Holistic Community Pharmacy: Transformation for the Future

COVIRIAS HCP Conference Lectures Summary

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HOLISTIC COMMUNITY PHARMACY: TRANSFORMATION FOR THE FUTURE
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FOREWORD

Even though Community Pharmacy (CP) is still a relatively highly regulated business and there are a lot of rules for connected professions, everything cannot be prescribed and there is always an open question about sufficiency of alignment with the law. Especially since with the evolution of modern society awareness, roles and relationships changes in health sector too. Ethic and morality should be two of the key added values of Holistic Community Pharmacy (HCP) professionals, therefore it is crucial to develop the sensitivity within the industry regarding this dimension of our professions.

CP is an important part of our society. Everybody needs at least some times through a lifespan some medicine or other specific healh care product. Development of CP is therefore important for all of us and deserves an attention and structured thinking, what the future will bring.

The most important characteristic of HCP is that we are speaking about sustainable business. Usually we speak about sustainability when we speak about the environment. However it is important for any business to be sustainable, to have the ability to survive on the long run. If CP has a monopoly on the market, that seems like a rethorical question. Of course it is sustainable. We have to dispense medicines. But in a todays world nothing is selfunderstdable. Why should we dispense medicinines, why not at the petrol station? Pharmaceutical industry is the first interested party to broaden sales channels. And consumers expect lower prices. So we have to think about added value. What is the added value of CP's?

Sustainable business models are more succeful than traditional business models. They bring more revenue, higher profit margin and they are more lucrative on stock markets. Interesting you may say, but not for our countries, not for health sector. Surprise, surprise. Real numbers are more than interesting.

If we are superfical in understanding what does it mean the CP is a business we can end up in a simple retail. Which should not happen for many reasons.

What should be different?

Editor

mag. sci. Martina Puc, MPharm, spec., MBA

POSTER 1: AN EARLY DRUG REFILL TO AN OPIOID DRUG ADDICT

Azra Uzunović

THE SITUATION IN QUESTION

Try to describe the situation in question and don't forget to include the role of stakeholders and their interrelationships.

An opioid addict refers to our community pharmacy on a monthly basis to receive substitutional buprenorfine therapy acompanied with analgetics and benzodiazepines. Before the end of the month and his regular refill of drugs in therapy he comes back to pharmacy and asks an early refill of analgetic and benzodiazepine without a regular prescription claiming he lost his previous refill of those drugs. The addict is visibly anxious and demands an early dispense of analgetic and benzodiazepine from pharmacist.

REGULATION

Describe the regulation in your country. Comparative regulation in other countries preferred.

According to the Law on Pharmaceutical Activity of Federation of Bosnia and Herzegovina, precisely to its Article 37: „The pharmacist can't, without a prescription, dispense a medicine or medicinal product that has a license of placement on the market in accordance with the state law."[1] and Article 39: "During the provision of pharmaceutical services to the patient, the pharmacist will deny: dispensing a medicine or medicinal product that is professionally assessed to potentially compromise the patient's health; dispensing a medicine or a medicinal product in lack of correct medical prescription."[1] Compared regulations in Croatia and Montenegro, are the same with difference in number of paragraphs in articles comparable to Article 39 of the Bosnian Law. Third paragraph in both comparable articles states: "During the provision of pharmaceutical services to the patient, the pharmacist will also deny: dispensing a medicine or medicinal product in the case of threats or violent behavior of the user.[2-3]

OBSERVED PRACTICE

Describe the actual practice that is carried out in your country. You can compare it with practice from other countries. Pharmacist decided to dispense analgetic and benzodiazepine drug without prescription and earlier than usual, but in a way of borowing those drugs to the addict giving him part of a package and emphasizing him to bring those prescriptions as soon as possible and risking the possibility that he may not do so.

THE DILEMMA

What is the dilemma in your observed practice?

This situation opens a moral and ethical dilemma for dispensing pharmacist and questions his action. Pharmacist is trapped with the dilemma of possibly sustaining

addictive behavior on the one hand by dispensing early and without a prescription (breaking the law) and in the need to retain patients' trust and on the other hand to relieve pain and anxiety and to prevent other unwanted consquences regarding violent behavior or other possible drug addict criminal actions.

CONSEQUENCES

What are the possible and actual consequences of described practise for stakeholders? By choosing to dispense, even partially, the pharmacist took a risk to be fined. According to the Article 68, in case of the situation described in paragraph 4[1], of the Law on Pharmacetical Activity money fine amount is between 250 and 1500 BAM for the violation of this regulation. On the other hand, there is need to retain patient's trust to help him relieve pain and anxiety, and to stop his further violent behavior in the pharmacy and society in general.

There is also a posibility that the patient never comes and brings the prescription to the pharmacy again and tricks out pharmacist's confidence and good will to help him. In this case pharmacist gets into double trouble which, beside breaking a law, involves and other responsibilities regarding pharmacy management and relationships with other colleagues.

CONTINUATION OR ESTABLISHMENT OF NEW PRACTICES

What are the possible long term consequences for stakeholders? According to Dr Zuzana Deans and her research „rules would be broken if the patient's interests conflicted with the rules and were regarded by the individual pharmacist as sufficiently strong to weigh more heavily than the unfavourable consequences of breaking the rule".[4] In this case the pharmacist found it approvable rather to break the law to prevent further inconviniences.

But, is it approvable by knowing that these kind of patients could abuse already well-intentioned pharmacist?

POSSIBLE PROPOSALS FOR AMENDMENTS

Do you have any suggestions for possible changes of practice? What are the possible obstacles? How do you suggest managing them?

Pharmacists would feel more protected and probably less obliged to get into a dilemma in such a case if we amend the Article 39 in Bosnian Law on Pharmaceutical Activity by adding that third paragraph as in the Montenegro's and Croatian Law. "During the provision of pharmaceutical services to the patient, the pharmacist will also deny: dispensing a medicine or medicinal product in the case of threats or violent behavior of the user.[2-3] This amendment to the law would also protect the pharmacist and force him to obey the law by protecting himself from getting a money fine and the abuse of violent addicts. Also this amendment to the law would give the pharmacist the feeling that he or she is not in charge of maintaining law and order in society by fostering drug addiction.

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Poster 2: Can Community Pharmacy Uphold It's Moral Obligation To Act In Patient's Best Interest?

Irma Hermina Klemenc

THE SITUATION IN QUESTION

Try to describe the situation in question and don't forget to include the role of stakeholders and their interrelationships.

Following a complexed operation, 65-years-old man with previous multimedication therapy was prescribed rifampicin and amoxicillin therapy after his release from hospital. After he left the hospital, he went to get newly prescribed antibiotics to the nearest pharmacy. Despite his exact question about possible interaction with his other medications concerning newly prescribed antibiotics, he was told at the pharmacy that no serious interactions exist. When I heard about rifampicin, I've immediately become cautious because of it's all known interactions with other drugs. After I checked all of his prescribed medications, it was clear that rifampicin reduces blood levels of apixaban and bisoprolol in his existing therapy. Further I also detected interaction of amoxicillin with allopurinol. I've advised him to return to that pharmacy to get his medication therapy double checked. I was hoping that they will make an effort to learn, if the regime of application outweighs drug's interactions. Unfortunately, he was told by two pharmacists in same pharmacy, that there are no interactions. In line with my advice he visited emergency room, where they eliminated his therapy with apixaban and allopurinol during the antibiotics' treatment. Because of diminished effect of bisoprolol with rifampicin, doctor doubled his dose of bisoprolol 2,5 mg to 5 mg and advised him to frequently control his blood pressure.

REGULATION

Describe the regulation in your country. Comparative regulation in other countries preferred.

Pharmacist's principal duties according to EU national legislatives, are to dispense correct drugs to the patient and to label it correctly. ZLD-1 in RS defines the need of quality and effective public pharmacy service along with prevention of wrongful medication treatments. According to valid pharmaceutical code of deontology in RS, it is a moral requirement and ethical duty of community pharmacists to provide wholesome healthcare service. Pharmacist's responsibility is to be fully aware of the patient's past and current drug history, yet pharmacists are not obligated by law to fokus on medication management counceling. Community pharmacist is compelled to monitor compliance of patients with their treatments. As reported by present pharmaceutical code of deontology, it is a pharmacist's duty to expose issues concerning implementation of quality healthcare service. Pharmacists must be vigilant about any colleagues' behaviour that may harms the integrity of our profession.

OBSERVED PRACTICE

Describe the actual practice that is carried out in your country. You can compare it with practice from other countries.

Dispensing of drugs remains the primary focus of pharmacists in RS as well as in USA, yet the incidence of patients being counseled on medications is increasing. More than 25% of independent community pharmacy owners in USA report providing patient clinical care services, such as medication counseling and chronic disease management. Even though most insurance programs in USA pay pharmacists only for dispensing services, there are a growing number of public and private initiatives in USA that reimburse pharmacists for cognitive services. Clinical care opportunities exist in the new US' Medicare prescription drug benefit plan, as it requires medication therapy management services for specific enrollees. However, a good example of strong moral value system presented at pharmacy schools is coming from Pharmacy school of Washington, where all pharmacy students after graduation have to take on Oath of a Pharmacist. Oath emphasise the importance of students to increase awareness of moral and ethical principles of our profession's as well as in legal conduct. The ideas expressed in the oath are the ideal, which is highly unattainable in practice. Nevertheless, it could be argued that early imposing of ethical recognition, effects higher regard for taking on moral responsibility along following professional path as community pharmacist. Pharmacists who are early introduced to public's expectation of moral accountability, will become more vigilante about possible ethical misconduct.

THE DILEMMA

What is the dilemma in your observed practice? Ethics and morality have always been the key values of all healthcare professionals including community pharmacists. It is obvious that concern for the best interest of the patients is being neglected. Is it really focusing attention in quantity of pharmacy's analysed perceptions more important, than turning to the quality of offered service to the people on the other side of the counter? Mainly because of our professional courtesy presented in valid pharmaceutical code of deontology that dictates respect for fellow colleagues, I've restricted myself from being judgemental. After pharmacists in presented example overlooked undebatable drug interaction, I considered it to be a simple time management issue. However, it could've happened because of the lack of available employees at the time or newly employed personnel. On the contrary, with no further reaction on this event, I would have failed as a pharmacist to protect best interest of patients and public health. The example of described practice puzzles my moral compass, because it keeps me from knowing about the amount of times possibly similar events took place at the same pharmacy. Presently valid pharmaceutical code of deontology appoints pharmaceutical workers to highlight any misconduct of fellow pharmacists that disrespects our professional integrity in public's eye.

