~~My tearful wife gives our baby some medicine, and I hear her silent prayers caress every drop entering our sick baby's mouth. 'I hope this will help you, sweetheart.'~~

~~What was once just another box of medicine on a pharmacy shelf has transformed into a bottle of hope. Hope that our daughter's suffering will ease. Hope that she will get well.~~

~~Pharmacists don't simply dispense drugs. Pharmacy assistants don't simply price and dust boxes and bottles. Pharmacy owners don't simply make decisions about budget cuts and discounts to lure in more paying customers.~~

~~Pharmacies aren't simply in the business of providing medicine and making a profit. They are in the business of hope.~~

~~Every day and every night, you give someone hope — hope that the medicine you've sold will take away the pain of those suffering their health issues.~~

Part 1 – The pharmacy landscape

Chapter 1 – What pharmacy used to be

When I was a child growing up in the eighties, my parents only ever went to one pharmacy for medicine and advice. This pharmacy was across the road from their candy shop in Chester Square, Newcastle. While we rarely needed medicine, I was a regular visitor who went to the pharmacy to watch the massive Kodak machine spit out photos.

While helping my parents, I always used to watch the pharmacist, John, in his long white robe. John always gave my parents remarkable support and advice. He left no stone unturned, he made sure that my parents were getting the best advice he could give, and he would follow up on how a medicine performed. John was an amazing ambassador for his profession – kind, supportive, selfless, caring and noble.

Day in and day out, my dad he stood behind his candy shop counter overlooking John's pharmacy. As a migrant living in harsh conditions with his parents and much-loved family thousands of kilometres away, his goal was to give his children the greatest possible chance of financial freedom, respect and dignity. He believed that if we were ever to leave our mark on the world, we needed to become pharmacists. He dreamt that his kids would someday wear those magnificent white robes and take on what he believed to be the most noble and rewarding profession in the world.

This idea resonated and two of my brothers did eventually become pharmacists. Meanwhile, I was too busy wanting to get out into the world and didn't want to study the extra years, so became a nurse. (Ironically, after I finished my nursing degree I felt like studying some more and ended up with an MBA and a Certificate IV in Training and Assessment. But that's another story.)

Pharmacies used to be the hub of the community. They were a place you would turn to get the best advice about your health, knowing that the pharmacist's top priority was your wellbeing.

Pharmacy was one of our most trusted and noble professions, and the profession was looked at with a sense of duty to care for the community. As a result, the pay was great, pharmacists lived a plentiful life and enjoyed the greatest of respect. Rather than worrying about competing against other pharmacies, competition was only against their own standard of service.

These pharmacists were surrounded by great teams. As I grew up and transitioned from primary to high school, I got to know the wonderful girls who worked at the pharmacy across the road. I thought they were the kindest and most supportive people I had ever come across, and over twenty-five years later, I still remember their faces. I will never forget their constant smiles; smiles that made me feel like I wasn't 'just another customer'.

The truth was that no customer was 'just another customer'. In the pharmacies of old, it was as though the customers weren't customers at all – they were guests who were treated with the utmost care. Because the pharmacy team hadn't been tainted by sales tactics and upselling; they advised and supported from the heart. As a result, customers did not feel like they were being sold to. Instead, customers got the best products available without manipulation, and the advice they received was focused on what would benefit them – not what would generate the most profit.

This built true loyalty at a time when there were no loyalty cards or discount vouchers. Like my parents, people went to a single pharmacy for life and felt so respected and cared for that they would never set foot into another pharmacy unless there was an emergency. It was as though they had a share in 'their' pharmacy, and would not settle for anyone else.

This is true loyalty – when your customer feels guilty buying from anyone but you. And this loyalty is what creates a community around your pharmacy.

Chapter 2 – Pharmacy today

In the pharmacies of old, pharmacists were free to focus on serving their customers because they weren't stressed about their bottom line. The government supported their profession, wholesalers gave them ample time to pay their stock back and pharmacies weren't savagely competing against each other in price wars.

Today, things couldn't be more different.

~~A change in perspective~~

According to the IBIS industry report *Pharmacies in Australia 2014*~~2014 report~~, the Australian pharmacy industry is only growing at a rate of 1.2 per cent a year, and more pharmacies have gone bankrupt in the last two years than at any time in the history of the pharmacy industry in Australia.

~~and t~~The Pharmacy Guild estimates that the average pharmacy will lose $90,000 in profit in the 2014-2015 financial year due to government reforms. To put that in perspective, if we extrapolate that based on the estimated 5,000 pharmacies in Australia, that would be $450,000,000 in lost profit to the pharmacy industry.

Additionally, cash flow is tighter than ever before due to the increasing expense of doing business. According to a study conducted by BMI~~,~~ ~~including high~~ purchasing costs ~~adding~~ now add up to sixty-five per cent of a pharmacy's expenses. While overheads are part and parcel of many industries, ~~but~~ with wholesalers cutting down payment times significantly~~,~~ pharmacies have to cough up the cash much, much earlier than they used to. Other expenses include ~~,~~ wages and salaries ~~being~~ (16.8 per cent of expenses), utilities ~~being~~ (seven per cent of expenses) and rent ~~being~~ (three per cent of expenses). All in all, the profit margin of an average pharmacy is just seven per cent.[1]

~~There is also increased competition for pharmacies these days, both with retail chains like Chemist Warehouse, My Chemist and Priceline entering the market, and even supermarkets and department stores like Coles, Big W and Kmart, which now sell a range of non-prescription medications.~~

~~These financial pressures have resulted in a change in focus in the pharmacy industry. Instead of focusing on their customers' health, pharmacies have an insatiable appetite for new customers at any cost, and are doing everything they can to lure customers through their doors, including fierce discounts, marketing campaigns, loyalty programs and special offers.~~

[1] IBIS data. Industry report Pharmacies in Australia January 2014. Changing landscape: Regulatory and competitive pressures constrain growth. Report G4271a

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Comment [J1]: Is this from the same report, or do you have a different source for this fact?

Comment [J2]: Given that your book will probably come out early in the next financial year, it would be worth updating this statistic with how much was actually lost, if you can find it

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Comment [J3]: What does this stand for?

Comment [J4]: It would be valuable to say how many pharmacies are running at a loss, if you can find this information

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~~And, once the customer is through the door, the focus turns to how much the pharmacy team can encourage them to spend – 'pushing' sales onto customers, persuading customers to remove their scripts from the neighbouring pharmacy and file them at their pharmacy, and flogging generic medications for financial incentives.~~

~~Ultimately, these issues have led to pharmacies valuing the dollar more than the health and wellbeing of customers. Medical checks are viewed as a cash grab instead of an opportunity to further understand and support the patient's health and wellbeing, customers being upsold whether they need it or not, pharmacy teams no longer have the ability or desire to provide personalised care, and many pharmacy teams no longer recognise that their customers are humans who are loved as grandparents, parents, partners, friends and children.~~

~~In short, customers and their health have become commodities.~~Another cost that is ~~very widely~~ often overlooked ~~and that~~ is shoplifting. Even though some pharmacies have excellent security, due to the cost of ~~a~~ good security systems ~~may be costly, so~~ many simply do not have ~~strong~~ a system~~s~~ in place. Shoplifting is a major burden – not only does it causes a small yet painful bleed in profit, when customers are caught it usually causes a commotion within the pharmacy and disrupts the team. It is also a stressful encounter for many team members because it is very hard to approach a thief when you really don't know how severe the thief's reaction is going to be.

This is then compounded by~~There is also~~ increased competition for pharmacies ~~these days~~, both with retail chains like Chemist Warehouse, My Chemist and Priceline entering the market, and even supermarkets and ~~department~~ discount stores like Coles, Big W and Kmart, which now sell a range of non-prescription medications.

