



WOMEN
IN PHARMACY
LEADERSHIP

Women in pharmacy

The current
landscape



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA



Purpose

With growing global and Canadian focus on the issue of women in STEM (science, technology, engineering and mathematics), medical professions have begun examining whether and how barriers to women's participation and advancement exist in their own sectors. Professional umbrella organizations have a role to play in addressing gender and other equity concerns within their membership's workforce. This report by LDH Consulting was commissioned by the Canadian Pharmacists Association (CPhA) as the first phase of a larger project examining whether, why and how barriers exist to women in the pharmacy profession. The report analyzes available data¹ and provides a landscape mapping of women working in various aspects of pharmacy. It examines where gaps exist, and highlights where women are disproportionately over- or under- represented.

The report concludes by posing a series of questions to generate discussion for the second phase of the project. Phase two will build on this report's baseline mapping, to examine the reasons behind barriers to women's participation, and suggest solutions to these barriers.



Executive Summary

The pharmacy profession is known to be one of the more attractive professions to women, with flexible and part-time hours, and generally positive working environments. However, research shows clear gender disparities in the way women experience their careers in the pharmacy profession.

This includes disparities in career progression and seniority, where women are over-represented among pharmacy students and in staff-level positions, but greatly under-represented in senior positions such as pharmacy owners or on pharmacy governing bodies and boards. Studies also show a pay gap in general between men and women in the pharmacy profession, partly linked to seniority but not solely.

This report also shows more data is needed to inform successful strategies to address gendered inequities in the pharmacy profession. The data required includes information on Canadian pay gaps, and better, granular data to identify intersecting factors that affect seniority, pay and working conditions, such as race, disability or indigenous identity.

1. Various global and Canadian reports, datasets and information-gathering, footnoted individually

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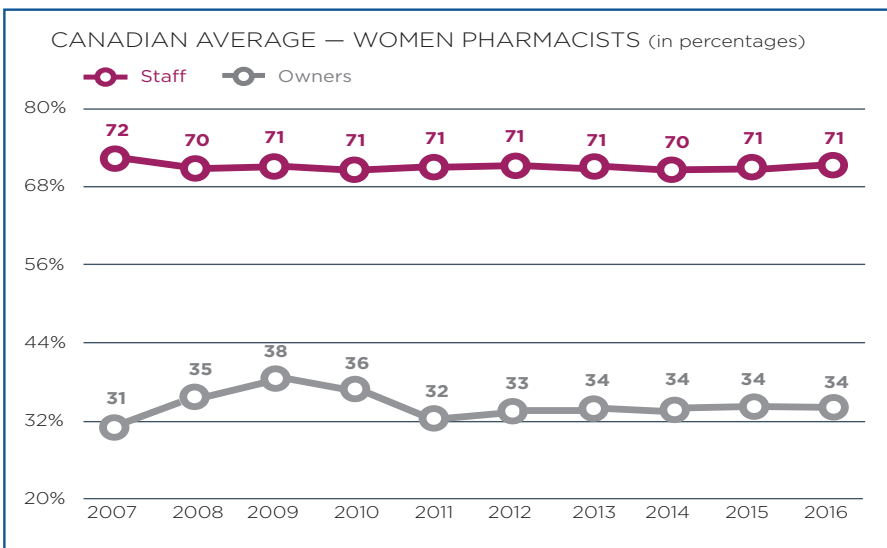
1. Women's Roles in Pharmacy

This section samples a number of datasets to present a picture of where women work within pharmacy.

a. Women Pharmacists — Regional Mapping

The latest Canadian Institute for Health Information (CIHI) data² from 2016 that tracks women's representation at various levels of the pharmacy profession across provinces³ over 10 years shows a clear divide between staff-level positions, and managerial or ownership roles. Women are generally over-represented at the staff level, but underrepresented among managers, and even more so among owners.

Over a 10-year period (2007-2016) women consistently comprised 60%–70% of staff pharmacists, with little variation across the country or across the decade. This is consistent with ratios of pharmacy students. As owner-managers, however, women make up 40%–50%, while as owners, women hover around 30%.