CONSEQUENCES

What are the possible and actual consequences of described practise for stakeholders? Presently valid pharmaceutical code of deontology in RS gives pharmacists right to defend honour of our profession. Any pharmaceutical misconduct could be reported to the Ethical committee of the Pharmacy board of RS. Only through well-established system of vigilance and greater sense of accountability, we can hope to avoid related mistakes in the future. There have been only a few cases when the court ruled, the pharmacist had a duty to warn the patient about a potential adverse drug effect or interaction. However, as the role of the pharmacist expands, more courts may begin to find pharmacists liable for failing to warn the patient under specific circumstances. A pharmacist may escape liability if there was a lack of proximate cause. The defences of contributory negligence and voluntary assumption of risk are based on conduct that negates or modifies the pharmacist's negligence. Courts usually fail to find

pharmacists liable under strict liability theories. A breach of warranty claim has rarely been successful. Pharmacists could be found liable for negligent selection of therapeutic alternatives but probably not for injuries allegedly caused by correctly selected equivalent agents. Although no cases have been reported that pharmacists could be subjected to negligence-based liability for distributive pharmaceutical services. As pharmacists assume more responsibilities, pharmacist malpractice law will probably expand.

CONTINUATION OR ESTABLISHMENT OF NEW PRACTICES

What are the possible long term consequences for stakeholders? A measure of concern is justified as similar reoccurring events in the future may seriously jeopardise the integrity of community pharmacy. Discussed event brings to question public's future ability to trust the advice provided in community pharmacy, as aftereffect of neglect of the foundation of our service by our fellow colleagues. It seems doctors perform our duty of pharmaceutical intervention instead of us. For advice seeking patients, pharmacists are too often the most approachable healthcare professionals. People are relying on community pharmacy to be their »last line of defence« against sometimes hazardous multimedication therapies. It is of utmost importance to preserve the trusting relationship of people towards community pharmacists. It is our ethical duty to provide wholesome treatment to visiting people in pharmacies. In spirit of importance of patient's compliance with the treatment, pharmacists should never afford to withhold their professional advice from the patients.

POSSIBLE PROPOSALS FOR AMENDMENTS

Do you have any suggestions for possible changes of practice? What are the possible obstacles? How do you suggest managing them?

Most problems community pharmacy is facing nowadays begin and end with failed healthcare's policy of funding. Furthermore, the lack of available funds intended for community pharmacies have a direct effect on personnel shortage and unsuitable working conditions. Consequently, every pharmacist's intent of higher involvement with patient's treatment is made unrealistic. However, at first glance at the previously described situation, it seems as the very foundation of our service is being neglected. But in time when the quantity of pharmacy's dispensed perceptions is most important, do pharmacists who are willing to offer a quality healthcare service, realistically stand a chance? The truth of the matter is, that quality of pharmaceutical service is strongly connected to working conditions. Pharmacists are now more frequently than ever, facing an enforced boost in variety of their assignments. Along with increasing time limit, their moral obligation to provide quality attendance to the patient is constantly demeaned. With growing rate of multimedication therapies on one side and unfavourable working conditions on the other, community pharmacists will be facing unbearable problems along with moral dilemmas on daily basis in the future, if things remain unchanged. Government involved in healthcare policy will have to realise, that the most important indicator of quality of our profession is wholesome treatment of people. However, with restricted funding that would save community pharmacy's problem of personnel shortage, it is nearly impossible to expect that similar examples of malpractice as described won't repeat. Some members of health policy management would need to spend time shadowing pharmacists behind the counter to see all the responsibilities we have to obtain, rather than only handing down additional unpaid tasks. Community pharmacists will be forced to brake ethical and moral commitments of our profession, unless considerable changes will be made.

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The HCP Concept as an Adjustment for a Long Term Sustainable Business

Mag. sci. Martina Puc, mag. farm., spec., MBA

Sustainable business models have a great impact on the perception of a relationship between responsibility and economic results. For example The Guardian reported in September 2014 on 18% higher return on investment (ROI) when companies are actively managing and planning for climate change security actions and 67% higher ROI than companies who refuse to disclose their emissions. Responsibility does pay off. However sustainability is not just the question of the industry with an obvious direct impact on the environment and in developed countries like western European Union members as data shows. For illustration you can read about cases in USA and UK, and China already on the third place, followed by Germany, Australia and Italy, and there comes India in March 2019 in Journal of Sustainability. In Health sector we can notice reports on sustainability approach in several hospitals.

As they say at University of Oxford (»From Stockholder to The Stakeholder«, March 2015, BNPP AM) when we look at the percentage of studies according to their report based on more than 200 academic studies, Cost of capital is 90% lower, Operational performance is 88% higher and Share price performance is 80% higher. Who does not want to follow the lead of sustainability?

Having above mentioned in mind, a logical next question for every owner of CP is what does that means for CP's. For a business relevant answer we have to understand a CP actually is a business and more. What is a relationship of CP regarding retail, how to define CP as a Business with a purpose, what are existing relevant value chains, should not be questions for obscure academic debate. Only then we can come to a conclusion, what is a sustainable business model of a CP.

The trouble is already with a statement a CP is a business, which is intriguing to many pharmacists. The possible reason could be their conviction, it is contradictory to a statement a CP is an ethical organization. However we cannot surpass the fact CP’s are payed according to the results and not on the budget. Even more, CP owners use the profit outside CP‘s regardless of the nature of the ownership, private or public. The question is discussed in detail for Slovenian environment in publication M. Puc, M. Centrih. ATRIBUTI LEKARNIŠTVA, Zbornik Srečanja Strokovnega združenja lekarnarjev Slovenije, November 2017.

Nevertheless, it should not be a question a CP is and should be different than retail, because of the impact on human health and the unequal position of lay people compared to an educated and informed pharmacist. The key of differentiation lays in ethical

decisions and behaviour. Whereas in contemporary retail transactional selling is a must, Internet and automation are priorities and buying and selling decisions are relatively simple, in CP's there are no kings and selling is a question of ethics and morality. Since consumerism is a direct risk for user's health and even life itself, professional criteria should be a guidance for any decision or action.

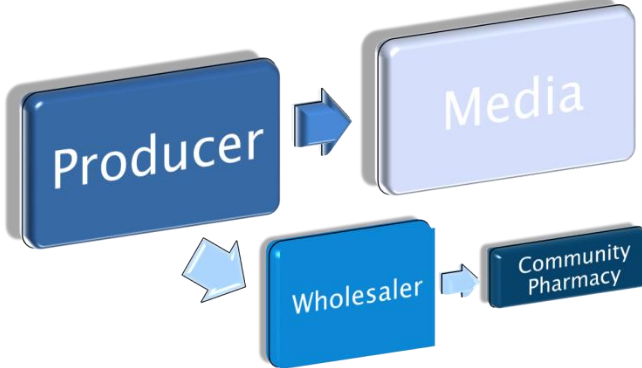
Business with a purpose is a business paradigm where you have among other things to answer the question what is the added value of your company, i.e. a CP. It is a question for more developed organisations. If we use the Evolution model of V. Bulc it means that from 4 developmental levels of organizations (Working environment, Learning environment, Thinking Environment, Awareness) you have to approach the most advanced 4.th level. With a regard to that model a purpose of HCP is to add value to visitor's health as described in the book M. Puc. Holistic Community Pharmacy: Declaration of fundamental principles of Holistic Community Pharmacy. It is an example of Patient Oriented Care included in the business model. However the uniqueness is in its democratic approach toward visitors, since every visitor is treated with the same, high level of structured consultancy and not just with an advice, information or even dispensing in the contrast to a Pharmaceutical care.

HCP concept introduces a term visitor as a contrast to an usual term patient. This alone has a huge impact on the whole perception, who are we dealing with, what is the nature of our relationship and even what should be an atmosphere and the space design.

We already discussed an impact of a value chain on the quality of CP's services (M.Puc. QUALITY MANAGEMENT IN A COMMUNITY PHARMACY). As one should expect, the value chain, we position our organization in, has a huge impact also on one's economic results.

Picture 1: A presentation of a traditional value chain for a Community Pharmacy

Picture 2: A presentation of a contemporary value chain for a Community Pharmacy



Value chain defines CP options for a survival. When a CP becomes a logistic company the future is vague.

Whatever value chain we position our CP in; a business model should be supported by every aspect of a company. For example a Value Proposition, Customer Relationship and Key Resources. In HCP a value proposition gives visitors more valuable service, supported with appropriate Customer Relationship, Key Resources and their management. It is a simple definition with a highly complex implementation of a service, demanding a structured consultancy. It is developed in a way to support documentation of delivered services and therefore supporting the Quality System.

Some postulates of a HCP structured consultancy are:

- Any selection for a Pharmaceutical care is a discrimination of visitors.
- A HCP visitor is not an object.
- HC Pharmacist is a consultant and should behave as one.
- Key resources are consultants in the shop which is the holy place.

The latest statement means for example, the consultants should have a:

- Knowledge on a human mind& body.
- Knowledge on a Product Portfolio.
- Knowledge on a Consultancy process.

HCP is defined in different dimensions:

- Functional dimension: HCP is in a retail business
- Added Value: HCP is a part of a Health Care sector
- Resources: HCP Key Resources profile is in Consultancy

The results of HCP are amazing. As a measurement of Phramacist's influence on Compliance with IRRK methodology showed in all recent cases a huge growth of all quality indicators for quality of services. The HCP model enables internal diversity of professional careers. And at last but not least, business results are inspiring.

The future should not happen to you, you have to create it for yourself, your employees and the users of your services. Even if you are passive and you think you can wait, the change is inevitable. It will happen to you. The only thing in your hands is, to choose the way of your change.

Influence of Values, Organizational Culture & Concessness on the Healthcare Services

MSc. Katja Hleb, dipl. psih.

More and more individuals are starting to realise that in their forties, some sooner and some later, when the life was supposed to be settled in personal and professional domain, something of a big trigger, in some cases even shock sets in and turns the solid life upside down. A big change starts in an individual, that transforms the system in the way not easily imagined before. What is really going on?

