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retail

R O U N D - U P

CV risk assessment — is it worth investing?

Cardiovascular risk assessment in pharmacies is becoming more common. Gareth Malson investigates the financial implications of establishing such a service



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Preventative healthcare currently presents community pharmacists with an opportunity to expand their service range and engage the public in taking measures to improve their health. One area of interest is cardiovascular risk assessment. This article describes the financial considerations that need to be addressed before setting up such a service.

Variables to measure

British guidelines recommend that to determine a patient's 10-year risk of suffering a cardiovascular event, a healthcare professional would need to measure or determine:

- Total cholesterol (TC)
- High-density lipoproteins (HDL)
- Blood pressure
- Smoking status

In addition, blood glucose is often measured to screen for undetected diabetes and can be done at minimal additional cost. Low-density lipoprotein (LDL) and triglyceride levels can be measured to identify conditions such as the metabolic syndrome. But measuring these factors is not needed to calculate a 10-year cardiovascular risk, so they might be considered as optional extras for patients who would like a complete assessment.

Equipment

Cardiovascular risk assessments should be carried out by trained staff using calibrated equipment that is approved by the Medicines and Healthcare products Regulatory Agency, says Michael Livingston, director of Heart UK, a charity that raises awareness of the risks of high cholesterol.

Cholesterol and glucose Some examples of the unit cost for monitors that measure both cholesterol and blood glucose are listed in Panel 1 (see p3). Several monitors measure TC, but those that also measure HDL are less common and considerably more expensive.

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Promoting your pharmacy services

AAH Pharmaceuticals' customers who wish to promote their pharmacy services to the public can now do so through the launch of a new service. Local awareness campaigns are being offered to AAH customers, which may include promoting health awareness campaigns, informing local media about pharmacy launch events and ensuring the public are aware of screening services. Christine James, pharmacy marketing manager at AAH Pharmaceuticals commented: "The idea is that this will encourage customers to use the pharmacy on a more regular basis and provides opportunities to link-sell related OTC products and enhance the pharmacist's status as a community healthcare professional among other local professionals and their community." Prices and further information can be obtained by telephoning 02476 432684 or e-mailing professional.services@aah.co.uk.

Older customers

UK retailers often fail to pitch their services to older customers without being patronising or stereotypical, a new survey commissioned by Help the Aged has shown. The charity is calling on businesses to meet the needs of older people, including making premises more accessible, tackling the problem of packaging that is difficult to open and promoting better customer services.

Blood pressure There are many blood pressure monitors on the market and their quality varies. Your local GP or district nurse may offer advice about which brands of blood pressure monitor are the most reliable.

Consumables

Every monitor that performs a blood test requires a consumable piece of apparatus or test strip to perform each test. The cost of these consumables varies between products, and should be checked before purchasing the machine. Some example costs are shown in Panel 1. In addition to the testing apparatus, a lancet is needed to obtain the blood sample, and cotton wool or plasters are needed after the sample is taken. These cost 40–50p per test.

Blood pressure monitors operate at no consumable cost. A pharmacy may choose to offer blood pressure checks free of charge as a method of engaging the public in health awareness.

Disposal services

Taking blood samples for measuring cholesterol creates both sharps waste and soft tissue waste, says John Foreman, pharmacist and partner at Green Light Pharmacy, London. Green Light Pharmacy currently provides a cardiovascular risk assessment service in all of its branches, and Mr Foreman points out that this service requires additional disposal arrangements. Green Light uses Cliniserve to dispose of clinical waste, which charges around £20 per collection (usually done every three months) and £10 per bin collected.

Insurance

Pharmacies that are insured by the National Pharmacy Association are covered to provide services that require taking blood samples. However, any pharmacy that starts providing



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a service that involves taking blood samples needs to inform the NPA of this. Any pharmacies that are insured through other companies would need to contact their insurance provider to determine whether an additional insurance premium is required.

Staff vaccinations

Members of staff who handle blood samples require vaccination against hepatitis B, which is available through the NHS. However, Mr Foreman points out that staff would need time off work to be vaccinated. Consequently, a pharmacy proprietor may choose to pay for vaccinations to be done “in house” .

