THE GLOBAL PULSE OF HEALTHCARE · MDFORLIVES INSIGHT REPORT

Beyond Dispensing, Still Counted by Volume: Why Pharmacy Clinical Evolution Is Stalling

Global pharmacist perspectives on clinical role expansion, production pressure, remuneration, medicine shortages, education, collaboration, and the infrastructure needed to turn scope into sustainable practice.

Real Opinions · **Practice Patterns** · **Validated by Data**

204	159	6	77.9%
total responses captured	complete responses	countries represented	survey completion rate

WHY THIS REPORT

Pharmacists are being asked to practice as clinical providers inside an operating model that still behaves like a production line.

The modern pharmacist is increasingly expected to vaccinate, test, prescribe within scope, optimize therapy, prevent medication harm, and support populations that cannot easily access other parts of the health system. The survey shows that pharmacists recognize and embrace this clinical value. Yet time, payment, information, metrics, shortages, and professional boundaries continue to pull the work back toward product throughput.

This report interprets perspectives from practicing pharmacists across six countries. It follows the clinical transformation through the daily workflow, the conditions required for high-quality medication review, and the economic and technical reforms pharmacists believe would make expanded scope sustainable.

> **How to read this report.** The survey includes demographic questions, ten closed practice questions, and one open-ended question. Question-level bases vary because partial responses were included before later questions. Percentages and counts are reproduced exactly from the source export. Findings describe reported experience and professional perception, not universal prevalence or policy recommendations.

EXECUTIVE SUMMARY

Six findings that reveal where policy, workflow, and frontline reality

separate.

INSIGHT 01

The pharmacist role is expanding, but most shifts are still organized around product flow

58.8% remain in production-dominant or production-weighted workflows.

INSIGHT 02

Clinical authority is expanding into a workflow that lacks both time and a payment model

68.1% identify labor deficits or remuneration asymmetry as the main barrier.

INSIGHT 03

Clinical judgment is being compressed between the clock and an incomplete patient record

64.0% point to throughput pressure or missing clinical information.

INSIGHT 04

Pharmacists see point-of-care testing as system capacity, not a retail convenience

93.2% see pharmacy testing primarily as a health-system access or care-pathway intervention.

INSIGHT 05

Clinical services have been added to the scorecard without removing the production clock

78.2% do not work under fully value-based performance systems.

INSIGHT 06

Medicine shortages now consume clinical labor as a recurring operational tax

83.2% lose more than two hours each week to medicine-shortage work.

01

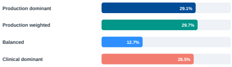
SECTION 01

The pharmacist role is expanding, but most shifts are still organized around product flow

58.8% remain in production-dominant or production-weighted workflows

Current pharmacy workflow

Share of respondents selecting each option at this question.



CONTEXT

WHO and FIP describe a profession moving beyond dispensing toward primary care, public health, medicines optimization, diagnostics, and chronic disease support.

WHAT THE DATA SHOWS

29.1% are production-dominant and 29.7% production-weighted. Only 28.5% describe a clinical-dominant workflow, while 12.7% report an even split.

THE INSIGHT

Scope expansion is not the same as workflow transformation. Pharmacists may hold broader clinical authority while the shift remains built around verification queues and product movement.

WHY IT MATTERS

Clinical services require protected time, appropriate staffing, delegated technical work, and operating models that treat patient-facing care as core work rather than an add-on.

02

SECTION 02

Clinical authority is expanding

into a workflow that lacks both time and a payment model

68.1% identify labor deficits or remuneration asymmetry as the main barrier

CONTEXT

Expanded prescribing and minor-ailment services require time for assessment, documentation, follow-up, and communication, not only legal permission.

WHAT THE DATA SHOWS

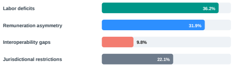
Labor deficits lead at 36.2%, closely followed by remuneration asymmetry at 31.9%. Jurisdictional restrictions account for 22.1% and interoperability gaps for 9.8%.

THE INSIGHT

The largest barriers sit inside the operating model. The pharmacist may be permitted to provide care but still have no protected time or reliable way to be paid for the cognitive work.

