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TITLE PAGE

Promoting weight management services in community pharmacy: perspectives of the pharmacy team in Scotland

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ABSTRACT

Background

Obesity has reached pandemic levels with more than 1.4 billion adults affected worldwide. While there is a need to systematically develop and evaluate community pharmacy based models of weight management, it is imperative to describe and understand the perspectives of pharmacy staff. In the UK, trained and accredited community pharmacy medicines counter assistants (MCAs) are commonly the front line staff involved in patient consultations and sale of over-the-counter (OTC) medicines.

Objective

To explore the beliefs and experiences of pharmacists and MCAs in the North-East of Scotland on community pharmacy weight management.

Setting

All 135 community pharmacies in the North-East of Scotland.

Method

A qualitative approach of semi-structured telephone interviews with 31 pharmacists and 20 MCAs in the North-East of Scotland. The semi-structured interview schedule was developed with reference to key domains describing professional practice (i.e. awareness and knowledge, skills, practicalities, motivation, acceptance and beliefs) and contextualised with policy documents and published research on community pharmacy based weight management. Interviews were audio-recorded, transcribed and analysed thematically.

Main outcome measure

Pharmacists' and MCAs' beliefs and experiences with delivering weight management services in community pharmacy.

Results

There were mixed responses from pharmacists and MCAs around pharmacy based weight management services from positive views of providing the service in community pharmacy to those more reticent who would always favour patients

visiting their physician. While all described similar services e.g. measurement of weight, healthy eating advice, supply of products, they acknowledged that support was often opportunistic at the request of customers, with little integration of other providers. Roles described varied from pharmacist only functions to any staff member. While pharmacists generally felt comfortable and confident, MCAs gave more diverse responses. Both Pharmacist and MCAs highlighted the need for a practice model which is systematically developed and suggested a scheme akin to the successful smoking cessation 12-week nicotine replacement therapy service already available in community pharmacies in Scotland.

Conclusion

Pharmacists and MCAs interviewed in this study reported their perceptions of benefits to providing community pharmacy based weight management as part of a wider public health function. They described services as opportunistic and customer driven based on ease of access. There was a notable variation in pharmacist and MCA training, reflected in their levels of comfort and confidence. There is a clear need to systematically develop and provide evidence of effectiveness and cost effectiveness for a pharmacy based practice model with key roles and functions for the full pharmacy team.

Impact of findings on practice

- Pharmacists and MCAs believe that there is a role for community pharmacy supported weight management services but with key differences in the range of comfort levels when providing dietary and lifestyle advice, provision of training and perceived lines of responsibility.
- There may be issues related to the belief in and understanding of the evidence for OTC weight loss products in both MCAs and Pharmacists. It is important that these issues are further explored and understood as a preliminary step to developing a practice based model.

1 **Promoting weight management services in community pharmacy:**
2 **perspectives of the pharmacy team in Scotland**

3

4 **INTRODUCTION**

5 Obesity has reached pandemic levels with more than 1.4 billion adults affected
6 worldwide.¹ While a recent report from the Organisation for Economic Co-
7 operation and Development (OECD) highlighted a modest slowdown in the
8 progression of the obesity epidemic in a limited number of countries, the
9 prevalence in the majority of countries remains high and on the increase.² The
10 prevalence of obesity in Scotland is the highest in the United Kingdom (UK) and
11 fifth globally behind the United States (US), Mexico, Hungary and New Zealand,
12 with estimated societal costs exceeding £1 billion in 2007/8 (UK).³ Given that the
13 World Health Organisation has predicted Scottish obesity prevalence figures will
14 exceed 40% of the population by 2030,⁴ urgent action has been articulated at
15 Government level to reverse this trend before 2020.⁵

16 Following the publication of the COSLA (Convention of Scottish Local Authorities)
17 report in 2010,⁶ the Scottish Government published the [Obesity Route Map Action](#)
18 [Plan](#),⁷ focusing on the provision of weight reduction schemes through primary
19 care services, with initiatives such as 'Healthy Eating, Active Living',⁸ and the
20 'Keep Well' programme.⁹ The contribution of community pharmacy is highlighted
21 in many strategic documents as a key access point for promoting public health
22 via general health checks and advice to the supply of medication.¹⁰ Notably, the
23 Scottish Obesity Action Resource (SOAR) states that 'community pharmacy is
24 providing a useful means of engaging with the public on the treatment and
25 prevention of obesity'.¹¹