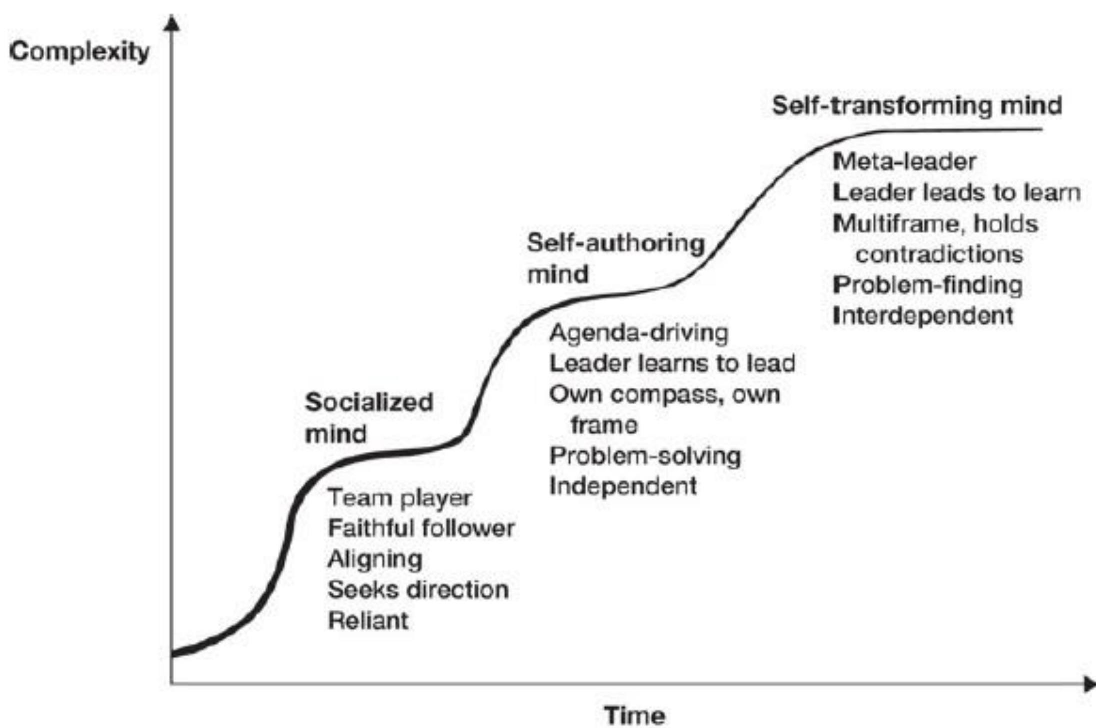
Western developmental psychology with its genius pioneer of child cognitive development Piaget (1967) has known for half a century that the child's inner organisation of the brain develops with chronological age. The same child at the age of five organises its brain differently as the child at the age of ten. With his famous experiment Piaget demonstrated the difference between the perception of quantity in children. If a child is given two glasses, one tall and slim and the other short and wide and the same amount of water is poured in those two glasses, the child at the lower level of cognitive development will perceive the quantity of water as different because the level of the water in the glass is different, while with a bit older child at the higher level of cognitive development it's brain will already be organised in the way that it will be capable of holding the quantity of water as a permanent category no matter how it changes the shape and level (slim/wide glass). This is not a matter of intelligence, it is a matter of cognitive organisation that comes with maturity.

According to revolutionary Piaget's findings, pre school and school curriculums are developed and upbringing programs are shaped. We do not expect from a younger child certain cognitive organisation, and the opposite is also true. When the child reaches certain maturity, we expect of him/her to capture different laws, connections and possible perceptions.

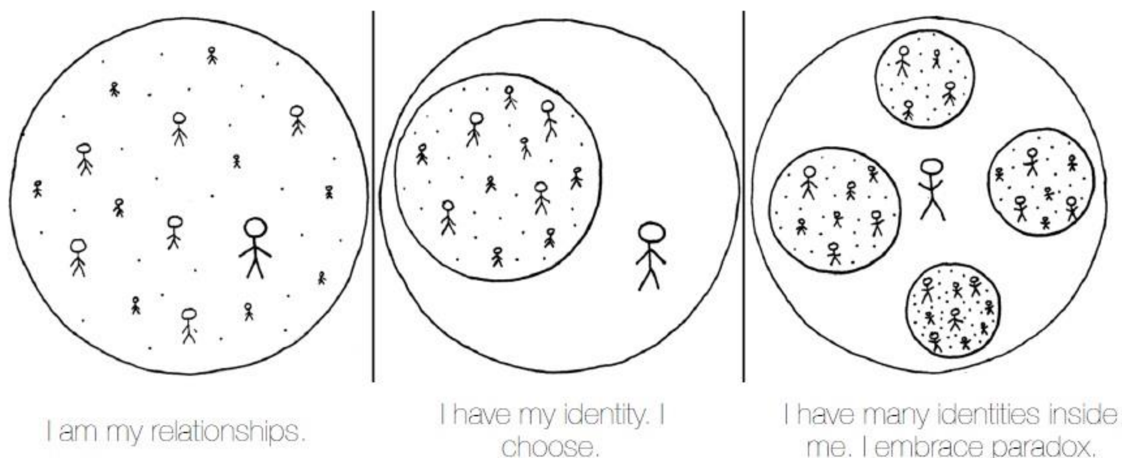
For a long time scientists believed that the inner organisation of the brain reaches its peak at the age of 25 and it does not develop further in adulthood. However, in the eighties of the previous century a Harvard developmental psychologist Robert Kegan (1982) has further developed Piaget's theory into his constructive developmental theory (CDT) and demonstrated that the inner organisation of the brain never stops. He called these developmental stages orders of consciousness from one to five. The first three orders of consciousness are the stages already described by Piaget (1967) and are the stages of a child reaching young adulthood. The third is the first developmental stage/order of consciousness of the adult. Kegan (1982; 1994; 2005) calls it a socialised mind.

Kegan (1982; 1994) in his earliest work additionally described the fourth and the fifth order of consciousness, the differences, the developmental span, the gaps between the solid orders of consciousness and the likely developmental tasks an individual has to endure in the liminal space between each two orders. The fourth order of consciousness is called self-authoring mind and the fifth order of consciousness is called self-transforming mind. What is the major difference between them and how do these differences show in an adult life?

Picture 3: The developmental stages of adult cognitive organisation salled Orders of Consciousness, in relation to leadership, (Kegan, 1982)



Picture 4: Further illustration of the inner organisation of mind in each of consciousness, three, four and five



The third order of consciousness in most general terms represents the capability for collectivism. For the first time in its life a person is capable of putting its goals behind the goals of the collective, for the common aim of survival. An individual equals him/herself with his/her relations and feels "less than" without them. It is very important whom an individual associates him/herself with as these connections offer a leverage to an individuals perceived psychological power to survive. A well known example is a peer pressure and an according adjustment during the teen years. Relationships wise, such a person seeks dependent relations since the "stand alone" attitude is incomprehensible.

Work wise these individuals look for a safe employment, they like to co-brand with what they perceive as the "big" names, deeply fear any kind of lasting or larger conflict and their prevalent motivation is security. These individuals look for a top down chain of command, or lean on by-the-book leadership style and seek authority. It is difficult for these people to say no since they perceive their very survival as dependent on what is perceived to be desirable by others. They may be empathic, but with the note that lacks maturity, therefore out of need to belong and not out of a genuine motive to be of help.

Learning ability is narrowed down to blind repeating of someones point of view, any kind of a critical thought is lacking. Authority is of outmost importance. The memorising of the data is possible, any kind of superior pattern building out of given set of data is out of reach.

Societies at this level lack intelligent regulation and mature systems, much collectivism and peer pressure takes place. Professionalism is lacking. Regular salary, few benefits and collective happenings like trips, parties or meals are targeted.

In Maslow's hierarchy of needs we would likely find these individuals at the level 3, therefore love and belonging, following survival and safety (Maslow, 1943). Most adults never surpass this stage of development and many societies function at this order of consciousness.

The transition between orders three and four usually starts with an individual being offered a more (self)leading position at work or with the call within a personal relationship to permanently severe a co-dependent attitude.

The fourth order of consciousness in most general terms represents the capability for critical thought and the ability to stand alone. For the first time a person is capable of seeing the group, understanding the point of view and thinking of the collective but can endure in taking their own stand. The individual feels that he/she chooses for him/herself and can endure peer pressure without succumbing to it. Relationships wise such a person easily stands alone and dreads co- dependent relationships (that have just been escaped in the order prior). Relationships are fair but of a transactional nature. These relationships do not loose energy in the void place of co- dependency, but still lack synergy. When transaction is due, such relation usually falls apart in a respectful way, and not much is damaged or mourned.

Work wise these individuals can lead hierarchically or unilaterally on the basis of their own vision that is internally generated. Such an individual is capable of sustaining an independent thought even in the face of external pressure. Self governance comes to play and the sense for the responsibility for ones actions, deeds and circumstances is

large. The same is expected form others if the collaboration is to be smooth and fruitful. Psychological boundaries get very strong and can even get inflexible from time to time due to the fear of slipping back into the third order of consciousness (socialised mind). The boundary between the responsibilities, theirs and those of others, is very strong and strict. Team work is possible until two of a kind can collaborate. Empathy is present for another's pain, but is not assimilated into ones internal psychological frame (as in the stage three).

Learning ability is focused on data collection and on creating systems of understanding, regarding, evaluating and relating.

In society, most advanced majority of individuals is at this level; we find most top executives, academics and professionals on this level. Some kind of result is usually targeted, like profit, publication, position. Regulators, regulations, laws and systems are formed at the fourth order, however no exception to it is allowed into the system. Sophisticated financial investors would seek (through an appropriate financial language) if the fourth order is present in the market they want to invest in.

In Maslow's hierarchy of needs we would likely find these individuals at the level four, therefore at the stage that seeks and favours social standing and reputation in society (Maslow, 1943).

The transition between orders four and five usually starts with an individual finishing a brilliant chunk of career, followed by (forced) sabbatical or the relentless need to start forming personal relationships with deep meaning.

The fifth order of consciousness is very rare to find but is sprouting out more and more in society. Few decades ago still, less than 1 % of the population, usually after the age of 40 or more has reached this level. Today, chronologically younger and younger people reach this stage and up to 5 % of general population is at least in the liminal space between orders of consciousness four and five.

Fifth order of consciousness represents the capability of viewing few systems at the same time and sees the interrelatedness or lack thereof between them. There is an absence of the identification with a system, or with an outside stand from the system (Picture 2). An individual does not belong to any of the many systems perceived and is at the same time interrelated with all of them. Such stand usually requires paradoxical thinking.

Relationships at this level are again dearly missed and worked for. To the surface observer they seem similar to the co-dependent relationships (at the third order) since the pull towards relationships is strong (which was not the case at the fourth level). However, fifth level relationships differ immensely in their innate quality; at the fifth order of consciousness these are the relations between two fully individualised people (or groups) and it's usual motive for relating is a synergic production of more than the sum of two for the common good of many. At this level the quality of purpose is strongly present. Purpose is at the core of private relationships, work relationships and the general motivation, be it the simplest or the most complex task imaginable. Outwardly, one can do similar things, embarks on the same tasks, but the inner reason for doing so differs immensely.

Work wise these individuals may lead formally or informally, even from the positions that seem non leadership, common positions. They often lead indirectly, through teaching, writing, artistic work, helping, volunteering. People in formal positions of leadership have the capability to compare the systems and can break the rules, if the complexity of the situation requires it. In highly regulative places like court of justice, we can find such individuals as the representatives of wisdom, not only knowledge, as supreme judges for example. Key political leaders of the past and present are approaching this level, so do good quality and high integrity spiritual leaders. In academia, such individuals can combine many levels of the phenomena or multiple domains for the more coherent or bigger whole, doing justice to more than one school of thought or one line of thinking. Such academics are capable of a critical reflection on the discipline itself, not just from the perspective of another theory, but from the perspective outside the "ideology". These people also posses wisdom to a decent degree. Executives strive for more than singular focus outcome (per ex. profit or PR driven sustainability releases) but are primarily concerned with the cohabitate ecosystem consistent of many stakeholders.