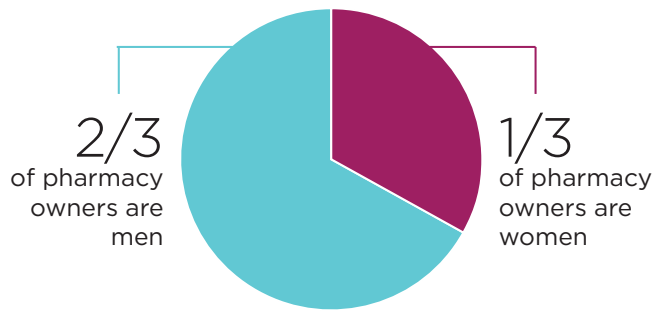
Women are generally over-represented at the staff level, but under-represented among managers, and even more so among owners.

² *Pharmacists, 2016: Data Tables* highlights 10-year trends in the pharmacist supply and workforce across a variety of demographic, education and employment characteristics. <https://secure.cihi.ca/estore/productFamily.htm?pf=PFC3601&lang=en&media=0>

³ Quebec, Manitoba and the Territories are not included in the CIHI data, however independent information from the Association québécoise des pharmaciens propriétaires shows consistent data with regards to staff pharmacists.

PHARMACY OWNERS

An analysis of CIHI data tracking women's roles in pharmacy from 2007–2016 shows that historically, across Canada, women make up about a third of all pharmacy owners. This is highest in Quebec at 49.5%⁴ and lowest in a number of provinces at 28% or less.⁵ Only once, in 2007 in PEI, was parity in pharmacy owners ever achieved in Canada, and the raw numbers are so low as to make this statistically insignificant.



In the Maritimes, the percentage of women owners is generally falling, while women in staff-level positions is increasing. In some cases, there has been more than a 10% drop of women owners in just a decade. However, Ontario, Quebec and Saskatchewan fare better, where women owners are increasing as a percentage, and women in staff positions remain constant.

In BC and Alberta, the percentage of women owners is increasing, and staff percentage is either decreasing or remaining constant.

Complicating the picture, the numbers of pharmacy owners overall is dropping among both sexes in the Maritimes by 30%–60%. Women appear to be leaving as owners at a faster rate than men, whereas Ontario numbers are growing by 30%, with more women than men becoming owners. BC shows this same pattern. This could be an indication of pharmacists relocating, moving away from the Maritimes to larger or more popular markets in BC and Ontario.

⁴ *Pharmacists, 2016: Data Tables* and information from the Association québécoise des pharmaciens propriétaires (as of March 2019)
⁵ PEI 2016, Ontario 2007-2009, Alberta 2007, BC 2007-2015



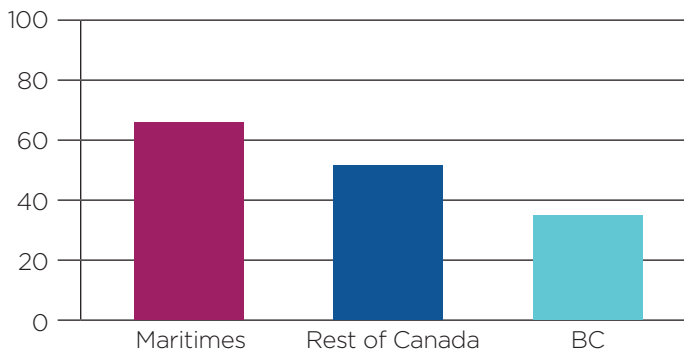
In BC and Alberta, the percentage of women owners is increasing

The decline in raw pharmacy ownership numbers appears primarily driven by women leaving the profession at a greater rate than their male counterparts. This finding is worth further examination.

MANAGER-OWNERS

Percentages of women manager-owners is higher than just owners, and higher in the Maritimes than elsewhere. In the Maritimes, female manager-owners are the majority, with 60%–70%. In the rest of the country, they're around 40%–50%, except BC which has the lowest at 30%–40%.

