

Supplementary Material

Practice pharmacists in the primary healthcare team in Aotearoa New Zealand: a national survey

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Supplementary Table S1. Current services and future intent to offer services among 39 practice pharmacists

	Services offered		Services intend to offer*	
	N	%	N	%
Medicines information queries from other health professionals	34	87	<4	
Advice and updates about medicines (e.g. availability or funding)	33	85	<4	
Liaison with community pharmacists	32	82	<4	
Medicines reconciliation	28	72	<4	
Medicines optimisation ^a	27	69	<4	
Audits	27	69	<4	
Formal teaching sessions for other health professionals	26	67	5	38
Patient education sessions	25	66	<4	
Medicines therapy assessment ^b	24	62	5	33
Liaison with hospital pharmacists	23	59	4	25
Governance	18	46	6	29
Medicines use review ^c	17	44	<4	
Immunisation	14	36	<4	
Prescribing	13	33	11	42
Repeat prescribing	13	33	12	46
Administered COVID-19 vaccinations	11	28	**	
Other	10	26	<4	

*Percentages were calculated based on those not already offering this service

** Question about future intent of administering COVID-19 vaccinations was not asked

^a A service to optimise the management of medication for patients with complex clinical needs¹

^b A service to address clinical concerns with a patient's medication¹

^c A service to assist patients to understand and adhere to their medication¹

Reference 1: Pharmaceutical Society of New Zealand. (2014). *New Zealand National Pharmacist Services Framework*. Pharmaceutical Society of New Zealand Incorporated.

Available from https://www.psnz.org.nz/Folder?Action=View%20File&Folder_id=96&File=PSNZPharmacistServicesFramework.pdf

Supplementary Table S2. Professional relationships rated as good or very good on a 5-point Likert scale

	%	Denominator *
How would you rate your professional relationship with:		
Practice nurses	95	35
Nurse practitioners	94	31
Other pharmacists working in primary health care settings (apart from community pharmacy)	92	36
General practitioners	92	34
General practice receptionists	91	35
Other general practice staff e.g. Health Improvement Practitioners, Health Navigators	90	31
Community pharmacists	84	37
Your community	76	37
Primary Health Organisations	75	36
Hospital pharmacists	66	35
Hospital prescribers	63	32
Iwi or Māori health providers	55	31
Other non-government organisations	54	28
Pacific health providers	52	25
Public health services	46	28

* People were not included if data were missing or they answered "not applicable"



Intro page

Are you an intern pharmacist or a pharmacist working in a community or primary health care setting?

If so, you are invited to take part in this survey.

Please read the information below before deciding to take part.

If you received more than one notification about this survey, please respond only once.



W E L L I N G T O N

EXPANDING THE ROLE OF PHARMACY SERVICES IN AOTEAROA NEW ZEALAND

INFORMATION FOR PARTICIPANTS

You are invited to take part in this research. Please read this information before deciding whether or not to take part. If you decide to participate, thank you. If you decide not to participate, thank you for considering this request.

Who are we? Ko wai mātou?

We are a team of researchers from Te Herenga Waka–Victoria University of Wellington and the University of Otago, Wellington–Te Whare Wānanga o Otāgo ki Pōneke, including pharmacists Dr Caroline Morris and Dr Tara Officer.

What is the aim of the project? He aha te kaupapa?

This survey is part of a wider project about Enhancing Primary Health Care Services to Improve Health in Aotearoa/New Zealand, which includes understanding how community and primary health care pharmacy services are expanding. We aim to understand the extent to which this expansion is occurring successfully, and what any enablers or barriers to progress might be. The work is funded by the Health Research Council of New Zealand. In 2018, we surveyed pharmacists and intern pharmacists working in community and primary health care settings. Your participation in the current survey will contribute to understanding how services have been changing and developing over the past four years. This research has been approved by the Victoria University of Wellington Human Ethics Committee approval #30080.

How can you help? Me pehea tō āwhina?

This survey is open to all pharmacists and intern pharmacists currently working in a community or primary health care setting. (Pharmacists working solely in hospital, academic or industry settings or in other pharmacist roles are not eligible to take part.) If you agree to take part, you will complete a survey online. The survey will ask you questions about your role, the services you offer currently and those you are interested in offering in future. The survey will take about 10 minutes for interns and 15-20 minutes for pharmacists (depending on your role/s) to complete. Your participation is voluntary. If you choose to participate, you will be offered the opportunity to enter a prize draw to win one of five \$100 gift vouchers.

