Dalton**—We will try to bring that forward. Rather than waiting until our August congress, we may be able to do this on this survey again.

**CHAIR**—If you could bring it on earlier, that would be great.

**Ms Dalton**—We have a number of different access points to obtain this information and, if you are requesting it, we are more than happy to provide it.

**CHAIR**—That would be fantastic.

**Mrs Chen**—I would like to ask a general question about the terms of reference of the inquiry and, basically, the end result, whenever that is going to happen. The committee has noted that pharmacy employs a lot of females—more so than other industries, I think. I have looked at some of those other reports and I think health care, in particular, employs the most females. Will

there be a broad policy statement that just covers everyone or do you think there will be specific ones for different areas?

**CHAIR**—I do not think the committee has reached a determined view about that. It is a report that we make to the minister and to the parliament with specific recommendations, and the terms of reference are quite broad. They involve improving government statistical records and the like so that we can better identify the problem and the issues associated with it, and we have even allowed ourselves the opportunity that there might be legislative changes required. Some of it may well be policy. The committee is still at the deliberations stage, but the minister has asked for our report in, I think, October this year at the latest. So it is quite a lengthy and detailed inquiry.

**Mrs Chen**—I think it is just that I have a fear—and it is going to come, because we have been talking for the last 10 years about the 10 years that are about to pass—that when all these older gentlemen retire we are going to be left without the services.

**Ms Dalton**—And that will be in health care.

**Mrs Chen**—Yes, in services delivering health care.

**CHAIR**—Where there are specific industries, and particularly where those industries have skill shortages, I would think that we would be inclined to make public policy recommendations—because we know the problems.

**Ms Dalton**—And we are so bound by regulatory restrictions within pharmacy as well.

**Mrs Chen**—You made the comment about restrictions on numbers.

**Mr HAASE**—On known outcomes, yes.

**Mrs Chen**—So, if there are restrictions on the number of pharmacies, obviously that is a problem. So that is under another division.

**Ms Dalton**—There are also—correct me if I am wrong—restrictions in Victoria about how many scripts you can dispense and how many pharmacists are required to be on.

**Mrs Chen**—Victoria is very prescriptive.

**Ms Dalton**—So there are those state based differences.

**CHAIR**—I would encourage your organisation, if there are those issues that you think fall within the broader terms of reference, to put those recommendations to us—certainly, I think, with some of the things that are going on in trying to get rid of red tape and all the rest. I also know there are some restrictions in the pharmacy industry that you would determinedly hang on to, such as, perhaps, keeping some of our large retail owners out of your area.

**Ms Dalton**—Yes.

**Miss Galbraith**—Passionately—

**CHAIR**—So some regulation is not a bad thing. We have certainly learned that recently

**Miss Galbraith**—because we believe health care is more personal than that.

**Mrs Chen**—Our customers would agree, and that has been shown as well.

**Miss Galbraith**—It is all very personal.

**CHAIR**—Anything like that that you think will assist you in addressing what is, frankly, a looming, if not already present, skills shortage, and maybe—

**Mrs Chen**—I was just wondering: if, even before the policy documents have been finalised, there were, maybe, a glaring need for mentoring programs that should be released to particular areas, we would invite that. We have other surveys that show that women are saying, ‘No, actually I’m not interested,’ but why aren’t they? It is because they were not encouraged much earlier.

**Miss Galbraith**—Or because they feel that they cannot because there are too many barriers.

**Mrs Chen**—Exactly. So you cannot just say that that was the result: ‘Okay, they don’t want it, so therefore we’re not going to give it to them.’ It is before that.

**Miss Galbraith**—We were also talking about mentoring to get back into the workforce—

**Mrs Chen**—Yes.

**Miss Galbraith**—because I was pretty scared for the first few days when I went back because so much had changed in such a short period of time. If I had been away for two or three years, would I have gone back?

**CHAIR**—Nurses say exactly the same thing.

**Miss Galbraith**—So, if we had some mentoring programs to encourage women back in, as we were discussing earlier, increasing levels—

**CHAIR**—We have been discussing it within the committee for years now.

**Mrs Chen**—My thought is not to re-invent the wheel. Maybe other people are doing it, and doing it well, but how come industry—

**CHAIR**—Or you are doing it informally yourselves.

**Mrs Chen**—Yes.

**Ms BIRD**—Do you deal with your industry skills council? Which one do you come under—under Services Skills Australia?

**Ms Dalton**—Yes.

**Ms BIRD**—You should really be progressing those skills. They are more urgent.

**Ms Dalton**—That is really for the pharmacy assistants.

**CHAIR**—Because they do not deal with professionals—

**Ms Dalton**—Because they do not deal with professionals.

**CHAIR**—because your occupation is taught by universities.

**Ms Dalton**—That is right.

**Ms BIRD**—But you could get a foot in by pushing the argument that articulation from—

**Ms Dalton**—From one to the other.

**Ms BIRD**—That will force them to start addressing some of those gateway things anyway.

**Mr HAASE**—But your problem in that regard is not peculiar to the pharmacy industry.

**Mrs Chen**—No, of course not.

**Mr HAASE**—We have all sectors of industry developing strategies to improve student numbers and outcomes.

**Miss Galbraith**—Yes, absolutely.

**Mr HAASE**—It is happening in engineering, in mining—

**CHAIR**—There is no trouble in the law or medicine, though, just anecdotally.

**Mr HAASE**—No—in fact, the opposite.

**CHAIR**—That is right; we have too many.

**Mr HAASE**—Yes, kick them out! We want all the paint for ourselves!

**CHAIR**—I thank you very much for your attendance today. I very much enjoyed the interaction with you. If you have been asked to provide any additional information, please forward it to the secretary of the committee. I put you on notice that we may also have additional questions for you as we progress through our inquiry. On behalf of the committee, I would like to thank you very much for your attendance today.

**Ms Dalton**—Thank you for the opportunity.

**Miss Galbraith**—It was very scintillating, but you sent Amelia to sleep.

**CHAIR**—We do that occasionally.

Resolved (on motion by **Mr Symon**):

That this committee authorises publication, including publication on the parliamentary database, of the transcript of the evidence given before it at public hearing this day.

**Committee adjourned at 12.14 pm**