

# Pharmacy workforce in Malta

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Editor

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Data retrieved from Pharmacy Council's Annual Report makes a very interesting read in terms of pharmacy manpower on the island.<sup>1</sup> The data was gathered through the forms sent to pharmacists for renewal of licence. While not all pharmacists sent in the requested information (25.9%), the data gathered gives a good indication of pharmacists according to areas of practice. By the end of 2010, the number of pharmacists on the EU list i.e. those registered to practice in Malta stood at 925. This may come as somewhat of a surprise to those seeking to employ pharmacists in community pharmacy and in the public sector where the significant shortage of pharmacists is palatable. Shortage within the pharmacy workforce is an international concern and not just restricted to our island. In line with international trends, the profession is still dominated by females both in terms of sheer numbers and leadership positions. The high proportion of females in the profession has significant implications for the workforce, with women choosing to take career breaks – be they short or long- in order to raise a family and will thus be absent from the effective workforce for a period of time.

When looking at pharmacists by area of practice we find that 33.7% of those that declared their area of practice (685) work in community pharmacy on a full time basis. While this implies that just over one third of registered pharmacists work in community, it does not provide a comprehensive picture of those whose principle occupation is in community pharmacy, as a number of pharmacists have a principle occupation in community pharmacy, but only work on a part-time basis. About 9.8% practice in the other traditional area of practice - hospital pharmacy. This contrasts with UK data where 66% practice in community, and 18% practice in NHS hospitals,<sup>3</sup> while in the US about 53.8% of pharmacists practice in community pharmacy.<sup>2</sup>

Following community pharmacy, the area where most pharmacists, 22.9%, practice is in importation and wholesale. This includes pharmacists who work as medical representatives, Responsible Persons and within the regulatory affairs domain of importation and wholesale. This trend is anomalous with the international pharmacy workforce scene. This sector appears to offer an attractive option to pharmacists locally.

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The other main areas of practice are industry (13.4%), Medicines Authority (4.6%). Interestingly, the male to female ratio in the latter areas of practice are about 1:1 as opposed to the community pharmacy where the ratio is 1:1.5 and hospital 1:1.6. When comparing once again with the UK, the percentage of pharmacists in pharmaceutical industry, it's supplier and support agencies industry, is 5.5 %.<sup>3</sup>

This data implies that the principle employment for the majority of registered pharmacists is in (i) non-traditional areas, (ii) areas that are not directly related to patient care and (iii) areas that do not require a licence to practice. This means that, locally, most of the pharmacy workforce is being drawn away from those

viewed as essential pharmacy services.

A more intensive approach should be taken to study local manpower needs. WHO has long advocated that countries should actively engage in pharmacy manpower development through planning, production (education and training), and management.<sup>4</sup> The best way forward is through the development of strategic partnerships between stakeholders such as Ministry of Health, Ministry of Education, training institutions, professional bodies, regional and international organisations, amongst others.<sup>2</sup>

This country therefore needs to make a consolidated effort to study and address manpower issues.

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