

# **REPORTE SOBRE LAS PERSPECTIVAS DEL MERCADO LABORAL EN QUEBEC PARA FARMACEUTICOS**

## **3131 - Pharmacists** **Analytical text**

### **Type of work**

Community pharmacists and hospital pharmacists compound and dispense prescribed pharmaceuticals and provide consultative services to both clients and health care providers.

For the full and official description of this occupation according to the 2001 National Occupational Classification, visit the 2001 NOC site at:

<http://www23.hrdc-drhc.gc.ca/2001/e/groups/3131.shtml>

### **Examples of Occupational Titles**

Clinical pharmacist;  
community pharmacist;  
druggist;  
hospital pharmacist;  
industrial pharmacist;  
pharmacist;  
retail pharmacist.

### **Outlook**

Job prospects in this occupation are good.

(Update: August 2006)

#### **A) Overview**

In the last few years, the number of pharmacists has grown sharply, mostly as a result of a rise in the use of prescription medication. The sharp increase should continue over the next few years.

#### **Sources of employment**

Job openings will arise primarily from new jobs being created and positions being vacated by pharmacists who are retiring. There is very little turnover in this occupation. Some pharmacists are turning to university teaching positions (see 4121), pharmaceutical research (see 2121), and sales (see 6221). Others are moving into management positions, such as in retail sales (see 0621). Most university graduates usually find work soon after completing their studies and remain employed throughout their career.

#### **Labour pool**

Because there is almost no unemployment in this occupation, almost all openings will be filled by pharmacy graduates and, to a lesser degree, immigrants who meet the requirements of the Ordre des pharmaciens du Québec. According to census data, the proportion of immigrants in this profession was in 2001 slightly higher than the proportion in all professions combined (13% compared with 10%).

The occupation attracts quite a few applicants, but the number of spaces in pharmacy programs is limited. There do not seem to be enough graduates to meet the demand, either in health care facilities or in community pharmacies. The placement rate for pharmacy graduates is excellent, and the unemployment rate is very low according to the data from the Quebec Department of Education, Recreation and Sport's Relance survey.

Faced with the lack of graduates, universities increased sharply the number of annual admissions since 2000. That increase started to produce results in 2004 and even more in 2005. According to the data from the Quebec Department of Education, Recreation and Sport, the number of pharmacy graduates increased by close to 60% between 2002 and 2005, from approximately 210 to 340. The expansion of the faculties of pharmacy at the University of Montreal and Laval University will make it possible to increase admissions between 2005 and 2008. The impact of this increase, however, will begin to be felt only by the end of our forecast period (2006-2010). Some employers are hiring people from France and Belgium in order to meet their needs. In that connection, the Ordre des pharmaciens du Québec is trying to speed up the process of granting equivalences for foreign degrees, which is currently very long (more than a year). Other employers are reorganizing work division, assigning to pharmacy assistants (see 3414) some of the tasks formally performed by pharmacists.

### **Industries**

According to census data, in 2001 about 75% of pharmacists worked in pharmacies and 22% worked in hospitals. Others found jobs in scientific research and development services.

### **Trends**

Employment growth in this occupation depends primarily on the degree of prescription drug use, developments in the field of practice of pharmacists and the labour supply.

#### A) Degree of prescription drug use

The main factors that influence use are the ageing population, the rapid development of new drugs and the existence of private and public drug insurance plans.

#### - Ageing population

Although the use of non-prescription drugs does not vary much with age, the use of prescription drugs increases very rapidly once people reach age 25. According to the 1998 social and health survey conducted by the Institut de la statistique du Québec, about three quarters of the population aged 65 and over used at least one prescription drug in a two-day period, a proportion that is three times higher than among people aged 25 to 44. An even clearer statistic is that a little more than half of people aged 65 and over used at least three drugs in a two-day period, a proportion that is five times higher than among the 25 to 44 age group. Consequently, the ageing population should be behind a significant increase in the use of prescription drugs over the next few years.

#### - Development of new drugs

The development of new drugs also plays an important role in the rising use of prescription drugs. The study cited above reveals that prescription drug use is rising strongly in all age groups. For example, the proportion of the total population that used at least three drugs in a two-day period more than doubled between 1987 and 1998. In addition, the variety of drugs being used is growing. This trend should continue. Increased investments in research and development by pharmaceutical companies, both in Canada and abroad, should also lead to the discovery and marketing of many new drugs over the next few years. This factor will continue to contribute to the growing use of prescription drugs.

#### - Drug insurance plans

Greater use of prescription drugs also leads to a sharp increase in the related purchase costs. Households that must allocate very high sums to pay for prescriptions or those with low incomes could be forced to forego purchasing the drugs. Nevertheless, a good part of the potential drop in use is offset by the fact that private and public drug insurance plans are becoming more common, and private plans are now often part of employment benefit packages.