~~Retail pharmacy is one of the very few industries that I believe is cannibalising itself. Pharmacies have turned against each other to compete for the cent and I literally mean the cent. With signs in front of pharmacies stating that they will be 10% cheaper than any script from any pharmacy, where is this industry leading to. The pharmacy industry has primarily become a financial statement where mark-ups and retail profits has replaced the language of health care and community. Do we really lose our humanity when we fall into the spoils of the retail mentality?~~

Ultimately, the battle to survive has become an everyday affair for modern-day pharmacies.

~~**Team**~~

A change in focus

These pressures have resulted in a change in focus in the pharmacy industry. Rather than being a pillar of the community, the pharmacy has become a retail establishment.

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I believe that the moment the community pharmacy became the retail pharmacy we lost the true meaning of the community pharmacy.

With the retailer mentality being applied to pharmacy, no value is placed on the pharmacy serving a deeper purpose, the pharmacy nurturing its staff and providing a nourishing culture for them, and genuinely supporting customers. Instead, the focus is making the sale. And this focus impacts every area of the pharmacy.

~~These financial pressures have resulted in a change in focus in the pharmacy industry.~~

~~***The pharmacist***~~

Pharmacy leadership

With these pressures, pharmacists find themselves in a state of constant stress to make ends meet. The adrenaline rushing through their systems increases their heart rates, constricts their arteries and increases their blood pressure. More glucose is pumped into the blood stream and the pancreas slows down. Pharmacists become tense and on edge as their bodies race to catch up.

This creates a situation where they feel like they're constantly fighting fires. They starve their capacity to empathise with others and nurture their needs because they are too preoccupied with balancing the books, gaining the highest market share, having the highest growth and creating the biggest discounts to lure in customers.

They think of customers as transactions rather than people, and they reduce staff conversations with customers to save time rather than improving the relationship between their customers and their team. This means they try to make the sale as quickly as possible, rather than focusing on what the customer really needs. In short, the pharmacist creates a culture that's all about taking from the customer, rather than giving value-added support without focusing on money.

Before long, cracks in team communication start showing, impatience kicks in between the team members, trust breaks down, and everyone on the team is only looking out for themselves.

~~The pharmacist:~~

- ~~Is fighting fires, rather than creating a long-term plan~~
- ~~Their focus is on repeat business rather than loyalty~~
- ~~Their focus is transaction-based rather than human-based~~
- ~~This means there is a lack of business planning rather than mapping out their team strategy short-term and long-term~~
- ~~As a leader, the pharmacist creates a dictatorial working environment, rather than encouraging openness~~
- ~~They reduce staff conversations with customers due to time constraints, rather than improving customer-team relationships~~

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~~They try to make the sale as quickly as possible, rather than focusing on what the customer really needs~~

~~In short, the pharmacist creates a culture that's all about taking from the customer, rather than giving value-added support without focusing on money~~

In the end, the pharmacist is so focused on solving their current problems that the pharmacy as a whole lacks purpose and long-term business planning. What they don't realise is that this focus on fighting today's fires is ensuring more fires will ignite tomorrow.

The team

Because the pharmacy owner's focus is on managing spiralling costs, team members are the first ones to suffer.

As I mentioned earlier, on average, salaries and wages account for 16.8 per cent of a pharmacy's expenses, which is very low when you consider that the cost of goods for the pharmacy is a staggering sixty-five per cent of expenses.

The cost of running a pharmacy has skyrocketed so much that many pharmacies are resorting to hiring very young, inexperienced staff to keep the cost of wages down. However, many of these team members are young high schoolers who have no training on how to deal with customers who are predominantly in the pharmacy due to an illness or disease. Time and time again I witness ~~struggling~~ communication gaps between young pharmacy assistants and customers, especially the elderly. What pharmacy owners don't realise is that this dynamic has a number of run-on effects. Many of these customers move to other pharmacies where they can be heard and understood, and when they are catching up with friends at bingo or lawn bowls, the bad customer service story spreads. I know of a whole croquet team that boycotted a pharmacy over a simple mistake – thirty-seven elderly patients wanted to remove their scripts from the local pharmacy, all because a group of the pharmacist's innocent friends caught up and played a game of soccer on their croquet pitch. While you might feel like you're saving money on wages, hiring young, untrained staff is a hidden cost that can be chipping away customers without you noticing.

Wages are also an integral part of people's lives, and underpaying employees (whether they are juniors or not) can lead to dissatisfaction with their position. This is particularly true when there's a rift between the rich owner and the low socio-economic staff member.

Meanwhile, the pharmacy culture today doesn't encourage team members to do their work well. Every week I get to hear stories of how a pharmacist made an extra sale by 'pushing' the sale onto the customer or by luring the customer to remove their scripts from the neighbouring pharmacy and filing them at their pharmacy. At the end of each conversation, the pharmacist calculates how much money from the scripts they would make from their tactics. Did you know that some pharmacies

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praise the team members who make the most customers switch to them by obtaining the customer scripts on file? It is as though once the scripts are on file with~~in~~ the pharmacy they're locked in and can'~~no~~t get away. I can only imagine how hard it would be for a customer to request her files if she wanted to move to another pharmacy to make herself feel better.

This is also encouraged by a lack of training on how to sensitively address individual issues, as instead pharmacies focus on serving each customer as quickly as possible. However, when customers go to a pharmacy, each has a different situation to the previous customer, even if they have a similar health issue. For example, the complications of one diabetic could be cardiovascular risk that is treated by diabetic drugs, statins and antihypertensives, while another diabetic may have an infected foot with a high risk of gangrene and possible amputation, while another may suffer from diabetic retinopathy so would not be allowed to drive anymore. The problems that each individual faces are unique, regardless whether they have the same disease or not. However, when the pharmacy team is only focused on dispensing a script and processing a payment as fast as possible, these needs aren't addressed.

This lack of training, transactional culture and focus on keeping costs down is then exacerbated by increasing workloads. Many pharmacies today are cutting staff numbers to further reduce costs, rather than maintaining adequate staff numbers and creating a balanced work environment. This causes staff then become stressed, which has further ramifications for their performance.

In the end, these disgruntled employees are then more likely to be driven by the money and can be easily poached by supermarkets and other pharmacies for as little as an extra dollar an hour. Then you have to recruit all over again, orient the new recruit and the cycle goes over and over again, what a massive waste of time and money.

Customers

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Now imagine how all of this is affecting your customers. ~~-~~Instead of focusing on their customers' health, pharmacies have an insatiable appetite for new customers at any cost, and are doing everything they can to lure customers through their doors, including fierce discounts, marketing campaigns, loyalty programs and special offers.

And, once the customer is through the door, the focus turns to how much the pharmacy team can encourage them to spend – 'pushing' sales onto customers, persuading customers to remove their scripts from the neighbouring pharmacy and file them at their pharmacy, and flogging generic medications for financial incentives.

Ultimately, these issues have led to pharmacies valuing the dollar more than the health and wellbeing of customers. Medical checks are viewed as a cash grab instead of an opportunity to further understand and support the patient's health and wellbeing, customers being upsold whether they need it or not, pharmacy teams no longer have the ability or desire to provide personalised care, and many pharmacy teams no longer recognise that their customers are humans who are loved as grandparents, parents, partners, friends and children.

In short, customers and their health have become commodities.