WHY IT MATTERS

Policy reform will have limited effect unless scope expansion is paired with workforce capacity and reimbursement that values assessment, decision-making, and follow-up independently of product volume.



Barrier to expanded clinical services

Share of respondents selecting each option at this question.

03

SECTION 03

Clinical judgment is being compressed between the clock and an incomplete patient record

64.0% point to throughput pressure or missing clinical information

CONTEXT

AHRQ describes pharmacists as central to medication safety, including error recognition, patient information, monitoring, and medication safety programs.

WHAT THE DATA SHOWS

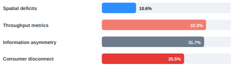
Throughput-driven metrics lead at 32.3%, followed almost exactly by information asymmetry at 31.7%. Consumer disconnect is 25.5%, while space limitations account for 10.6%.

THE INSIGHT

The limiting factor is often not pharmacist competence. It is the quality of the decision environment: enough time to evaluate and enough clinical information to make the evaluation complete.

WHY IT MATTERS

Medication review quality depends on protected consultation time, access to laboratory and diagnostic data, documentation rights, and performance measures that reward risk reduction rather than speed alone.



What compromises clinical evaluation

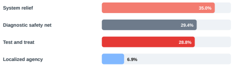
Share of respondents selecting each option at this question.

04

SECTION 04

Pharmacists see point-of-care testing as system capacity, not a retail convenience

93.2% see pharmacy testing primarily as a health-system access or care-pathway intervention



Public health value of pharmacy POCT

Share of respondents selecting each option at this question.

CONTEXT

Pharmacies are often accessible without an appointment and can serve as early contact points for minor illness, screening, medication advice, and referral.

WHAT THE DATA SHOWS

35.0% prioritize relieving pressure on emergency and primary care services, 29.4% see a diagnostic safety net for underserved populations, and 28.8% value a single-visit test-and-treat pathway. Only 6.9% prioritize localized patient agency.

THE INSIGHT

The public health case is collective. Pharmacists are positioning testing as a way to absorb demand, close access gaps, and shorten the distance from symptom to appropriate treatment.

WHY IT MATTERS

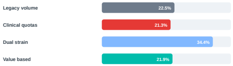
Successful programs need quality standards, referral pathways, shared documentation, clear scope, and reimbursement that recognizes the clinical service rather than relying on downstream product sales.

05

SECTION 05

Clinical services have been added to the scorecard without removing the production clock

78.2% do not work under fully value-based performance systems



How pharmacy performance is measured

Share of respondents selecting each option at this question.

CONTEXT

Performance measures influence what teams prioritize, how work is staffed, and which activities create career or financial value.

WHAT THE DATA SHOWS

Dual metric strain is the leading pattern at 34.4%. Legacy volume metrics remain at 22.5%, clinical quotas at 21.3%, and genuinely value-based metrics at only 21.9%.

THE INSIGHT

Many organizations are layering clinical targets onto a production system rather than redesigning the system around clinical outcomes. The result is expansion without relief.

WHY IT MATTERS

Clinical transformation needs metrics that reward medication safety, access, adherence, therapeutic optimization, and avoided harm, while adjusting production expectations to the time required for care.

06

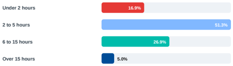
SECTION 06

Medicine shortages now consume clinical labor as a recurring operational tax

83.2% lose more than two hours each week to medicine-shortage work

Weekly medicine-shortage burden

Share of respondents selecting each option at this question.



CONTEXT

FDA and ASHP track continuing shortages and note that shortage management requires additional work across purchasing, automation, electronic records, substitutions, and communication.

WHAT THE DATA SHOWS

51.3% spend 2 to 5 hours per week managing shortages, 26.9% spend 6 to 15 hours, and 5.0% spend more than 15 hours. Only 16.9% report less than two hours.

THE INSIGHT

The shortage burden is not limited to inventory management. It redirects pharmacist time into sourcing, substitution, documentation, and coordination, often at the expense of direct patient care.

