



Two worlds colliding

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FEW PHARMACIES 'WALK THE TALK' OF PRACTICE CHANGE WHICH REINFORCES THE GAP BETWEEN RHETORIC AND REALITY.

For decades the profession has talked about the need to change its practice, 'from product to patient'. This even has its own philosophical foundation, articulated as 'pharmaceutical care' by United States researchers Hepler and Strand in 1990.

But while this notion is very hard to argue with, most pharmacies continue to ignore it. Very few pharmacies have embraced anything resembling this patient-focused philosophy as the basis of their business model. But you'd never know that if you only listened to the rhetoric pervading most pharmacy conferences and trade journals.

The weight of discussion and writings on the subject of pharmacy services and their promotion to the profession is enormous. Wads of money have been offered by the government in successive community pharmacy agreements to deliver services, but practitioner owner/managers seem to remain relatively unengaged with the idea. Not even the excellent book *Community Pharmacy: Strategic Change Management* by Roberts *et al*, which explains in some detail the steps to building a service-focused business model, has had noticeable impact. In fact, pharmacists around the world show the same inertia when it comes to practice-model change.

RHETORIC VERSUS REALITY

One has to wonder if there are two

'worlds' in Australian community pharmacy. One world is defined by rhetoric, which espouses beliefs such as 'pharmacists are valued members of the healthcare team', and that 'pharmacists are expert medication managers' and even that 'pharmacy services are an imminent and vital component of Australia's community health management system'.

The other 'world', which is the world of everyday work, is one defined by product-price catalogues in the mailbox, huge street signage declaring 'cheapest' prescriptions, or at least 'price matching'. This is the world of washing-powder pyramids at the front door and stands of socks. While I have no philosophical problem with this pharmacy-world *per se*, the disconnection with the world of common pharmacy rhetoric seems profound. Why is it that there

is not more 'truth' of the rhetoric in observable reality? If the rhetorical world is a bunch of baloney, why does the rhetoric persist? Indeed, why are there 'two worlds'? And if 'money and instructions' can't drive change, what possibly can?

While I have no conclusive answer, the literature sheds light on this phenomenon—where individuals or groups seem to occupy two different ambiguous positions. The cause of

this duality seems to be rooted in human nature and the way we frame and understand the world. Existing behaviours and practices (and therefore beliefs) seem to be solidly anchored to individual or group identity. Strong influences are needed to change.

HUMAN BARRIERS TO CHANGE

Even when evolution is seen as wise, or even essential, to continued existence, mostly subconscious resistance is very strong. This is because the 'change' required is not just behaviours and practices, but also the embedded beliefs and the very identity of the individual or group.

Before real metamorphosis occurs, individuals or groups often engage in the 'rational talk' of the sense in moving to the new position, which protects from looking foolish. This is the realm of the 'two worlds'—one of rhetoric and one of unaccomplished reality. Pharmacists see this, for example, when counselling obese patients who have tried but failed to

permanently lose weight. But enacting a committed change requires a deeper movement in understanding the new aims and processes in integration with doing it. A new identity is evolved when aims, processes and action are one. However, like permanent weight loss, the rationalising of it is far easier than its execution!

Community pharmacists have had a stable, clear and rewarding role and, therefore identity, for decades.

However, in the light of the multitude of business environment changes rapidly unfolding, the profession's existing 'core competency' of product sales (including dispensing) can now be interpreted as a 'core rigidity' for many who have not shifted their business models to deal with new PBS margins and ferocious price competition.

SPECIAL LEADERSHIP REQUIRED

As recent experience has borne out, 'services' cannot just be added as the next 'retail category'. If a service-centric business model is to fly, then everything from philosophy of practice and vision, to customer service approach and staffing, will need to be built from the ground up. This type of transformation requires a special kind of leadership and not all pharmacies have such benefit. Perhaps the profession doesn't have it either.

The type of leadership required must deeply comprehend what it means to be a service-based business, and how that contrasts philosophically and operationally at many levels with the product/price model. This type of leadership requires dialogue and coaching more than rules and strategy prescriptions.

While the peak bodies have contributed resources, neither has contributed significantly to the development of transformative change. Both seem dedicated to simply improve the status quo.

If pharmacy-services business models are to move out of the rhetorical world into reality, a new approach, developing understanding of the service business model, is urgently required. ■

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