26 To date, a limited number of studies have focused on the contribution of
27 community pharmacy to weight management. A systematic review published in
28 2011 of the effectiveness and cost-effectiveness of community pharmacy weight
29 management interventions identified ten studies.¹² The studies included a total of

30 2,583 service users and 582 pharmacies in the US, UK, Switzerland, Spain and
31 Denmark. Generally, studies were poorly designed, often uncontrolled, with mean
32 weight loss at 12 months measured in three studies ranging from 1.1 kg to
33 4.1 kg. Subsequent publications present an equally mixed picture. Most recently a
34 retrospective analysis of 281 patients attending community pharmacy weight
35 management programmes across four primary care trusts in England concluded
36 that reductions in weight and waist circumference can be achieved successfully.¹³
37 However the results of an eight arm randomised controlled trial in England that
38 recruited 740 obese or overweight men and women on a range of commercial or
39 primary care led weight reduction programmes suggests that commercially
40 provided weight management services (Weight Watchers® in particular) are more
41 effective and cheaper than primary care based services led by specially trained
42 staff.¹⁴ This was mirrored by a prospective cohort study by Madigan et al (2014)
43 which recruited 3,290 adults to three commercially provided weight management
44 services and one NHS led group programme.¹⁵ Results showed that the
45 commercial programmes lead to a larger short-term (3 months) weight loss
46 compared with the NHS led programme. Long term sustainability could however
47 not be shown. Two studies of the UK general public reported the lack of
48 awareness of services provided by community pharmacies to support weight
49 management, with most respondents opting to seek support from physicians, diet
50 clubs and leisure centres.^{16,17} Furthermore, respondents in one study were
51 concerned over the lack of privacy and potential discomfort in community
52 pharmacies, and a lack of confidence in pharmacy staff training and expertise.¹⁷ A
53 survey of the views and attitudes of community pharmacists in Scotland indicated
54 that the most frequent weight management services offered were supply of
55 medication and advice on diet and exercise.¹⁸ These surveys were limited by
56 convenience sampling, low response rates as well as recruitment and response
57 biases.

58 There is a need to systematically develop and evaluate community pharmacy
59 based models of weight management. As an initial step, qualitative research to
60 fully describe and understand the perspectives of all pharmacy staff involved in
61 the current provision of weight management services is warranted. In the UK,
62 community pharmacy medicines counter assistants (MCAs) and pharmacists are
63 commonly the front line staff involved in patient consultations and sale of over-
64 the-counter (OTC) medicine. MCAs must complete an accredited medicines
65 counter assistant course, which is normally between three and six months in
66 length.¹⁹

67

68 **Aim of the study**

69 The aim of this research was to describe and understand the beliefs and
70 experiences of pharmacists and MCAs of community pharmacy weight
71 management services.

72

73 **Ethical Approval**

74 The North of Scotland Research Ethics Committee advised that this study did not
75 require formal review by an NHS Ethics Committee. This study was approved by
76 the Ethical Review Panel of the School of Pharmacy and Life Sciences at Robert
77 Gordon University, Aberdeen, UK.

78

79

80 **METHODS**

81 **Design**

82 A qualitative approach of semi-structured, one-to-one telephone interviews.

83 **Setting**

84 The study was carried out in the North-East of Scotland.

85 **Recruitment**

86 Invitation letters and participant information leaflets detailing the purpose of the
87 study were mailed to all 135 registered community pharmacies in the Grampian
88 area, North-East of Scotland. The letter was addressed to the 'Pharmacy
89 Manager' who was requested to circulate to all pharmacists and MCAs. If
90 interested in participating, they were asked to complete and return a study
91 consent form along with a short demographic questionnaire, either by post or by
92 following the dedicated study web link provided. To further encourage
93 participation, all pharmacies were made aware of the study via an email message
94 from the area National Health Services (NHS) Director of Pharmacy. Two
95 reminder invitations were sent at 3-weekly intervals.