What happens to your information? Ka haere tō korero o ngā kaimahi ki hea?

This research is anonymous. This means that nobody, including the researchers, will be aware of your identity. By answering the survey questions, you are giving consent for us to use your responses in this research. Your answers will remain completely anonymous and unidentifiable. Once you submit the survey, it will be impossible to retract your answers. Please do not include any personal identifiable information in your responses. Personal details will be collected only for those who wish to enter the prize draw or request a summary of results. All personal details will be received separately from the survey data and will be held in confidence. This ensures that your answers to the survey questions will not be linked to your identity.

What will the project produce? He aha te putanga?

The survey results may be presented in academic publications or conferences. A summary of results will also be produced for participants who request this.

If you have questions or problems, who can you contact? Me whakapā ki a wai?

If you have any questions, either now or in the future, please feel free to contact: Dr Janet McDonald, Project Manager, Te Hikuwai Rangahau Hauora, Health Services Research Centre, Victoria University of Wellington Phone: +64 4 463 6596 Email: janet.mcdonald@vuw.ac.nz.

Human Ethics Committee Information

If you have any concerns about the ethical conduct of the research you may contact the Victoria University of Wellington HEC Convenor: Associate Professor Rhonda Shaw. Email hec@vuw.ac.nz or phone +64 4 463 6134.

I have read the above information about this survey and agree to take part.

Yes

To begin the survey, please click the arrow below. Please note, this survey will display better on a computer, than on a mobile phone.

Which scope of practice do you work in?

- Intern
 Pharmacist or pharmacist prescriber

Do you work in a community pharmacy as a pharmacist or intern pharmacist?

- Yes
 No

Do you work in a primary health care setting (e.g. general practice, primary health organisation, Māori health provider or a Pacific health provider)?

- Yes
- No

Thank you for your interest, but pharmacists working solely in hospital, academic or industry settings or in other pharmacist roles are not eligible to take part in this survey.

CP services questions

The following questions ask about your work in a community pharmacy. If you work in more than one community pharmacy, please answer in relation to the pharmacy you have worked at most in the last month.

What roles do you currently have in this community pharmacy? (Please select all that apply)

- Pharmacist owner
- Pharmacist manager
- Pharmacist
- Locum pharmacist
- Other (please describe)

Is your work in this community pharmacy:

- Full time (30 or more hours/week)
- Part-time (less than 30 hours/week)

What staff work in this pharmacy (excluding yourself)?

How many?

Pharmacist/s

Intern pharmacist/s

Pharmacy accuracy checking technician/s

Other pharmacy technician/s

Shop or retail staff

Other (please specify the types of other staff e.g. nurse, phlebotomist etc.)

Is this community pharmacy situated (please select all that apply):

- Within or next door to a health centre
- In a central city or town shopping area
- In a suburban shopping area
- Within a supermarket
- Part of a Māori health service
- In close proximity to a Māori health service/provider and/or Marae-community
- Part of a Pacific health service
- In close proximity to a Pacific health service/provider and/or Pacific community
- Other (please specify)

What District Health Board is this community pharmacy located in?

- | | |
|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Auckland | <input type="checkbox"/> Northland |
| <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> South Canterbury |
| <input type="checkbox"/> Canterbury | <input type="checkbox"/> Southern |
| <input type="checkbox"/> Capital & Coast | <input type="checkbox"/> Tairāwhiti |
| <input type="checkbox"/> Counties Manukau | <input type="checkbox"/> Taranaki |
| <input type="checkbox"/> Hawke's Bay | <input type="checkbox"/> Waikato |
| <input type="checkbox"/> Hutt Valley | <input type="checkbox"/> Wairarapa |
| <input type="checkbox"/> Lakes | <input type="checkbox"/> Waitemata |
| <input type="checkbox"/> MidCentral | <input type="checkbox"/> West Coast |
| <input type="checkbox"/> Nelson Marlborough | <input type="checkbox"/> Whanganui |

Is this community pharmacy:

- Independently owned
 Corporately owned
 Other (please specify)

Is this community pharmacy part of a pharmacy banner group (e.g. Green Cross franchised)?

