Let’s get practical: does it pay for female community pharmacists to work?

By Wendy Gidman, Karen Hassell, Jennie Day and Katherine Payne

Currently, there are few tangible data relating to rates of remuneration in the UK community pharmacy sector. Although, the National Office of Statistics generates data detailing professionals’ salaries as part of the Annual Survey of Hours and Earnings, the data relating to pharmacists’ salaries are insufficiently detailed to give a clear indication of earnings across the profession. Specifically, pharmacists are represented as either pharmacy managers or are grouped together with pharmacologists.

However, what is clear from correspondence in The Pharmaceutical Journal is that remuneration has been a cause of discontent and debate among pharmacists for a number of years. Furthermore, recent national pharmacy workforce census data from the Royal Pharmaceutical Society of Great Britain indicate that remuneration is one of the greatest sources of dissatisfaction among pharmacists.

It is noteworthy that male pharmacists expressed more disappointment with salary levels than female pharmacist. The paper specifically considers female pharmacists’ views on pay for two reasons. First, in 2005, 54 per cent of registered pharmacists and 65 per cent of new entrants to the register in Britain were female.

Evidence suggests that internationally a growing number of women are entering the pharmacy profession. Secondly, female pharmacists tend to be employed in lower status and lower paid positions within community pharmacy and are less likely to be managers and proprietors but more likely to be employed by large multiples.

This is despite the fact that female pharmacists are often better qualified than their male counterparts. Tanner identified a pay gap between male and female pharmacists, suggesting that the main reason female community pharmacists earn less than their male counterparts is because female pharmacists have a greater tendency to remain employees throughout their careers.

The gender pay gap expresses the difference between men and women’s median full-time hourly earnings and is evident in pharmacy and other professions. In the UK, 2005 figures indicate this gap is narrowing and women working full time are currently paid, on average, 87 per cent of men’s hourly pay. Importantly, these published figures do not include part-time workers and part-time working is common among female workers. Part-time workers, who work less than 32 hours per week, tend to earn less per hour than full-time workers and 41 per cent of the female pharmacy workforce currently work part-time.

A recent report published by the Equal Opportunities Commission indicates that the proportion of female graduates in the lowest-level jobs has more than doubled in 10 years from 5.4 per cent to 13.2 per cent. Furthermore, the proportion of women in the highest-level jobs fell from 64.9 per cent in 1995 to 45.3 per cent in 2005. The fall comes despite an increase in women graduating in subjects such as business, law and science over the 10-year period. Similarly, female pharmacists are over-represented in the lower-grade hospital jobs and in operational level primary care trust jobs but in the community sector they are under-represented as owners and senior managers. So their salary levels tend to be lower than those of their male counterparts.

One key question is whether female community pharmacists feel adequately remunerated. Mott suggests that women are less influenced by rates of pay than men. Some evidence indicates that female pharmacists are more satisfied with their jobs than their male counterparts. This may imply that female pharmacists derive job satisfaction from factors other than remuneration.

Abstract

Aim
To explore female community pharmacists’ views on their remuneration and to consider how remuneration levels may influence their work patterns.

Design
Qualitative, semi-structured, face-to-face interview-based study.

Subjects and setting
A purposive sample of 30 female community pharmacists in 12 primary care trusts in the north west of England.

Results
Interviewees were divided on the issue of rates of remuneration. Those who were satisfied either tended to have favourable levels of remuneration, as a consequence of their working arrangements, or did not have to pay for child care. Respondents with dependent children were often the most dissatisfied with remuneration rates. These individuals often worked part time in the lowest paid roles, as employees at a practitioner level. Moreover they sacrificed a significant proportion of their salary in child care payments. A minority of these respondents expressed an intention to quit the profession or stop working.

Conclusion
The range of negative comments about remuneration rates suggest dissatisfaction may run high among community pharmacists. Our findings suggest that it might not pay some women, particularly those working in low paid roles who pay for child care, to work as community pharmacists. It is not clear that increasing rates of pay alone would act to increase hours worked by female community pharmacists because other factors may be driving women’s work pattern choices.
The overarching aim of this study was to explore factors underpinning work patterns of female community pharmacists over the age of 30 years. Findings from this study relating to female pharmacists' work choices, the effect of increasing workloads are reported in detail elsewhere. This paper reports female community pharmacists' views on remuneration rates and how these might influence their work patterns.

