

**STANDING COMMITTEE ON EMPLOYMENT AND
WORKPLACE RELATIONS**

*Equal Opportunity for Women in the
Workplace Act 1999*

*Pay equity and associated issues related to increasing
female participation in the workforce
(PGA2008/1)*

**SUBMISSION BY THE PHARMACY GUILD
OF AUSTRALIA
(the Guild)**

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Key Issues

1. Community pharmacy provides a flexible working environment, with pharmacies generally open 7 days a week and operating under extended trading hours.
2. The Guild recognises that it is important that women in the workforce, returning to the workforce or working part-time hours must have access to maternity leave, accessible childcare, appropriate training, professional development and opportunities for career advancement.
3. The Guild is of the view that there is pay equity for women pharmacists in community pharmacy.

Pay Equity

4. The Guild is of the view that there is pay equity for women pharmacists in community pharmacy. This is demonstrated in the Professions Survey Report 2007 by APESMA which states, *While pay rates for individual pharmacists can vary significantly, there is no difference in the median hourly wage rate paid to male and female pharmacists, or indeed to pharmacists at different classification levels.*¹
5. The APESMA survey also demonstrated that in line with previous survey results, there is little difference in the career progression of male and female pharmacists, nor is there any evidence of gender bias in the pay within the profession. Pharmacy rated the highest of all professional classifications with 78.7 percent of respondents indicating that they believed they received equal compensation for equal work performed by a male colleague.

Participation in the Pharmacy Workforce

Enablers to Participation

6. No formal survey has been undertaken to accurately gauge pay equity and associated issues in relation to female participation in the pharmacy workforce. However, at a recent Pharmacy Women's Congress in August attended by over 300 women, the Guild conducted a questionnaire into the issues of pay equity and participation in order to identify barriers and motivational factors influencing women pharmacists.

¹ APESMA Women in the Professions Survey Report 2007

7. From this sample of 46 women owners and salaried pharmacists, it was indicated by approximately three in four respondents that ***the main motivation for women to seek a career in pharmacy was to help others and the opportunity for part-time and flexible work arrangements.*** Only about half were motivated solely by reasons of financial security.
8. This questionnaire also asked women to rate their impressions of five separate barriers which anecdotal evidence suggested were a factor in workforce participation. These five potential barriers were *Pay Equity, Continuing Professional Education, Employment Flexibility, Childcare, and Maternity Leave.* Respondents were asked to rank these barriers on a scale of 1 to 5 with 1 being *no barrier* and 5 being an *impractical barrier*:

The following areas have been identified as potential barriers for women participating in the pharmacy workforce.

Rate these barriers on the scale with *1 indicating no barrier* and *5 indicating an impractical barrier.*

5. Pay Equality

1 2 3 4 5

6. Continuing Education (CPE)

1 2 3 4 5

7. Employment Flexibility

1 2 3 4 5

8. Childcare

1 2 3 4 5

9. Maternity Leave

1 2 3 4 5

9. These results are reproduced the following table:

TABLE 1 – Enablers to Participation²

Perceived Barrier	1 no barrier	2	3	4	5 impractical barrier	Total 4 + 5
Pay Equity %	32.6	23.9	30.4	10.9	2.2	13.1
Continuing Education %	53.3	28.9	15.6	2.2		2.2
Employment Flexibility %	8.7	19.6	37.0	32.6	2.2	34.8
Childcare %	11.1	2.2	26.7	48.9	11.1	60
Maternity Leave %	8.9	15.6	28.9	28.9	17.8	46.7

Barriers to Participation

10. Equality of pay, employment flexibility as pertaining to part-time or flexible hours, and the professional requirements of continuing education (CPE) rated substantially lower than the impractical barriers of maternity leave and the costs of childcare.

Access to paid maternity leave

11. Of the 46 respondents to the Guild questionnaire, approximately 45% stated that Maternity Leave was a barrier to employment. The Guild understands the imperative for Government to implement a practical and workable scheme of parental leave and welcomes the Productivity Commission's Paid Maternity Leave Draft Report and its recommendation for a taxpayer-funded parental scheme. However, the Government must take into account the additional financial and administrative burdens the scheme would place on community pharmacy as a specific small business with a larger than average cohort of women employees of child bearing age.

