Elixir for the mind’s eye
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MANAGEMENT CAPABILITY NEEDS TO BRIDGE THE GAP BETWEEN WHAT NEEDS TO BE DONE AND HOW TO DO IT.

Two key documents about the future of community pharmacy were released recently. The Issues Paper on the Future of Pharmacy in Australia, from the Pharmaceutical Society of Australia (PSA) and The Roadmap: the Strategic Direction for Community Pharmacy, from the Pharmacy Guild of Australia, provide clear context and an array of emerging threats and opportunities for the profession to consider.

Change is being driven by two major forces: government changes to the healthcare system; and the emergence of strong and increasing inter-pharmacy competition. The peak bodies recognise that immediate and careful consideration of new functions and roles for community pharmacists are required to fit the emerging needs of a rapidly changing healthcare system.

The PSA document is meant to elicit dialogue and feedback about current and future roles and remuneration methods. The Guild’s document, however, cuts to the chase with a ‘this is the plan’ formula with a full fit-out of matrices, quadrants, templates and timeframes. Both documents provide an excellent synopsis of strategic and professional practice development issues.

SLOW TO MOVE
Despite the threats, there is a healthy field of possibilities open to adventurous and creative practitioners. However, research from Australia and elsewhere shows that community pharmacists have not thoroughly embraced new business models (particularly pharmacy services). Why is this so given the current rate of change?

Various investigations have attempted to identify the barriers and facilitators to the implementation of services. The major industry-wide change management research project was completed in 2004 delivering the highly relevant book Community Pharmacy: Strategic Change Management by Dr Alison Roberts and colleagues. However, despite a significant advance in the understanding of what needs to be done to manage business model change, community pharmacy has been slow to embrace this change. Perhaps they don’t know how.

PRACTICAL SUPPORT
An excellent report, Building Organisational Flexibility by Benrimoj, Feletto and Wilson, explores this further. This report investigated the issues which may help build a pharmacy’s capacity to improve the implementation of services and change management programs. Five key areas for capacity building were identified: planning, performance, service awareness, people and processes, and infrastructure. The study also identified that owners need more practical business management assistance to develop the capacity to change and adapt.

THE PHARMACIST BARRIER
Across the Tasman, researchers at the University of Auckland sought to identify barriers and facilitators to New Zealand pharmacists. This ongoing research by Scahill highlights that the most ‘alarming barrier’ could be the way pharmacists think. It identifies lack of motivation, inward focus on current role, silo thinking and not taking time to think about the future as some of the barrier factors.

The organisational flexibility research mentioned earlier did have a final stage that involved a trialed intervention where structured assistance was provided in the form of a workshop and in-practice support. Topics included management development issues. The researchers claim their interventions ‘had an immediate and practical impact on the business operations and planning in the community pharmacies’.

ORGANISATIONAL CULTURE
Organisational culture, according to Schein, refers to ‘a pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration’ (Schein EH, 2004).

In community pharmacy, it is heartening to see attempts made to understand why its behaviour seems so ‘stuck’, yet real movement and progress may not be realised until attention is brought back to where young pharmacists gain their initial understandings.

Both Guild and PSA documents highlight the need for management skills if opportunities are to be grasped and grown. The PSA’s document discusses the need for universities to produce ‘work-ready’ graduates, but that this outcome is being inhibited by the ‘divide [that] exists within pharmacy education between those who teach pharmaceutical aspects of pharmacy and those who have a practice orientation’.

ROLE FOR UNIVERSITIES
This deserves a closer look. In the educational building phase for new pharmacists we must change the understanding of the meaning of community pharmacy to include the reality that the pharmacy must be relevant to the surrounding and emerging markets, and that competition is normal and requires management skills to respond. Otherwise, fine pharmaceutical skills may remain unrealised.

Rather than ‘management’ being misunderstood as a specialist discipline for the commercially-centric few, ‘management’ needs to be seen as a critical actuator for the specialised profession that is pharmacy. Pharmacy management is not so much a ‘topic’ as it is an ‘elixir for the mind’s eye’.

When pharmacy schools develop and review their curricula, I hope that management development streams are integrated early—not to compete with our specialist knowledge areas but to give them resilience.