Disrupting the pharmacist profession

1 CPD CREDIT

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As a marketer and project manager with more than 20 years' experience, Shannon has focused on the community-pharmacy space for the past 10 years. Shannon's experience encompasses branding, digital marketing, loyalty programs, above the line and retail marketing. Her project skills enable a coherent and integrated message across all elements of pharmacy marketing.

Shannon Kerr works at instigo. For the purposes of full disclosure, instigo has a commercial relationship with the Pharmacy Guild of Australia to deliver the Health Advice Plus program into community pharmacy instigo also provides a range of business services to API including some marketing services, professional services coaching for Soul Pattinson and Pharmacist Advice stores and outsourced merchandising resources for Soul Pattinson, Pharmacist Advice and Club Premium.

LEARNING OBJECTIVES:

After completing this activity pharmacists should be able to:

- Describe the potential impacts of technology on traditional professions.

2016 Competency Standards:
1.1, 1.2, 1.3, 4.3.

Accreditation number:
A2002RP3.

An interesting book on possible future states of professions (such as pharmacy) questions whether, as we move from a print based society to an internet based society, there are new ways of organising professional work. *The Future of the Professions: How Technology Will Transform the Work of Human Experts* by father and son Professor Richard and Daniel Susskind[1] proposes that there are two possible futures for 'professions':

1. A more efficient version of the current status quo, mainly via **streamlining and optimising processes via technology**. An example of this might be doctor consultations via Skype, or automated dispensing technology in a pharmacy.

Or, alternatively, the future will change whereby:

2. Tasks that have traditionally been completed by professionals (eg, doctors, lawyers, teachers, pharmacists etc) are **increasingly taken over by systems and machines, completely changing the face of the traditional profession**. Examples of this are WebMD, automated online education, medical apps and automated tax portals. These are examples of where the traditional role of the professional as 'trusted adviser' has been basically removed from the day-to-day function.

The authors suggest that, in the short term, both of these developments will continue in parallel. However, they hypothesise that at a certain point the later scenario will dominate, as technology, artificial intelligence, and the breaking up of professions into smaller components of skill sets will lead to a situation where the traditional profession (or the actions of those professionals) bears little resemblance to how we currently see them.

The authors indicate there are objections to this possible future state. One is a 'trust' objection: "Without the professions, we will not have alternative trustworthy institutions that are capable of addressing problems and delivering the services that are currently handled by the professions."

The authors highlight that possessing a specialised skill set doesn't necessarily mean those professionals are unimpeachable (eg, misconduct, malpractice). They argue that a specialised division of labour doesn't necessarily equate to an equal division of moral behavior. 'Trust' can mean 'reliable' (ie, he or she performs as expected) or 'trustworthy', whereby a moral virtue is applied, so the professional isn't just reliable, but there is something good about their motivations.

Technology currently means moving from having a trusted adviser to accepting a reliable solution. Obviously, trust is inherent to the role of a pharmacist, as shown in the results of research into consumer trust in different professions.[2] Patients look to their pharmacist to not only help with their health concern, and help them navigate health services, but they also look to pharmacists to care about them. The after effects of the banking royal commission has shown what happens when this trust is eroded, as people increasingly consider their options with non-traditional financial institutions.

With up to 40 per cent of jobs at risk of being replaced by machines in the next 10 years[3], we are already well in to the first future state as indicated by the book's authors, whereby the functioning of the pharmacy is being streamlined and optimised via technology: DAA software, packing machines, automated dispensing, script apps, ecommerce, dispensing software, and the list goes on.

The next phase looks to be where the face of pharmacy is completely changed by the next raft of technological advancements emerging, with e-health, health CRM systems and, dramatically, electronic prescriptions coming into play. How pharmacies prepare for these and other changes (and whether the pharmacies have the technology in place to capitalise on them, if only to compete with larger competitors that are focused on group-wide solutions for these new changes) will largely determine how they perform over the next three to five years.

2020 is looking like a year of change. There will be governmental change covering political (7CPA, potential prescribing changes, etc), digital (electronic prescriptions and data protocols) and social/demographic (customer behavioral change) issues. This will flow through to the pharmacy of 2025 taking a far different format than we see today.

Electronic prescribing will frame one of the most significant changes the pharmacy industry has seen for both allied health and patients since the introduction of computers in the dispensary. And whilst the details are still emerging of electronic prescribing, if we think longitudinally, there are a number of things community pharmacy needs to do now to prepare us for 2020.

Key things to know

- Political: the electronic prescribing legislation has passed federal parliament. In our federated system, all the state/territory legislation will change at differing rates, but it is anticipated this will be done in early 2020 to allow a phased rollout. Electronic prescribing will not be launched until all medical and pharmacy software is upgraded. As such, it will most likely be piloted in a small area, then rolled out more widely.
- How will it work? Naturally, details are still being finalised, but it appears at ►