12. The Pharmacy Guild notes that the New Zealand approach to paid parental leave is for the Government to fully fund the 14 weeks paid parental leave but to do so at the lesser of the

² Pharmacy Women in the Workforce Questionnaire, 2008, Pharmacy Guild

predetermined rate or the actual wage rate of the person taking the leave. It appears that the effective rate of payment for paid parental leave is the predetermined rate, currently NZ\$391.28. The Pharmacy Guild also notes that the New Zealand model gives paid parental leave to self employed persons, currently NZ\$112.50.

13. The Pharmacy Guild supports the New Zealand model of having paid parental leave paid out of general revenue³.

Availability of Childcare

14. 60% of respondents to the Guild questionnaire identified Childcare as a barrier to their participation. The cost of and access to childcare facilities is seen as a major barrier to many women pharmacists participating in the Australian workforce. One respondent in the questionnaire opined that while the flexibility of working hours in pharmacy is attractive to most female pharmacists, many are faced with insufficient childcare facilities, particularly in the inner suburbs of Melbourne and Sydney, when making the decision to return to the paid workforce.
15. The Guild recognises the importance of quality, nurturing outcomes for children in childcare arrangements and as such would support cross-subsidies to assist in the payment of childcare fees.

Continuing Professional Education

16. A critical issue which always faces community pharmacy in relation to an employee returning to work and who has been on a period of parental leave, is to ensure that the employee has the current knowledge necessary to operate effectively in the community pharmacy.
17. With the constant change in the number and type of product lines and the scheduling of medicines, it is very easy for an employee in community pharmacy to fall behind the latest knowledge by being absent from work for an extended period of parental leave.

³ The Pharmacy Guild of Australia – Inquiry in to Paid Maternity, Paternity and Parental Leave 2008

Current Industrial Awards

18. Pharmacists are currently covered by the Commonwealth's *Community Pharmacy Award*, whilst pharmacy assistants are covered by state awards.
19. An Award Modernisation process is being driven by the Australian Industrial Relations Commission (AIRC) on behalf of the Government with the aim of reducing the number of awards across Australia, simplifying them and ensuring that the new awards neither disadvantage employees nor add costs for employees.
20. The Guild has actively sought to include all community pharmacy employees under one national pharmacy award and has produced a draft, simplified award, which it submitted to the AIRC in support of this. This separate award for community pharmacy is supported by retail industry peak bodies and the Association of Professional Engineers, Scientists, Managers Australia (APESMA), which represents employee pharmacists.
21. The Guild has argued against the Commonwealth's initial proposal to include pharmacy within a national retail award, indicating that community pharmacies are health care focussed and that pharmacy employees are qualified differently from retail employees.
22. **The decision by the AIRC to include community pharmacy in a retail award, if made, will represent a significant cost imposition on the community pharmacy industry for no reason and likely to have a negative affect on the employment opportunities and pharmacy workforce participation for women.**

Questionnaire Comments


23. The following personal accounts taken from attendees at the Pharmacy Women's Congress also provide insight into the experiences of women in community pharmacies.
 - *Organising a sick day with children is difficult if you don't have support in the community or an understanding employer, or multiple pharmacists on duty. The timing for owning a pharmacy is a big an issue when consideration also needs to be given as to when to have a family – Nicole, WA*
 - *The female pharmacists with children often will not be able to do weekends or night work due to family commitments. Being a pharmacy owner demands a high commitment of*

hours put into the business. Paid maternity leave may compromise female's opportunities when competing with males in the workplace – Kathy, Victoria

- *I just had a baby and already own a business so I am finding life very challenging right now .. balancing life and business mean we do have to do more research and find better partnerships for support – Amanda, ACT*
- *I think it's harder for a woman to be taken seriously by vendors and brokers. I think this is because women aren't stepping into management roles and proving they want it (pharmacy ownership), and because of the perception that going into a partnership with a woman means the other partner will do all the work while the woman focuses on the family and having babies – Sarah, NSW*
- *Commitment to the business and running a pharmacy may prevent women from being involved with children's lives, ie school events which are precious. Many women I know put the family first and postpone business interests until later in life – Justine, Victoria*