- Yes
 No

As a pharmacist, what services are you **currently** accredited or authorised to provide in this pharmacy? (please select all that apply)

- Medicines Use Review (MUR)

- Community Pharmacy Anticoagulation Management Service (CPAMS)
- Medicines Therapy Assessment (MTA)
- Emergency Contraceptive Pill (ECP)
- Trimethoprim
- Sildenafil
- Immunisation
- Supply of selected oral contraceptives
- Melatonin
- Other accredited or authorised services – please specify:

Have you administered COVID-19 vaccinations?

- Yes
- No

Are you currently accredited to provide immunisations?

- Yes
- No

Which immunisations have you administered?

- Influenza
- MMR
- HPV
- COVID-19

Is anyone else in this pharmacy **currently** accredited or authorised to provide any of the following services?

	Yes	No	Don't know
Medicines Use Review (MUR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Pharmacy Anticoagulation Management Service (CPAMS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines Therapy Assessment (MTA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Contraceptive Pill (ECP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trimethoprim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sildenafil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supply of selected oral contraceptives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melatonin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other accredited or authorised services – please specify: <input style="width: 150px; height: 25px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In future, do you intend to become accredited or authorised to provide any of the following services?

	Yes	No
» Medicines Use Review (MUR)	<input type="radio"/>	<input type="radio"/>
» Community Pharmacy Anticoagulation Management Service (CPAMS)	<input type="radio"/>	<input type="radio"/>
» Medicines Therapy Assessment (MTA)	<input type="radio"/>	<input type="radio"/>
» Emergency Contraceptive Pill (ECP)	<input type="radio"/>	<input type="radio"/>
» Trimethoprim	<input type="radio"/>	<input type="radio"/>
» Sildenafil	<input type="radio"/>	<input type="radio"/>
» Immunisation	<input type="radio"/>	<input type="radio"/>
» Supply of selected oral contraceptives	<input type="radio"/>	<input type="radio"/>

Yes No

>> Melatonin

>> Other accredited or authorised services – please specify:

In future, do you intend to become accredited or authorised to provide any of the following services?

	Yes	No	Don't know
Medicines Use Review (MUR)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Pharmacy Anticoagulation Management Service (CPAMS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicines Therapy Assessment (MTA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Contraceptive Pill (ECP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trimethoprim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sildenafil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Immunisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supply of selected oral contraceptives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supply of melatonin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other accredited or authorised services – please specify:			
<input style="width: 100%; height: 40px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does this pharmacy currently provide any of the following services?

	Yes	No	Don't know
ACC pain management service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy clozapine services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	Don't know
Opioid substitution therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking cessation counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supply of nicotine replacement therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community pharmacy gout management service (CPGMS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Publicly-funded skin ailment service (e.g. for scabies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aseptic services, including syringe driver preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal, funded SSRI counselling service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health service other than those listed above (please state)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>			