96 **Interview schedule development**

97 The semi-structured interview schedule was developed with reference to key
98 domains describing professional practice (i.e. awareness and knowledge, skills,
99 practicalities, motivation, acceptance and beliefs) and contextualised with policy
100 documents and published research on community pharmacy based weight
101 management.^{10,16-18} Interview questions were aligned to the main topics set out
102 in the National Institute for Health and Clinical Excellence (NICE) "How to change
103 practice" documentation aimed at understanding barriers to change.²⁰ The
104 interview schedule was reviewed by five pharmacy practice academics and
105 practitioners followed by separate pilot interviews with one pharmacist and one
106 MCA, who were excluded from the study. Piloting resulted in minimal changes to
107 question wording; core questions are listed in Box 1

108 ("Insert Box 1 here").

109 **Interviews**

110 Interviews took place between October and December 2011. Telephone
111 interviews lasting ten to twelve minutes were audio-recorded and transcribed
112 verbatim, with a random sample of five transcripts checked for reliability of
113 transcribing.

114 **Analysis**

115 A thematic approach²¹ was employed to identify examples of the overarching
116 domains of professional practice. Themes were inducted from the data
117 independently by two researchers and agreed by the research team. These
118 themes are described using illustrative quotes, with each interviewee assigned a
119 consecutive code (P, pharmacist and MCA, medicines counter assistant).

120

121 **RESULTS**

122 Of the 53 responses received, 51 interviews were conducted with 31 pharmacists
123 and 20 MCAs, with the remaining two unable to be contacted during the study
124 period. Personal and practice demographics are described in Table 1

125 (“Insert Table 1 here”).

126 The majority of interviewees were less than 40 years of age (55%), had been in
127 their current role for ten years or less (68%) and almost all worked in pharmacies
128 providing some level of weight management services.

129

130 **AWARENESS & KNOWLEDGE**

131 Pharmacists and MCAs described a range of weight management services
132 provided including: measurement of weight, waist, calculation of BMI, body fat,
133 advice on healthy eating and supply of weight loss products. A key theme
134 described by pharmacists and MCAs was that customer enquiries and support
135 were infrequent and opportunistic, often linked to the purchase of products, such
136 as nicotine replacement therapy, or supply of prescription medicines for
137 cardiovascular conditions.

138 "The people who come into pharmacy talk about their daily life during
139 conversation, it pops up and we talk about it, but not because they want
140 to buy or ask for advice" [P22]

141 "Yeah, I would think that weight goes hand in hand with sort of many
142 disease states that people have, like hypertension and diabetes, and
143 everything so I think it's important not just to focus on their medication
144 and look at wider things that pharmacy can offer" [MCA1]

145

146 Pharmacists and MCAs were all able to clearly describe how the services available
147 in their pharmacy were provided, including the availability of private consultation
148 areas, step-by-step procedures, products and related schemes as well as general
149 advice on diet and lifestyle. While some identified barriers around the availability
150 of resources, others acknowledged the potential for community pharmacies to
151 become more integrated with other local primary care services.

152 "I think these types of services definitely integrate us more closely with
153 the NHS..." [P12]

154 **MOTIVATION**

155 Pharmacists and MCAs generally described positive attitudes and clear motivation
156 for pharmacy to play a greater role in providing locally accessible weight
157 management services. They remarked on the ease of access to pharmacy
158 services as a motivating factor both for staff and pharmacy customers and
159 asserted that weight management services aligned well with other services
160 already provided.

161 "I think it's the ideal place to provide them because it's a drop in
162 service...when people are motivated, we need to react, a bit like the NRT
163 [nicotine replacement therapy] scheme, you know, it needs to be ready
164 when they are ready" [P8],

165 "I definitely believe pharmacy is well placed to provide that level of service
166 and we tend to have a good soft relationship with our patients. I think the

167 success of the nicotine replacement therapy service shows that in
168 elements of public health like weight management I think pharmacy could
169 have a very successful role". [P12]

170

171 In addition all interviewees were unanimous in recognising and valuing the
172 provision of these services as a role extension for personal benefit and job
173 satisfaction.

174 "... ultimately, there is a lot of professional satisfaction to be gained from
175 engagement with services of the nature" [P12],

176 "...it's an added bonus to my job, yes I enjoy it" [MCA3]

177 **ACCEPTANCE & BELIEFS**

178 Most pharmacists and MCAs thought customers were more comfortable seeking
179 support for weight management in their local pharmacy rather than through their
180 physician but it is noteworthy that some MCAs expressed that their own personal
181 choice would be to consult their GP.