Women in Pharmacy

24. Women tend to be drawn to the role of community pharmacist and to that of pharmacy assistant because of their innate nurturing and empathetic behaviour when relating with the unwell, vulnerable and elderly members of the community. It follows that women are over-represented both among professional pharmacy staff and pharmacy assistants. Over 85% of all persons engaged in community pharmacy are female. This increases to 94% of those persons aged 35 years or less.⁴
25. Today in pharmacy approximately 70 per cent of university graduates are women. This trend towards increasing numbers of women graduates can be seen over recent years with women comprising 66 percent of Australian graduates in 2000 and 59 per cent in 1988. Recent research places the emphasis for this increase on social, economic and professional trends as well as the impact of emerging technologies.
26. Since 1995 The Pharmacy Guild of Australia has been actively involved in organising and facilitating women in pharmacy workshops and conferences. Initially these were to encourage women pharmacists into pharmacy ownership and to address potential

 Analysis of Secondary Data to understand pharmacy workforce supply – Initial report 2008, Human Capital Alliance

problems associated with the ageing, predominantly the male dominated community pharmacist workforce. There is a reluctance of women pharmacy graduates to take on ownership responsibilities for a variety of reasons including the cost of purchasing a community pharmacy, the commitment to owning a small business and in particular, balancing work and family commitments.

27. In 1997 the National Council of the Guild established the Women in Pharmacy Committee, comprising representatives from each Guild Branch Committee and supported by the National Secretariat in Canberra. Then and now, the issue of leadership has been linked to ownership because to qualify for Guild membership, a pharmacist must be a pharmacy owner or part owner.
28. The Guild has broadened the appeal and scope of this committee and in recognition that many of the committee's aims would be to involve young male pharmacists, the Women in Pharmacy Committee has therefore been re-named the Women and Young Pharmacist Committee (WYPC).
29. The stated aims of the WYPC are:
 - a. To assist women and young pharmacists to become pharmacy owners
 - b. To increase the representation of women pharmacists in leadership positions at a state/territory and national level within professional pharmacy organisations such as the Guild and the Pharmaceutical Society of Australia
 - c. To act as a spokes-group on women's health and social issues as they relate to pharmacy
30. The Guild has determined that it is vital to the pharmacy profession that young, intelligent, well qualified and highly motivated people come through and refresh and revitalise the industry. This is especially important in community pharmacy where pharmacists have such a valuable, trusted and long-serving relationship with the people they serve. It is through the work of the WYPC that the role and exposure of women and young pharmacists today can change to more accurately reflect the profession of pharmacy.

Pharmacy Workforce Data

31. There are national and international shortages of both community and hospital pharmacists, including in the United States, Canada, New Zealand and South Africa. A complex range of factors affect the Australian pharmacist labour market and include:

- a. structural issues—changes in the way that health services are organised and delivered, and the evolution of new management models;
- b. technical changes—associated with the increasing complexity of medication;
- c. workforce demographic change—associated with feminisation and ageing proprietors in community pharmacies;
- d. extended working hours to seven day trading and evening trade;
- e. security issues based on pharmacy being a soft crime target;
- f. working arrangements—the way in which pharmacists work with assistants and technicians and collaborate with the medical profession;
- g. demographic change in the general population—and its impact on the demand for the services of pharmacists;
- h. educational—marked by increases in pharmacy student enrolments;
- i. political and cultural— the application of new professional standards, government and consumer expectations concerning safety and the quality use of medicines, and the implementation of new Government policies;
- j. rural concerns—associated with ensuring adequate service access in rural and remote localities;
- k. addressing the specific needs of Indigenous communities; and
- l. information technology—characterised by the integration of professional care with electronic data interchange⁵.