In early 1997, Quebec's introduction of a drug insurance plan for people who did not have such coverage also helped to increase accessibility to prescription drugs. Although the addition of deductible amounts and coinsurance for employment insurance claimants and people aged 65 and over initially caused a slight drop in the number of prescriptions that the plan reimbursed for these clienteles, the number of prescriptions rose again afterwards. On average, the number of prescriptions per participant increased by about 14% annually between 1998 and 2005 for employment assistance claimants and by about 11% annually for persons aged 65 and over. Although the number of prescriptions per participant for the other members of the drug insurance plan (those who do not have private insurance plans and their children) increased a little more slowly, their numbers are growing at a remarkable rate (6% annually, on average).

#### - Findings on prescription drug consumption levels

As a result of these trends, prescription drugs accounted for 14.5% of health care costs in Canada in 2005, rising from 6.3% in 1975, according to the Canadian Institute for Health Information. Quebec's drug insurance plan exacerbates this trend, making the cost of increased prescription drug consumption affordable. Although health care costs related to drug consumption were lower than the Canadian average in Quebec in 1985, (8.3% compared with 9.5%), they were clearly higher in 2005 (20.0% compared with 17.5%). At 20.0%, Quebec had the highest health care costs related to drug consumption in the country in 2002. Considering all these factors, drug consumption should continue to increase rapidly in the coming years, which will naturally foster growth in this occupation.

#### B) Developments in the field of practice of pharmacists

Subsequent to the adoption of the Act to Amend the Professional Code (Bill 90) and its entry into force in January 2003, the field of practice of pharmacists expanded significantly. Now, in addition to preparing and selling medication, and giving their opinions and advice on drug use, pharmacists may:

- supervise medication therapy (also called pharmacotherapeutic monitoring);
- initiate or adjust medication therapy, according to a prescription, making use, where applicable, of appropriate laboratory analyses;
- prescribe and personally dispense emergency oral contraception.

Although the exact consequences of this expanded practice are difficult to assess, and are likely to materialize gradually, they will no doubt have a significant impact on the demand for pharmacists.

### C) Labour supply

As mentioned earlier in the labour pool analysis, the high demand for pharmacists cannot be fully met because of a shortage of graduates. The increase in the number of admissions to bachelor's programs in pharmacy definitely improved the situation since 2004, but it is not sure that this additional influx will be enough. Since women who work as professionals in the health sector usually work fewer hours than men, the major increase in the proportion of women in this occupation over the next few years could still result in a shortage of graduates to satisfy the skyrocketing demand. Consequently, the scarce labour supply (or shortage of graduates) could slow the employment growth rate somewhat in this occupation.

Because of all these factors, the number of pharmacists should increase sharply over the next few years.

### Employment characteristics

According to census data, women held about 62% of the jobs in this occupation in 2001, a percentage that has been rising sharply since 1991 (55%). This proportion should continue to increase over the next few years because they represent between 70% and 80% of new pharmacy graduates. This phenomenon can also be seen in data from the Ordre des pharmaciens du Québec. In March 2006, women comprised approximately 62% of members, while they represented only 41% in 1988. Approximately 66% of pharmacists worked full-time and full-year, a percentage that is clearly higher than the average for all occupations (53%). Evening and weekend work is quite common. Although there are twice as many self-employed workers in this occupation than in all other occupations (20% compared with 11%), a large majority of pharmacists are salaried employees. Note that in Quebec, only pharmacists may run a pharmacy.

Reflecting the high demand in this occupation, the average employment income for pharmacists working full time, full year increased nearly twice as fast as in all occupations from 1995 to 2000 (23% compared with 12%).

### Requirements

To work in this occupation, candidates must have an excellent academic record and have good science skills. They must be able to empathize with patients, and be able to communicate and explain things in simple terms. The ability to concentrate, attention to detail, patience and friendliness are important qualities. Because pharmacists are often responsible for managing activities related to the sale and use of prescription drugs, especially if they own a pharmacy, they must also have management skills. Bilingualism is essential, both for serving the clientele and for consulting documents or articles on drugs.

### B) Trends by speciality

#### - Institutional pharmacy practitioners

Despite government cutbacks in health care and a drop in the number of patients in hospitals subsequent to the introduction of out-patient care, the number of institutional pharmacy practitioners has increased at the same rate as other pharmacists in this occupation over the last few years. This rise can be explained by an increase in the number of cases, the constant

appearance of new drugs, and the growing importance put on the effective use of medication, both with respect to the quality of care and budget management. These pharmacists work primarily in hospitals.

In recent years, health care institutions have been having a lot of trouble filling their pharmacist positions. In addition to the insufficient number of graduates, many institutional pharmacy practitioners are moving into the private sector, which offers better working conditions, even though the institutional pharmacy practitioner position usually requires a higher education (Master's degree).

Because of this situation, the Quebec Department of Health and Social Services introduced an incentive program for institutional pharmacy practitioners in 2004. This program offers bursaries and summer jobs to pharmacy students who agree to work in health care institutions once they have completed their studies. The bursaries range from \$5,000 a year for undergraduates to \$30,000 a year for those enrolled in a Master's program in hospital pharmacy.

## **Education and Training**

To work in this occupation, candidates must have a university degree in pharmacy, offered by the Laval University and the University of Montreal.. Membership in the Ordre des pharmaciens du Québec is mandatory to work in this occupation and to use the title of pharmacist. Admission requirements for the Ordre include an internship of 600 hours under the supervision of a pharmacist.