**Method**

Following multicentre research ethics committee approval, 30 female community pharmacists from a diverse range of backgrounds were interviewed face-to-face using a semi-structured interview schedule. The interviews aimed to gain an in-depth understanding of female pharmacists' individual views of community pharmacy working. This approach was ideal for gathering detailed personal opinions on a range of potentially sensitive topics. Face-to-face interviews also offered the advantage of allowing the interviewee to establish a rapport with the interviewee, facilitating a more open expression of viewpoints than other methods, such as telephone interviews or group data gathering techniques. Health and safety and policy research has increasingly exploited the advantages of stand-alone qualitative research to access information in under-researched areas.

Pharmacy National Workforce Census and Royal Pharmaceutical Society data were used to define the sampling frame, and 12 sampling locations (primary care trusts in the north-west of England) were selected to provide as diverse a sampling frame as possible. Specifically, this study sought to explore factors underpinning working practices in female community pharmacists; so interviewees were selected on the basis of age, nature of employment, personal circumstances and geographical location.

The sample frame excluded pharmacists under the age of 30 years, because working practices tend to be more similar among young pharmacists and, in particular, part-time working is less common. Recruitment letters (n=242) describing the study were sent to all female community pharmacists over the age of 30 years living in the areas selected. Two reminder letters were sent if no reply was received after two weeks. Face-to-face interviews were arranged at the interviewees' convenience to take place in their home or place of work. Interviewees were selected purposely using an iterative process guided by the content of earlier interviews in accordance with the principles of "grounded theory." Data collection continued until no new themes were emerging from the data.

One researcher (W G) conducted all the interviews. A broad ranging schedule was used flexibly to guide the interviews to ensure that specific themes were discussed. However, participants were encouraged to discuss topics that they thought were relevant. The interview schedule was informed by published literature and study objectives. The interview aimed to allow individuals to relate personal experiences of working as a community pharmacist, as well as detailing their perceptions of influential events or factors shaping their career choices. Interviews were tape-recorded and transcribed verbatim by a professional transcriptionist.

The research team (W G, K H, J D and K P) reviewed and analysed transcripts. Interview transcripts were analysed using the constant comparative approach to identify key themes. The study methods and data analysis techniques are described in more detail elsewhere. This section describes the sample and presents interviewees' views on remuneration.

Interviewee's characteristics: Ninety-six potential interviewees returned completed consent forms (response rate = 40 per cent) and 30 face-to-face interviews were conducted between February and June 2005. Interviewees' characteristics are summarised in Table 1. The sample group comprised pharmacists from a range of age groups and geographical locations in the north-west of England. Interviewees were based in a mixture of urban and rural areas surrounding Warrington, Lymm, Wigani, Leigh, St Helens, Chester, Neston, Nantwich, Sandbach, Manchester and Liverpool. Most interviewees were in the 30-39 years (n=14) and 50-59 years (n=10) age brackets. One interviewee was aged over 60 and the remainder were aged between 40 and 49 years (n=5). Most interviewees (n=21) acted as carers for other family members. About two-thirds of those interviewed worked part-time (n=19). Interviewees' work patterns were different but most were employees. Notably only a few worked as proprietors (n=3) or exclusively as a locum (n=3), although, some portfolio workers worked part of their time as locums (n=4).

Views on remuneration rates: About two-thirds of those interviewed felt adequately remunerated. Three interviewees who were both towards the end of their working lives and whose children were living independently commented:

I'm quite happy with my rate of pay. I think I get paid about 18 pounds an hour, so I've not got a problem with that. (R 20)

It's given me a very rewarding career, both personally and materially really. I've been able to do a job that I enjoyed, earning the money that I needed. (R 1)

I'm on a reasonable salary within employment organisation. I think I sort of benefited from doing some management and that wasn't taken away from me. Plus also I do my Sundays at double time and that really does boost my salary. So personally, I feel quite happy. (R 8)

Sometimes when you think of the kind of days you can have, it doesn't seem a lot, when you look at other professions and the skills that you need, it doesn't seem enough. I don't know. If you're talking about locum rates then probably that's a bit unfair, but if you're employed it doesn't seem quite right. (R 19)

I think everybody in pharmacy, in community pharmacy, right from the technicians upwards are badly paid really for the amount of responsibility. (R 24)

Interestingly, interviewees who owned their own pharmacies also suggested that remuneration rates were inadequate. When asked about remuneration rates one female proprietor commented that her income had declined in recent years for a number of reasons.