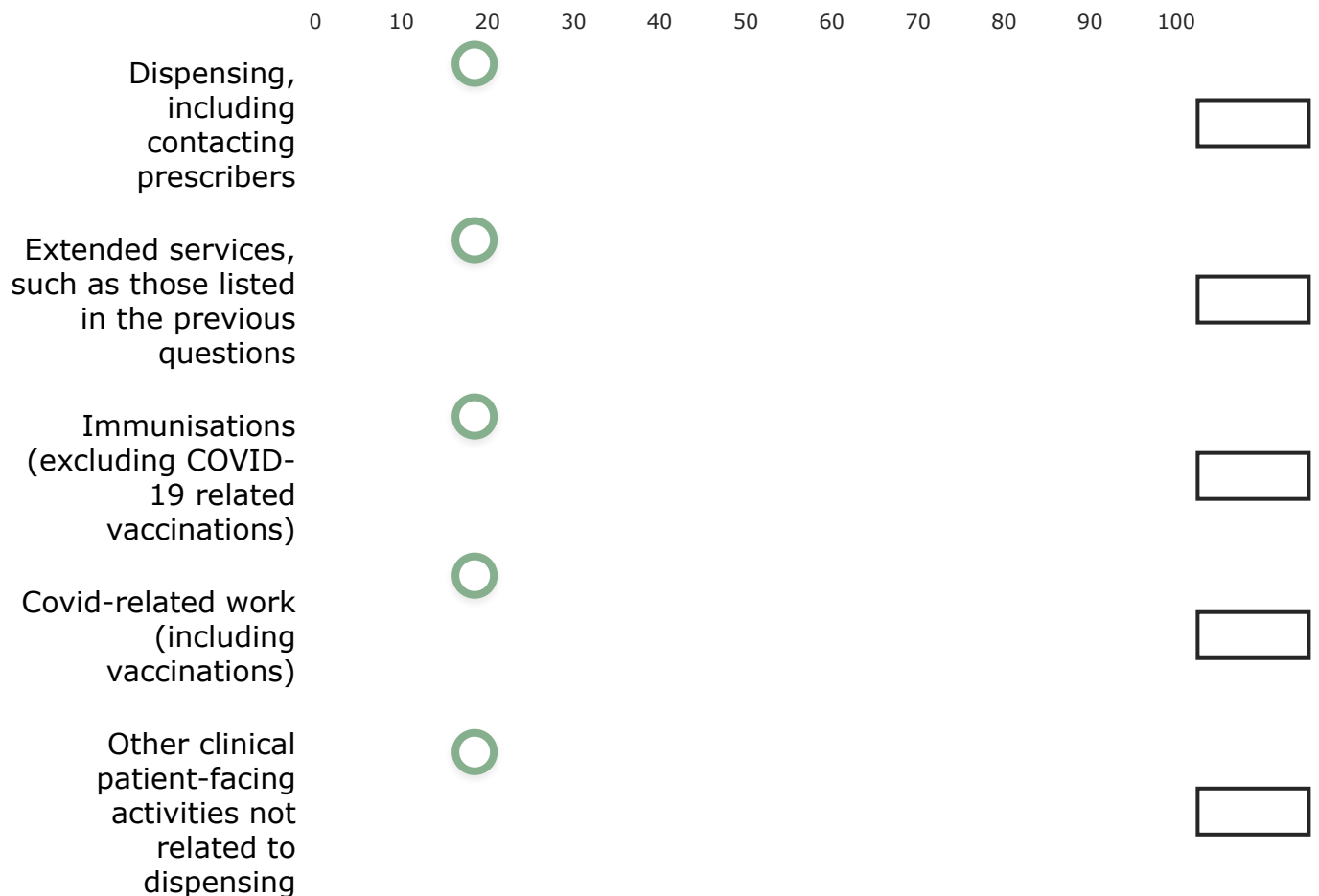
Screening and/or intervention for:

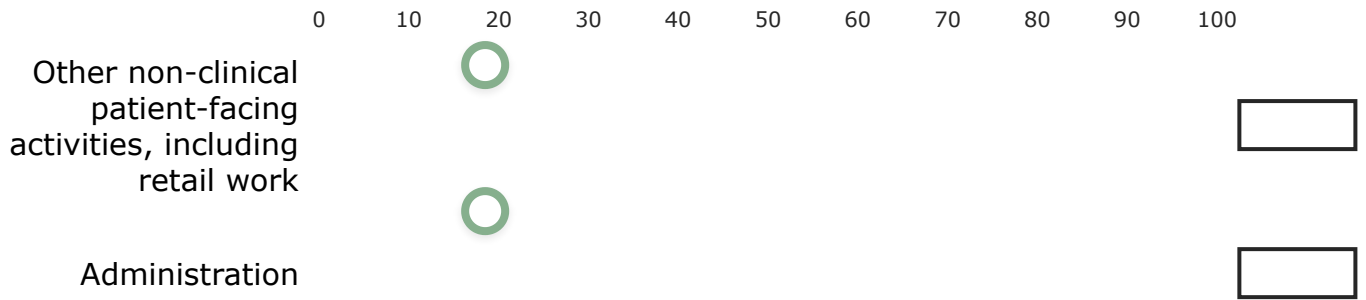
Blood glucose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bone density	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group A streptococcus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HbA1c	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vitamin B12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	Don't know

What other services does this pharmacy currently provide?

What additional services do you think community pharmacists could provide in future?

In the past month, roughly what percentage of your work time did you spend on each of the following (do not worry if it does not add exactly to 100%):





Does this pharmacy...

