

### Pharmacists and pharmacies

Pharmacists are highly trained health care professionals whose key role is managing the distribution of medicines to consumers/patients and supporting their safe and efficacious use. Between 2000 and 2019, the number of pharmacists per capita increased in all OECD countries for which time series are available by almost 40% on average, to 86 pharmacists per 100 000 inhabitants (Figure 9.4). However, the density of pharmacists varied widely across OECD countries, ranging from a low of 21 per 100 000 in the Netherlands to 190 in Japan.

The largest increases in pharmacist density between 2000 and 2019 were observed in Japan, Portugal, Spain and Norway. In Japan, the increase is largely attributable to government efforts to separate drug prescribing by doctors from drug dispensing by pharmacists more clearly (the Bungyo system).

Across OECD countries, most pharmacists work in community retail pharmacies, but many also work in hospitals and industry, as well as in research and academic settings. In Canada, for example, in 2019 more than 75% of practising pharmacists worked in community pharmacies, while almost 20% worked in hospitals and other health care facilities (CIHI, 2020[2]). In Japan, around 58% of pharmacists worked in community pharmacies in 2018, while around 19% worked in hospitals or clinics, and the remaining 23% in other settings (Ministry of Health, Labour and Welfare, 2018[3]).

In 2019, the number of community pharmacies per 100 000 people ranged from 9 in Denmark to 88 in Greece, with an average of 28 across OECD countries (Figure 9.5). This variation can be explained in part by differences in common distribution channels. Some countries rely more on hospital pharmacies to dispense medicines to outpatients; others continue to allow doctors to dispense medicines to their patients (such as the Netherlands). Denmark has fewer community pharmacies, but these are often large, and include branch pharmacies and subsidiary pharmacy units attached to a principal pharmacy. In Australia, with an average of around 23 community pharmacies per 100 000 people, the minimum distance between pharmacies is regulated.

The range of products and services provided by pharmacies also varies between countries. In most European countries, for example, pharmacies also sell cosmetics, food supplements, medical devices and homeopathic products.

The role of the community pharmacist has changed in recent years. In addition to dispensing medications, pharmacists are increasingly providing direct care to patients (such as vaccinations, medicine adherence and chronic disease management support, and home medication review), both in community pharmacies and as part of integrated health

care provider teams. In countries such as Belgium, Finland, Italy, Switzerland and the United Kingdom, pharmacists also play an enhanced role in health promotion and disease prevention, including in rural areas (OECD, 2020[4]).

In many OECD countries, the scope of practice of community pharmacists has been further expanded in response to COVID-19. Pharmacists remain a key first point of contact for the health care system, and pharmacies were among the health care services that remained open to the public during lockdowns. To guarantee continuity of care and access to medicines, in Austria, Canada, France, Ireland, Italy, Portugal, and in some states of the United States, pharmacists have been given greater scope including extending prescriptions, enabling electronic prescription transfer and, in some cases, prescribing medicines for certain chronic conditions.

In several countries, pharmacists are playing an expanding role in administering vaccinations, including for seasonal influenza (as in Australia, Canada, Ireland, Italy, New Zealand, Norway and Portugal), COVID-19 (as in Australia, Canada, France, Ireland, Italy, Norway, Poland, Portugal and the United Kingdom) and selected routine childhood vaccinations (as in Australia, the United States and the United Kingdom). In addition, COVID-19 testing capacity was augmented in some countries with provision of self-sampling kits or direct testing by pharmacies (PGEU, 2021[5]; OECD, 2021[6]).