Writing and updating protocols

Guidance for setting up a service and writing standard operating procedures is available from the Royal Pharmaceutical Society and the National Pharmacy Association. Procedures also need to be reviewed and updated regularly. “ The clinical management of such a service takes up a lot of time because clinical guidelines are

constantly being updated. I would recommend reviewing your procedures at least once a year,” says Mr Foreman.

Society guidelines recommend that consent is obtained from the individual before results are passed to the GP. Any individual who is identified as being at high risk of suffering a cardiovascular event but refuses such consent should be advised to seek medical advice.

Funding

Potential methods for funding a service will depend on local arrangements and demographics. As described in the January issue of *Retail Round-up* (p1), local residents may be willing to fund the service privately. Alternatively, the primary care trust, who may be under political pressure to develop preventative healthcare services, may be willing to commission the service.

Another possibility is local authority funding. Green Light Pharmacy is a partner in a community project in West Euston, London, entitled the Healthy Community Project. The project is overseen by the local council and run by the PCT, a medical centre, Green Light Pharmacy and a voluntary community group. The project has received part of its funding from a National Lottery grant.

Is it worth it?

Mr Livingston emphasises that people using a cardiovascular risk assessment service should receive a copy of the test results and personal action plan. It is estimated that this process takes 15–20 minutes. However, this does not have to be all done by the pharmacist, provided the support staff are suitably trained.

Primary care trusts that already commission this service pay between £25–£35 per patient. Considering the current political climate, pharmacy proprietors would be well advised to investigate further.

Panel 1: Costs of blood glucose and cholesterol monitors

The unit cost and cost per testing apparatus (test strip or testing cassette) for some of the devices available to measure cholesterol and blood glucose include:

Device	Manufacturer	Measures	Unit cost	Cost per test
Accutrend	Roche	TC, BG	£199	£0.30–£1.84
Cardiochek	BHR	TC, HDL, LDL, TG, BG	£479	£0.35–£9.96
Cholestech LDX	Point of Care	TC, HDL, LDL, TG, BG	£1,055	£4.75–£6.50

Key: TC = Total cholesterol HDL = High-density lipoproteins
 BG = Blood glucose LDL = Low-density lipoproteins
 TG = Triglycerides

Capitalise on capital allowance

Changes in capital allowance laws are coming into effect in April. They could have a dramatic effect on the tax bill a community pharmacy business will have to pay. Lorenzo Cipollone explains how the new regulations will affect pharmacy businesses and how they can maximise tax efficiency



Dispensing robots in community pharmacy: such investment will be subject to greater tax relief under new regulations

Community pharmacy tax bills can be significantly reduced by claiming capital allowance on any assets purchased. The level of capital allowance that can be claimed will change in April, and as a result, pharmacy proprietors might wish to reconsider when they purchase their assets to ensure that they get the best tax deal.

At the moment, under current regulations, during the financial year in which an asset is purchased, small and medium enterprises (SMEs — see below) can claim tax relief on 50 per cent of the cost of the asset. This is known as the first year allowance.

What is an SME?

A small or medium enterprise (SME) is one that meets at least two of the following three criteria:

- It employs fewer than 250 people
- It generates an annual turnover of less than £22.8m
- It holds assets that amount to less than £11.4m

During subsequent years, the business can claim tax relief on 25 per cent of the balance of the asset's purchase cost that remained at the end of the previous year. This allowance is sometimes referred to as the "writing down allowance" (WDA).

New regulations

From April (1 April for companies, 6 April for sole traders and partnerships), the first year allowance will be abolished. In its place, SMEs will be entitled to claim tax relief on all of the first £50,000 spent on eligible assets. This will be known as the annual investment allowance.

The assets that constitute the first £50,000 spent will be determined according to the date of invoice or the date of contract (if the asset requires contracted work to be undertaken). For businesses whose financial year ends on 31 December, the current and new regulations will apply before and after 1 April, respectively (see Panel 1, p9).

Each business operating as a sole trader will be allowed one such allowance for each sole trade activity they perform. Therefore, if a sole trader who runs a pharmacy also

performs a commercial activity that is independent from the pharmacy (eg, holiday letting), the sole trader would be allowed a £50,000 allowance for each activity.

