

# Glenn Guilfoyle

The Next Level, Principal

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



## Tell us about your professional background

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

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

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

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

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

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

In more recent years, we've extended the



"As we head towards February 1 and the codeine changes, pharmacists must convert new restriction to opportunity ... and this will require more pharmacist dedication and deployment to the critical OTC counter."

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

## Why is pharmacist-forward orientation so important?

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

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

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

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

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

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

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

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

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

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

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