This then causes the customer to focus on price, rather than being loyal to their community pharmacy. And

I conducted fifty-nine face-to-face interviews across twenty-eight pharmacies, which identified 151 problems within the pharmacy industry. After grouping these problems into categories, what was interesting was that the top six problems were all related to issues within the pharmacy team:

- Demotivated personnel and lack of accountability.
- Staff shortage and prolonged customer waiting periods.
- Poor time management.
- Low wages and high work demands from staff and high wages low demands from owners.
- Inadequate product and customer service training.
- Communication gaps between team, managers and head office.

Analysing these results, it is clear that there is a major motivational issue within many pharmacies.

Out of twenty-eight pharmacies interviewed, only three pharmacies seemed to have motivated staff who sincerely enjoyed working at the pharmacy. Interestingly, these pharmacies also had less conflict compared to most other teams and most team members enjoyed talking to customers and giving them quality time.

So why are so many pharmacy teams unmotivated and ineffective?

- First, because pharmacies are so focused on cutting costs, this results in them hiring more younger, inexperienced, and cheaper staff. However, the savings on these staff members don't typically pay off, as they tend to have low motivation, a lack of accountability, low knowledge and poor time management skills. There can also be communication gaps between younger staff and the growing number of elderly patients.

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- Staff aren't trained to deal with sick people, contagious diseases, mental diseases, depression, suicidals, terminally ill, and addicted customers on methamphetamines

The greatest problem pharmacy teams complained of during interviews I conducted was lack of motivation and the greatest complaint I received from pharmacy owners and managers was that their staff lacked accountability and competence.

Training

When a customer goes to the movies they are in a happy and excited mood – over and over again they purchase popcorn, drinks and, in my case, Maltesers. Because these customers are so predictable, serving them well is fairly simple.

When customers go to a pharmacy, though, each has a different situation to the previous customer, even if they have a similar health issue. For example, the complications of one diabetic could be cardiovascular risk that is treated by diabetic drugs, statins and antihypertensives, while another diabetic may have an infected foot with a high risk of gangrene and possible amputation, while another may suffer from diabetic retinopathy so

would not be allowed to drive anymore. The problems that each individual faces are unique, regardless whether they have the same disease or not.

However, today's mindset of serving customers as fast as possible in order to get to the next customer doesn't leave room for sensitively addressing individual issues.

A customer walks into a pharmacy and hands their prescription to the assistant. The assistant then dispenses the script, returns it to the customer and the customer pays and is out of the pharmacy. There is no doubt that the assistant completed the procedures correctly and the customer got what they came in for.

But how does the customer feel when the process is completed? The customer doesn't feel anything – it was a transaction.

On the other hand, if the same process was carried out but the pharmacy assistant walked up to the customer and discussed a pamphlet about the customer's health issue, as well as ways to overcome specific symptoms, how would the customer feel *then*? Probably far more positive about the experience, and far more likely to return.

For this reason it is vital that your pharmacy team is professionally trained to deal with each and every customer as a valued individual. This requires adequate training on implementing procedures that improve efficiency, and training on how to relate on a personal level. Your team must master the patterns of listening to customers' needs, building trust, and creating ongoing relationships.

Customers judge their experiences by the way *they* are treated, not just the treatment of their disease. What they really want is assurance – assurance that they will get better, assurance that when they comply with their drug regimen their risk of health incidents will go down, and assurance that they will be well enough for life's significant moments. By training your team in empathetic communication, they will be able to provide this assurance.

- Pharmacies are short staffed due to low staff amounts reducing wages costs
  - There is an increased workload due to low staff numbers
  - There are also high rates of staff sickies which exacerbates already low staff numbers
- Ultimately, teams don't have their heart in the job and don't have a high sense of purpose. Instead, there are high levels of staff bickering and bitching
  - Employment contracts favour the owners and have easy ability to fire staff, rather than promote a safe working environment.
  - Often there's a rift between the rich owner and the low socio-economic staff member. (This is shown with pharmacists owning

~~Mercs, BMWs… many staff members are treated by the cent and they feel exploited)~~

~~And these issues cause even more stress for pharmacy owners/managers~~

~~Beyond the pharmacy's bottom line, take a moment to think about what kind of messages these manipulations and twisted techniques send to pharmacy teams. Did you know that some pharmacies praise the team members who make the most customers switch to them by obtaining the customer scripts on file? It is as though once the scripts are on file within the pharmacy they're locked in and cannot get away. I can only imagine how hard it would be for that pharmacy to have to give their customer files away because they want to move to another pharmacy, to make herself feel better because the customer wanted their on file scripts, I heard a pharmacist once say "I didn't like that customer anyway, she's too high maintenance, let the other pharmacist deal with her", I didn't know whether to laugh or cry, it's like sucked in neighbouring pharmacist, you've taken this curse off my back so you deal with it. But I bet that's what she says to every customer who leaves, that is why this pharmacist is living a miserable life chasing the cent. Unfulfilled, money hungry, manipulative… Is this what has become of many pharmacies in the land of plenty?~~

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~~***Customers – feeling sold to***~~

~~of their customers and never did we ever feel we were sold at or that there was any financial gain on the back of the pharmacists mind, it was purely for the benefit of the customers the true embodiment of the community pharmacy.~~

~~Customers focusing on price, not health~~

~~They are desensitised, because staff don't go the extra step to show them they care.~~

once your customer is used to buying at a lower price it becomes very hard for them to buy at the regular price. This creates a negative cycle where you further reduce the price in order to entice your customers to remain your customers. However, this retail attitude only drives the need to sell more, which ~~adds~~ puts further pressure on the pharmacy team.

~~Ultimately, this is the commoditisation of health.~~

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Comment [J5]: As above, expand these like the previous pieces on the pharmacist and the team. It's up to you whether you expand the community impact – this could either be a paragraph here, or you could add a general statement in the next saying that "the ultimate result is that the pharmacy has no recognition in their community. It is seen as 'just another pharmacy'."

Comment [J6]: To cover all four pillars, I think you need a section on how this pharmacy culture impacts the community as a whole, including how they value their health

~~***Lack of recognition in the community***~~***The community***

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~~The big issue is that most pharmacy owners and managers are focused on these symptoms, rather than the root cause of the illness. Instead of addressing the root cause, they're making the following mistakes:~~

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~~The pharmacist:~~

~~Is fighting fires, rather than creating a long-term plan~~

~~Their focus is on repeat business rather than loyalty~~

~~Their focus is transaction-based rather than human-based~~

~~This means there is a lack of business planning rather than mapping out their team strategy short term and long term~~

~~As a leader, the pharmacist creates a dictatorial working environment, rather than encouraging openness~~

~~They reduce staff conversations with customers due to time constraints, rather than improving customer-team relationships~~

~~They try to make the sale as quickly as possible, rather than focusing on what the customer really needs~~

~~In short, the pharmacist creates a culture that's all about taking from the customer, rather than giving value-added support without focusing on money~~

~~Meanwhile, team members aren't being trained to do their work really well. Instead, the pharmacy manager/owner's focus is on managing costs, meaning:~~

~~Staff are thrown in the deep end with little experience~~

~~Staff are overworked, because staff numbers have been cut to reduce cost of wages, rather than maintaining adequate staff numbers and creating a balanced work environment~~

~~Staff are stressed due to cost cutting, which further impacts their performance~~

~~The manager focuses on recruiting in-experienced (cheap) labour on minimal wages, rather than quality staff~~

~~The manager uses the stick to keep staff performing, rather than inspire them.~~

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The result?

The ultimate result of this transactional relationship between pharmacist, staff and their customers is that they only ever make short-term gains, like an upsell, rather than building a genuine relationship and helping the customer improve their health.