However, a business that operates as a "company" will usually receive only one allowance irrespective of the number of commercial activities it performs.

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What is capital allowance?

Capital allowance is tax relief available to businesses that invest in assets such as machinery, fixtures and fittings, and vehicles. In a community pharmacy, such assets could include a dispensing robot, new shelves and product stands, air conditioning and central heating units. The business can claim tax relief on part of the purchase cost of all of these assets — both during the year of purchase and during subsequent years — throughout the life of the product.

Panel 1: Example of allowance if financial year ends 31 December

A company operates with its financial year ending on 31 December. During 2008, the company will receive an annual investment allowance of £37,500 (because 0.75 of its financial year occurs after the new capital allowance regulations are put in place, ie, $0.75 \times £50,000$).

The company will be able to claim first year allowances on assets that are purchased between 1 January and 31 March 2008.

Pharmacy proprietors should check with their accountant if they are unsure about the allowance that they will be entitled to.

If the total expenditure on assets is above £50,000, this additional spending will be eligible for WDA (as per the current regulations), at a rate that is determined according to the category the asset falls into. These categories are:

- Assets that are used to deliver a service — 20 per cent
- Integral features of the building — 10 per cent
- Long life assets — 10 per cent

Assets that are used to deliver a service include fixture and fittings (eg, shelves, dispensary furniture), and plant and machinery (eg, computer systems, tills). Integral features are assets that are part of the building but not specific to the service that is delivered (eg, central heating systems, air conditioning units).

Long life assets are those that cost more than £100,000 and are expected to be used for more than 25 years. An example of a long life asset that might be

purchased for a community pharmacy is a dispensing robot.

Assets bought in previous years that qualify for WDA under current regulations will remain eligible, although the rate will reduce from 25 per cent to 20 per cent.

What happens under current regulations

An example of how WDA is calculated under current regulations is shown in Panel 2. Most assets are eligible for first year allowance, although there are some exceptions. These include:

- **Long life assets** Business owners can claim WDA of 6 per cent of the cost of the asset during the year of purchase, and 6 per cent of the remaining balance during every subsequent year.
- **Cars** A business that has purchased a car that costs more than £12,000 cannot claim tax relief on the purchase of more than £3,000 per year. This limit is reduced further if a sole trader is also using the car for non-business purposes.
- **Environmentally friendly cars** A business that purchases a car that is electric or has low carbon emissions can claim tax relief on the full cost of the purchase.

Consequences of new regulations

The new regulation will result in a change in accounting practices for community pharmacies compared with previous years. From April 2008, pharmacy owners will need to provide their accountants with information on the nature and use of each asset, in order for the tax to be calculated correctly. All assets bought before April 2008 (with the exception of long life assets) will qualify for WDA at a rate of 20 per cent, so will not need to be classified.

An example of the effect of the new regulations is shown in Panel 3. However, depending on the cost of the asset and the date on which the business's financial year

Panel 3: Example of maximising tax efficiency

A sole trader pharmacy owner operates her business with a financial year ending on 5 April. She is considering upgrading her electronic point of sale (EPOS) system at a cost of £6,000. She has made no other capital investment during the 2007–8 financial year.

- If the upgrade is undertaken in March 2008, under current regulations she would receive tax relief on 50 per cent of the £6,000, as a first year allowance.
- If the upgrade is undertaken in May 2008, she would receive tax relief on 100 per cent of the £6,000, as part of her annual investment allowance.

It is therefore more tax effective to do the upgrade after the new regulations are in place.

ends, it may be more tax efficient to purchase some assets before April. Pharmacy proprietors should seek advice from an accountant regarding the optimal timing for purchasing all assets during 2008.

The final decision on these regulations will be announced by Chancellor of the Exchequer Alastair Darling during his budget speech on 12 March. This will also include a decision regarding whether to retain the current 100 per cent first year allowance on environmentally friendly cars.

Lorenzo Cipollone is a chartered certified accountant at Hutchings & Co, Amersham, Buckinghamshire

“ From April, pharmacy owners need to record the nature and use of each asset ”

Panel 2: Example of how to calculate “writing down allowance” under current regulations

A pharmacy purchased an electronic point of sale system at a cost of £1,000 (excluding VAT) in September 2006.