182 "I think a lot of people in general don't like going to their doctor about
183 things, they can feel a lot more comfortable coming into the pharmacies"

184 [MCA4],

185 "I think if it was myself, personally...I would go to a doctor rather than in a
186 shop" [MCA5]

187 A possible explanation is the assertion by both pharmacists and MCAs that, while
188 they were convinced of the evidence of dietary modification and exercise, they
189 were more sceptical about the benefits of any of the weight loss pharmaceutical
190 products available.

191 "...it always says on the products to follow a low fat diet but I mean if you
192 are following a low fat diet and doing exercise anyway without the pills
193 then it's going to work..." [MCA20]

194 "I'm not convinced at all that there's any need for them...you still get a lot
195 of customers who think it's a magic pill and they can still eat what they
196 like" [P51]

197 While there was the genuine belief that customers would feel comfortable
198 accessing weight management services through community pharmacies there
199 was also an acknowledged lack of awareness by the general public of services
200 provided through community pharmacies. Pharmacists in particular raised
201 scepticism about the success of such a service unless the perception of
202 pharmacists and community pharmacy by the general public were changed.

203 "I don't think they maybe realise the service is going to be there...
204 ...I also think there is a hurdle, actually coming in and asking a
205 pharmacist that is maybe running around like a headless chicken" [P20]

206 "I think we would need to work at that whole concept before it would be
207 widely accepted by patients" [P29]

208 **SKILLS**

209 A wide range of comfort levels with the provision of weight management advice
210 were expressed as 'quite', 'reasonably', or 'generally'. While some admitted that
211 customer expectations and their own experience influenced how they delivered
212 advice. Statements on training provided on aspects of weight management
213 showed great variation for both pharmacists and MCAs. The training provided
214 varied with health board professional leadership, pharmacy ownership and
215 management as well as weight management product range.

216 "...all our pharmacists are trained on healthy eating advice, they've all
217 been sent to a course in London..." [P15]

218 "Well, the pharmacist advises us and we [...] get a lot of bump of the
219 information from the drug company as well" [MCA10]

220 Pharmacists interviewed, welcomed more training in clinical conditions, nutrition
221 and motivational skills while MCAs, although less confident in their abilities, did
222 not describe specific areas of training need.

223 "I would like a proper training, I mean it's alright for me to say I'll use my
224 experiences [...] but I mean there might be something that I am missing"
225 [MCA12]

226 "I would like more training in the dietary side of things" [P9],

227 "Probably how to keep people motivated and maintain the weight" [P6],

228 **PRACTICALITIES**

229 Setting weight loss targets for individuals was uniformly frowned upon however
230 some recognised the potential benefit of aligning weight management service
231 targets with other community pharmacy services, such as the smoking cessation
232 programme. While the need to continue raising public awareness of community
233 pharmacy was still evident, many pharmacy staff would welcome a national
234 weight management scheme based on sound dietary advice. There was a clear
235 will and growing confidence amongst pharmacy staff to provide weight
236 management services but an indication the structures did not exist to make it
237 happen.

238

239 "I genuinely believe that pharmacy could engage much more heavily in
240 this service and I think it could become part of the core services in tandem
241 with NRT replacement. I think if that was the case there would have to be
242 a fairly robust training programme in place perhaps at local and national
243 level." [P12]

244 "Yes, we have the expertise and we would have no problem as a
245 profession but it's whether or not it's something which is of value and will
246 make a real difference to the end user: I would challenge that" [P29]

247

248 **DISCUSSION**

249 Pharmacists and MCAs reported clear benefits for both staff and customers from
250 providing weight management services through community pharmacies. Benefits
251 included ease of access, a friendly environment and continuation of other public

252 health services already provided. They were unanimous in recognising and
253 valuing these services as an extension to their professional roles and reported
254 increased job satisfaction. Despite these perceived benefits, weight management
255 services in community pharmacies remain opportunistic and reactive in nature.
256 Respondents attributed this to a lack of awareness amongst the general public of
257 the services available to them locally within community pharmacy. Variation in
258 provision of training around weight management was reported which was
259 reflected in the range of comfort levels when providing dietary and lifestyle
260 advice, and undefined lines of responsibility. While both pharmacists and MCAs
261 were convinced of the evidence of dietary modification and exercise, they were
262 more sceptical about the benefits of any OTC weight loss products. Despite these
263 challenges, pharmacists and MCAs perceived community pharmacies to be well
264 placed to successfully deliver such public health initiatives and suggested a
265 nationally designed and promoted weight management scheme.