Completion of a master's program in hospital or institutional pharmacy is an important asset for obtaining a job as an institutional pharmacy practitioner.

Because of the constant introduction of new drugs and the expansion of the pharmacist's role, continuous training is essential.

## **Useful References**

Ordre des pharmaciens du Québec  
<http://www.opq.org/>

Association professionnelle des pharmaciens salariés du Québec  
405, place Damiens  
PO Box 33 016, Concorde Station  
Laval, Quebec  
H7G 4X6  
(514) 663-3731  
Fax: (514) 667-9633  
E-mail: appsq@hotmail.com

Association des pharmaciens d'établissements de santé du Québec  
<http://www.apesquebec.org/>

Association québécoise des pharmaciens propriétaires  
<http://www.aqpp.qc.ca/>

Faculty of pharmacy, University of Montreal  
<http://www.pharm.umontreal.ca/>

## Important Considerations

Because of the greater use of prescription medication, the number of pharmacists should increase sharply over the next few years.

The placement rate for pharmacy graduates is excellent and their unemployment rate is very low. Their number appears to be too small to meet the demand

Because health care institutions are having so much trouble filling their pharmacist positions, the Quebec Department of Health and Social Services is offering bursaries and summer jobs to pharmacy students who agree to work in health care institutions once they have completed their studies.

## 3131 - Pharmacists Statistics

	3131	All occupations
<b>Main Labour Market Indicators</b>		
Employment, average 2003-2005	4900	3675500
EI Claimants in 2005	5	153350
Average Annual Growth Rate 2006-2010	2.3%	1.0%
Annual Employment Variation 2006-2010	100	38900
Annual Attrition 2006-2010	100	97350
Total Annual Needs 2006-2010	200	136250

### Employment Distribution by Gender

Males	37.9%	53.5%
Females	62.1%	46.5%

### Employment Distribution by Age

15-24 years	5.7%	14.7%
25-44 years	62.4%	49.9%
45-64 years	27.6%	34.0%
65 years and over	4.3%	1.4%

### Employment Distribution by Status

Full-time	81.2%	79.8%
Part-time	18.8%	20.2%

### Average Annual Employment Income (Full-Time,

### Full-Year)

<b>Full-time, full-year</b>	<b>66.1%</b>	<b>52.7%</b>
<b>Average income</b>	<b>62894\$</b>	<b>39150\$</b>
<b>0-19999\$</b>	<b>6.5%</b>	<b>20.6%</b>
<b>20000-49999\$</b>	<b>29.7%</b>	<b>55.1%</b>
<b>50000\$ and over</b>	<b>63.8%</b>	<b>24.4%</b>

### Employment Distribution by Highest Level of Schooling

<b>Less than high-school</b>	<b>0.8%</b>	<b>18.7%</b>
<b>High-school</b>	<b>2.1%</b>	<b>25.1%</b>
<b>Post-secondary</b>	<b>4.2%</b>	<b>37.5%</b>
<b>Bachelor's</b>	<b>92.9%</b>	<b>18.7%</b>

### Employment Distribution by Region

<b>Gaspésie-îles-de-la-Madeleine</b>	<b>1.0%</b>	<b>1.1%</b>
<b>Bas-St-Laurent</b>	<b>3.4%</b>	<b>2.5%</b>
<b>Capitale-Nationale</b>	<b>12.3%</b>	<b>9.0%</b>
<b>Chaudière-Appalaches</b>	<b>7.0%</b>	<b>5.5%</b>
<b>Estrie</b>	<b>3.6%</b>	<b>4.0%</b>
<b>Centre-du-Québec</b>	<b>1.9%</b>	<b>3.0%</b>
<b>Montérégie</b>	<b>15.8%</b>	<b>18.4%</b>
<b>Montréal</b>	<b>26.7%</b>	<b>24.8%</b>
<b>Laval</b>	<b>4.6%</b>	<b>4.9%</b>
<b>Lanaudière</b>	<b>4.7%</b>	<b>5.3%</b>
<b>Laurentides</b>	<b>6.2%</b>	<b>6.5%</b>
<b>Outaouais</b>	<b>4.2%</b>	<b>4.6%</b>
<b>Abitibi-Témiscamingue</b>	<b>1.3%</b>	<b>1.9%</b>
<b>Mauricie</b>	<b>2.8%</b>	<b>3.2%</b>
<b>Saguenay-Lac-St-Jean</b>	<b>3.7%</b>	<b>3.5%</b>
<b>Côte-Nord-Nord du Québec</b>	<b>0.6%</b>	<b>1.7%</b>

<b>Employment Distribution by Self-employment</b>	<b>20.0%</b>	<b>10.6%</b>
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<b>Employment Distribution by Immigration</b>	<b>12.9%</b>	<b>10.2%</b>
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### Main Areas of Employment (%)

<b>Health and Personal Care Stores (Pharmacies and Drug Stores included)</b>	<b>75.0</b>
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<b>Hospitals</b>	<b>21.8</b>
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