- During the financial year of 2006–7, the business is entitled to claim tax relief of £500 on this purchase (50 per cent of £1,000)
- During the financial year of 2007–8, the business is entitled to claim tax relief of £125 on this purchase (25 per cent of the remaining £500)
- During the financial year of 2008–9, the business is entitled to claim tax relief of £93.75 on this purchase (25* per cent of the remaining £375)

*Under proposed regulations that will apply from April 2008, this rate will change to 20 per cent

Drawing the line with customers

Is the customer always right? There may be times to consider whether or not a particular customer is worth keeping, says Lin-Nam Wang, who looked at some experts' advice and spoke to a couple of proprietors

I was in a large branch of a well-known bookseller this month. All I wanted was to know if it had a particular book in stock, find it, and buy it — I am what they call a “low-maintenance customer”. When I got to the enquiries desk, however, I found myself third in line, watching the woman at the front of the queue argue with the sales assistant over whether a book existed in a later edition than 2006. The customer insisted there was a 2007 edition (“someone told me”) but, according to the chain's computer, the latest edition was printed in 2006. That should have been the end of the matter but she refused to budge. Over the next 10 minutes, the sales assistant tried to communicate, in at least eight different ways, that a 2007 edition could not be ordered because it did not exist. At one point, the customer even accused the sales assistant of not knowing how to use the database properly, to which she calmly responded: “Yes, I must be stupid, but that doesn't change the fact that there is no 2007 edition.” The situation ended with the customer walking out. The point of this story is that no one won. In fact, the business probably lost because, in the meantime, the man in front of me walked out, as I would have done if I had been in a hurry. Clearly, a bad customer can take up staff time and prevent them from helping others.

In ‘Customer service: a practical approach’, Elaine Harris defines “challenging customers” as those with problems, questions, fears and personalities that require us to work to achieve true communication. Her list includes customers with language difficulties or no understanding of your product or service, those who are openly hostile, angry, visibly upset, impatient or non-communicative, those who have an attitude of superiority or who imply that they are doing you a favour by doing business with you, and those who have difficulty making decisions. Chris Howland-Harris, proprietor of Ashgrove Pharmacy, Bristol, points out: “Many customers coming into a pharmacy will be feeling ill, anxious or in pain — all of which can make the best of us miserable or irritable.” And he believes that customer relations can always be mended.

In ‘Dealing with difficult people’, Roy Lilley's advice is to avoid difficult customers in the first place, by delivering what and when you say. Similarly, Noel Baumber of



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Barrowbygate Pharmacy in Lincolnshire, lists good organisation, pleasant staff, remembering customers' names, and honesty among factors that help make it difficult for patients to get the wrong impression or “to go off the deep end”. However, in ‘Customer care excellence’, Sarah Cook's tip is to make sure you always exceed expectations. The example she gives is that the Disney company overestimates its waiting time for rides in Disneyland by five minutes so people are not disappointed.

The flip side

To keep the peace, Mr Lilley even suggests trying a “chaperone approach” by giving a member of staff special responsibility to look after a valued but difficult customer. But where do you draw the line? Sometimes a customer will push you to the point where you have to make a serious decision about just how far you will (or can afford to) go.

When I worked in a branch of a large multiple in London, which had a shoplifting problem, we had a “customer” who frequently returned goods (“bought in another store”) with no proof of purchase. On the sixth occasion, a member of staff refused him a refund. The customer was rude to her, then telephoned the customer services department, which promptly gave him a refund, plus some gift vouchers. He was satisfied, but the staff felt he had been rewarded for his bad behaviour. The lesson here is that letting a customer behave badly and meeting his or her unreasonable demands can damage staff morale.

In ‘The customer comes second’, Hal Rosenbluth writes that siding with the customer no matter what indicates that a business's management does not value its employees and that they have no right to respect. He argues that putting staff first will make them happy, and happy employees are more motivated and give better customer service.