It's certainly got tighter over the last 10 years... partly as a result of having to employ more people and people with qualifications. So you've got to pay them more than perhaps we would've done in the past. Minimum wage has had an impact in that it increases more than our remuneration seems to. I think I'm still better off than I would've been if I was doing locums or working for somebody else, but perhaps if you were to cost it out hourly some of the locums may well be better off per hour than I am. (R 23)

Some interviewees were particularly dissatisfied that rates of pay were higher for locums and that additional training and service provision went unrewarded. Comments, one from a part-time employee aged 37 years and one from a locum aged 53 years typified this:
They pay their permanent staff less than 18 pounds an hour; they pay their locums it’s between 19 and 21. (R 5)

The fees for enhanced services are paid to the contractor, we are only paid a set fee as a locum and I think if they start to implement more services we’re going to say no. (R 2)

Only a minority of interviewees indicated that their additional training was recognised. One locum who negotiated her own fee for weekend locums said:

I’m quite happy with what I get paid and I know it’s probably more than the average locum pharmacist, but rightly so, as I’ve done all the training and done it in my own time and I think that I do provide a good locum service. (R 9)

Two of the independent locums interviewed volunteered that they set their rates of pay after considering how much they thought their employer could pay. This comment illustrates that point:

I’m happy with what I’m paid for, you know, what I do. I wouldn’t want more . . . . I always think . . . especially if it’s an independent, I’m going to replace them, they’ve got the cost of me on top of the cost of their hole, I always used to think that. (R 11)

It seems that employed pharmacists were less able to negotiate salary increases. Indeed, a minority of interviewees, including one part-time manager, indicated that their rate of pay had not changed for a number of years. She said:

I think the salary has stood still, in my case, probably for about five or six years. (R 1)

A minority of interviewees discussed the lack of structured salary rises within community pharmacy. One commented:

Pharmacy’s one of those degrees that you start with a good salary but it doesn’t advance very much after that. (R 30)

Although about half of interviewees thought that remuneration levels for community pharmacists should be higher, only a minority believed, as the following interviewee did, that rates should increase dramatically:

I mean say the average say a locum fee is what now, 22 pound an hour! I think it should be more like 30, I do I mean I’ve just had my house decorated and he got more than me per hour. (R 21)

Interviewees most commonly considered dentists and opticians to be equivalent professions and considered that these professions were more highly remunerated. Typical comments were:

I mean I’d like to think that we were equivalent to opticians and dentists but I’m sure they wouldn’t feel that that was true. We’re not, I don’t think we’re quite as high up as, for instance, doctors. (R 25)

It’s difficult to know what to compare it to. When you look at for instance, plumbers being the most frequently cited:

I always think plumbers and people like that, how much do they get an hour? An n, you know, they come and lie on the floor and put a bit of tape round a leaking thing and go off and they can forget it, and we’ve got this intense professional re-