	Yes	No	Don't know
...provide home delivery services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...have robotic dispensing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...process ePrescriptions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...process email prescriptions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...offer free or reduced prescription fees?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...offer COVID-19 vaccinations on-site?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...offer COVID-19 vaccinations off-site?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In relation to COVID-19, please tick the box that best describes your response to each of the following statements.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
It was easy to set the pharmacy up to operate safely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
I feel safe working at this pharmacy in the COVID environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The e-prescription process works well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The email prescription process works well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication with other health professionals has improved	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workload has increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More people are seeking clinical advice by phone/text/email etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home delivery services increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID increased the levels of stress at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work stress is negatively impacting my wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COVID has reduced the viability of this pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is sufficient staffing to cater to service user needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding staff to support the COVID-19 response has been easy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Rapid Antigen Testing (RAT) processes is straightforward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing services outside the walls of the pharmacy has increased (please describe the types of services your pharmacy provided)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
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Please comment on any other changes to the way your pharmacy operated or the services offered due to COVID-19.

Please tick the box which best describes your response to each of the following statements.

The first set of statements relate to your work role and skills.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
I'm happy with my current work roles and don't want to provide more services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm too busy dispensing to offer more services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to work at the top of my scope of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need additional training in order to offer additional services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the business skills and financial knowledge to manage and develop my business in the current environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am excited by the new opportunities in community pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel culturally competent to deliver pharmacy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next set of statements relate to resources.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
My employer allows me time to undertake training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My employer allows me time to sit accreditation assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can afford training and accreditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My employer provides funding for me to undertake training and accreditation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy can access funding for more services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The available funding covers the cost of providing the service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy owner supports providing more services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy management supports providing more services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are sufficient technicians or other support staff to free up my time to offer more services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These three statements relate to infrastructure.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
The pharmacy has a suitable private consultation area to talk with people confidentially	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The pharmacy has enough equipment or other resources to enable it to provide more services (e.g. fridge space to store vaccinations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
I have access to relevant patient health information from other health providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The final set of statements relate to consumers and relationships.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
There is consumer demand for more services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumers can afford to pay for additional services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumers are willing to pay for additional services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm concerned about the impact on my relationships with other health providers if I provide more services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please tick the box which best describes your response to each of the following statements

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
I want to work at the top of my scope of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I need additional training in order to offer additional services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am excited by the opportunities in community pharmacy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
I'm concerned about the impact on my relationships with other health providers if I provide more services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel culturally competent to deliver pharmacy services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Are any other factors relevant to you or your pharmacy's ability to provide additional services? Please comment:

How many people are enrolled in the Long Term Conditions (LTC) service at this pharmacy?

- 0
- 1-49
- 50-99
- 100-149
- 150 or more
- Don't know

Would this pharmacy like to enrol more people in the LTC service?

- Yes and the pharmacy is able to enrol more people
- Yes but a cap on enrolments prevents the pharmacy from enrolling more people

No (Please comment on why not:)

Don't know

As a pharmacist, how would you rate your professional relationship with the following people or organisations in your area

	Very poor	Poor	Average	Good	Very good	Not applicable
General practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General practice receptionists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescribing pharmacists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other community pharmacists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other pharmacists working in primary health care settings (apart from community pharmacy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital pharmacists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital prescribers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Health Organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iwi- or Māori- health providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pacific health providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other non-government organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very poor	Poor	Average	Good	Very good	Not applicable

Optional comments:

Given current levels of funding for community pharmacy, would you describe this community pharmacy as:

- Thriving
- Getting by
- Unable to survive long-term
- Don't know

Have you considered selling this pharmacy in the past year?

- Yes
- No

Major structural reforms are occurring in the health sector, resulting in the disestablishment of DHBs and establishing Health New Zealand and a Māori Health Authority. Have you been involved in discussions about locality networks as part of the current health system reforms?

- Yes
- No
- Don't know

Optional comments about health reforms:

Pharmacy in other PHC settings

Apart from your work in or through a community pharmacy, do you work in any other primary health care settings – for example, a general practice, primary health organisation or a Māori health care provider?

- Yes
- No

What does this work involve?

Please answer the questions in this section in relation to your primary health care pharmacy work that is NOT carried out in or through a community pharmacy.