The maxim “the customer is always right”, coined by Harry Selfridge, has almost become an axiom for the customer service industry (and for some consumers) but it does not mean you should let the customer walk all over you. In his book ‘From worst to first: behind the scenes of continental's remarkable comeback’, Gordon Bethune, former CEO of Continental Airlines, says: “When we run into customers that we can't reel back in, our loyalty is with our employees. . . Just because you buy a ticket does not give you the right to abuse our employees. . . When it's a choice between supporting your employees, who work with you every day and make your product what it is, or some irate jerk who demands a free ticket to Paris because you ran out of peanuts, whose side are you going to be on?” Customer complaints policies, therefore, should also tackle the issue of when it is not worth giving in to a customer and who is to decide this. My limits, for example, would be abusive behaviour or lying to take advantage.

According to Derek Williams, creator of the WOW! (customer service) Awards, you should not try to salvage a bad customer unless you are desperate: “Let them go to your competitors. In fact, it might even be worth paying for the taxi to take them. Your employees and your good customers will reap the benefit of getting rid of these bad ones. And so will you as the business owner.” He adds: “If you are forced to hang on to [a bad customer], you need to agree on some rules — what can [he or she] expect from you and what are the limits. This is why communication is so central [to customer services].” Mr Williams told *Retail Round-up* that when he first started in business, he thought he had to put up with every customer no matter how bad mannered or unprofitable they were. Then he realised he could not give good service to everyone: “I had to specialise. I had to identify my target market and focus on that. And that is when my business really started to grow.”

Supplying the pharmacy demand

Matthew Wright takes a look at how AAH Pharmaceuticals's new group managing director Mark James views the wholesaling sector and what he thinks AAH can offer its customers

Last year the pharmaceutical wholesaling sector was sent spinning as a number of pharmaceutical companies changed the way they deliver their medicines to pharmacies. Many manufacturers changed to direct-to-pharmacy distribution models — using wholesalers as logistics services providers — and others reduced the number of wholesalers selling their medicines.

On top of that, wholesaling giant AAH Pharmaceuticals has been through an internal shake-up with the departure of Steve Dunn (formerly group managing director) and Ian Davidson (formerly finance director) — familiar faces within the sector.

Mark James, recently appointed group managing director of AAH Pharmaceuticals, says he is committed to reinforcing AAH's position by strengthening its relationships with dispensing customers and suppliers.

Supply

The Office of Fair Trading, in its report on UK medicines distribution, accepted that direct-to-pharmacy distribution schemes could result in reduced standards of service to pharmacies, and thereby patients. However, it did not call for a stop to changes within the sector. It has recommended, among other suggestions, that the Government decides on what minimum level of service the NHS is paying for when it negotiates the price of medicines under the Pharmaceutical Price Regulation Scheme, and seek the agreement of manufacturers on these standards.

"The OFT market study examined the issues extensively," Mr James reflects, adding that there would undoubtedly be further developments within the sector in 2008. "We now await the response of the Department of Health and the Department for Business, Enterprise and Regulatory Reform. However, it is clear that change is here to stay and there will not be a return to the one-size-fits-all wholesale model."

He believes that AAH is well placed to help develop and deliver innovative distribution models that meet the needs of particular



Mark James, group managing director of AAH Pharmaceuticals: AAH is continually looking to develop new services that reinforce pharmacists' retail performance

suppliers. He draws attention to AAH's ePOD (electronic proof of delivery) system, which electronically tracks a product from delivery to an AAH warehouse through to the pharmacist's electronic signature. "This not only reduces the amount of paperwork in the supply chain infinitely, but also serves to eradicate human error," he says.

Mr James believes that AAH has a partnership ethos based upon helping suppliers and community pharmacy develop new relationships which are mutually beneficial. "Whatever the future holds," he says, "our commitment at AAH is to provide

a secure and efficient supply chain to pharmacies and patients while, at the same time, meeting the changing needs of suppliers."

Value-adding services

"AAH will continue to provide a comprehensive range of business and professional support tools, from financial support and IT solutions through to merchandising, category management, shop refits and pharmacy staff training," says Mr James. And he is keen to point out AAH's portfolio of value-adding services. The wholesaler's range of Health Watch solutions are aimed at providing support for pharmacies investing in new areas of opportunity, such as men's health, weight management, cholesterol testing, medicines use reviews and diabetes screening.