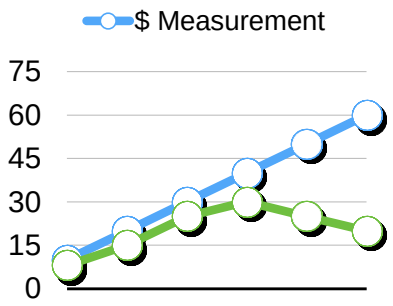
In the wider industry, I believe r~~We have become so obsessed with growing our customer base that we have lost the community identity and transferred the name of the Community Pharmacy to "Retail Pharmacy" and "Discount Pharmacy". Even though I see the great emphasis The Pharmacy Guild are exerting to bring the Community Pharmacy to life and have done an amazing campaign to emphasise on the Community Pharmacy that you can watch at the following link: http://youtu.be/WJA0DpqoGIs , we have become obsessed in selling at any cost even if it means cannibalising each other over a script or shampoo. Every week I get to hear stories of how a witting pharmacist made an extra sale by "pushing" the sale onto the customer or by luring the customer to remove their scripts from the neighbouring pharmacy and filing them at their pharmacy and at the end of each conversation they calculate how much money from the scripts they would make from their incredibly smart tactics. As I was observing in a pharmacy the other day, the owner took advantage of a very minor issue the customer had with the neighbouring pharmacy from the same banner and created an amazing story to make the customer move her scripts to his pharmacy, I was truly disgusted and felt that this was manipulation and deception at its worst. The disturbing part of this was that the pharmacist had a sense of pride with what he did as though he had won a smart sale. Anything for money even if I fabricate stories to gain more customers. I understand that this is not prevalent among all pharmacies, but to be brutally honest it's really happening in the real world we are living and making a living in.~~

~~The question is, What kind of message do these manipulations and twisted techniques send to our team members? Did you know that some pharmacies praise the team members who make the most customers switch to them by obtaining the customer scripts on file. It is as though once the scripts are on file within the pharmacy they're locked in and can not get away. I can only imagine how hard it would be for that pharmacy to have to give their customer files away because they want to move to another pharmacy, to make herself feel better because the customer wanted their on file scripts, I heard a pharmacist once say "I didn't like that customer anyway, she's too high maintenance, let the other pharmacist deal with her", I didn't know whether to laugh or cry, it's like sucked in neighbouring pharmacist, you've taken this curse off my back so you deal with it. But I bet that's what she says to every customer who leaves, that is why this pharmacist is living a miserable life chasing the cent. Unfulfilled, money hungry, manipulative... Is this what has become of many pharmacies in the land of plenty?~~

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~~Community pharmacy vs Retail pharmacy~~

~~Inspiration vs Manipulation~~

~~Empathy vs Up-selling~~

~~Listening vs pushing the sale~~

~~Caring vs Profit~~

~~Individual vs Wallets and purses~~

~~I believe that the moment the community pharmacy became the retail pharmacy we ruined the essence of the true meaning of the community pharmacy.~~

~~With the retailer mentality being applied to pharmacy, no value is being placed on genuine customer communication and support, but rather; the sale of the item in terms of straight mark-up while the customer is experiencing price differential between one pharmacy and another.~~

~~R~~etail pharmacy is one of the very few industries that ~~I believe is~~ is c~~e~~annibalising itself as~~.~~ P~~p~~harmacies ~~have turned against each other to~~ compete for ~~the~~ every last cent~~. and I literally mean the cent.~~ Signs offer to beat the price of any script by ten per cent, pharmacy processes require that customers have to walk through the pharmacy before paying for their medication so they hopefully buy some of the colourful specials on offer, and staff are encouraged to push discount products whether the customer needs them or not. As a result, ~~beat be ten per cent~~ the industry has ~~primarily~~ become a financial statement where mark-ups and retail profits ~~has~~ have replaced the language of health care and community. ~~Do we really lose our humanity when we fall into the spoils of the retail mentality?~~

~~-~~Long gone are the days when the ~~community pharmacy~~ pharmacist was ~~on top~~ one of the most trusted profession~~s~~ in the country, ~~the days~~ when the community pharmacist knew everyone by name and chatted with customers about their children~~ and pets~~, and where the ~~are the days when~~ pharmacist~~s~~ felt humbled ~~by~~ to be supporting people in their community.

However, while these days are gone, I believe we can bring them back.~~?~~

~~We can clearly observe the whole world fall into financial turmoil, we need not look further than our own backyard, pharmacies are expected to compete with declining margins over the next few years. Regulatory changes inflicted by government reforms, price wars, high rents, wages and rising input costs will impose negative pressure on industry margins.~~

~~How many discounts and price cuts are you willing to rip out of your profit to make a profit?~~

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~~How much are you willing to lose in order to make a sale or gain a customer?~~

~~Once your customer is used to buying at a lower price is very hard for them to buy at the regular price, then you will further reduce the price in order to entice your customers to remain your customers creating a price addiction, attracting the customers who are price sensitive, this retail attitude only drives the need to sell more which adds further pressure on the whole pharmacy entity because sales need to be made in order to keep afloat. So do vicious cycle of price addiction sets in customers wanting discounts, pharmacies reducing their profits in order to retain their customers and the need to increase more sales in order to compensate the discounted prices. Unfortunately this is no longer health care, this is the commoditisation of health.~~

~~How much are you willing to pay for the money you make?~~

I envision a pharmacy industry that has a sincere bond with it's team, its customers and its community. A bond that creates sincere loyalty. A bond that elevates the practice of pharmacy from the downward spiral of financial focus to the upward spiral of a human focus.

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Chapter 3 – Treating the cause

The financial turmoil facing the pharmacy industry is merely symptom of a much more serious problem. It is a symptom of the widespread commoditisation of health.

It is also important to note that the majority of the problems that were voiced were actual symptoms, very much like when a customer comes and asks you about a specific problem they are facing, you look at the symptoms and link them back to the underlying cause, the results of this study were the same, most team members were complaining about the symptoms, only pharmacy owners were able to identify root causes because they are living them, whereas the team members were not completely aware of what the source of these problems may be, which may have led to further frustration. This is why I believe team members should have a clear idea on topics such as government reforms and how they affect the pharmacy in terms of profits and its affects on staff numbers in certain cases.

The most common mistakes I see in the pharmacy industry all come down to trying to treat this symptom, rather than treating the cause of the problem. Because the pharmacy owner sees declining profits, or even losses, they focus on cutting costs and increasing sales. However, as I discussed last chapter, this focus has simple exacerbated the problem and has created a vicious cycle that continues to drain the pharmacy team's motivation, their customers' loyalty and their community's health.

If you've found yourself in this situation, I don't want you to blame yourself. I've been in the same position.

Commoditising Health

It is not simple to provide consistent sincere customer care. No mission, vision or financial statements can capture the essence of loyalty and sincere customer interactions.

With the right thinking and relentless improvement, change can happen in a health care industry that has veered to commoditising health.

I have touched on the topic of discounting as a retail choice and the commoditisation of the customer. On the other hand; pharmacy being a core contributor in the health care industry I can not but focus on the effects of commoditising the customer's health and well being which has become overlooked or masked due to the focus on the financial gains the pharmacy needs to soldier on in this highly competitive industry. Unfortunately the value to the dollar has become a priority compared to that of the value of the human being entering the pharmacy, many pharmacy teams do not recognise that customers value their lives and many customers are actual humans who are loved, they are grandparents, loving partners, devoted single mums and sometimes lonely souls hated by their own children and families. We really don't know who the people are that enter the pharmacy if we are not intimate with them, but we do know that the majority of us value our lives very dearly, we instinctively strive to remove any pain from our bodies, we take our medicines to prevent a heart attack, we nurture our sick children and treat them with all the love and care in the world, whoever, wherever, whatever, whenever a customer is entering your pharmacy primarily for a health reason, either to take a medicine to cure a disease, alleviate a symptom or prevent a health condition from happening, is all in the name of improving the value of their lives and living with dignity. How can we ever commodities the dignity of people's lives?