Please complete the following table about your primary health care pharmacy work.

Complete one row for each of your employment contracts.

	Are you...	Who funds the services you deliver?	What is your job title? Please provide your title	Which of the following best describes your primary health care pharmacy work?	
				General practice	Primary health organisation
Job 1	▼	▼	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job 2	▼	▼	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job 3	▼	▼	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have more than one place of employment, please respond in relation to your main role for the following questions.

Which of the following services do you **currently** offer? Please select all that apply.

- Medicines optimisation
- Medicines Use Review (MUR)
- Medicines Therapy Assessment (MTA)
- Medicines reconciliation
- Prescribing
- Repeat prescribing
- Immunisation
- Audits
- Patient education sessions
- Medicines information queries from other health professionals
- Formal teaching sessions for other health professionals

- Advice and updates about medicines (e.g. availability or funding)
- Liaison with community pharmacists
- Liaison with hospital pharmacists
- Governance
- Other – please state:

Have you administered COVID-19 vaccinations?

- Yes
- No

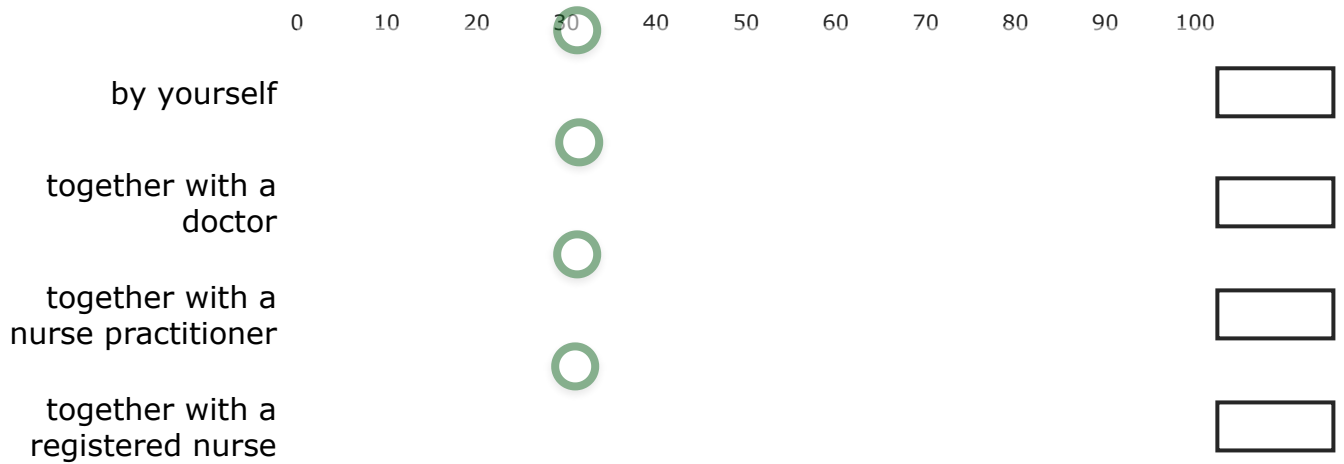
Thinking about the primary health care setting/s you work in, which of the following services do you intend to offer there **in future**?

- >> Medicines optimisation
- >> Medicines Use Review (MUR)
- >> Medicines Therapy Assessment (MTA)
- >> Medicines reconciliation
- >> Prescribing
- >> Repeat prescribing
- >> Immunisation
- >> Audits
- >> Patient education sessions
- >> Medicines information queries from other health professionals
- >> Formal teaching sessions for other health professionals
- >> Advice and updates about medicines (e.g. availability or funding)
- >> Liaison with community pharmacists
- >> Liaison with hospital pharmacists
- >> Governance
- >> Other – please state:

On average, how many patient consultations do you undertake in a week?

- Please state:
- I do not undertake patient consultations

What proportion of your consultations do you undertake...



How many patient consultations do you think you have capacity to undertake in a week?

Do the following factors limit your ability to see more patients?