Empathy is inherent in oneself, but does not shake the system in any way.

Learning ability reaches the point of developing a personal philosophical worldview, that is relative, constitutes a paradox and is ever changing regarding the dynamics of the system and the point of observation. Reflection upon the formulation is a key feature. Regulations, systems and laws are in place and are overruled only after a deep reflective thought observing many systems form multiple points of view.

In Maslow's hierarchy of needs we would likely find these individuals at the level five, therefore self-actualisation (Maslow, 1943).

The transition between the orders of consciousness is beyond human free will. The higher the order of consciousness the lesser the correlation with chronological age. The only solid sign of the new evolutionary truce coming seems to be a very well developed previous evolutionary truce, therefore, the individual that has fully conquered order fo consciousness four is likely to be invited by life to embark on the fifth order fo consciousness. Although there is no evidence the trigger for the next evolutionary step must have a nature of crisis it seems that more often than not this is the case.

The development of the mind, orders of consciousness, the triggers that start the new evolutionary truce and the nature of the change itself all have multiple meanings for the individual. Adults, being commonly thought they "should know it all by certain age", can deeply relax into knowing that the development and with it the crisis, the learning span, the mistakes that accompany learning and development, actually never end. This way we can normalise the development of the adults in all its phenomenology. The orders of consciousness and the stages of development are describable and as such expectable, meaning that we can adjust adult life learning programs for personal and professional use accordingly.

Along with the orders of consciousness, typical critical or crisis situations that accompany evolutionary truce are describable. This way we can address these critical situations much more efficiently with less or shorter time span damage for the individual and/or community.

A very simple example of a developmental issue that can be addressed with much efficiency since understood properly is the growth of limbs in adolescence. A child that

plays the ball pretty well, will start to loose it when reaching puberty. His/her limbs will grow in-proportionally and his/ her sense of coordination will be reorganised internally. If we did not understand the non permanence of this condition and fail to perceive the essence of the change, which is to reorganise the body from child to its adult version, we might send the kid home, never playing ball again. Since we do, the trainings are shaped, kinesiologically and psychologically according to the developmental stage the child is in. Soon he/she grows further into his/her adult anatomical proportions and his/her ball playing ability skyrockets.

A very similar event happens with a fully fledged professional successfully ending the order of consciousness four and entering into a liminal space between the orders of consciousness four and five. At the order of consciousness three a person is a very good team player since his/her inner cognitive organisation does not allow for individuality. The transition to the fourth order of consciousness, where a well shaped and rounded up individuality is the key, the ability and zest for team work seizes to exist temporarily and as such seems developmentally inferior. However, the individual fully conquering fourth order of consciousness will be capable of synergic team work when starting to reach the fifth order of consciousness exactly due to his/her well formed and secure individuality in the fourth developmental phase.

It only seems that the individual is a team player when at the third or at the fifth order of consciousness, just as does our youngster, who catches a ball well before and after puberty but not in-between. When in fact, the team at the third order of consciousness is the survival mechanism and at the fifth order of consciousness is a synergic contributor to its community or society.

CONCLUSION

People do not change constantly and the change is not constant. What is constant is an interplay between change and stability. The detailed description of the developmental levels in humans assists us in better understanding the change when the change does come, triggered with the individuals inner clock.

In this way we can support ourselves and others on our developmental journeys. We can expect and respect developmentally adequate moves, behaviours, understanding and cooperation.

Developmentally advanced individuals and societies shall serve as a compass, guides and protector for the individuals and groups that are developmentally dis-advanced. As such, the developmentally advanced individuals and groups can design developmental programmes and prepare, negotiate and defend appropriate regulatory content, norms and procedures.

As it is irresponsible to push an individual or a group to a developmental level not yet triggered by natural strike of events, it is just so irresponsible to let the development of the community or society as a whole to the individuals or groups that are not developmentally most advanced members of the society.

Plato's theses about the adequate mixture of the three ways of rulership - democracy, autocracy and plutocracy in all walks of life in this way gets all new meaning again.

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INFLUENCE OF MORAL & ETHICAL DILLEMAS ON HEALTHACRE

Prof. dr. Matjaž Zwitter, dr. med.

MEDICAL ETHICS

Or a Code of Institutes and Precepts,
ADAPTED TO THE PROFESSIONAL CONDUCT O F PHYSICIANS AND SURGEONS;

BY **THOMAS PERCIVAL, M.D.**
C.R.S. AND A.S. LOND. F.R.S. AND R.M.S. EDINB. &C. &C.

Manchester, 1803

CHAPTER III.
OF THE CONDUCT OF PHYSICIANS TOWARDS APOTHECARIES.

I. In the present state of physic, in this country, where the profession is properly divided into three distinct branches, a connection peculiarly intimate subsists between the physician and the apothecary; and various obligations necessarily result from it. On the knowledge, skill, and fidelity of the apothecary depend, in a very considerable degree, the reputation, the success, and usefulness of the physician. As these qualities, therefore, justly claim his attention and encouragement, the possessor of them merits his respect and patronage.

II. The apothecary is, in almost every instance, the precursor of the physician and being acquainted with the rise and progress of the disease, with the hereditary constitution, habits, and disposition of the patient, he may furnish very important information. It is in general, therefore, expedient, and when health or life are at stake, expediency becomes a moral duty to confer with the apothecary, before any decisive plan of treatment is adopted; to hear his account of the malady, of the remedies which have been administered, of the effects produced by them, and of his whole experience concerning the juvantia and laedentia in the case. Nor should the future attendance of the apothecary be superseded by the physician: For if he be a man of honour, judgment, and propriety of behaviour, he will be a most valuable auxiliary through the whole course of the disorder, by his attention to varying symptoms; by the enforcement of medical directions; by obviating misapprehensions in the patient, or his family; by strengthening the authority of the physician; and by being at all times an easy and friendly medium of communication. To subserve these important purposes, the physician should occasionally make his visits in conjunction with the apothecary, and regulate by circumstances the frequency of such interviews: For if they be often repeated, little substantial aid can be

expected from the apothecary, because he will have no intelligence to offer which does not fall under the observation of the physician himself; nor any opportunity of executing his peculiar trust, without becoming burthensome to the patient by multiplied calls, and unseasonable assiduity.

III. This amicable intercourse and co-operation of the physician and apothecarv, if conducted with the decorum and attention to etiquette, which should always be steadily observed by professional men, will add to the authority of the one, to the respectability of the other, and to the usefulness of both. The patient will find himself the object of watchful and unremitting care, and will experience that he is connected with his physician, not only personally, but by a sedulous representative and coadjutor. The apothecary will regard the free communication of the physician as a privilege and mean of improvement; he will have a deeper interest in the success of the curative plans pursued; and his honour and reputation will be directly involved in the purity and excellence of the medicines dispensed, and in the skill and care with which they are compounded.

IV. The duty and responsibility of the physician, however, are so intimately connected with these points, that no dependence on the probity of the apothecary should prevent the occasional inspection of the drugs, which he prescribes. In London, the law not only authorizes, but enjoins a stated examination of the simple and compound medicines kept in the shops. And the policy that is just and reasonable in the metropolis, must be proportionally so in every provincial town, throughout the kingdom. Nor will any respectable apothecary object to this necessary office, when performed with delicacy, and at seasonable times; since his reputation and emolument will be increased by it, probably in the exact ratio, thus ascertained, of professional merit and integrity.

V. A physician called to visit a patient in the country, should not only be minute in his directions, but should communicate to the apothecary the particular view, which he takes of the case; that the indications of cure may be afterwards pursued with precision and steadiness; and that the apothecary may use the discretionary power committed to him, with as little deviation as possible from the general plan prescribed. To so valuable a class of men as the country apothecaries, great attention and respect is due. And as they are the guardians of health through large districts, no opportunities should be neglected of promoting their improvement, or contributing to their stock of knowledge, either by the loan of books, the direction of their studies, or by unreserved in formation on medical subjects. When such occasions present themselves, the maxim of our judicious poet is strictly true, "The worst avarice is that of sense." For practical improvements usually originate in towns, and often remain unknown or disregarded in situations, where gentlemen of the faculty have little intercourse, and where sufficient authority is wanting to sanction innovation.

VI. It has been observed, by a political and moral writer of great authority, that apothecaries' profit is become a bye-word, denoting something uncommonly extravagant. This great apparent profit, however, is frequently no more than the reasonable wages of labour. The skill of an apothecary is a much nicer and more delicate matter than that of any arrtificer whatever; and the trust which is reposed in him is of much greater

importance. He is the physician of the poor in all cases, and of the rich when the distress or danger is not very great. His reward, therefore, ought to be suitable to his skill and his trust, and it arises generally from the price at which he sells his drugs. But the whole drugs which the best employed apothecary, in a large market town, will sell in a year, may not perhaps cost him above thirty or forty pounds. Though he should sell them, therefore, for three or four hundred, or a thousand per cent profit, this may frequently be no more than the reasonable wages of his labour charged, in the only way in which he can charge them, upon the price of his drugs.1 The statement here given exceeds the emoluments of the generality of apothecaries, in country districts. And a physician, who knows the education, skill, and persevering attention, as well as the sacrifice of ease, health, and some times even of life, which this profession requires, should regard it as a duty not to withdraw, from those who exercise it, any sources of reasonable profit, or the honourable means of advancement in fortune. Two practices prevail in some places injurious to the interest of this branch of the faculty, and which ought to be discouraged. One consists in suffering prescriptions to be sent to the druggist, for the sake of a small saving in expence. The other in receiving an annual stipend, usually degrading in its amount, and in the services it imposes, for being consulted on the slighter indispositions to which all families are'incident, and which properly fall within the province of the apothecary.

VII. Physicians are sometimes requested to visit the patients of the apothecary, in his absence. Compliance, in such cases, should always be refused, when it is likely to interfere with the consultation of the medical gentleman ordinarily employed by the sick person, or his family. Indeed this practice is so liable to abuse, and requires, in its exercise, so much caution and delicacy, that it would be for the interest and honour of the faculty to have it altogether interdicted. Physicians are the only proper substitutes for physicians; surgeons for surgeons; and apothecaries for apothecaries.

VIII. When the aid of a physician is inquired, the apothecary to the family is frequently called upon to recommend one. It will then behove him to learn fully whether the patient or his friends have any preference or partiality; and this he ought to consult, if it lead not to an improper choice. For the maxim of Celsus is strictly applicable, on such an occasion: Ubi par scientia, melior est amicus medicus quam extraneus. But if the parties concerned be entirely indifferent, the apothecary is bound to decide according to his best judgment, with a conscientious and exclusive regard to the good of the person, for whom he is commissioned to act. It is not even sufficient that he selects the person on whom, in sickness, he reposes his own trust; for in this case friendship justly gives preponderancy; because it may be supposed to excite a degree of zeal and attention, which might overbalance superior science or abilities. Without favour or regard to any personal, family, or professional connections, he should recommend the physician whom he conscientiously believes, all circumstances considered, to be best qualified to accomplish the recovery of the patient.