"There will not be a return to the one-size-fits-all wholesale model"

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Mr James says that AAH is continually looking to develop new services that reinforce pharmacists' service role and retail performance. "For example," he says, "our new value-added nutrition service, which is part of our category management programme, offers products and merchandise for patients with food intolerances, obesity problems, low-carbohydrate requirements, immune system problems or long-term illness."

Linking in with this programme is a new in-store booklet, which lists more than 300 specialty products that a pharmacist would not normally be able to stock because of short expiry dates — products ranging from sugar-free jam to gluten-free bread. "This reinforces the pharmacists' health advice role by linking a range of foods to a patient's dietary requirements," he explains.

The profession

"At the other end of the spectrum we will continue to champion the role of pharmacy with relevant national and local stakeholders — from national politicians to local health boards and primary care trusts," he remarks. He is particularly keen to see that pharmacists are allowed to maximise opportunities and relationships with local service commissioners. For instance, AAH is involved in a project with the local

"We continue to champion the role of pharmacy with relevant stakeholders"

pharmaceutical committee in Devon to promote medicines management in chronic obstructive pulmonary disease among the local community pharmacists.

Mr James is conscious of the political environment: "We constantly strive to supply services and support to our customers that meet the NHS agenda." For example, he says that AAH was the first wholesaler to meet the requirements of NHS Connecting for Health's IT structures.

He adds: "While we help pharmacy to lobby for further service opportunities, we will develop support tools to make those opportunities achievable."

Business basics — answers to your common retail problems

By business contributor Reg Peplow

Cash books

Question Why is a cash book necessary if I operate mainly with cards and cheques?

Answer In business terms "cash" is money in any form, not just notes and coins. A cash book is a record of cheques issued, cheques received, standing orders, direct debits etc. The nature of cash books varies from business to business, many are held on CD or part of accounting systems software. All are designed to keep tabs on money actually paid in and actually paid out. Money due to be spent or received is recorded elsewhere. The "petty cash book" — a record of miscellaneous spending from the till or pocket is often ignored, but much of this expenditure can be claimed against tax and often includes an

element of VAT, so there is much to be said for seeking and keeping receipts.

Flexible working

Question A new employee with children aged eight and ten has applied for flexible working to attend school activities. Does she have a right to this?

Answer Not at present. The right to flexible working is currently limited to parents of children under the age of six (or 18 for disabled children). However, the Government is keen to extend this right to parents of older children and is seeking views on this. Updates can be found on the Department for Business, Enterprise and Regulatory Reform website (www.berr.gov.uk).

Misleading advertisements

Question What are the differences between "misleading" and "comparative" advertising?

Answer An advertisement can be misleading if it contains a false statement of fact, creates a wrong impression or makes a promise when there is no intention of keeping it. It is comparative if, either explicitly or implicitly, it identifies a competitor or goods or services offered by a competitor. The trouble arises when an advertisement is misleading or takes advantage of the reputation of a trademark or trade name. Several bodies, including the local trading standards service, will take court action where necessary. A fact sheet on the subject is available from the Office of Fair Trading (telephone 0845 722 4499 ext 7211).

Interviewing skills — an art or a science?

Once job candidates have been shortlisted, the best candidate needs to be determined, commonly by interview. Although this method has its weaknesses, these can be minimised by careful planning. Ruth McGuire reports



Tigorr/Dreamstime.com

During the recruitment process, the shortlist of potential candidates for a job needs to be whittled down to a single person.

Barbara Sutherland, resourcing manager at Lloydspharmacy, says that recruitment and selection is an

art and a science. "Testing and questioning can determine if the candidate has the technical expertise or skills to perform the role," she said. "That said, these methods are not always robust enough to determine if the candidate possesses the competencies suitable for the position or personal traits that match the organisation's values."

Despite its weaknesses, the interview remains the preferred option for checking whether candidates are as good in reality as they appear on paper. The main problem with an interview is that it relies on the candidate's own report of their abilities and behaviour, which can incur an element of bias.

Interview format

Interviews can be conducted in different styles, all of which have advantages and disadvantages for the interviewer and the interviewee.

The choice of assessment method is often determined by the expertise that is available. For example, if human resources support is available, the interview process could involve personality and psychometric tests. For independent pharmacies that do not have HR support, options for assessment may be limited.