This is where my life's mission emerges. I envision a health care industry that interacts with trust and compassion so that every person's life is valued.

- The solution – creating a pharmacy culture that gives value to customers, supports team members, fosters open communication, and runs smoothly, regardless of the situations that arise.

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- Knowledge is no longer enough – every pharmacy team has the knowledge to serve their customers and their community, yet many of them are suffering from the problems listed previously. The pharmacy owner and the pharmacy team need a strong motivation, or a strong *why* to drive that knowledge, and that motivation will get the results they want for the business, their customers, and their community.

  For example, Bagga's pharmacy in Newcastle does not have sales and lowest prices, and, even though they are neighboured by two discount pharmacies, they have been able to maintain the deep respect pharmacists have for the community and the incredible respect their customers have for them. The owners, Manish and his wife Jasmine, have a customer base of people who value their health and are not price driven, and Bagga's Pharmacy has become very well-known amongst health care professionals, especially the specialists who refer their customers to them for the quality of care they will receive. Finally, by changing their focus from dollars to really serving their community and customers, they've built long-term relationships with a steady client base.

Comment [J7]: Regarding your comment, I think it would be good to include them as a case study, though I'd save the content about them struggling for later in the book – the introduction is about persuading people to keep reading, so you want to focus on the positives here, rather than the struggle

- How do you do it?
  - The framework – you need to tackle four areas to build a pharmacy that has success in business, serves its customers and strengthens its community. These are:
    - Leadership – ensure the pharmacy has a strong purpose and direction
    - Team – create a team that cares about customers and creating a great environment
    - Customers – focus on serving the customer, rather than simply trying to sell to them
    - Community – the role of the pharmacy in the larger community

Comment [J8]: Create a short paragraph on each of these, explaining what you'll cover in the sections

In 1992 I completed my HSC and decided I wanted to be a nurse because I had a powerful feeling of wanting to support the sick. I loved nursing, it was an incredible way to fulfil my desire to support others, my level of compassion and empathy was amazing, every patient to me was someone I loved, they were all my family and I did anything in my reach to create a healing environment for them, I became a nursing supervisor one year after I graduated and a nursing instructor where I was teaching students almost my own age. As I became entrenched in the hospital system, I slowly started shifting my true compassion to the hospital culture which was to look at people as cases instead of human beings, so when the medical and nursing team were having a medical brief we will say, "this is a case of a fractured femur, the patient is on the following medications and will be sent to the operating room tomorrow morning" etc... In other words the culture was all about cases and not people and I had transformed into a case driven robot just like everyone else, until one day something very sad happened that changed the course of my life. In the emergency department we had a "case" of multiple fractures due to a car accident, the patient was hanging on a thread and had severe head injuries, we were working like clock work, no emotion, mind completely on the task at hand, finally he became stable and conscious, the team pulled off an amazing feat, car accidents are really messy and it is very hard to know where the damage is during that initial presentation to the emergency room, every second is absolutely critical and the mindset has to be fully focused. After a great effort i left the emergency room and was going to hand over the patient to the Intensive Care Unit, I walked through the waiting room where many concerned family and friends wait for news

about their loved ones in the emergency department, an older lady asked me about her son, I told her I'm really busy now and I will talk to her later, she begged me saying "He is my son, he is my son!" Is he alive? I continued like a robot towards the ICU, she followed me and grabbed my clothes saying "Look, look he has 3 children", carrying a two year old baby in her arms. I held his son who even though may not understand the severity of the condition of his father showed signs of deep worry and sadness. I felt so guilty and started crying because I was ashamed of myself, how could I have become so heartless? How could I become so desensitised to such an important situation in people's lives? when I cried the mother thought something had gone terribly wrong and started mourning her son, I immediately consoled her and told her what we had done and that with deep gratitude he is alive and stable, I was still carrying his son in my arms. It was the hardest wake-up call in my life, I could not believe that such a caring and compassionate person like me could have transformed into a de-sensitised robot, I became part of the system, I transformed into the hospital culture a culture of insensitivity to my fellow humans, even though we were playing a crucial role in the saving of people's lives, we lacked the human touch and never followed up a single person when we referred them to other wards, we never thought of the loved ones struggling in the waiting room waiting for a glimmer of hope and we never thought of anything beyond the scope of our duty, unless it was a relative.

I am forever indebted to this caring mother for her wake up call, because she highlighted an important factor in the culture of where we work in and that is that we become entrenched with the atmosphere we are working in, we tend to go with the flow and move with the majority and in many cases we lose our individual identity and become a part of a weak whole, we drift away from our individual brilliance and veer away from our true identity and embedded beliefs, slowly each individual loses their true colours sometimes to be lost forever and sometimes to re-emerge from a harsh wake up call as what happened to me and sometimes to feel that you are a misfit in this culture and seek better working environments. For me, I never left, but I told this story to my colleagues, we all agreed that we have lost our human touch and that we will have greater fulfilment if we allowed ourselves to show better care and deeper emotions, we are in the health care industry and it is not wrong to be attached to the people you support and save, it is not wrong to feel that we are human beings, it is not wrong to have our heart broken due to loving the people who you so devotedly care for. We learnt to talk to their families, we visited them at other wards, we held barbecues on hospital campus and invited the new generations of medical and nursing students to talk about the experiences of living through a car accident, living through an overdose and going through rehab, understanding the feelings of despair when the angel of death is hovering over your head. When we changed our mindset from a culture of no feelings to that of care, we found a reason to support every person walking through the emergency rooms doors, we found a purpose that elevated our conscious to the greatest levels of humanity, we started treating every person as our own family and incredibly over a two year period we had the highest survival rate in the country.

Pharmacy is the industry of hope, you can touch people's lives in un-imaginable ways, people depend on you for the quality of their health, you are the front line of the health care industry and can be the greatest supporter in preventing them from arriving at the doors of emergency departments that are overflowing with heart attacks, strokes and many preventable cases. I can not imagine a community without pharmacy, it will be a diseased community, one that has poor understanding of their health a community destined to disease, this is why I ask you to look for the compassion within your heart and soul, nurture it, allow it to flourish and expand it to your team,

customers and community, create an environment of trust and empathy within your pharmacy that radiates from the inside out. It will change your world the same as it has mine, look at your team and customers as individuals, everyone has their own story in life, we all go through our trials, tribulations and successes, understand more about them and support them in every way possible and you will see that you can make the world a better place.

The four pillars of pharmacy

- Pharmacy leadership
- Pharmacy teams
- Pharmacy Customers
- Pharmacy Community

It is also important to note that the majority of the problems that were voiced were actual symptoms, very much like when a customer comes and asks you about a specific problem they are facing, you look at the symptoms and link them back to the underlying cause, the results of this study were the same, most team members were complaining about the symptoms, only pharmacy owners were able to identify root causes because they are living them, whereas the team members were not completely aware of what the source of these problems may be, which may have led to further frustration. This is why I believe team members should have a clear idea on topics such as government reforms and how they affect the pharmacy in terms of profits and its affects on staff numbers in certain cases.

Caring as a competitive advantage

The greatest competitive advantage in this era of cut throat business is how much you care. Customers don't measure you by the degree of your discount, they measure you by the sincerity of your care. Think about a memorable interaction you've had while purchasing something, what made that interaction memorable?