Table 1: Characteristics of interviewees

<table>
<thead>
<tr>
<th>Interviewee</th>
<th>Age (years)</th>
<th>Carer</th>
<th>Current role</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td>58</td>
<td>Yes, elderly parents/grandchildren</td>
<td>Part-time manager (2-3 days per week)</td>
</tr>
<tr>
<td>R2</td>
<td>53</td>
<td>Yes, handicapped child</td>
<td>Locum part-time (typically six days per week currently)</td>
</tr>
<tr>
<td>R3</td>
<td>49</td>
<td>Yes, teenage son</td>
<td>Portfolio worker: one day employed at independent community pharmacy, and two days at primary care trust</td>
</tr>
<tr>
<td>R4</td>
<td>54</td>
<td>Yes, three children</td>
<td>Portfolio worker: one day employed at large multiple and one or two days as locum at independent community pharmacy</td>
</tr>
<tr>
<td>R5</td>
<td>37</td>
<td>Yes, two children</td>
<td>Employed two or three days per week at large multiple</td>
</tr>
<tr>
<td>R6</td>
<td>37</td>
<td>Yes, three children</td>
<td>Portfolio worker: one day employed at large multiple (term-time contract) and two days at PCT</td>
</tr>
<tr>
<td>R7</td>
<td>36</td>
<td>Yes, three children</td>
<td>Two days community locum</td>
</tr>
<tr>
<td>R8</td>
<td>36</td>
<td>Yes, two children</td>
<td>Employed two days 10am to 2pm and full day Saturday at large multiple</td>
</tr>
<tr>
<td>R9</td>
<td>37</td>
<td>No</td>
<td>Portfolio worker: full time at PCT and Saturday locum at large multiple</td>
</tr>
<tr>
<td>R10</td>
<td>51</td>
<td>Adult son lives at home</td>
<td>Proprietor</td>
</tr>
<tr>
<td>R11</td>
<td>43</td>
<td>Yes, two children</td>
<td>Locum for three regular days at independent pharmacy</td>
</tr>
<tr>
<td>R12</td>
<td>36</td>
<td>Yes, three children</td>
<td>Portfolio: out-of-hours centre and second pharmacist (school hours) at large multiple</td>
</tr>
<tr>
<td>R13</td>
<td>41</td>
<td>Yes, two children, sister and father ill</td>
<td>Employed three days per week (and extra days) at large multiple</td>
</tr>
<tr>
<td>R14</td>
<td>52</td>
<td>Yes, teenager at home</td>
<td>Employed work shifts (two late and two early) at supermarket</td>
</tr>
<tr>
<td>R15</td>
<td>33</td>
<td>No</td>
<td>Employed full-time (shift worker) at supermarket</td>
</tr>
<tr>
<td>R16</td>
<td>34</td>
<td>No</td>
<td>Employed full-time at large multiple</td>
</tr>
<tr>
<td>R17</td>
<td>36</td>
<td>Yes, two children</td>
<td>Employed 24 hours per week during school hours in managed care centre (term time contract) at large multiple</td>
</tr>
<tr>
<td>R18</td>
<td>63</td>
<td>No</td>
<td>Employed 30 hours per week at supermarket</td>
</tr>
<tr>
<td>R19</td>
<td>38</td>
<td>Yes, two children</td>
<td>Portfolio worker: two days hospital pharmacy and one day (Sunday) in a large multiple</td>
</tr>
<tr>
<td>R20</td>
<td>52</td>
<td>No</td>
<td>Employed three days per week at large multiple</td>
</tr>
<tr>
<td>R21</td>
<td>54</td>
<td>No</td>
<td>Employed full-time as superintendent pharmacist by doctor’s surgery</td>
</tr>
<tr>
<td>R22</td>
<td>52</td>
<td>No</td>
<td>Employed full-time at small multiple</td>
</tr>
<tr>
<td>R23</td>
<td>44</td>
<td>Yes, two children</td>
<td>Proprietor</td>
</tr>
<tr>
<td>R24</td>
<td>56</td>
<td>No</td>
<td>Employed full-time as relief manager at large multiple</td>
</tr>
<tr>
<td>R25</td>
<td>35</td>
<td>Yes, children</td>
<td>Employed, works part-time shifts at supermarket</td>
</tr>
<tr>
<td>R26</td>
<td>32</td>
<td>Yes, one child</td>
<td>Portfolio worker: four days hospital and one day community locum at a small multiple</td>
</tr>
<tr>
<td>R27</td>
<td>55</td>
<td>No</td>
<td>Employed full-time pharmacy manager for large multiple</td>
</tr>
<tr>
<td>R28</td>
<td>44</td>
<td>Yes, three children</td>
<td>Proprietor, half share in business</td>
</tr>
<tr>
<td>R29</td>
<td>39</td>
<td>Yes, two children</td>
<td>Employed two days school hours (term-time contract) and full day Saturday at large multiple</td>
</tr>
<tr>
<td>R30</td>
<td>32</td>
<td>Yes, one child</td>
<td>Employed full-time pharmacy manager at large multiple</td>
</tr>
</tbody>
</table>

A particular issue which a number of pharmacists raised was the perceived disparity between hourly rates for pharmacists and “tradesmen”; plumbers being the most frequently cited:

It’s difficult to know what to compare it to. When you look at for instance, plumbers being the most frequently cited:

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Several respondents commented that remuneration rates had decreased as a consequence of the changing composition of the pharmacy workforce. In particular, interviewees speculated that the feminisation of the workforce had affected salary levels. Respondents said:

"The feminisation of the workforce has affected salary levels." (R13)

I think it's women in profession . . . sometimes I wonder if perhaps it hadn't been so many part-time women whether we would've got into this state. Cos old men and women are sort of more easy going. We seem to have been left behind, but I think a lot of it's our fault. (R21)

Factors influencing work patterns

Interviewees frequently reported that domestic circumstances and family commitments influenced employment choices and these findings are reported in greater detail elsewhere. In particular, dependent children had a strong influence on community pharmacist's work choices. Factors such as age and number of children, availability of informal child care, views on formal child care provision, and husband's job and contribution to domestic workload all influenced working patterns.