WHY IT MATTERS

Supply resilience, transparent shortage information, standardized substitution pathways, and dedicated operational support can protect clinical time and reduce continuity risks.

07

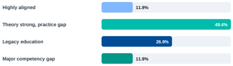
SECTION 07

The knowledge base is respected, but practical preparation is not keeping pace with therapeutic complexity

88.2% do not describe education as fully aligned with current advanced therapeutic work

Education readiness for advanced therapy

Share of respondents selecting each option at this question.



CONTEXT

Modern pharmacy practice increasingly includes biologics, biosimilars, specialty medicines, diagnostics, digital systems, and complex monitoring responsibilities.

WHAT THE DATA SHOWS

49.4% say theoretical education is strong but practical specialty training is lacking. Another 26.9% describe education as overly tied to legacy dispensing and 11.9% see a major competency deficit. Only 11.9% report strong alignment.

THE INSIGHT

The central concern is not foundational science. It is translation: how to operationalize advanced therapies, manage risk, collaborate, document, and counsel inside real care pathways.

WHY IT MATTERS

Curricula and continuing professional development need more applied specialty practice, data interpretation, collaborative care, technology use, and supervised clinical decision-making.

08

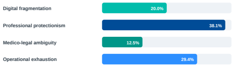
SECTION 08

The collaboration gap is cultural and operational before it is technical

67.5% identify professional boundary resistance or workload pressure as the main collaboration barrier

Barrier to pharmacist-physician collaboration

Share of respondents selecting each option at this question.



CONTEXT

Interprofessional collaboration supports medication safety, but it requires mutual role clarity, communication channels, shared information, and time to review complex cases.

WHAT THE DATA SHOWS

Professional protectionism leads at 38.1%, followed by operational exhaustion at 29.4%. Digital fragmentation is 20.0% and medico-legal ambiguity 12.5%.

THE INSIGHT

Shared records alone will not create shared care. The stronger barriers are willingness to share clinical space and the practical ability to make time for collaboration.

WHY IT MATTERS

Collaborative practice agreements, defined accountability, joint pathways, role education, and protected case-review time are needed alongside technical interoperability.

09

SECTION 09

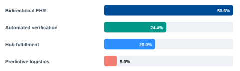
The technology pharmacists want first is access to the clinical conversation

50.6% choose bidirectional health-record interoperability over automation or

Most useful technology intervention

Share of respondents selecting each option at this question.

logistics tools



CONTEXT

Automation can reduce technical workload, but clinical care also depends on laboratory results, diagnoses, treatment goals, progress notes, and the ability to document interventions.

WHAT THE DATA SHOWS

Bidirectional EHR interoperability leads at 50.6%. Automated technical verification follows at 24.4%, hub fulfillment at 20.0%, and predictive shortage logistics at 5.0%.

THE INSIGHT

Pharmacists are prioritizing information before autonomy. The strongest request is not to automate judgment, but to give judgment the clinical context it currently lacks.

WHY IT MATTERS

Interoperability should include meaningful read and write access, identity and consent controls, structured pharmacist documentation, and workflows that route recommendations back to prescribers.

10

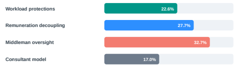
SECTION 10

Pharmacists see sustainability as an economic-structure problem, not only a technology problem

60.4% prioritize payment-model reform or stronger oversight of intermediaries

Most critical structural reform

Share of respondents selecting each option at this question.



CONTEXT

The final question asks whether the profession needs workload protections, clinical-service remuneration, tighter middleman oversight, or a fully automated fulfillment model.

WHAT THE DATA SHOWS

Middleman oversight leads at 32.7%, followed by remuneration decoupling at 27.7%, statutory workload protections at 22.6%, and a full consultant model at 17.0%.

THE INSIGHT

The preferred future is reform before replacement. Pharmacists want the current model to value clinical work and preserve viable practice economics, not simply automate the physical task and hope sustainability follows.

WHY IT MATTERS

Long-term reform needs fair payment for cognitive services, transparency across the medicines financing chain, safe staffing, and technology that releases capacity without eroding professional accountability.