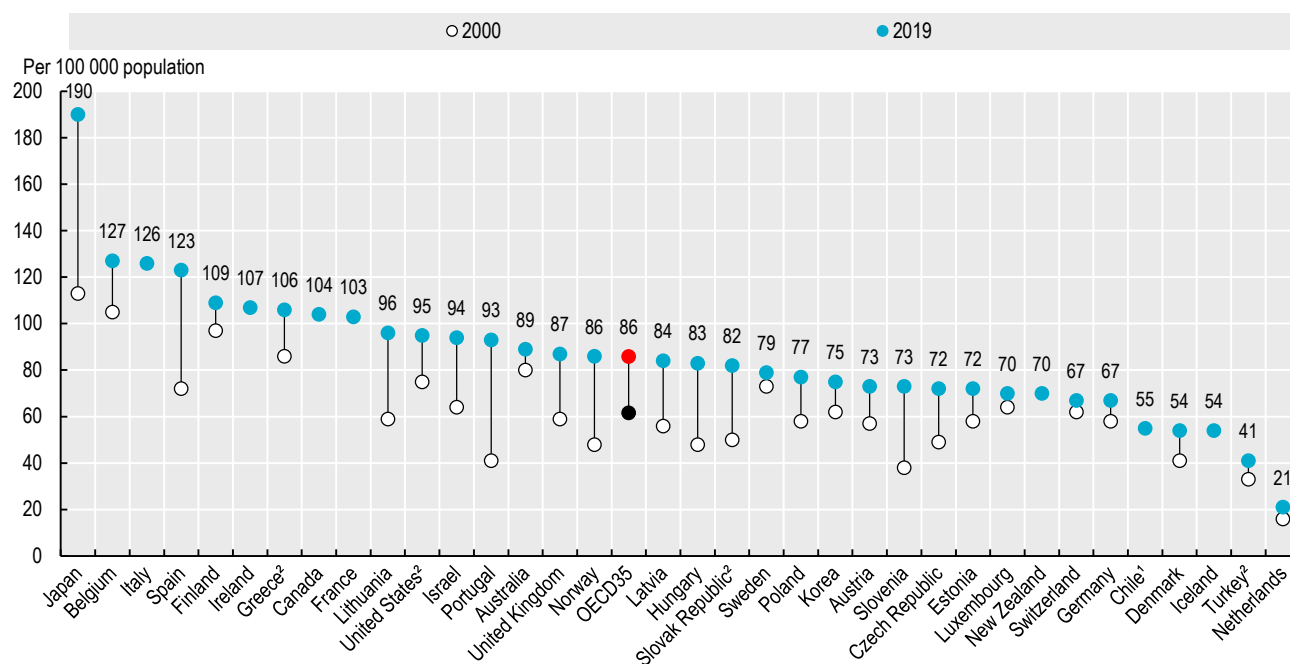
#### Definition and comparability

Practising pharmacists are defined as pharmacists who are licensed to practise and provide direct services to clients/patients. They can be either salaried or self-employed, and work in community pharmacies, hospitals or other settings. Assistant pharmacists and other employees of pharmacies are normally excluded.

In Ireland, the figures include all pharmacists registered with the Pharmaceutical Society of Ireland, possibly including some pharmacists who are not working actively. Assistant pharmacists are included in France and Latvia.

Community pharmacies are premises which, in accordance with local regulation and definitions, may operate as a facility for the provision of pharmacy services in community settings. The number of community pharmacies reported is the number of premises where medicines are dispensed under the supervision of a pharmacist.

Figure 9.4. Practising pharmacists, 2000 and 2019 (or nearest years)

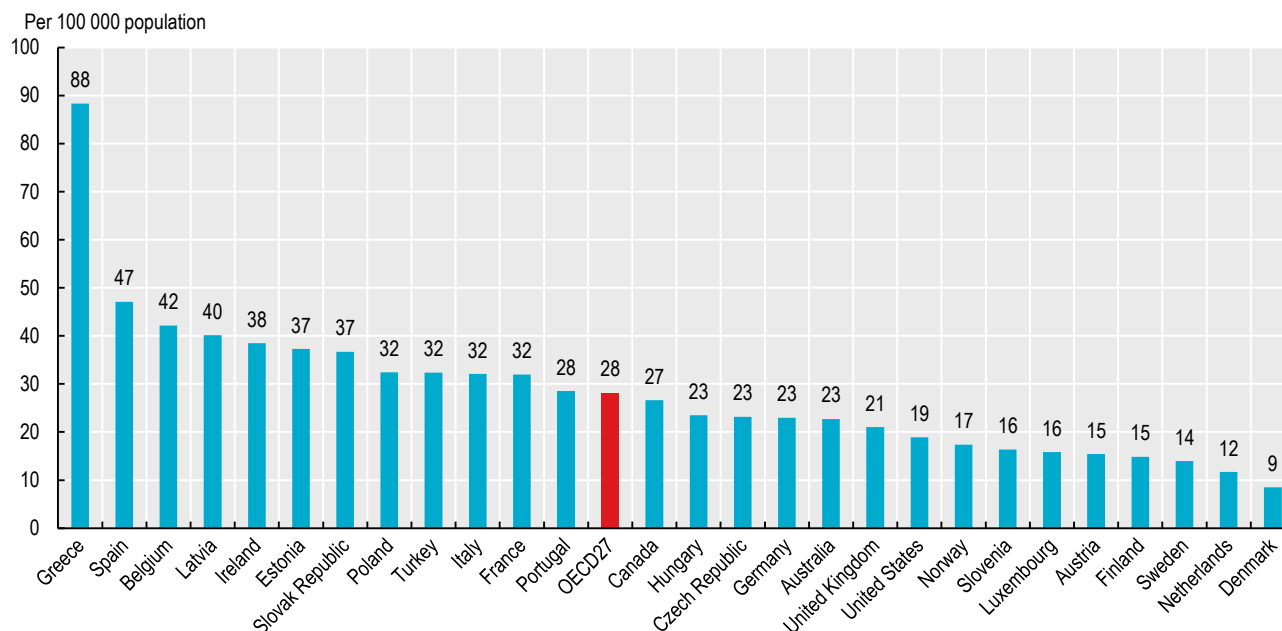


1. Data refer to all pharmacists licensed to practise. 2. Data include not only pharmacists providing direct services to patients but also those working in the health sector as researchers, for pharmaceutical companies, etc.

Source: OECD Health Statistics 2021.

StatLink <https://stat.link/91ejvg>

Figure 9.5. Community pharmacies, 2019 (or nearest year)



Source: Pharmaceutical Group of the European Union database or national sources for non-European countries, 2019 or nearest year.

StatLink <https://stat.link/1qo3jn>



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