[1] See Smith's Wealth of Nations, book I, chap, x.

IX. In the county of Norfolk, and in the city of London, benevolent institutions have been lately formed, for providing funds to relieve the widows and children of apothecaries, and occasionally also members of the profession who become indigent. Such schemes merit the sanction and encouragement of every liberal physician and surgeon. And were they thus extended, their usefulness would be greatly increased, and their permanency almost with certainty secured. Medical subscribers, from every part of Great-Britain, should be admitted, if they offer satisfactory testimonials of their qualifications. One comprehensive establishment seems to be more eligible than many on a smaller scale. For it would be conducted with superior dignity, regularity, and efficiency, with fewer obstacles from interest, prejudice, or rivalship; with considerable saving in the aggregate of time, trouble, and expence; with more accuracy in the calculations relative to its funds, and consequently with the utmost practicable extension of its dividends.

The Impact of Recording Pharmaceutical Cases by IRRK Methodology

Matija Centrih, B.Pharm.

CommunityPharmacy Dobrova

Community Pharmacy Dobrova in short regarding Quality includes usual elements of GCPP in Slovenia:

- Personal Licences for Community Phramcists and a licence for a Community Phramacy
- Documented dispensing of medicines and medical devices
- Documented temperature and humidity
- Documenting analytical certificates of pharmaceutical substances
- Documnted control of scales
- Documented cleaning
- Documented recalls and reclamations
- Documented goods with short expiry date
- Documented removal of overdue goods
- Documented destruction of documents
- …

In addition Rules on the classification, prescribing and dispensing of medicinal products for human use demand:

- In Article 58

  (equipping medicines with signatures)

(1) The authorized person must mark prescribed medicine with a signature on which the name and location of the pharmacy must be printed or stamped. The signature must be located in the space provided for it, which is determined in accordance with the regulation governing the labeling of medicinal products.

(2) The authorized person shall write on the signature a clearly legible instruction on the dosage and method of administration of the medicine, mark the date of issue of the medicine and add his official paraf. If, in addition to the brief instruction on the signature, a wider instruction leaflet is required, it must be writen on a separate, stamped and signed, sheet of paper.

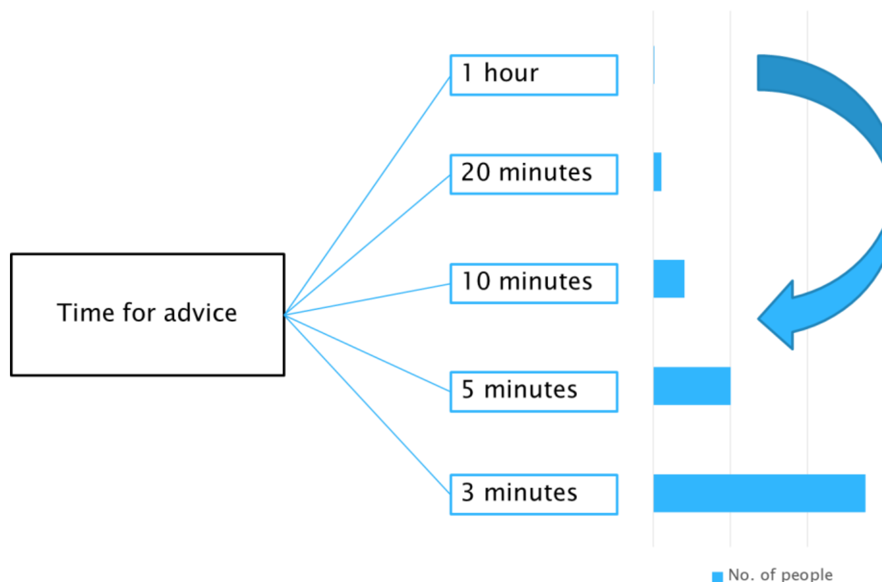
(3) If necessary, the authorized person must also equip the medicine with other appropriate warnings.

- In Article 59

(obligation to advise)

Each time a prescription or non-prescription medicine is dispensed, the authorized person must advise the user or the transferee and inform him or her of the correct and safe use of the product.

Picture 5: Personal experience with a relationship between time for advice and No. of people given the advice in the same span



I wanted to implement a system that would allow all pharmacy visitors to get appropriate counseling. I wanted to pass on the lessons I learned while studying cases that required more time or were more complex to all visitors of my pharmacy.

I realized that by analyzing and processing health related problems that are appropriate for self-medication, I can shorten the time needed for advice next time, and the advice is also much more credible.

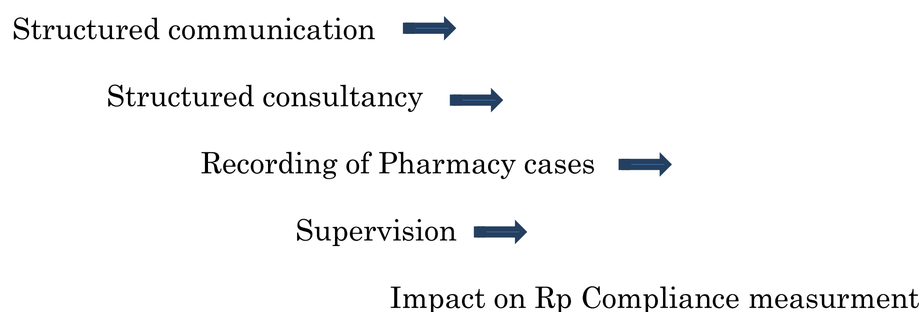
To include more people visiting Community Pharmacy Dobrova in a longer and professional consultancy as an owner I decided to implement Holistic Community Pharmacy principles according to the author M.Puc.

On the way to Holistic Community Pharmacy we went through various steps, including the following:

- ✓ PxT profiling (WileyR) of the whole personnel
- ✓ Design and implementation of process organization
- ✓ Pharmacist impact on compliance regarding prescription medicines measurment using IRRK methodology
- ✓ Criteria design and selection of items in each products group
- ✓ Evaluation of sales representativesperformance
- ✓ Introduction of active vigilance system in all product groups
- ✓ Introduction of structured communicationandconsultancy
- ✓ Recordingof Community Pharmacy cases

The project has been designed and managed by M.Puc, including the methodology and approach.

From the professional point of view the most important steps were focused around consultancy and a developed Pharmacy doctrine, specific for the Community Pharmacy Unit.



We measured Impact on Rp Compliance before we started with a project activities with personnel and after one year with the following results.

Impact on Rp Compliance measurment in 2017:

- ✓ 352 respondents, 776 surveys (various medicines)
- ✓ 15 % didn't know what the medicine is for
- ✓ 8 % didn't know how often they have to take the medicine
- ✓ 8 % how much medicine they have to take
- ✓ 23 % didn't know when to take the medicine
- ✓ 69 % didn't know what could happen if they took too much medicine
- ✓ 36 % didn't know what could happen if they didn't take the medicine often enough
- ✓ 45 % didn't know what could happen if they took the medicine outside the time frame
- ✓ 86 % were not aware of not even one potential side effects of the medicine

Impact on Rp Compliance measurment in 2018:

- ✓ 333 respondents, 652 surveys (various medicines)
- ✓ 7 % didn't know what the medicine is for
- ✓ 4 % didn't know how often they have to take the medicine
- ✓ 3 % how much medicine they have to take
- ✓ 8 % didn't know when to take the medicine
- ✓ 51 % didn't know what could happen if they took too much medicine
- ✓ 14 % didn't know what could happen if they didn't take the medicine often enough
- ✓ 31 % didn't know what could happen if they took the medicine outside the time frame
- ✓ 64 % were not aware of not even one potential side effects of the medicine

Table 1: Coparison of results in both years shows significant improvement

2017	2018	2018/2017 in %	Paramater
15	7	53,3	didn't know what the medicine is for
8	4	50,0	didn't know how often they have to take the medicine
8	3	62,5	how much medicine they have to take
23	8	65,2	didn't know when to take the medicine
69	51	26,0	didn't know what could happen if they took too much medicine
36	14	61,1	didn't know what could happen if they didn't take the medicine often enough
45	31	31,1	didn't know what could happen if they took the medicine outside the time frame
86	64	25,6	were not aware ofnot even one potential side effects of the medicine

The results in a quality of our services are enourmous according to expectations of up to 5 %. With a purpose of a Community Pharmacy Dobrova to contribute to health of our visitors they also mean a clear decision to continue on this path regardless of the obstacles on the way.

Compliance Measurement in a Community Pharmacy Using IRRK Methodology – Bosnian Experience

Azra Uzunović, mag. farm.

Anela Galić, mag, farm.

COMMUNITY PHARMACY COMPETITIVE CIRCUMSTANCES IN BOSNIA AND HERZEGOVINA AS A CHANGE TRIGGER

It is very challenging to ensure competitive advantages of community pharmacy in a country where in most towns exist several pharmacies in a row along just one street.The municipality Vitez is not an exception. According to the last census of 2013 municipality Vitez had a population of 25 836[1]. This number has been decreased in the past three years by population migration to the European countries. In the municipality Vitez exist and operate eight community pharmacies (hereinafter: CPs) providing their healthcare services and competing for visitor's trust, four as a private and four with the municipality as a founder established as Public Institution "International Pharmacy" Vitez. Six out of these eight CPs are located in the very town center in radius less than a mile.

According to the Article 3.of Regulationson closer space conditions, equipment and staff, foundation criteria andperformance of pharmaceutical activities into all organizational forms, as wayand the procedure of their verification[2]ratio of demographic status and number of pharmacies in the municipality Vitez has been exceeded with existing number of CPs and there is no room for establishing new pharmacies.

These circumstances, exceeded number of CPs than allowed by the law with constantly decreasing population, make interesting surrounding for development of competitive advantages among these eight CPs.

The management of Public Institution "International Pharmacy" Vitez has recognized the improvement of quality services as an advantage back in November 2016 when we became eligible and certified CP by the Agency for Quality Certification and Accreditation in Health Care (AKAZ) in the Federation of Bosnia and Herzegovina.

The Agency for Quality Certification and Accreditation in Health Care in the Federation of Bosnia and Herzegovina (AKAZ) is the only competent authority in the field of improving the quality and safety of health services and the accreditation of

health care institutions in the Federation of Bosnia and Herzegovina. The Agency was established on the Law on the System of Quality Improvement, Safety and Accreditation in Health Care[3], adopted by the Parliament of the Federation of B&H at the session of the House of Representatives on April 13, 2005.Development and revision of certification and accreditation standards for health care institutions is the key role of The Agency for Quality Certification and Accreditation in Health Care (AKAZ).[4]

The first level in quality services improvement and obligatory is the process of certification. Next level, accreditation is voluntary.