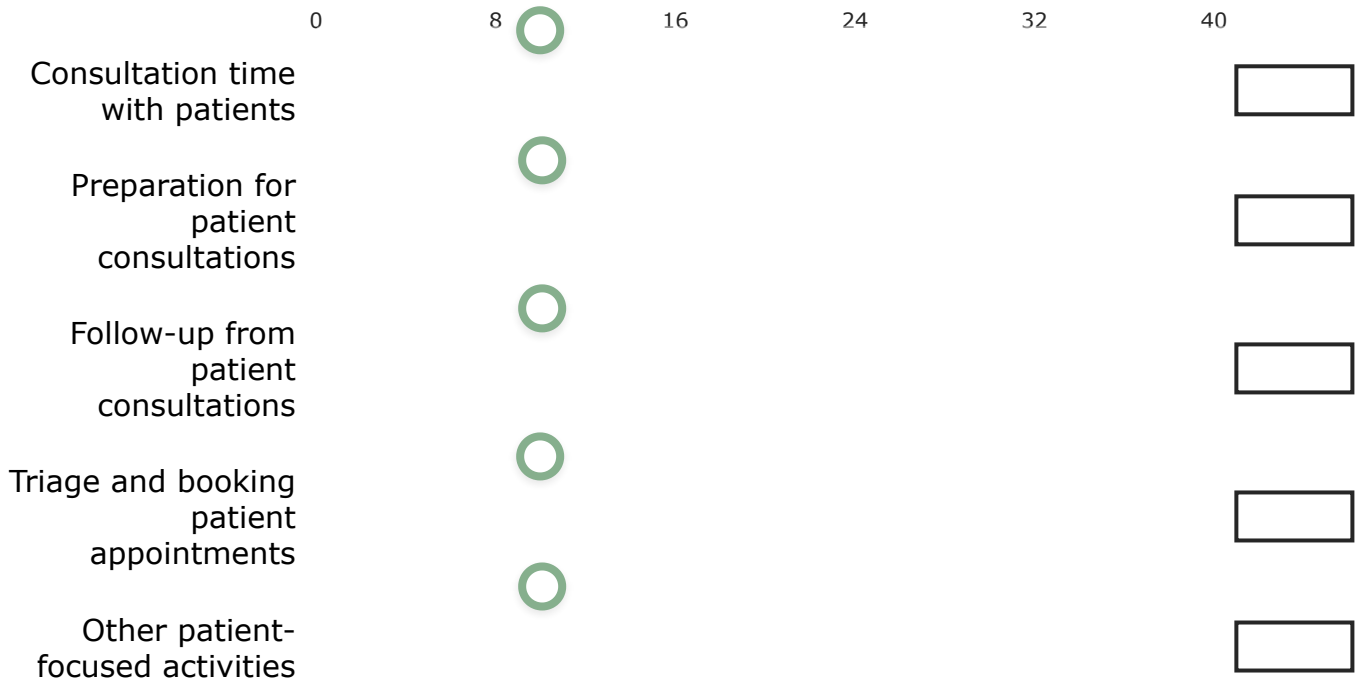
- | | Yes - a limiting factor | No - not a limiting factor |
|----------------------------|-------------------------|----------------------------|
| Lack of consultation space | <input type="radio"/> | <input type="radio"/> |
| Lack of funding | <input type="radio"/> | <input type="radio"/> |
| Cost to patient | <input type="radio"/> | <input type="radio"/> |

Yes - a limiting factor

No - not a limiting factor

Other - please state

On average, how many hours do you spend each week on each of the following patient-focused activities:



Do patients pay if they have a consultation with you?

Yes (how much do patients pay for a standard consultation?)

No

Compared to a standard GP or nurse practitioner consultation fee, is the patient charged

for a standard pharmacist consultation:

Less

The same

More

Don't know

Compared to a standard registered nurse consultation fee, is the patient charged for a standard pharmacist consultation:

Less

The same

More

Don't know

Who funds the cost of patient consultations?

- General practice or health service
- PHO
- DHB
- Don't know

In relation to COVID-19, please tick the box that best describes your response to each of the following statements.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
I feel safe in my workplace in the COVID environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My workload has increased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The type of work I am doing has changed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The way I am working has changed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am more integrated with others in the primary health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
I am working from a distance (virtually) more often, including for consultations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

As a pharmacist, how would you rate your professional relationship with the following people or organisations in your area

	Very poor	Poor	Average	Good	Very good	Not applicable
General practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse practitioners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General practice receptionists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other general practice staff e.g. Health Improvement Practitioners, Health Navigators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community pharmacists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other pharmacists working in primary health care settings (apart from community pharmacy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital pharmacists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital prescribers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Health Organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iwi- or Māori- health providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pacific health providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other non-government organisations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Very	Poor	Average	Good	Very	Not

Very poor	Poor	Average	Good	Very good	Not applicable
poor				good	applicable

What do you think are the 3 most important **benefits** of your role for **patients**? Type numbers 1 (most important), 2 and 3 beside the options of your choice.