- The solution – creating a pharmacy culture that gives value to customers, supports team members, fosters open communication, and runs smoothly, regardless of the situations that arise.
  - Knowledge is no longer enough – every pharmacy team has the knowledge to serve their customers and their community, yet many of them are suffering from the problems listed previously. The pharmacy owner and the pharmacy team need a strong motivation, or a strong *why* to drive that knowledge, and that motivation will get the results they want for the business, their customers, and their community.

    For example, Bagga's pharmacy in Newcastle does not have sales and lowest prices, and, even though they are neighboured by two discount pharmacies, they have been able to maintain the deep respect pharmacists have for the community and the incredible respect their customers have for them. The owners, Manish and his wife Jasmine, have a customer base of people who value their health and are not price driven, and Bagga's Pharmacy has become very well-known amongst health care professionals, especially the specialists who refer their customers to them for the quality of care they will receive. Finally, by changing their focus from dollars to really serving their community and customers, they've built long-term relationships with a steady client base.

- How do you do it?
  - The framework – you need to tackle four areas to build a pharmacy that has success in business, serves its customers and strengthens its community. These are:
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    - Community – the role of the pharmacy in the larger community

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Comment [J9]: Regarding your comment, I think it would be good to include them as a case study, though I'd save the content about them struggling for later in the book – the introduction is about persuading people to keep reading, so you want to focus on the positives here, rather than the struggle

Comment [J10]: Create a short paragraph on each of these, explaining what you'll cover in the sections

~~I am a nurse with 50 years of experience in emergency rooms and intensive care units, and was also a nursing instructor for six years where I taught nursing students classroom theory and practical practices in nursing. I also hold a Master's degree and have a Certificate IV in Training and Assessment from the Australian Institute of Management.~~

~~As my career progressed, I formed a special interest in understanding how medical mistakes occur and how they can be prevented.~~

~~I have witnessed many deaths and injuries due to medical errors, from every part of the medical industry – hospitals, physicians, nurses and pharmacists. I don't want to see these mistakes happen again, especially when they can be prevented. While we are prone to making mistakes, being human, it saddens me to see the health care professionals who believe that this is just collateral damage and a natural part of the job.~~

~~When I became a nursing supervisor in a private hospital where staff were managed supported and have direct contact with patients and their families, I discovered that a key element of preventing these medical errors was having that personal contact, and seeing patients and their families as people, rather than just another file in the system.~~

~~As a nurse I was often contacted by my hospital while I was off duty because patients would not allow other healthcare professionals to undertake any of their medical procedures.~~

~~However, once they left the hospital, I had little influence over the care these same customers experienced during their recovery. This led me to become a pharmaceutical representative in 1997, where my job was to visit pharmacies and healthcare professionals to promote medicines.~~

~~After 7,600 pharmacy visits with over 80,000 healthcare professionals in Australia and across the globe, I noticed the common threads between pharmacies and their struggles. I realised what makes a pharmacy thrive, rather than simply survive. This book is based on this experience, and after all these years in nursing, pharmaceutical, sales and teaching, I *know* that tackling the four areas covered in this book will cure your ailing pharmacy.~~

~~This is where my life's mission emerges. I envision a health care industry that interacts with trust and compassion so that every person's life is valued.~~

~~-~~In 1992 I completed my HSC and decided ~~I wanted~~ to become a nurse because I ~~had a powerful feeling of wanting~~ wanted to support the sick. I loved nursing ~~– ,~~ it was an incredible way to fulfil my desire to support others. ~~my level of compassion and empathy was amazing,~~ Every patient to me was someone I loved, and ~~they were all my family and~~ I did ~~a~~ever~~n~~ything in my reach to create a healing environment for them. I quickly ~~, I~~ became a nursing supervisor ~~one year after I graduated and a nursing instructor where~~ and began ~~I was~~ teaching students almost my own age.

However, a~~A~~s I became entrenched in the hospital system, ~~I slowly started shifting my true compassion to the~~ my focus started to shift from having a genuine relationship with every patient to the hospital culture ~~which was to look~~ of looking at people as cases instead of human beings. ~~, so~~

Comment [J11]: No! You're too young to have that much experience! ;)

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Comment [J12]: In what?

Comment [J13]: Need to explain how this contributes to the knowledge you used to write this book – the nursing qualification and experience are fairly self-explanatory, but these aren't

Comment [J14]: Give an example of one – it would make it more compelling

Comment [J15]: I'm not sure this is correct, but it's the link I've made between what you said about mistakes and the emphasis you place on customer relationships.

Comment [J16]: If it's true, potentially add some information about your patients' recovery times and experiences in comparison to other patients as a result of this care you gave them

Comment [J17]: Again, linking. Change if it isn't true, but you need to explain how the whole story comes together. Your original felt like a string of unrelated sentences

~~w~~When the medical and nursing team were having a medical brief we ~~will~~ would say, 'T~~"t~~his is a case of a fractured femur, the patient is on the following medications and will be sent to the operating room tomorrow morning,' and so on, always focusing on the 'case' instead of the person. And ~~" etc... In other words the culture was all about cases and not people and~~ I transformed into a case-driven robot just like everyone else.

This changed one day in the emergency department, when ~~, until one day something very sad happened that changed the course of my life. In the emergency department~~ we had a ~~"~~'case~~"~~' of multiple fractures due to a car accident. T~~, t~~he patient was hanging on by a thread and had severe head injuries. ~~, w~~We were working like clock-work to save him – ~~,~~no emotion, our minds completely on the task at hand – until ~~finally~~ he finally became stable and conscious.

~~, the team pulled off an amazing feat, car accidents are really messy and it is very hard to know where the damage is during that initial presentation to the emergency room, every second is absolutely critical and the mindset has to be fully focused.~~ After this~~a~~ great effort ~~i~~I left the emergency room and was going to hand the patient over ~~the patient~~ to the Intensive Care Unit. ~~,~~I walked through the waiting room where many concerned family members and friends wait for news about their loved ones ~~in the emergency department~~, and an older lady carrying a two-year-old baby in her arms asked me about her son – the man I'd just spent hours saving. ~~,~~I told her ~~I'm~~ I was really busy now and that I ~~will~~ would talk to her later. S~~and~~ he begged me saying, '~~"~~"He is my son, he is my son!~~"~~ Is he alive?'~~"~~ As I continued like a robot towards the ICU, she followed me and grabbed my clothes ~~saying~~. '~~"~~"Look, look he has ~~3~~ three children,'~~"~~ she handed ~~", carrying a two year old baby in her arms.~~ the baby to me. I held his son ~~who even though may not understand the severity of the condition of his father showed signs of deep worry and sadness.~~and I felt so guilty ~~and~~ that I started crying. ~~because~~ I was ashamed of myself – ~~,~~how could I have become so heartless? How could I have become so desensitised to such an important situation in people's lives?

I calmed enough to tell ~~when I cried the mother thought something had gone terribly wrong and started mourning her son, I immediately consoled her and told her what we had done and that with deep gratitude~~ the mother that her son was~~he is~~ alive and stable, yet this ~~I was still carrying his son in my arms. It~~ was the hardest wake-up call in my life.~~,~~ I could not believe that I, someone who had always prided himself on being so caring and compassionate, could have ~~transformed into~~ become a de~~-~~sensitised robot.~~,~~ I had ~~became~~ become part of the ~~system, I transformed into the~~ hospital culture ~~a culture~~ of insensitivity. ~~to my fellow humans, e~~ Even ~~-~~though we were playing a crucial role in ~~the~~ saving of people's lives, we lacked the human touch. W~~-e~~and never followed up a single person when we referred them to other wards, we never thought of the loved ones struggling in the waiting room waiting for a glimmer of hope and we never thought of anything beyond the scope of our duty, unless it was a relative.