266 The Scottish Government has recently published, 'Prescription for Excellence',
267 which is a strategic vision and action plan for the right pharmaceutical care
268 through integrated partnerships and innovation²². This document articulates the
269 need to adapt new and innovative models to facilitate professional independence
270 of pharmacists, working in collaborative partnerships. Notably, there is emphasis
271 on providing quality pharmaceutical care to every patient through a variety of
272 measures, including better utilisation of the pharmacy workforce. The roles,
273 responsibilities and functions of MCAs, and pharmacy support staff generally, are
274 changing throughout the world.²³ To date, there is a paucity of research which
275 focuses on MCAs and is largely limited to general advice giving,²⁴⁻²⁷ and oral
276 health.²⁸ Our study adds to the evidence base around MCAs and has
277 demonstrated that while they value their involvement in weight management,
278 confidence levels were variable. This may be partly the result of inconsistent and
279 sometimes absent training for MCAs and pharmacists, which should be addressed.

280 It is highly likely that pharmacist training and confidence will have a marked

281 impact on MCA training and hence practice. Training should extend beyond the
282 ability to provide information but also have emphasis on the complexities of
283 achieving behavioural change, which has been demonstrated to be essential to
284 the maintenance of weight loss.²⁹ A national survey investigating pharmacists'
285 and pharmacy assistants' current weight management recommendations to
286 consumers across 3,000 Australian community pharmacies identified the same
287 need for pharmacy-specific education resources and training highlighting that
288 while Australian pharmacists and pharmacy assistants appear to be providing
289 weight management services, not all their recommendations are evidence
290 based.³⁰ Pharmacists and MCAs commented that the delivery of weight
291 management services in community pharmacy was largely opportunistic and at
292 the request of individual customers. While a wide range of weight loss services
293 (e.g. BMI measurement, healthy advice) was available, it was perceived that the
294 general public were largely unaware. This finding is in accord with a survey of the
295 Scottish general public, who were also unaware of the range of public health
296 services available in community pharmacies.¹⁷ A systematic review conducted in
297 2004 identified that not only is consumer usage of pharmacies for general health
298 advice low, but pharmacists are perceived as 'drug experts' rather than experts
299 on health and illness.³¹ This general issue requires to be addressed through
300 appropriate marketing of services and targeting of individuals, as highlighted in a
301 more recent systematic review of the views of consumers of community
302 pharmacy public health services which noted very little change in customers'
303 attitudes in the past decade.³² Consumer perspectives about weight management
304 services in particular echoed the findings of a study by Um et al (2014) which
305 used an online cross-sectional consumer survey to gain the views of 403
306 consumers of community pharmacy services in Australia. Most customers
307 considered pharmacists' motivation to be profit driven and expressed concerns
308 over their perceived lack of expertise, time and conflict of interest.³³ Comparing
309 the experiences of female pharmacy consumers with weight loss treatment in

310 Australia (n=460) and the UK (n=220) echoed a more universal issue and
311 illustrated that while women in the UK were less likely to have approached a
312 community pharmacy for weight management advice, female pharmacy
313 consumers in both Australia and the UK would ultimately feel comfortable with
314 pharmacists being involved in the provision of weight management
315 recommendations.³⁴

316 Of interest is the finding that pharmacists and MCAs had little belief in the
317 benefits of and evidence for OTC weight loss products, which was also a key
318 finding of a cross-sectional survey of pharmacists in the UK.³⁵ Survey
319 respondents also noted the high value placed by customers in messages obtained
320 from the advertising of these products on television and magazines. This can
321 result in a dilemma for pharmacy staff trying to deliver evidence based advice
322 around promoting lifestyle change through diet and exercise to customers who
323 may be expecting a 'quick fix' solution. A study looking at reasons for weight loss
324 failure clearly showed that successful weight loss can not be achieved by medical
325 solution alone but needs to address behaviour change.³⁶ In light of this, our study
326 results infer the need for a comprehensive weight management plan which not
327 only addresses the health beliefs of customers but also that of pharmacy staff
328 who will be acting as advisors. There are around 1,000 weight loss products listed
329 in Australia and around 1,600 in the USA and although these formulations are
330 more tightly regulated in the UK, few are licensed. Hackett and Krska (2012)
331 therefore asks whether it is time to regulate OTC weight-loss products, citing lack
332 of adequate controls, pharmacists' beliefs and lack of adequate pharmacist
333 knowledge as the main drivers.³⁷