WOMEN MANAGER-OWNERS IN PERCENTAGES



STAFF-LEVEL PHARMACISTS

Overall, women comprise 60–70% of staff pharmacy positions, and this number shows very little variation across provinces and over the last 10 years. This is consistent with pharmacy school student composition. In terms of raw numbers growth at staff levels, across the Maritimes (except New Brunswick), more women have entered the profession over time compared to men. This has accounted for the relative increase in female staff. Ontario has remained remarkably

constant in its gender split over time, despite nearly doubling its staff-level positions. Alberta and Saskatchewan show a slight decline in women as a percentage, mainly due to slightly relatively fewer women joining the profession than men.

These figures indicate that by-and-large, new female pharmacists joining the profession are following similar pathways to their predecessors.

INTERNATIONAL COMPARISONS

In the US,⁶ of qualified pharmacists in 2014, women were as likely as their male peers to be in management positions, with 29% and 30% respectively of pharmacy professionals working in management. However, this figure masks the fact that women comprise the majority of staff-level positions by a significant percentage, mirroring Canadian figures. And women made up just 2.4% of owners of independent pharmacies.

A key British study in January 2018 showed that despite women comprising nearly 70% of pharmacy students and professionals, women were very under-represented in management or senior positions. Data was patchy, but appears to show women making up 25%–35% of management positions in pharmacy. The study also showed women were dramatically under-represented on professional or sector bodies, committees and panels,⁷ with about 20% representation.

6 <http://www.drugtopics.com/chains-business/women-gain-ground-pharmacy-profession>

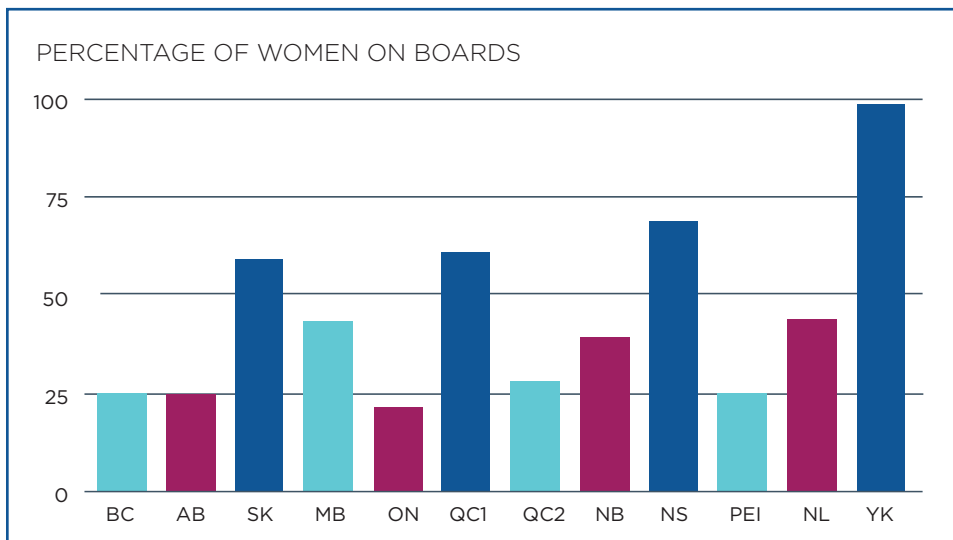
7 <https://www.dropbox.com/sh/5uh7mf89dgv9w14/AAAE8rmuk8Ad2q6dO7j3PStOa?dl=0&preview=Mapping+the+Gender+Balance+in+the+Progression+Opportunities+for+Pharmacists+MN.pdf>

b. Boards and Sector Bodies

PHARMACY ASSOCIATIONS

A review of current (2018) national and provincial organizations representing the pharmacy profession⁸ showed their boards contained an average of 44% women, with the lowest being Ontario at 22%, and the highest the Yukon with an all-female board. Noticeably, women were often missing from leadership positions on boards, defined as executive positions such as Chair/President, Vice Chair/President, Past President, Treasurer and Secretary. Women occupied about a quarter of leadership positions on boards, and six provincial boards had no women in leadership roles at all. Women did, however, occupy most of the student representative positions on boards. This analysis, however, does not reflect a historical perspective on board composition which may have changed over time.

Compared to female representation at the board level, pharmacy associations across Canada had a slightly better representation of women at the senior staff level. Of the 15 voluntary pharmacy associations across Canada, 10 organizations were being led by women in CEO or Executive Director roles.