I am forever indebted to this caring mother for her wake~~-~~-up call, because she highlighted ~~an important factor in the culture of where we work in and that is that~~ how entrenched we become ~~entrenched~~ in ~~with~~ the atmosphere of our work~~we are working in~~. W~~, w~~e tend to ~~go with the flow and~~ move with the majority and, in many cases, we lose our ~~individual~~ identity ~~and~~ only to become a part of a weak whole. W~~, w~~e drift away from our individual brilliance, ~~and~~ veer away from our true ~~identity and embedded~~ beliefs, and slowly each individual loses their true colours, only to be awoken by ~~sometimes to be lost forever and sometimes to re-emerge from~~ a harsh wake~~-~~-up call.

For some people, the only solution is to leave the culture.

For others, the solution is to change the culture itself. ~~as what happened to me and sometimes to feel that you are a misfit in this culture and seek better working environments. For me,~~ I ~~never left~~didn't leave, but ~~I~~instead told this story to my colleagues. W~~, w~~e all agreed that we ~~have~~ had lost our human touch and that we ~~will~~ would have greater fulfilment if we allowed ourselves to show better care and deeper emotions. W~~, w~~e recognised that we were~~are~~ in the health care industry and it ~~is~~ was not wrong to be attached to the people ~~you~~ we supported and saved. It ~~, it~~ was ~~is~~ not wrong to feel and act like ~~that we are~~ human beings. It ~~, it is~~ was not wrong to have our hearts broken due to loving the people ~~who you~~ we had so devotedly cared for. We learnt to talk to their families, we visited them ~~at~~ in other wards, we held barbecues on hospital campus and we invited the new generations of medical and nursing students to talk about their experiences of living through ~~a~~ car accidents, living through ~~an~~ overdoses and going through rehab, and understanding the feelings~~s~~ of despair when the angel of death ~~is hovering over your head~~was near. When we changed our mindset from a culture of no feelings to ~~that~~ a culture of caring~~e~~, we found a reason to support every person walking through the emergency rooms doors. W~~, w~~e found a purpose that elevated our consciousness to the greatest levels of humanity. W~~, w~~e started treating every person as our own family and, incredibly, over a two--year period~~, we~~ our hospital had the highest survival rate in the country.

Comment [J18]: This story is excellent – well done! I was captivated as I read

Caring as a competitive advantage

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~~Industry of hope~~

~~Pharmacy is the industry of hope. Imagine a loving mother giving her baby medication to relieve her child from the pain and fever of an ear infection. Mum holds her baby with infinite love, hope and compassion, hoping that this medicine will nurture her babies body and help relieve her beloved baby from the pain. Pharmacy is the extension of this heartfelt feeling, after all it is the medicines from our pharmacies that have given parents, elderly and diseased people the hope of a better life. Pharmacy is the embodiment of the nurture and care every loving person can give.~~

It's 3:28am and our teething daughter's fever is ra~~va~~ging through her shivering body. Her cheeks burn red ~~as~~ and our hearts burn with desperation and hope.

My tearful wife gives our baby some medicine, and I hear her silent prayers caress every drop entering our sick baby's mouth. 'I hope this will help you, sweetheart.'

What was once just another box of medicine on a pharmacy shelf has transformed into a bottle of hope. Hope that our daughter's suffering will ease. Hope that she will get well.

Pharmacists don't simply dispense drugs. Pharmacy assistants don't simply price and dust boxes and bottles. Pharmacy owners don't simply make decisions about budget cuts and discounts to lure in more paying customers.

Pharmacies aren't simply in the business of providing medicine and making a profit. They are in the business of hope. When my wife held our baby to give her medicine, she held her with infinite love, compassion and hope that this medicine would nurture our baby's body and relieve her pain. Pharmacy is the extension of this feeling. After all, it is the medicines from our pharmacies that have given parents, the elderly and the diseased the hope of a better life. Pharmacy is the embodiment of this hope.

~~Every day and every night, you give someone hope – hope that the medicine you've sold will take away the pain of those suffering their health issues.~~

~~Pharmacy is the industry of hope, you~~ A pharmacy can touch people's lives in un~~-~~imaginable ways. P~~,~~ ~~p~~eople depend on you for the ~~-~~quality of their health. Y~~, y~~ou are on the front~~-~~line of the health care industry and can be the greatest supporter in preventing people ~~them~~ from ~~arriving~~ ever having to visit an ~~at the doors of~~ emergency department ~~that are overflowing with heart attacks, strokes and many preventable cases~~.

I can~~-~~not imagine a community without a pharmacy. I~~, it will~~ would be a diseased community ~~–,~~ one that has a poor understanding of their health ~~a community~~ and is destined to disease. T~~, t~~his is why I ask you to look for the compassion within your heart and soul and transform your pharmacy.

~~, nurture it, allow it to flourish and expand it to your team, customers and community, create an environment of trust and empathy within your pharmacy that radiates from the inside out. It will change your world the same as it has mine, look at your team and customers as individuals, everyone has their own story in life, we all go through our trials, tribulations and successes, understand more about them and support them in every way possible and you will see that you can make the world a better place.~~ Just as when you look at a customer's symptoms and link them back to the underlying cause, the solution is not to treat the symptoms your pharmacy is experiencing. It's not to continue discounting and cutting back on expenses and pushing your team to increase their sales and customer turnaround time. The solution to treat the cause of your pharmacy's illness. The solution is to de-commoditise health by creating~~, nurture it, allow it to flourish and expand it to your team, customers and community, create~~ an environment of trust and empathy within your pharmacy that radiates from your team to your customers and the wider community~~the inside out~~. It will change your world just as it ~~the same as it has~~ changed mine~~mine, look at your team and customers as individuals, everyone has their own story in life, we all go through our trials, tribulations and successes, understand more about them and support them in every way possible and you will see that you can make the world a better place~~.

A Prescription for Pharmacy will teach you to create a pharmacy culture that gives value to customers, supports its team members, fosters open communication, and runs smoothly, regardless of the situations that arise.

How?

By addressing the four pillars of pharmacy – leadership, team, customers and community.

In Part 2 of this book, you will discover that your leadership is the foundation of a fulfilled team, loyal customers and a thriving community. After all, how can your team go above and beyond to make your customers feel nurtured and appreciated if you don't first set the example? How can they focus on service, rather than sales, if you're encouraging a culture of undercutting other pharmacies and pushing discounted products? They can't.

In this part of the book you'll create a purpose for your pharmacy that goes beyond simply making a profit. This purpose will inspire and unite your team, lead to higher levels of customer service and, ultimately, a healthier community.

Comment [J19]: My feedback on Part 1 included adding content on a vision and values. If you do, this will need to be updated to incorporate that.

In Part 3, my focus is the team, and how an unfulfilled team leads to internal bickering, transactional customer service, and even customer avoidance. In this part of the book you will discover the key attributes to look for when it comes to building a purposeful, heart-centred team, as well as how to maintain a healthy culture once you've built the team.

Part 4 focuses on your customers, or the lifeblood of your pharmacy. You will learn why customers no longer want to be sold to, as well as how to deeply understand them and what they're looking for when they walk through your doors. It's only with this understanding that you will be able to meet and exceed their expectations, and generate positive word of mouth about your pharmacy.

You will also learn the PATTERNS methodology for communicating with customers. This is a methodology I developed after visiting 7,500 pharmacies across the globe, when I started to take note of the common traits that built highly successful pharmacies. This methodology fosters open communication with your customers and team, increases your sales, and nurtures customer loyalty.

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Finally, Part 5 will discuss the community, and the role of your pharmacy in creating thriving health.

~~BOOK OUTLINE~~

How do I know this?