Requirements of the Agency for Quality Certification and Accreditation in Health Care are obligatory for CPs in FB&H and those requirements consist of four chapters of standards (divided as certification and accreditation standards) to fulfill:

1. Community pharmacy
2. Community pharmacy management
3. Safe pharmaceutical services
4. Risk management[5]

In the chapter of pharmaceutical safe services there is set of standards for compliance to fulfill, but only one of them is a certification and all others are accreditation standards, which means that CPs in FB&H access the compliance part on a voluntary basis unless and when they recognize their benefits and strengths in improving quality of the services.

The compliance still has not been recognized by the Agency as one of the quality indicators since it is not listed as one of the 5 quality indicators:

- Number of patient/visitor complaints about wrong/poor service
- Number of patients who reported an unknown side effect of the drug
- Number of incorrectly dispensed medicines
- Number of contacts with a doctor to clarify prescription
- Number of prescriptions returned by the Health Insurance Institute

Each certified/accredited CP is obliged to provide the Agency with data for these 5 indicators by March of the current year for the previous year. The Agency publishes a summary analysis of the reported indicators on its website. [5]

Public Institution "International Pharmacy" Vitez has 14 employees (7 pharmacists including the manager, 5 pharmacy technicians and 2 other employees) in total within four pharmacy branches. It is a public institution with the municipality as a founder and a steering committee as a decision-making board.

The measurement took place in our central CP and our headquarters located in the municipality health center. The work in this CP is organized in two shifts from 7.00 am till 8.00 pm with 3 pharmacists, 3 pharmacy technicians, manager (also pharmacist) and two employees not involved in pharmacy jobs.

On a monthly basis this CP receives and pharmacists dispense more than nine thousand prescriptions. Most of these prescriptions are at the expense of the Health

Insurance Institute. And we don't have the possibility of e-prescription. It is all done in old fashion way, after dispensing each prescription has to be filled out by hand and typed into a computer base. And then several repeated checkouts had to be done for every process.During the regular working day there is a lot of boring and annoying paper work regarding the prescription processing. As all pharmacists were doing this extensive kind of work every day it was predictable for the main focus to be shifted a bit from patient's oriented care to prescription processing work. CP's interior has a glass wall between the dispensing pharmacist and visitor and it showed up as one of the communication barriers. So it was very challenging to measure compliance as one of main quality indicators using IRRK methodology.[6]This was also the way to examine and determine our approach to the quality management in CP. According to Puc:

There are two main factors influencing the choice of approach:

1. Aspiration for quality level is on different levels of ambitions. Regarding the goal for the development of the CP, the following approaches are present in practice:
    - When the goal of a Community Pharmacy is to offer high-end services and to become a prime class CP, it follows high standards of the profession. An example of this is a Holistic Community Pharmacy.
    - When the goal of a CP is to offer services compared to global standards and to become a standard CP, it follows standards of the wide professional international organizations, for example FIP (International Pharmaceutical Federation).
    - When the goal of a Community Pharmacy is to offer services in line with the law and to be a CP compliant with legal requirements in the country, it follows the minimum requirements defined by the relevant law.
2. The role a CP takes influences the approach to quality management. For example:
    - When the chosen role is to be a health professional center, a CP concentrates on the processes regarding the value chain of individual health management, like self-medication.
    - When the chosen role is to be a medication manager, a CP concentrates on the relevant processes regarding the value chain of medicines, like risk analyses of the medication combination.
    - When the chosen role is to be a medicine retailer, a CP concentrates on the relevant processes regarding the value chain of medicines, like purchasing and storage.[7]

Regarding easier experience summary we have divided it in three periods:

- Pre-measurement period
- Measurement period
- Post-measurement period

Every of these periods thanks to the IRRK methodology[6]has brought us some challenges, valuable insights, benefits and conclusions.

PRE-MEASUREMENT CHALLENGING PERIOD

This period considered our preparations for the compliance measurement and it included some technical and some learning operations provided by the IRRK methodology[6].

It started with aspiration processes in our team. We had to face our first challenge, how to motivate employees to make some extra effort without being extra paid for that? We had to deal with team motivation and feasibility of measurement without affecting basic work processes.We had a healthy foundations and undistorted settings as we successfully passed the process of certification. Most of us were at the same level regarding the recognition of quality system improvement. The manager and two more pharmacists from our team were already associates and external evaluators of the Agency for Quality Certification and Accreditation in Health Care. So we had a pretty easy aspiration process in our team. No matter how easily we overcame it, this issue of motivation employees is very important at the stage of preparation for the hard work that needs to be done during the measurement. This challenge was a test for the manager's authority and leader skills announcing more tests during the compliance measurement.

And yet, the idea and challenge to be the first CP that measured the compliance in our country made this motivation and aspiration even easier.

The author of the IRRK methodology[6] provided us with the instructions and we had to fulfill necessary requirements related to the place of the measurement in the CP, technical and online support for the interviews, number and schedule of interviewers, terms of e-education and provided exercises. It was decided for month of May 2019 to be the measurement carry out period according to IRRK methodology[6] recommendations.

Second issue we were challenged with was how to organize regular work processes in our 4 pharmacy branches and yet all pharmacist to participate in the research? The IRRK methodology[6] actually provides and allows external interviewers so we didn't have to face this challenge at all. External interviewers would reduce systematic error and increase objectiveness during the interviewing job. But for the better insight outcomes and a true self-inquiry it is better for CP's employees (pharmacists) to do the questionnaire and the interviewing job. The decision was made for all of our 7 pharmacists to take a part in the questionnaire and the interview job and we set the interviewing schedule for the measurement month.

According to the IRRK methodology[6] the interviewers need to be trained for the compliance measurement by passing the e-education process. E-platform for learning was provided by the author of the methodology and we got the access for training and learning.

The e-learning course provides thorough training including solving all exercises and test.

All interviewers characterized it as a quite simply designed and yet with the full purpose:

- To get us familiar with the compliance and related terms

- To understand the role of a pharmacist in the compliance
- To understand the role of the interviewer and to get the needed training during the compliance measurement
- And most important, the e-learning and exercise process itself allows the team to bond together and re-examine their capabilities together (e learning COVIRIAS academia course: Community pharmacist' impact on compliance official goals, under Copyright protection)

The education helped us to take an objective role as an interviewer and enabled us to provide the measurement correctly. But from the manager's perspective the whole e-education process and the employee approaches to the process can be used for employee maturity evaluation.

E-learning process included practical exercises we had to do as a team. These exercises brought magical and cognitive moments of silence between us that resulted in such a simple and conscious question from one of the colleagues, and the question was:

Does this mean we also need to talk more with the visitors during the measurement?

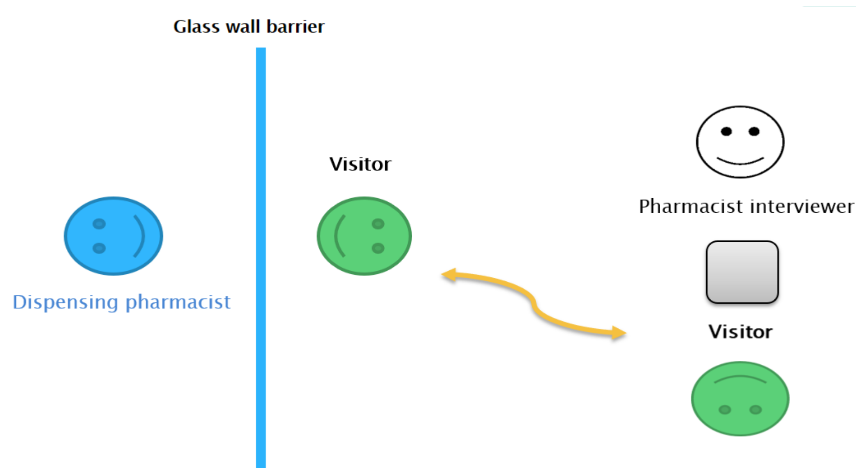
With this question the process of developing awareness of pharmacist's true role in the system of values began.

MEASUREMENT PERIOD

During the measurement period two main processes occurred in our pharmacy on two different sides of a glass wall:

1. Regular pharmacist's work, dispensing medicines and work with the visitors
2. Interviewing job in the corner of our CP

Picture 6: Two processes during the measurement



On the one side of the wall, we had the usual pharmacist job during his work with pharmacy visitors, which over time, due to various factors, shaped into the form and manner in which the true value and purpose of the pharmacist were lost.

On the opposite side of the CP's glass wall every one of us interviewers had a chance to realize what was wrong on the other side of a glass wall. During this process we were realizing the pharmacist influence in the compliance and its importance.

And no, your CP does not have to have literally that glass wall we did have. The glass wall can exist and be built and metaphorically and yes you can be unaware of that.

That is why we evaluated this whole process as awareness-raising.

A challenge that marked this period was how to not influence respondents' answers and how to keep motivation high for survey question iterations?

The interviewing pharmacist was actually asking visitors questions visitors had to be asked by the dispensing pharmacist. We all experienced roles of dispensing and interviewing pharmacist. So dispensing pharmacist already knew what the visitor is going to be asked about by the interviewing pharmacist. This fact has made the dispensing pharmacist to give more effort in communicating with the visitor. Simulated approach to what should we communicate started to replicate itself among dispensing pharmacists.

We were surprised by the visitors' willingness to communicate. They all had time to sit and talk about the medicines they picked up from the dispensing pharmacist.

We also noticed that during the measurement period we had visitors' focus and attention shifted into the CP's corner with the interviewing pharmacist. We realized that the glass wall barrier effectis even larger than we could imagine. In some of the cases the dispensing pharmacist had to fight for visitors' attention.

At this point we realized that our focus during dispensing was not on visitors' healthcare, but it was shifted, by the time and lack of employees followed by an increase in workload, on the other side of a glass wall and paper work processes.

This methodology has led us to this realization: Nothing should be taken for granted! We have realized the importance of pharmacist influencing compliance and all other influencing factors regarding the personal characteristics of medicine user. The manager had opportunity during this period to evaluate all pharmacists' capabilities and disabilities. We all tested our knowledge and communication skills.

The IRRK methodology [6] took us outside the glass wall and made us sit face to face, heart to heart with our visitor. It has showed us where our focus was and made us rethink our true role and value system we were serving.

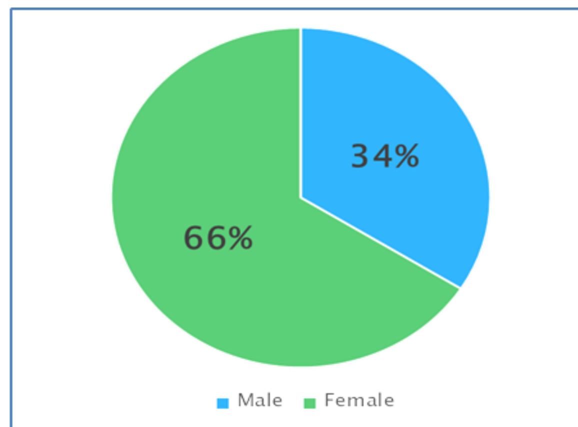
POST-MEASUREMENT PERIOD AND THE RESULTS

After hard work and all the challenges we had to face during the measurement time we all first felt a huge relief when the whole process ended. The methodology provider didn't provide us immediately the results so we had some time for explanations, conversations and deduction of the whole process.