⁸ A December 2018 review of websites of each federal and provincial/territorial board of pharmacy professions, tracking numbers of women, and the positions they occupied on the boards



A closer look at the current board composition of the Canadian Pharmacists Association (CPhA) also revealed significant underrepresentation of women. While a woman currently holds the position as Chair, female representation on the Board as a whole is currently 35%. Similarly, the Neighbourhood Pharmacy Association of Canada (NPAC), also has relatively low representation of

women with 24% on their Board. By contrast, the Canadian Society for Hospital Pharmacists (CSHP) showed a considerable distribution of women on their board with 76%.

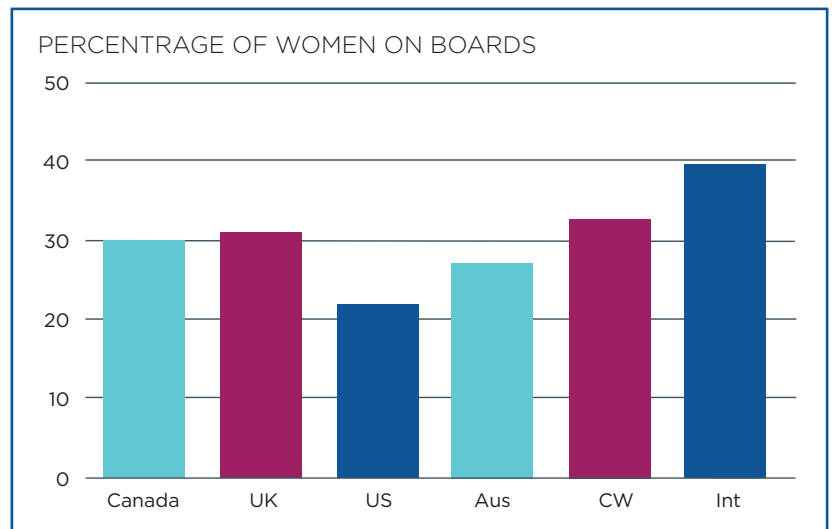
Although only a snapshot in time, the differences in board composition between different types of national pharmacy associations (community versus hospital) may suggest a trend worth exploring.

PRIVATE SECTOR

The private sector is not quite so reflective of gender balance, averaging 29% women across the wide variety of chain pharmacy and umbrella groups sampled.⁹ Consumer Health Products ranked the highest, with 66% women including four leadership positions among its nine-member board. Loblaw's board and Rexall's executive team (Rexall itself does not have a board) reached parity. Others ranged from 0% to 36%. Only one of these boards appeared to have women in a leadership position.

INTERNATIONAL BOARDS

Compared to other countries' national boards, Canada is about average with five of 13 positions (35%) on its national professional body occupied by women.¹⁰ The Commonwealth Pharmacy Association has 33% women on its governing council, the International Pharmacy Federation has 40%, whereas the UK version has 31%, Australia has 27% and the US has just 22%.



⁹ A December 2018 review of the websites, corporate or statutory filings of 29 representative chain pharmacies or their umbrella owners, wholesalers, manufacturer associations (CAPDM, Canadian Generics, Consumer Health Products, Innovative Medicines, McKesson, Loblaw's, Shoppers, NPAC, London Drugs, Rexall, Sobey's, Costco, Save On, Metro/Jean Coutu)

¹⁰ January 2019 review of CPhA website

c. Academia

In Canada, in 2018, 40% of deans, chairs and directors of colleges and schools of pharmacy are female.¹¹ In the US, figures from 2009 showed slightly lower figures, with women comprising 30% of deans of colleges or schools of pharmacy, and 20% of chairs of pharmacy practice.

In the UK, only 16% of the heads of pharmacy schools are women, and only 24% of female pharmacy lecturers are have been awarded full professorships.¹²

2. Analysis

Like many professions in the medical field, pharmacy has historically been male-dominated. However, women now outnumber men in the pharmacy profession, and there is often the broad impression that pharmacy is attractive to women as it offers work-life balance. While the data sampled in this report was not complete, it does show a gender imbalance in the Canadian pharmacy profession, with fewer women the higher up the profession one goes. There is an under-representation of women in decision-making roles, or roles with authority and power, in the pharmacy profession. This pattern is far from unique to pharmacy and mirrors general societal inequities.