⁵ A Study of the Demand and Supply of Pharmacists, 2000 – 2010 February 2003, Pharmacy Guild

32. The supply data confirms that out of a total workforce of almost 17,633 registered pharmacists in Australia:

a. 78 per cent of pharmacists work in community pharmacy, and about 15 per cent in hospital pharmacy while the number of pharmacists engaged in other areas of pharmacy-related work, such as academia, administration, the pharmaceutical manufacturing industry and consultant pharmacy, remains comparatively small. There are approximately 1600 accredited consultant pharmacists. There is a reported shortage of hospital pharmacists and there have been suggestions that increasing job placements of pharmacy graduates in their pre-registration year in hospital pharmacies may go some way to addressing this shortage, since there is very high retention of hospital pharmacists, despite relatively lower income levels.

b. The community pharmacy workforce is ageing and the age profile mirrors that of the total population. This is highly unusual since the working population usually draws from a considerably younger aged profile. It suggests that pharmacists retire at a later age than the rest of the workforce, but despite this, a sizeable proportion of the workforce will be retiring within the next 10 years. ⁶:

- 24% are less than 34 years old
- 25% aged between 35 and 44
- 21% aged 45- 54
- 21% aged 55-65 and
- 8.5% older than 65

c. The proportion of females in the pharmacy workforce has steadily grown and now approximates the number of males (47.5 per cent female and 52.5 per cent male). This represents an increase of 46% between 1996 and 2006. However female pharmacists tend to be younger than males:

- more than 60 per cent of female respondents were less than 45
- only 35% of women pharmacists are aged 35 years of more, and

⁶ *ibid*

- more than 60 per cent of male respondents were 45 or more, including 30 per cent aged 55-64

33. This seems to foreshadow a significant restructuring of the pharmacy workforce and work practices in the next 10 years, as older male pharmacists become due to retire and are replaced by younger female pharmacists and there is an expected increased demand for flexibility in working arrangements.

34. Nationwide the average hours worked by pharmacist remains fairly stable at 38.6 hours per pharmacist per week. The workforce pharmacy survey (2000) revealed that almost half of those surveyed worked 41 hours or more.

35. Pharmacies generally open seven days a week and operate extended hours, with 60.67 hours per week being the average opening hours per week⁷ - ranging from 40 to 84 hours per week. This is enabled by extensive use of part time pharmacists and other staff who are prepared to work longer hours.

36. Total enrolments in pharmacy schools have grown by nearly 4 per cent per annum for the past 15 years. Overall FTE pharmacist workforce supply will grow from 11,188 in 2000 to between 13,594 and 14,147 in 2010, representing an average annual growth rate ranging between 1.98 per cent and 2.38 per cent depending, respectively, whether one adopts high or low values for net workforce loss. The conversion factor for calculating workforce numbers is .86.⁸

37. Pharmacy workforce growth is the joint product of new graduate supply and net migration, whose year-to-year contributions are in turn offset by losses occasioned by retirements of ageing male pharmacists, reduced *per diem* average hours of participation, largely as a consequence of increasing feminisation, and a relatively high rate of occupational separation. Projected new graduate supply and net migration to 2010 jointly represent an average annual net contribution to the workforce of about 6.6 per cent. With annual net wastage of 7 per cent the workforce is barely capable of maintaining constant numbers.⁹

⁷ *Snapshot of Community Pharmacy in the ACT*. Pharmacy Guild of Australia, ACT Branch

⁸ *A Study of the Demand and Supply of Pharmacists, 2000 – 2010* February 2003, Pharmacy Guild

⁹ *ibid*

The Pharmacy Guild of Australia

38. The Pharmacy Guild of Australia was established in 1928 and registered under the then Conciliation and Arbitration Act (now Workplace Relations Act) as a national employers' organisation and today represents approximately 90% of the 5000 independent community pharmacies across Australia.

39. The community pharmacy industry comprises over 5000 independently owned pharmacies across Australia that provide primary health care services to the general public (excluding pharmacies that operate as an adjunct to public hospitals and other public health institutions).

40. The industry generates revenue of over \$12 billion per annum, and employs over 46,000 employees with 15,357 (33%) working as pharmacists, 27,458 (59%) as pharmacy assistants and 3,723 (8%) as pharmacy technicians.

41. Community pharmacists and their staff are highly trained professionals who act as a first port of call for many health issues. They provide customers with clinical services involving direct advice, information or treatments as well as refer customers to other appropriate health professionals or community services if required.

42. Community pharmacies are the most accessible of all primary health care services, and pharmacists are one of the most trusted health care professionals. The presence of community pharmacy is a major cost saver to the health system through its role as primary health gate-keeper, assisting consumers with management of minor health complaints, or, when necessary, providing appropriate referrals to general practitioners or other health providers.