



Low rate cuts both ways

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Don't tell me what you have done; tell me what you can do!¹

My triathlon coach tells me that past training efforts and race performances mean nothing! Success in the future will be determined by a myriad of elements and challenges and how I respond to them. If I get one of these elements badly wrong I will crash and burn at the most important times.

Pharmacists and owners should apply such concepts to help transition their traditional pharmacy culture to one centred on customer health outcomes and services. What has worked in the past is now irrelevant in lifting pharmacy competitiveness and ensuring viability—for all the reasons I have discussed in recent months. The retail and retail pharmacy world is changing at an unprecedented pace, throwing out major challenges to owners, and pharmacists generally, which can no longer be avoided.

PHARMACIST ROLES

One of the most critical and fundamental answers can be found by lifting the role of the pharmacist who is a well-qualified, highly skilled and well-respected person in the community. But paradoxically, the over-supply of pharmacists has led to a significant reduction in their hourly wage rate.

While there may be enough to process the current script volume, if dispense technicians were hired to handle the 'process' aspects, pharmacists would be freed to utilise their untapped potential and engage the health consumer by offering valued medicine advice and health solutions to improve their lives.

Delivering primary care and services

would evolve the public's expectations of the pharmacy role and demonstrate their utility beyond the dispensary.

The employed pharmacists' representative body appears to argue for a higher hourly rate for its members because... well, just because. There appears nothing substantial on the table in return for higher remuneration. On the flip side, employers are revelling in the lower hourly rate which helps support the bottom line—most fail to recognise the pharmacist as a resource. Sadly, value outcomes, where remuneration is negotiated based on outcomes delivered, don't appear to be considered.

The great majority of pharmacists appear to fill the role of pseudo dispense technicians, tending to rely

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on technical competence rather than focusing on the customer experience and offering customer health solutions. Pharmacies need more pharmacists to engage the customer and add meaningful value (things that really matter beyond price) beyond getting the scripts done—anyone can process a script and Chemist Warehouse, for example, does it much cheaper with equal or better efficiency.

Therefore, the hourly rate argument should shift from a focus on cost determined by the award base, market demand and supply, plus level of responsibility (eg. dispensary manager or store manager) towards one driven by the value outcome/return.

THE PSEUDO DISPENSE TECHNICIAN

A community pharmacist who is happy to sit in the dispensary cranking scripts and paid \$28/hour is fine as they are filling the role of a pseudo technician. This low rate offers no incentive for employers to train dispense technicians, thus perpetuating the poor service model, lack of competitive traction and generating unmotivated pharmacists.

THE MEDICINE ADVISER

A pharmacist permanently stationed at the front counter (as opposed to the 'pseudo tech' role) rendering advice (including the new Pharmacy Practice Incentive interventions) and creating meaningful customer value deserves a higher rate because the customer may decide the experience was good enough for them to return.

This must extend beyond offering only prescription drug administrative advice to encompass safety and interaction issues. An hourly rate of, say, \$35–\$40 may be reasonable remuneration in return for taking on this role.

THE HEALTH SOLUTION PROVIDER

How about the pharmacist who does this PLUS runs a compliance program, solution sells (eg. fish or krill oil with statins, calcium with alendronate, echinacea for those with colds/flu, probiotics with antibiotics), recommends services such as cholesterol or blood pressure checks and suggests tools such as humidifiers,

spacers, peak flow metres, mobility enhancers with arthritis drugs and so on. Such a pharmacist would, at times, work on scheduled medicines counter handling primary health enquiries, dealing with minor ailments and selling S2/3 (which is what they are supposed to do isn't it?). That role might deserve \$40/hr plus above-target bonuses.

THE HEALTH SERVICES PROVIDER

The pharmacist who rotates through the above roles and delivers services is extremely valuable in boosting customer health outcomes and loyalty, boosting sales and improving competitiveness. Such services might involve a selection of medication reviews, diabetes, cardiovascular, obesity, arthritis, asthma, medical certificates, compliance programs (such as DAs), quit smoking, weight management plans, vitamins/wellness...and the list goes on.

Such a role might justify \$50/hr or more, plus above-target bonuses based on customer number growth, customer retention rate and script number growth.

This is one way pharmacists negotiating with their employers can constructively address competitiveness; offer customers a valued healthcare service; extend their own professional and financial reward; and drive the pharmacy bottom line.

The solution and services provider roles are the key ones that have the potential to deliver these outcomes and it's about what can be done in the future rather than resting on what has gone before. ■

1. Pitman, A. Triathlon coach and counsellor.