334 Regardless of their reservations, all pharmacists and MCAs were supportive of
335 delivering community pharmacy weight management services. However, it is
336 clear that there is an urgent need for a practice model which is systematically
337 developed from a theoretical base, considers the views of key stakeholder groups
338 (e.g. customers, physicians, nurses, pharmacists), and is feasibility tested and

339 evaluated in terms of effectiveness and cost effectiveness.³⁸ Such an approach is
340 in line with the UK Medical Research Council Framework for Complex
341 Interventions.³⁹ Pharmacists themselves suggested a nationally designed and
342 promoted weight management scheme akin to the successful smoking cessation
343 12-week nicotine replacement therapy service already available in community
344 pharmacies across Scotland.⁴⁰

345

346 Strengths and weaknesses

347 To our knowledge, this is the first study which has explored the perspectives of
348 both pharmacists and MCAs in the UK. Further strengths include the diversity of
349 community pharmacy types (e.g. multiple, small independent), settings (e.g.
350 rural, urban) and the sample sizes for pharmacists and MCAs which allowed
351 comparison across and within emerging themes. Furthermore, the interview
352 schedule was grounded in domains of professional practice. The key limitations
353 are potential recruitment bias, the self-reported nature of the data hence
354 potential issues of data credibility and the lack of evidence for the transferability
355 of findings from this study conducted within one geographical area of Scotland.
356 However, it is likely that the findings will resonate with many pharmacists and
357 counter staff worldwide.

358

359 **CONCLUSION**

360 This study aimed to provide the perspectives of the community pharmacy team
361 on the provision of weight management services in community pharmacy.
362 Pharmacists and MCAs interviewed in this study reported their perceptions of
363 benefits to providing community pharmacy based weight management services as
364 part of a wider public health function. However, they described the service as
365 opportunistic and customer driven with notable variation in pharmacist and MCA
366 training, reflected in their levels of comfort and confidence. Most cited concerns
367 around the expectation of benefits from OTC weight loss products. There is a

368 clear need to systematically develop and provide evidence of effectiveness, in
369 terms of sustained weight loss, and cost effectiveness for a pharmacy based
370 practice model with key roles and functions for the whole pharmacy team.

371

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377

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381

382 **CONFLICT OF INTEREST**

383 The authors declare no conflict of interest.

384

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556 Box 1 – Interview core questions

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- If you provide weight management support and advice, how is this provided, by which members of staff and how is this integrated with other providers such as GPs?
- How comfortable are you in giving dietary and lifestyle advice?
- How do you think your own life experiences impact?
- What do you think about the environment and resources in your pharmacy for providing support?
- Are there any targets in your pharmacy for providing support in weight management?
- Do you ever monitor or audit the support you give?
- How comfortable are your patients in asking for support?
- Have you ever received any feedback on your support, from either patients or others?
- Can you describe any training you have received or think you need?
- Please describe anything else you feel is relevant

574 Table 1 - Personal and practice demographic data (n=51)
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Characteristics		n	%
Role	Pharmacist	31	60
	Medicines Counter Assistant	20	40
Age	≤ 29 years	20	38
	30-39 years	9	17
	40-49 years	10	21
	50-59 years	10	21
	60 years or above	2	4
Gender	Male	11	21
	Female	40	79
Years in current role	≤ 5 years	23	47
	6-10 years	11	21
	11-15 years	7	13
	16 - 20 years	1	2
	> 20 years	9	17
Employment Status	Owner	7	13
	Manager	19	36
	Other employee	25	51
Working hours	Full time	36	72
	Part time	15	28
Type of community pharmacy	Independent (1 pharmacy)	9	17
	Small multiple (2-4 pharmacies)	10	19
	Medium sized multiple (5-25 pharmacies)	6	11
	Large multiple (> 25 pharmacies)	26	53
Setting	Urban	23	47
	Suburban	10	19
	Rural	18	34
Weight management services offered	Weight measurement	39	74
	BMI calculation	42	79
	Body fat measurement	10	19
	Healthy eating advice	39	74
	Waist measurement	26	53
	Advice on weight management	36	68
	Supply or sale of weight loss products	49	92
	None of these	1	2

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