- Improved understanding of their medicines
- Improved use of their medicines
- Improved understanding of their health conditions
- Medicines optimisation
- Fewer prescription items
- Improved health outcomes
- Timely access to health services
- Improved access to prescriptions
- Other - please specify

What do you think are the 3 most important **benefits** of your role for the **health service** where you work?

Type numbers 1 (most important), 2 and 3 beside the options of your choice.

- More medicines education for staff
- Staff have easy and timely access to medicines information
- Changes in prescribing
- Capacity to undertake medicines audits

- Supporting doctors' or nurse practitioners' workload
- Supporting registered nurses' workload
- Liaison with community and/or hospital pharmacists
- Additional workforce capacity
- Other - please specify

What do you think are the 3 main **costs** of your role for **health service** where you work (regardless of whether these are paid for by the health service directly or funded from elsewhere)?

Type numbers 1 (most important), 2 and 3 beside the options of your choice.

- Pharmacist's salary
- Office space and resources (phone, computer etc)
- Consult space
- Additional workload for general practitioners or nurse practitioners
- Additional workload for registered nurses
- Additional workload for reception staff
- Additional workload for practice manager
- Other - please specify

What is your hourly gross rate as a primary health care pharmacist (to the nearest dollar)?

Major structural reforms are occurring in the health sector, resulting in the disestablishment of DHBs and establishing Health New Zealand and a Māori Health Authority. Have you been involved in discussions about locality networks as part of the current health system reforms?

- Yes
- No
- Don't know

Optional comments about health reforms:

Demographic type questions

How many years have you been practising as a registered pharmacist (in any setting)?

How many years have you worked as a pharmacist in community pharmacy?

How many years have you worked as a pharmacist in any other primary health care settings?

Do you have any post-graduate pharmacy qualification/s?

 Yes No

Do you have any other health-related post-graduate qualification/s?

 Yes No

Do you have a pharmacist prescribing qualification?

 Yes No

What is your gender?

 Male Female Gender diverse Prefer not to say

What age group do you belong to?

- Less than 25 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65-74 years old
- 75 years old or over
- Prefer not to say

What ethnic group do you belong to? Mark the space or spaces which apply to you.

- New Zealand European
- Māori; Hapū/ Iwi:

- Samoan
- Cook Island Maori
- Tongan
- Niuean
- Chinese
- Indian
- Other such as Dutch, Japanese, Tokelauan. Please state:

- Prefer not to say

In which language/s can you have a health-related conversation as part of your pharmacy work? Please select all that apply.

- English
- Te reo Māori
- New Zealand Sign Language
- Pacific language/s: please specify
- Asian language/s: please specify
- Other (please specify)

Have you ever used any of the following to assist with communication in your pharmacy work?

Yes No

- Language Line or another professional interpreter service
- Family member or friend of a service user
- Community member
- An online translation tool such as Google Translate or a phone App for translation

Optional comment:

Where is your main pharmacy work location?

- Main centre (Auckland, Hamilton, Wellington, Christchurch or Dunedin)

- Other urban area with a population over 30,000 (e.g. Palmerston North, Gisborne, Timaru)
- Urban area with a population of 10,000-29,999 (e.g. Taupo, Levin, Blenheim, Oamaru)
- Urban area with a population of 1,000-9,999 (e.g. Otaki, Hokitika)
- Rural area with a population of less than 1000

Are you likely to leave community or primary health care pharmacy within the next 5 years? Please comment on why or why not.

- Yes
- No

If you wish, please add any further comments about this survey.

Desc of prize draw etc.

Thank you very much for participating in this survey.

Would you like to enter our **prize draw** or request a **summary of results**?

If you select yes, you will be taken to another site and asked to enter your name and email contact. **This information will NOT be linked to your survey answers, which remain anonymous.**

- Yes
- No

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