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I am a nurse with thirty years of experience in emergency rooms and intensive care units, and was also a nursing instructor for six years where I taught nursing students classroom theory and practical practices in nursing. I also hold a Master's degree and have a Certificate IV in Training and Assessment from the Australian Institute of Management.

Comment [J20]: Originally you wrote 50 years. Given that you did your HSC in 1992, I'm guessing that around 30 would be the right number

Comment [J21]: In what?

As my career progressed, I formed a special interest in understanding how medical mistakes occur and how they can be prevented.

Comment [J22]: Need to explain how this contributes to the knowledge you used to write this book – the nursing qualification and experience are fairly self-explanatory, but these aren't

I have witnessed many deaths and injuries due to medical errors, from every part of the medical industry – hospitals, physicians, nurses and pharmacists. I don't want to see these mistakes happen again, especially when they can be prevented. While we are prone to making mistakes, being human, it saddens me to see the health care professionals who believe that this is just collateral damage and a natural part of the job.

Comment [J23]: Give an example of one – it would make it more compelling

When I became a nursing supervisor in a private hospital where staff were ~~managed~~ supported and encouraged to have direct contact with patients and their families, I discovered that a key element of preventing these medical errors was having that personal contact~~,~~ and seeing patients and their families as people, rather than just another file in the system.

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However, once they left the hospital, I had little influence over the care these same customers experienced during their recovery. This led me to become a pharmaceutical representative in 1997, where my job was to visit pharmacies and healthcare professionals to promote medicines.

After 7,5~~6~~00 pharmacy visits with over 80,000 healthcare professionals in Australia and across the globe, I noticed the common threads between pharmacies and their struggles. I realised what makes a pharmacy thrive, rather than simply survive. This book and the four pillars of pharmacy are based on this experience.

Comment [J24]: I'm not sure this is correct, but it's the link I've made between what you said about mistakes and the emphasis you place on customer relationships.

Comment [J25]: If it's true, potentially add some information about your patients' recovery times and experiences in comparison to other patients as a result of this care you gave them

Comment [J26]: Again, linking. Change if it isn't true, but you need to explain how the whole story comes together. Your original felt like a string of unrelated sentences

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~~The four pillars of pharmacy~~

- ~~Pharmacy leadership~~
- ~~Pharmacy teams~~
- ~~Pharmacy Customers~~
- ~~Pharmacy Community~~

~~Chapter 4 –~~ Becoming a pharmacy of the future

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~~**What they will learn from this book**~~

~~By the end of this book, you will learn:~~

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- ~~How to be a great leader and benefit the lives of the people you touch.~~
- ~~How to be the driving force of a passionate team whose aim is to serve the health and wellbeing of the people in their community, a team that knows who they are and why they do what they do.~~
- ~~How to see your customers as your extended family, and how to be there for each other in health and sickness.~~
- ~~How to become known in your community as a pharmacy that truly cares about its people, and how to teach that community to better care for their health.~~

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~~*a Prescription For Pharmacy* is based on the essence of mixing business with compassion to pharmacy leaders who are driven by a powerful sense of care to other human beings and possess a humanness that inspires those around them to look beyond the financial transaction in today's cut throat business economy, and look deep into the human touch that only the most compassionate of professions can exuberate and that is the great profession of pharmacy.~~ Every year millions of dollars are spent on marketing, discounts and promotions to lure customers into pharmacy doors~~, primarily driven by financial transactions~~. T~~,~~ this book helps you look beyond money to make more money. Instead,~~,~~ it focuses on the valuable measures that matter, the measures that are not physically seen in the cash register at the end of the ~~hard working~~ day, but that are felt both in your day-to-day interactions and in the long-term health of your pharmacy.

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While you can compare the amount in the till today with the amount you made yesterday, ~~in prosperous measures beyond the financial metrics. Y~~you can not measure whether that twenty dollar note in the till is from a new customer who was to you referred by their neighbour due to your remarkable service and care, or whether it's ~~ or is~~ the last twenty dollars you will see from a dis~~-~~gruntled ~~one~~customer. As a result, instead of focusing on your balance sheet~~Instead~~, this book focuses on community and compassion. For those who think that loyalty no longer exists, ~~For those who say loyalty can't be measured,~~ this book ~~proves~~ will prove you wrong. For those who believe that business needs to be cut~~-~~throat ~~and rage price wars~~, this book will also prove you wrong. ~~an~~And for those who believe that there should be no emotion in business, again this book will prove~~s~~ you wrong.

A *Prescription for Pharmacy* is based on the premise of mixing business with compassion so that pharmacy leaders who are driven by a powerful drive to care for others can look beyond the financial transaction in today's cut-throat economy, and once again become a pillar of the community.

The world is evolving faster than ever before, and it's time to either ride the wave of change or be swept by the tsunami of transaction-centric, money-focused businesses. My purpose is to help create a health care system that interacts with empathy and trust, so that each individual's life is

valued. With this purpose in mind, pharmacies can unlock the value of differentiation, talent acquisition and retention, team loyalty and sincere customer loyalty. Ultimately, the more you focus on something beyond money, the more money you make.

~~I really wish that I could solve all the problems within pharmacy and make your life easier, but in reality I can't. But I can help guide you through a patchy path that many of your pharmacists are not conditioned to completely understand and that is the pursuit of bringing out the most valuable behaviours in yourself and your team in order to help provide the greatest possible care for the customer, who I also refer to as a patient in many cases and focus on how to reclaim the monumental shift in the industry from community pharmacy to the retail pharmacy. Between the pages of this book our ultimate aim is to create a health care system that interacts, not transacts, with empathy and trust, so that each individual's life is valued~~

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~~Although this book was written with pharmacy leaders in mind, it should also be of value to pharmacy students, instructors, managers and team members at all levels. I hope that this book ignites a flame of compassion and trust not just to your customers but most importantly to your peers. This book is about dealing with each individual as a valued person in our society. It is a reflection of intrinsic human behaviours that propel your purpose to new horizons. It reflects a deeper more valued approach to pharmacy based interactions by focusing on core communication skills that create trust and loyalty whether it be with the pharmacy team or pharmacy customers. Implementation is the key to change and it creates a culture that inspires us and those around us, so that we can re-model an industry that has been subject to overwhelming pressures that have reflected on the way pharmacies are behaving and thus portraying themselves as retail outlets with capitalistic behaviours. It is our moral obligation to create a culture that inspires those who work in the health care industry to re-create the customer perception towards a higher level of trustworthiness and compassion to promote healing of both the industry and those who are served by it.~~

~~Call to action~~

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~~Are you ready to get started?~~

~~The profession of hope, hope that a first time grandmother with diabetes can caress her grandchild for years to come. Hope that a retired policeman who served his country for 30 years lives his final chapter pain free and with dignity due to prostate cancer.~~

~~You need not look far at all, your pharmacies doors are open to thousands of individual's who walk through them in the pursuit of hope, the hope of a cure, the hope of relief, the hope of better health and life which are the most valued possessions a human being can ever posses.~~

~~Financial choices – marketing~~

~~Every year millions of dollars are spent on marketing, discounts and promotions to lure customers into pharmacy doors, primarily driven by financial transactions, this book helps you look beyond money to make more money, it focuses on the valuable measures that matter, the measures that~~

~~are not physically seen in the cash register at the end of the hard working day, but are felt in prosperous measures beyond the financial metrics. You can not measure whether that twenty dollar note in the till is from a new customer referred by their neighbour due to your remarkable service and care or is the last you will see from a dis-gruntled one. For those who say loyalty can't be measured, this book proves you wrong. For those who believe that business needs to be cut throat and rage price wars, this book will also prove you wrong and for those who believe that there should be no emotion in business, again this book proves you wrong.~~