

Amanda Seeto

Pharmacy owner and Pharmacy Guild of Australia Queensland Branch Committee member

The Australian Pharmacy Professional Conference & Trade Exhibition (APP) is the largest pharmacy conference and trade show in Australia. The event will be held from May 3-6, 2018 on the Gold Coast, Queensland. *Retail Pharmacy* is proud to support APP by featuring many exclusive interviews with APP2018 speakers.



Can you tell us a little about your professional background?

AS: My life in community pharmacy began as a university student, when my grandfather decided that working for a fast-food chain wasn't going to give me the experience I needed to be a successful pharmacist. Grandad approached his local independent pharmacy where he'd been a loyal customer for 20 years and said, 'Employ my granddaughter!' I ended up working there for four years.

A year after I became a registered pharmacist, I decided I needed to gain experience in a different style of pharmacy. I spent the next few years in management and locum roles in a variety of pharmacy settings, while also gaining accreditation to conduct Home Medicine Reviews. Eventually I settled down to where I am now, as a community pharmacist working in my own pharmacy at Ashmore on the Gold Coast.

Tell us about your work with the Branch Committee of the Pharmacy Guild, Queensland.

AS: As a Branch Committee member, I've learnt about the important advocacy work of the Guild on behalf of community pharmacies and contributed to this through representing the interests of members at events ranging from conferences for major political parties, to one-on-one meetings with politicians, to building relationships with stakeholders in other industries.

More recently, I've been invited to share my knowledge and experience of managing various issues associated with operating a community pharmacy, through chairing and presenting sessions at the APP conference and trade exhibition.

It is pleasing to have an increasing number of women being elected to represent pharmacy. Why is this so important?

AS: A diversity of opinions, whether from gender or cultural diversity, leads to better strategy and decision-making.

Pharmacy as a career is being chosen



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predominantly by women, with the majority of university pharmacy students being female, and the most recent [Pharmacy] Board statistics show that women make up almost two-thirds of registered pharmacists. So, it's vital that women are in representative roles to influence policy that will affect a predominantly female industry.

You are presenting another session with the Pharmacy Guild Queensland Branch's IR Manager Tina Scrine at APP2018. What is this year's topic?

AS: With the prevalent use of social media for business, professional and personal purposes, Tina and I will discuss social media in community pharmacy at APP2018. We'll examine practical strategies for community pharmacies to use social media to enhance business outcomes while considering pharmacists' legal and professional obligations.

The pitfalls and perils of social media and how to manage the risks and unfavourable situations will be illustrated using case examples, including those where an employee's online behaviour has resulted in disciplinary action.

My co-presenter, Tina, has worked in industrial relations for various employer associations for more than 20 years, with the past 16 at the Pharmacy Guild, Queensland Branch. In her role, Tina advises and assists community-pharmacy employers on employment and industrial-relations matters. So, she has an intimate knowledge of and experience with cases where employees have engaged in misconduct, such as sexual harassment and bullying, from which we can learn.

What is one of the main pitfalls for businesses starting to use social media?

AS: Failing to plan! Businesses should approach social media as they do any other form of marketing or advertising. You wouldn't place a press advertisement or invest in a television campaign without thinking about what you want to achieve and ensuring you've met best-practice guidelines – and social media is the same.

A social-media plan is a great way for pharmacies to consider the benefits and risks of social media, how you'll use it, which channels you'll use and how success will be measured. Additionally, the plan should address factors such as security, privacy and online-content management and set out how any 'bad press' or negative posts on social media may be addressed.

Tina will also discuss social-media policies.

A social-media policy should outline acceptable and unacceptable behaviour of all staff when using social media for professional, work or personal purposes.

Case law has shown us that tribunals expect workplaces to have social-media policies if they wish to take disciplinary action over an employee's conduct on social media that has negatively affected the employer's reputation and commercial interests or workplace relationships.

Give us a sneak peek into what the session might cover.

AS: This session will give an overview of how pharmacies can use social media to promote their business, including the products and services offered, to attract and retain customers and to generate and increase revenue.

How social media can be an effective means of interacting with customers, the community, staff and suppliers will also be discussed.

To support learning after the session, all attendees will receive a social-media checklist. This will outline key factors to consider when developing or expanding your social-media presence.

What is your one key takeaway for pharmacies looking to start using social media?

AS: Social media is a great way to engage with your community, highlight activities and health promotions and increase customer sales. The key to social media is engagement – so think of it as an online channel to interact with your community, just as you would in-store. For example, you don't just talk to your customers in-store about what products you have on sale, and your social media should be the same. If someone asks a question of you in-store, you take the time to answer them; again, your social media should take the same approach. 