11

OPEN RESPONSE LENS

What the peer voice adds to the

numbers

The open responses converge on a single misconception: the public sees the product, while pharmacists experience the work as continuous risk assessment, medication-safety intervention, access problem-solving, and clinical decision support. Several responses also separate pharmacists from drug pricing and access restrictions that are often attributed to the pharmacy counter.

> Pharmacists make hundreds of clinical, safety, and operational decisions every day. Much of this work is invisible because successful interventions happen before the patient knows there was a problem.
>
> INVISIBLE PREVENTION

> They consider us like a fast-food service and all we have to do is put a label on a bottle.
>
> TRANSACTIONAL STEREOTYPE

> Pharmacist value is tied to a physical product rather than the invisible, high-stakes cognitive labor of clinical risk management.
>
> PRODUCT-VALUE MISMATCH

WHAT THE COMMENTS ADD

The qualitative responses make the hidden work visible and explain why the closed-question patterns carry emotional and professional weight.

WHY IT MATTERS

Leadership responses should address the work conditions behind the comments, not only the language of resilience, recognition, or professional pride.

THE INSIGHT

The operational burden is not experienced as a set of separate inconveniences. It is experienced as a continuous demand to protect patients while absorbing system friction personally.

CAUTION

Open-ended comments are qualitative and are not quantified as prevalence. Obvious nonsensical entries were excluded from interpretation.

PRACTICE LENSES

What this means across different professional settings

The same survey pattern carries different operational implications depending on setting, responsibility, and decision authority.

Community and retail pharmacy

The access lens

Expanded clinical services require protected time and payment that is not dependent on product sales.

Hospital and institutional pharmacy

The shortage lens

Supply disruption management needs dedicated operational support so clinical talent is not continually redirected.

Ambulatory and primary care pharmacy

The integration lens

Shared records, collaborative agreements, and role clarity determine whether clinical contribution reaches the team.

Policy and pharmacy leadership

The sustainability lens

Metrics, reimbursement, workforce standards, and middleman oversight must evolve together.

FROM INSIGHT TO IMPACT

Pharmacy has moved beyond dispensing in clinical responsibility, but not yet in the infrastructure that measures, pays, and connects the work.

The survey does not describe a profession waiting for a new role. It describes a profession already performing a broader role while absorbing the cost of a legacy system. Production pressure, missing records, medicine shortages, metric strain, and limited remuneration all compete for the same finite clinical time. The next phase of pharmacy transformation must redesign the operating model, not merely expand the scope statement.

01 **Protect clinical time**

Match expanded scope with staffing, delegation, scheduling, and uninterrupted consultation capacity.

02 **Pay for cognitive care**

Separate reimbursement for assessment, medication optimization, testing, and follow-up from product volume.

03 **Connect the clinical record**

Provide bidirectional access and documentation rights across pharmacy and physician systems.

04 **Measure value differently**

Reward medication safety, access, outcomes, and avoided harm rather than layering quotas onto throughput.

Shape the next healthcare insight report

Join the MDForLives Panel to share your professional perspective through eligible healthcare research and help turn real frontline experience into data-led insight.

Join the MDForLives Panel · Share your perspective · Discover peer insights

EXTERNAL CONTEXT AND REFERENCES

1. World Health Organization Europe, Advancing the role of pharmacists, 2024
2. International Pharmaceutical Federation, Global Situation Report on Pharmacy 2025
3. Agency for Healthcare Research and Quality, Pharmacist Role in Medication Safety
4. World Health Organization, Medication Without Harm
5. American Society of Health-System Pharmacists, Drug Shortages Statistics
6. US Food and Drug Administration, Drug Shortages

MDForLives

The Global Pulse of Healthcare

MDForLives is a global healthcare focused insights platform where healthcare professionals, patients, and caregivers discover, share, and shape the future of healthcare.

This report presents survey-based professional perceptions and external contextual sources. It is intended for insight and discussion, not clinical, employment, legal, or policy advice.

Survey ID 8881721 · Total responses 204 · Complete responses 159 · Completion rate 77.9% · Question-level values reproduced from the source export.