Typical comments from pharmacists with dependent children were:

"I mean my major thing is my family. I mean I would give up my work tomorrow if it meant, if staying in work meant that there's some hardship for the family. (R 29)"

Typically, most of the women interviewed, with dependent children, worked as employees at a practitioner level. One discussed why she changed her role to accommodate family responsibilities:

"Your focus changes when you do have children, there's no doubt about it, and I couldn't dedicate myself a hundred per cent to my career or to the job at hand, and as pharmacy manager I couldn't be on-call if you know, if . . . there wasn't a locum turned up. I couldn't turn up at work if I, you know, my child care arrangements are more rigid." (R 7)

In particular, stressful domestic circumstances could act to decrease the number of hours worked. One interviewee, who was a single parent with three children, indicated that she worked part-time as a consequence of pressures in the home:

"I think it's appalling . . . cos I've got two children, I've got child care to pay out. I mean my hourly rate is £15.88. A full time rate there's not much left to pay for a childminder. (R 17)"

Factors influencing remuneration rates

Interviewees who had young children, indicated that remuneration rates combined with child care costs could deter them from working and some had considered leaving their jobs and the profession:

"I think it's appalling . . . cos I've got two children, I've got child care to pay out. I mean my hourly rate is £15.88. A full time rate there's not much left to pay for a childminder. (R 17)"

For the amount of money that I spend on child care still, I sometimes wonder if it's really worth it. In fact I quite often wonder whether it's really worth it. (R 25)

A number of interviewees indicated that they found community pharmacy working stressful in itself; these findings are detailed elsewhere. Potentially, workers might seek to avoid the more stressful roles for a range of personal reasons indicating that not all of those choosing less well paid jobs were influenced by "caring responsibilities". In a minority of cases interviewees explicitly stated that they preferred to work at the practitioner level, earning less money, to avoid work-related stress and the responsibilities of management.

Typical comments were:

"I'm quite happy just being the pharmacist, not the pharmacy manager, don't have the hassles, don't have quite as much paperwork. (R 14)"

I get paid less than the manager. Which is reasonable as she has to take a lot more of the responsibility . . . which I can't quite be bothered with now. (R 18)"

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Discussion

We have explored female community pharmacists' views about their rates of pay and have identified a range of factors influencing working patterns. Interviewees were divided on the issue of remuneration rates. Those interviewees who expressed satisfaction tended to have favourable levels of pay as a consequence of their working arrangements, or did not have to pay for child care. Specifically, those working as locums were more positive about remuneration rates than employed pharmacists, reflecting higher locum pay. Conversely, some employed pharmacists were dissatisfied about the relatively high levels of payment that locums received. Only a minority of employed interviewees, who worked in practitioner or part-time roles, were satisfied with rates of remuneration. However in most cases they received extra pay for weekend working or retained benefits from previous management roles. Perhaps, these wide ranging and polarised views on remuneration are, in part, symptomatic of the unstandardised pay structure within community pharmacy.

However, it is noteworthy that interviewees who owned their own pharmacy businesses felt inadequately remunerated. They reported that a number of factors had combined to decrease the profitability of community pharmacy businesses. Consequently, rates of pay might be a reflection of the prevailing conditions within community pharmacy.

Some interviewees perceived that their rates of remuneration compared unfavourably with those of other professions and occupations. This raises the question of how accurate pharmacists' perceptions about relative remuneration rates in the UK are. Recent evidence from the National Office of Statistics suggests that medical practitioners earn considerably more than pharmacists; however, salaries of other health professionals, such as dentists and opticians, are seemingly comparable with those of pharmacy managers. Furthermore, plumbers and other tradesmen earn considerably more and considerably less. However, these data are not detailed enough to link gender and subsectors of employment with earnings. This finding indicates perhaps that female pharmacists are often working in lower paid part time or practitioner roles and their personal earnings compare badly with the full-time salaries reported by the National Office of Statistics. Additionally, it is possible that sensationalised media coverage of specific unrepresentative individuals earning high salaries might influence perceptions on the equity of remuneration rates.