Glenn Guilfoyle

The Next Level, Principal

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Tell us about your professional background

GG: Well, I'm a bit of a mongrel in a way. On one hand, I'm a scientist; on the other, I'm a sales dog. Usually these two beasts are diametrically opposed, right down to the DNA, and run a million miles from each other. So, I'm a paradox.

I like to think that, in leading The Next Level these days, we bring the structure, rigour and discipline from my science and MBA background together with the ability to infuse influence, engagement and relationship competence from my sales background. I spent seven years in the pharmaceutical industry, across a range of sales and marketing roles, but I'm not a pharmacist.

The Next Level began life 13 years ago, specialising in the noble discipline of sales-team optimisation, as applied to business-to-business corporate sales teams from all walks of life. About six years ago, we began our parallel second incarnation, providing a range of services that all support the successful execution of a forward-pharmacist service model in retail pharmacy.

Tell us about the work The Next Level does in assisting pharmacies?

GG: Our flagship and original, standalone service benchmarks any pharmacy in terms of its health customers and their visit experience, including customer-engagement effectiveness, script-processing efficiency and team tasking (ie, who, by role type in the dispensary team, does the customer engagement and who does the script processing).

The mechanism is via onsite, observational auditing ... one customer after another. In this way, we're able to gather real-time data and produce a standardised report, containing 36 individual metrics that score the pharmacy in question and concurrently benchmark their score to the industry ranges and averages for each such metric. It's a kind of 'Everything you always wanted to know about your health-customer-engagement effectiveness and script-processing efficiency, but previously had no way of measuring independently'.

In more recent years, we've extended the



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benchmarking service to offer a series of modules to assist pharmacies implement the opportunities arising from their report – the structural solution, the strategy solution and the sales-skills solution, to effectively execute a consistent and differentiated forward-pharmacist service model.

Why is pharmacist-forward orientation so important?

GG: Since we began our benchmarking work, around five years ago, we've seen a gradual increase in the proportion of customers served at the dispensary counters by pharmacists – from 42 per cent to 50 per cent currently.

However, much of this improvement is attenuated by the fact that our auditors observe that, in many pharmacies, the pharmacists are more mobile now, presumably under the weight of exhortation they're exposed to from the many voices across the industry. In other words, the pharmacists still make the (rear) processing bench their home base, but will move more often to script out (and sometimes also the OTC counter and/or the script-in counter) to hand the meds over or serve the customer.

This behaviour means that we're seeing a pharmacist mindset change, indicating that the customer deserves that conversation with the pharmacist instead of the pharmacy assistant. Too often, however, the pharmacist will quickly retreat to the 'home base' (the processing bench). This is not truly 'forward orientation' or stationing of the pharmacist.

In the forward model, the pharmacist must be stationed at the serving counters, and only 'retreat to the rear' by exception, not the home-base rule. As the pendulum swings from product towards service, in terms of relevance, remuneration and ability to differentiate, the serving counters must

become the stage on which the pharmacists perform and star. With the forthcoming changes in the pain category, arguably this category becomes the focus on which the reinvention to a forward-pharmacy service model hinges.

You're an advocate of focusing on the health customer's visit experience. When it comes to the changes with codeine on February 1, I assume this would be even more important?

GG: Indubitably. My referencing thus far of the parameters that define a potentially compelling forward-pharmacy model have touched on the essential-service counters – script in, script out and the OTC counter. Pharmacists need to think strategically about a host of considerations under broad headings we might call 'service specialisation', 'counter configuration', 'workflow' and 'customer-traffic flow', as they all relate to the essential services – inducting the script, handing the script back and meeting the needs of the non-script health customer.

The hows and whys of all that lot are way beyond the scope of this dialogue. Suffice to say, a vital part of the strategic thinking and decision-making alluded to wraps around the prioritisation of pharmacist deployment. In other words, is it more important to station a pharmacist at script out versus script in? Our benchmarking work indicates that the proportion of customer service by a pharmacist at the OTC counter is 48 per cent, sitting between the customer experiences at the script-in counter (37 per cent) and the script-out counter (65 per cent).

I believe this indicates the under-importance placed on S2/S3 medications in being bundled and tailored to give the health customer a more complete solution – exceeding their expectations and creating a win-win for pharmacy and customer alike. My point commands even more attention as we head towards February 1 and the codeine changes. Pharmacists must convert new restriction to opportunity ... and this will require more pharmacist dedication and deployment to the critical OTC counter.

What is your pitch to pharmacy owners who want to maximise their business performance?

GG: The Next Level's audited annual behavioural scores show that the industry-wide change towards an effective forward-pharmacist service model is not happening quickly enough. Radical change of thinking is required. As a non-discount-model, professionally orientated retail pharmacy, your ongoing relevancy needs it. 