Addressing women's role in the pharmacy profession cannot only be about numbers and seniority, it must also address the pay gap. Studies also show a pay gap in pharmacy in general, as well as other indicators of disparity. Some of these are common across the medical field, for example women are less likely to receive awards for their work, and less likely to be offered training and mentorship opportunities.¹³

In the US in 2015, the wage gap in pharmacy was 14.45%.¹⁴



Studies also show a pay gap in pharmacy in general, as well as other indicators of disparity.

¹¹ <http://afpc.info/node/49>

¹² <https://www.dropbox.com/sh/5uh7mf89dgv9w14/AAAE8rmuk8Ad2q6dO7j3PStOa?dl=0&preview=Mapping+the+Gender+Balance+in+the+Progression+Opportunities+for+Pharmacists+MN.pdf>

¹³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3676192/>



In the UK, recently released data in 2018 shows a pay gap among chain pharmacies of 22%–31%.

In the UK, recently released data in 2018 shows a pay gap among chain pharmacies of 22%–31%. While women were slightly more likely to receive bonuses for their work, the pay gap for bonuses was as large as 228%.¹⁵ Similar data does not exist for Canada, but it is likely a pay gap exists.

Studies on the issue cite a number of underlying reasons for the inequities identified above, including women's care/domestic burden and their need for part-time or flexible working patterns, women's lack of access to credit or financing, lack of sponsorship/mentorship, female stereotyping, and a confidence gap.¹⁶ Some of these factors also affect the likely pay gap, and phase two of this project will explore these potential barriers in depth.

Most pharmacy students are women (in 2018, women made up 62% of all Canadian graduates),¹⁷ and yet studies indicate low levels of understanding among pharmacy students of all genders, of the gender-based barriers in pharmacy and of the gender disparities noted above. Most students in one survey believed a pay gap in pharmacy did not exist, that women chose lower status positions within the profession, and that men and women had equal opportunities in pharmacy.¹⁸

This indicates a lack of preparation among particularly female pharmacy students for the barriers they will face in their workplace, and perhaps then a lack of general strategies and skills among female pharmacists to overcome the barriers they face. It also indicates a lack of awareness among men in the pharmacy profession of the role they can play in dismantling gender-based barriers for their female colleagues.

Phase two of the project will examine underlying barriers, and ways men and women in the pharmacy profession can both overcome them and dismantle them.

14 <https://dpeafclcio.org/programs-publications/issue-fact-sheets/pharmacists-and-pharmacy-technicians-facts-and-figures/>

15 <https://www.pharmaceutical-journal.com/news-and-analysis/news/men-working-for-pharmacy-multiples-earn-up-to-a-third-more-than-women-reports-show/20204643.article?firstPass=false>

16 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3676192/>

17 Association of Faculties of Pharmacy of Canada: Canadian Pharmacy Faculty Benchmarks Report 2017-2018, unpublished

18 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3676192/>

Next Steps

As part of its work to promote women in pharmacy leadership, CPhA will undertake a second phase to explore the reasons behind the gaps and under-representation identified in this report. The following questions are intended to generate discussion and start developing an action plan to tackle some of the barriers that exist for women in pharmacy:



What are the pipeline or structural issues that a) funnel women primarily into staff positions, and b) make it difficult for women to own or manage pharmacies?



Why do women make up the majority of pharmacy owners leaving the profession?



We don't have data on intersecting identities — how are the experiences of racialized women (women of colour), LGBTQ women or disabled women different?



Are there differences for women in chain versus independent pharmacies?



Studies often cite lack of mentorship/sponsorship, part-time working patterns, childcare or other home responsibilities, female stereotyping and lack of confidence as key barriers to women in pharmacy. How do you think these act as barriers? Are there other barriers too?



Is there a link between the composition of leadership bodies, and the policies and advocacy efforts they promote?



Does the fact boards are generally elected make a difference to women's participation?



pharmacists.ca/womeninpharmacy