Respondents with dependent children often had the strongest negative views on pay. Female workers tend to earn less than their male counterparts in general. Not only do these interviewees often work in the lowest paid roles, they frequently allocated a significant proportion of their salary to child care payments. It is noteworthy that in the UK the cost of child care has risen at a much higher rate than inflation in recent years. Furthermore, UK parents pay a higher proportion of their salaries in child care costs than parents of most other nationalities. Previous research indicates that there is a direct, causal relationship between levels of workforce participation and the cost of child care and high child care costs can lead to decisions not to work. Importantly, a minority of study participants with young children expressed an intention to quit the profession or stop working as a community pharmacist.

Fewer female pharmacists than male pharmacists work, and those that do are more likely to work part-time. T he decisions about whether to work in the chosen occupation and number of hours worked may be a reflection of different factors, such as social and cultural issues, and possible financial rewards. Social and cultural issues may include a belief that it is a woman's place to look after the children. This study begins to identify some of the key social and cultural factors that may influence women's perceptions of their current remuneration rates, which may have an impact on the chosen work patterns. Specifically, female pharmacists considered that family com-
mitments were a high priority. It is well established that a range of demographic factors are also known to affect hours worked; work experience, employment position, marital status and number and ages of children all account for differences in the hours a person works.21

In some instances female pharmacists may find it difficult to combine domestic responsibilities with community pharmacy working. Structural barriers to working, such as long and antisocial hours, affected some female pharmacists with caring responsibilities.22 It is not clear whether increased rates of remuneration would increase female pharmacists' participation in the workforce. The relationship between hours worked and remuneration is complex. The decision to work may be affected by the trade-offs individuals wish to make between work and leisure time. One basic premise underpinned by labour economic theory is that individuals will attempt to balance their hours of work and leisure depending on their available resources with which to live.22 Mott constructed models that determined the effect of income on hours worked in a population of 442 US pharmacists.23 He concluded that economic variables had a relatively small effect on the hours worked in pharmacy by men and women and that strategies aimed at helping women pharmacists with child care may increase the hours they are prepared to spend at work rather than looking after the children at home. However, in general, rates of pay have been linked positively with labour participation among women and if rates of pay are higher women work more hours.24

Limitations This study was exploratory and the qualitative design means that findings cannot be generalised to the whole population of female pharmacists. However, the application of purposive sampling aimed to ensure that the sample included a diverse range of individuals and theme saturation was reached. Furthermore, this study did not aim to consider male pharmacists' perspectives. Consequently, this qualitative study does not provide the data necessary to compare male and female perceptions on pay directly. Further research is required to determine if gender-related pay disparities in the community pharmacy labour market are linked to workforce participation rates.

Future studies One natural extension of this work would be to explore male pharmacists' perspectives on remuneration rates to begin to explore the impact of remuneration rates, social and cultural factors on hours worked, it is necessary to conduct large scale studies that use econometric methods to identify the key factors.

Conclusion Female community pharmacists expressed mixed views on remuneration levels and the range of negative comments suggest levels of dissatisfaction may run high in this sector. This study’s findings suggest that it might not pay some women, particularly those working in low paid roles who pay for child care, to work as community pharmacists. However, it is not clear that increasing rates of remuneration alone would act to increase hours worked by female community pharmacists because other factors may be driving women's preferences for work.

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References
3. GMB. Directors and chief executives top UK occupation pay league while leisure & theme park attendants are at the bottom of league. Available at www.gmb.org.uk/templates/PressRelease/20050929_272256_820.aspx
32. Andalou D. Doctor netts £6,500 for a week’s work. Available at http://society.guardian.co.uk/primarycare/story/0,15117367,0.html (accessed 19 March 2007).
33. Colinson P. Who earns £100k a year? Available at www.guardian.co.uk/executivepay/story/0,19404083,0,html (accessed 19 March 2007).
34. Scott J. Berlin quits to be plumber. Available at www.thesun.co.uk/article/0,2-2004049533,00.html (accessed 3 May 2007).