This three-month period, before we got the results, was very useful for our manager as she was the first one that made some changes and decisions regarding the work processes organization in our CP.The manager decided to hire new employee for the position of space and equipment maintenance and to promote the existing employee, previous in charge of these jobs, into an administrative employee in charge of the prescription paper-work processes. By this decision, all pharmacists in our team were actually promoted. We all got needed time for putting our focus on visitors' healthcare. We become liberated of theseboring and annoying paper work with the prescriptions processing. The whole awareness-raising process during the measurement resulted with this one simple but very important move by our manager. This action has brought us important improvement in our work approach, and additional time to devote to working with the CP visitors.We got the results as an 80 page final report provided by the IRRK methodology provider[6].

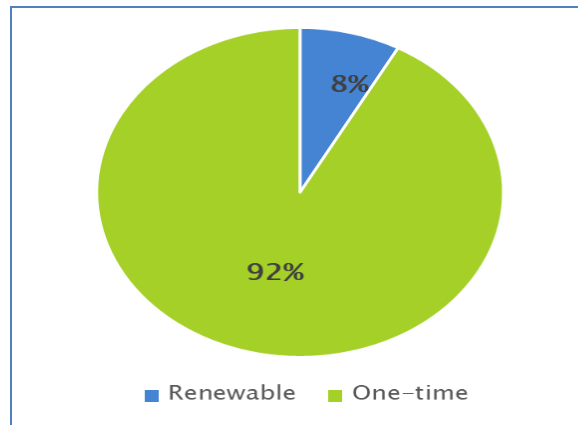
During the measurement period we have managed to question out 500 respondents and 919 questionnaires were useful for the analyses.

Figure 1: Percentage of Respondents Regarding Their Sex



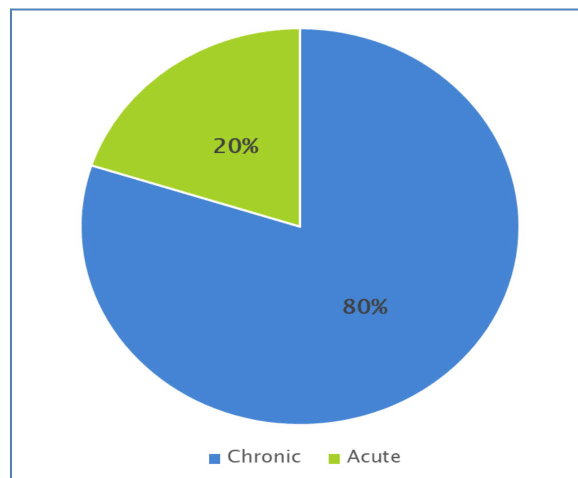
Interviewers have filled out questionnaires for about 2/3 of female respondents and 1/3 of males (N = 919). Respondents were considered to be all the visitors who had come to the pharmacy to pick up medicine for personal use or to pick the medicines on prescription for someone else and voluntarily participated in the survey.

Figure 2: Percentage of Rp Regarding Their Type



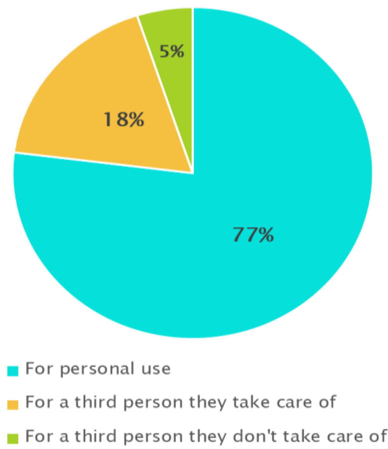
Survey (N = 919) considered the vast majority of one-time prescription medicines and less than 10 % of renewable prescriptions.

Figure 3: Percentage of Rp Regarding Type of the Disease



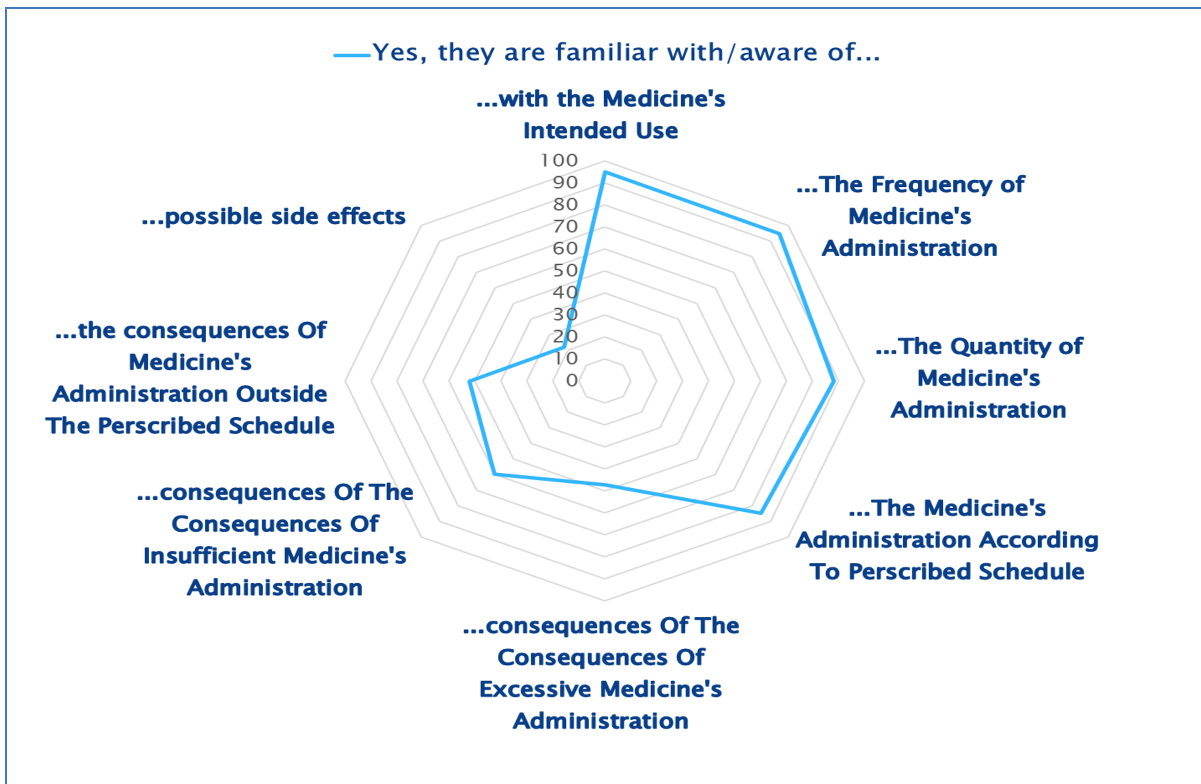
According to the survey results during the measurement we dispensed medicines largely (N = 919) for the treatment of chronic diseases, with just a fifth of such medicines for acute illnesses.

Figure 4: Percentage of Respondents Regarding the Recipe Holder



The results (N = 919) show that almost 80 % of the dispensed medicines were given to the recipe holder for their personal use. Less than a fifth of CPs has picked up medicines for someone they take care of and 5 % for a person they do not take care of.

Figure 5: Spider diagram – Compliance Measurement Results in Public "International Pharmacy" Vitez



Uncovered area by positive respondents' answers on the diagram has showed us possibilities and critical points for improvement in our work with the medicine users and our CP visitors. This diagram represents not only the summary of the respondents' answers but also represents an image of our success in compliance during the measurement period. Uncovered area by positive respondents' answers on the diagram can be consequence of our lack in communication with the visitors or a consequence

related to their personal characteristics. Anyway, we can't affect visitors' personal characteristics as much as we can improve our quality and communication content.

With this measurement our CP has become the first CP in Bosnia and Herzegovina with the measured compliance by the IRRK methodology[6].We have set a standard for Bosnia and Herzegovina and determined our pull-position coordinates for further progress regarding the service quality improvement. Our team also got a valuable training for the external interviewers and valuable knowledge in this important area.

We dare to find IRRK methodology[6] comparable with the mirror as the Sufi poet JalaluddinMevlana Rumi wrote:

You have no idea how hard I've looked for a gift to bring You.

Nothing seemed right.

What's the point of bringing gold to the gold mine, or water to the ocean.

Everything I came up with was like taking spices to the Orient.

It's no good giving my heart and my soul because you already have these.

So I've brought you a mirror.

Look at yourself and remember me.[8]

The IRRK methodology[6] has brought up the mirror for community pharmacies to deep self-inquiry related to their quality service and to test their approach to the quality management.

We dare all community pharmacies in EU to take this challenge and look themselves in the mirror as we did.

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Competitive Environment of a Community Pharmacy

Meta Galjot, mag. trž. kom.

As stated by Paul Watzlawick, "One cannot not communicate". Even if we're not verbally speaking, we're communicating something. Pharmacies often find themselves in a dilemma by what to communicate and how. In most cases, they simply do not communicate, which can create a problem, as communicating with visitors[2] is one of the most important areas for the viability of their business.

But how communication in connection to community pharmacies works? There are three basic types of advertising in relation to Community Pharmacies according to Puc (2017):

- Advertising Community Pharmacies' brands and its services
- Advertising Community Pharmacies through other product brands
- Advertising other product brands through Community Pharmacies

Each community pharmacy can define its added value which should then be communicated to their stakeholders, especially visitors. An added value can be communicated not only through words but with a proper selection of a product portfolio & consultancy services. This is important as there are many alternatives to a pharmacy visit a consumer can choose from. When it comes to community pharmacy's competition one must think wider, e.g. food supplements for weight loss can be bought via telemarketing channel and advice on a severe headache can be sought online using Google.

[2] The paper discusses people who visit pharmacies as pharmacy users and visitors (Puc, 2016) and not just patients due to pharmacies not only be visited by sick people, but also by those who want to maintain or improve their health and lifestyle.

The field of pharmacy business is, of course, dominated by prescription medicines (general & homeopathic) but there are other products:

- OTC (general & homeopathic)
- Medical devices (prescription or not)
- Food supplements
- Cosmetics
- Other health products

The competitive environment of each product set is somehow different. When it comes to prescription medicine community pharmacies are undefeatable. There is a complete market monopoly although market liberalization (Schmidt & Pioch, 2004) has brought some changes in Europe regarding ownership (in some countries pharmacy owners do not need to be pharmacists themselves) and spread of pharmacies (some countries allow unlimited numbers of pharmacies while some prefer some limitations). On the other hand in most European countries non-prescription medicines are available outside community pharmacies. For example, in Slovenia some of them are dispensable in stores with special licenses while elsewhere conditions vary (e.g. Ireland, Norway, and Sweden) (Vogler et al., 2012). Specialty stores operate under different legislative terms, the personnel goes through different educational trainings and they are mostly retail oriented. Often there is national and EU competition. Another important issue is the concept of a connected consumer: with increasing access to the Internet, the growth of online pharmacies has also increased (Thomas, 2011).

There is less control over products and sales channels when it comes to medical devices. Users can get them anywhere, for example at their dentist or optician, general ones even at the closest supermarket. The price is the only relevant criteria that matters, so chain stores have an advantage to catch the customer more easily then pharmacies. Usually there is a national level of competition.

With food supplements the competition is increasing even more. According to P3 Professional database (2019) in Slovenia there is currently 6000 products on the market and not all of them are available in community pharmacies. They can be obtained at every kind of store, web shop, and shipped locally or from another part of the world.

When it comes to cosmetics the competition represents everyone in the retail business, from local manufacturers to national and regional to ubiquitous competition. It is similar with other health products where competition is also increasingly growing.

How do visitors decide to patronage a certain community pharmacy? A popular opinion would be based on location and operating hours which is true when there are absolutely no differences among community pharmacies. Of course there can be other factors how people decide, for example based on staff's expertise and product portfolio chosen by the pharmacy (Thomas, 2011).

All community pharmacists are well aware that their business means much more than just dispensing. With increasing demand for healthcare services a community pharmacy can therefore be an essential part against the burden of ageing population and the rise of chronic diseases by tailoring one‘s offering to local priorities (Thomas, 2011). But when it comes to defining pharmacy's added value broadening or changing product portfolio is not enough anymore. For a pharmacy to stand out quality of its services has to be provided and functional internal communication has to be introduced (Singleton & Nissen, 2014). Well executed services delivered by community pharmacists can therefore make a great competitive advantage. As WHO has nicely put in the 90s, »Community pharmacists are the health professionals most accessible to the public« (WHO, 1994). Their key competitive advantage is to be available to people at any time without making prior appointment. An important task for the future would be changing visitor's perception of pharmacists to not only be dispensers but also providers of healthcare services (Thomas, 2011).

A community pharmacy has to be aware of its added value at all times and has to communicate it to their visitors continuously. When it comes to prescription medicine quality is of special significance. If the quality is not shown to the end user an undesired future might occur – remote dispensing machines already represent a reality in some countries (Thomas, 2011) and pharmacist should not let them be their substitutes. The situation is similar with non-prescription medicines. »It is important to ensure the public is aware of what a community pharmacy provides« (Mirzaei et al., 2018). A visitor must sense the difference of pharmacy's service compared to regular retail stores even when it comes to medical devices and food supplements which are often overlooked by pharmacists by being treated like medicines but with lower quality. With cosmetics and other health products being widely available to consumers elsewhere, a pharmacy must make a difference in that field as well.

At the end it‘s all about communication. It should be based on the added value of each community pharmacy itself. If there is no added value shown to visitors only communication through products is possible. By working as a team with same strategic goals pharmacists can build trust between themselves and their visitors which can lead to loyalty to a community pharmacy.

Every community pharmacy has a potential to define their added value and make it somehow different than others but most importantly it must let people realize it too.

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SPACE DESIGN SUPPORTING HOLISTIC COMMUNITY PHARMACY

Adam Puc, u.d.i.a.

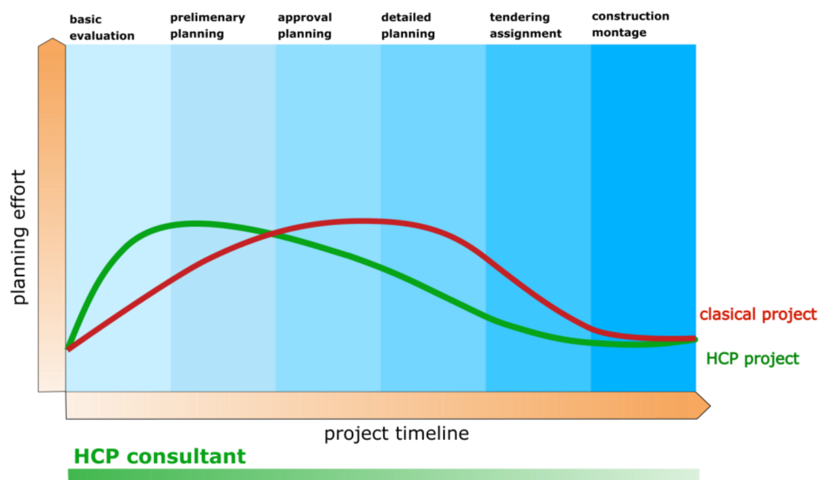
To set a broader view on Holistic Community Pharmacy- HCPs philosophy's impact on community pharmacy space, we will go through 3 different perspectives on HCP design

1. **Design process and participants key roles**
2. **Space development in "officina"**
3. **Design as a visual code – focus on a counter**

1. DESIGN PROCESS

Checking the design process you can notice a difference in a curve between a classical and a HCP design process.

Picture 7: Design process



- A HCP consultant is very important within first decision phases, they are done much easier and smoothly.
- First and basic evaluation MUST be done jointly by a HCP consultant, an architect and an investor.

- With a HCP consultant and BIM design (building information model) the process of a whole project is much more efficient and controllable.

The group of classical actors of designing is withered with a HCP consultant. Its role is as an investor's assistant, especially with the crucial decisions. Since he/she has a better overview of the working processes and needs of a community pharmacy, decisions can be made in the much earlier phase of a design. That makes investment cheaper and the project is running more smoothly and controllable.

2. OFFICINAS SPACE

officina (lat.) = Workshop

Originally, it was the name for a workshop that later transformed into a sales and show room where customers and pharmacista meet.

But that is already a classical disposition. It's much clearer if we go further back, when there was no special building for that. For a narrative example we can take a medicine man from Siberia. What is the basic principle of creating the atmosphere there? A man is sitting below a holy tree and has some stripes hanging from the tree to show how experienced he was. That was a powerful sign. A tree marked in such a way is a big element that creates its own space, a very respectful space. On the other hand the man is sitting peacefully with confident and a trustful look of his eyes and body language, so if there wasn't a tree you would easily go there and have some chat with him. So what is actually happening?

He is trying to create a space which has **just right level of tension between trust and respect**.

If you respect him too much, you are too scared and that is not good for healing. If you are too relaxed, than you don't take it seriously and that is not good for healing also.

If we follow the development of space of officinal through the history we can see, that form of the space followed the development of a relation between a customer and a pharmacist. These two components of an atmosphere constantly change their relation.

At first the customer actually didn't have an entrance into the workshop, he was just witness from the outside.

Then slowly the space for the customer – officina became organized. Officina became more of the show room with special furnishing. In the 19th century slowly a continuous counter starting to show up, and divide a space between a pharmacist and a customer. Than in the 20th century a counter became more and more closed until the 80s, 90s, somewhere even now, when they become completely closed with a glass and a lots of boxes that you hardly see any pharmacist behind. Than in 21th century you can see slowly a design developing in an opposite direction when a counter is again opened and designed to be more customer oriented.

- In HCP we strive to have a close contact with customers, that supports better professional counseling.
- For that is important to have space shaped in the manner that customer can open himself.

3. DESIGN AS A VISUAL CODE – FOCUS ON A COUNTER

An archetype or a visual code of the "pharmacy look" in the western culture is more or less connected with a solid counter and a lot of little drawers and boxes behind it. But nowadays with more plural oriented society also came a plural design of architecture and interiors. A visual code of what is a "pharmacy look" is also changing. Of course the question is in which direction.

You can see officinas that looks like supermarkets, local corner shops, futuristic laboratories, cosmetic salons…. Wherever this design development goes, for a good functional design of a pharmacy's officine it has to answer two basic questions:

1. How will looks of the space make you **FEEL COMFORTABLE ENOUGH TO SPEAK** about your illness?
2. How will looks of the space make you **BELIVE THAT SOLUTIONS** that are given will really help you?

And the response of the HCP author M.Puc is:

1. Introducing the sitting counter is the answer to first question
2. Keeping some sort of visual "pharmacy" code content is the answer to the second question

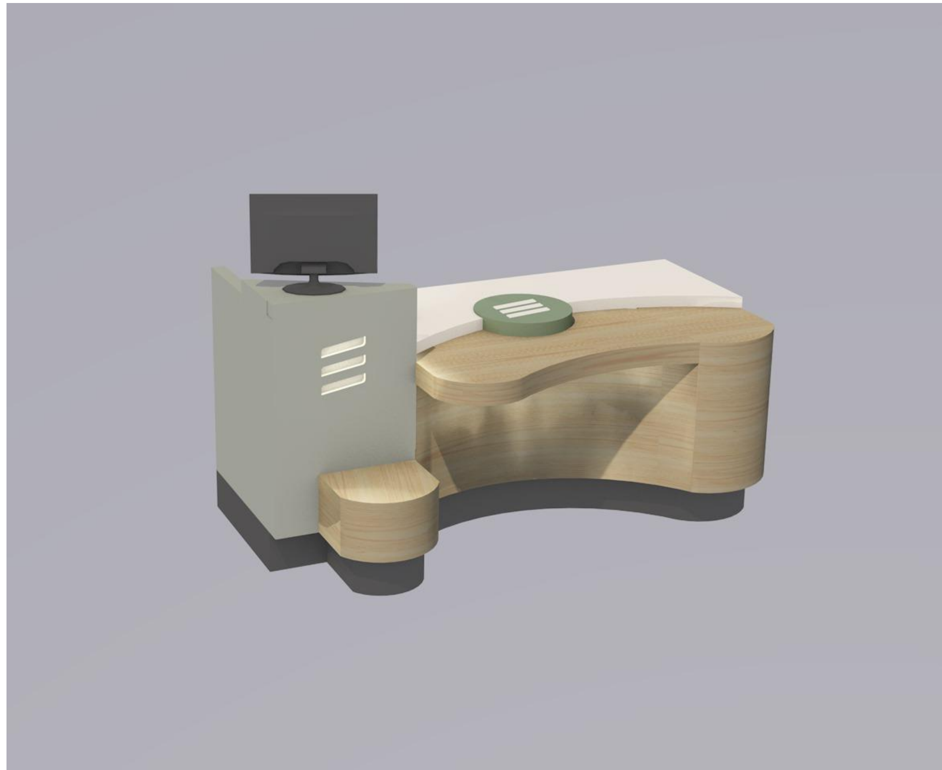
Picture 8: Holistic Pharmacy - Slovenija

Vir: ©Lekarna Toplek

As one of the basic elements of a visual "pharmacy" archetype and an important part in a contact with customers, I took a counter as the basic design element.

The main focus of HCP is health wellbeing of visitors. To support that, we developed the FIRST both side sitting counter for a Community Pharmacy that works regularly as the main counseling place.

Picture 9: Holistic Pharmacy - Slovenija



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Picture 10: Holistic Pharmacy - Slovenija

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