One-to-one interviews

The one-to-one interview is usually preferred by interviewees because it tends to be less intimidating to be interviewed by

Prescription sorting

Some community pharmacists will be receiving letters from the NHS Business Services Authority asking for changes to be made to the way that prescriptions are bundled for submission. This will involve separating prescriptions endorsed with a broken bulk claim, and calendar pack prescriptions where the quantity prescribed differs from the pack size and the quantity ordered has been dispensed. The changes are required as part of the Prescription Pricing Division's capacity improvement programme (for further details visit www.psn.org.uk). The Pharmaceutical Services Negotiating Committee says it is seeking recognition of the cost incurred by this extra work.

Antibiotic campaign

A campaign to encourage patients to get well without using antibiotics has been launched by the Department of Health. The public are advised to seek advice from their pharmacist about cough and cold remedies. Leaflets and posters can be ordered from Department of Health Publications Orderline, PO Box 777, London SE1 6XH (tel 08701 555 4555, e-mail dh@prolog.uk.com, fax 01623 724524).

Online tools

A "diabetes symptom checker" and a body mass index (BMI) calculator can now be accessed online. The diabetes checker enables users to establish in minutes if they are at risk of diabetes. It provides guidance on understanding the results and suggests whether any further action is necessary. The BMI calculator provides users with guidance on how to obtain and maintain a healthy BMI. Both tools are available via the NHS Choices website (www.nhs.uk).

Recruitment series

This article forms the second part of a feature on recruitment. An article entitled "Are you recruiting the best person for the job?" was published in the January issue of *Retail Round-up* (p13-14).

“ There is nothing to be gained from making an interviewee feel afraid or uncomfortable ”

one person than by a panel. However, the one-to-one interview is more open to bias.

Some companies try to address this problem by organising a series of one-to-one interviews with different managers. One of these may be the human resources manager, who explores general issues about the candidate's work history and career outlook. This allows the line manager for the post to focus an interview on job specific issues such as providing evidence for the required competencies.

Extended interviews A company may choose to incorporate additional or extended assessment methods into the interview process. These include aptitude tests, personality tests, psychometric tests, group discussions, role plays and presentations. These techniques enable an employer to:

- Make an informed and objective assessment of each candidate's skills and abilities
- Observe each candidate's behaviour in a situation typical to the workplace

Panel interviews The panel interview tends to be the preferred format of interview for professional or managerial posts. The presence of two or more people during the interview reduces the risk of bias and discrimination.

The panel can comprise of staff from different parts of the company (eg, human resources, line manager, director, existing post holder), which allows each panel member to assess the candidate from a different perspective.

Preparation is essential for a panel interview to be successful. A chairperson should be appointed to control the interview discussion and direct questions to different panel members. The sequence and nature of questions needs to be agreed in advance. In addition, some selection panels appoint one person to be a “ note taker ” . Alternatively, panel members can share responsibility for taking notes and recording answers.

Conducting an interview

The interview process can be effective provided the interviewers understand how to make the most of the time they have with

a candidate to assess his or her ability. Interviews are a two-way process, although the interviewee should do most of the talking. Good interviewers encourage a candidate to express his or herself, and can generate enough information about the candidate's experience, skills, attitude, personal qualities and behaviour to enable an informed decision to be made about his or her suitability for a job.

Interviewers should be prepared to provide general information about the company and attempt to answer any query that the interviewee may have. This may be about:

- Company strategy
- Employee benefits
- Training opportunities

Interviewers should be welcoming and friendly to make candidates feel at ease. There is nothing to be gained from making an interviewee feel afraid or uncomfortable.

The interview environment is as important as the structure of the interview. Candidates will usually be nervous, so an environment that looks welcoming and friendly can help to calm their nerves. This includes seating arrangements — placing chairs at angles or in a circular arrangement can be far less threatening than seating the candidate on the opposite side of a table to the panel.

The right questions

Interview questions should be open (questions that begin with “ how ” , “ why ”

“ The final decision should be supported by facts, not perceptions ”

and “ what ”) rather than closed (those that can be answered with “ yes ” or “ no ”). Although some questions will explore issues specific to a candidate's application, all candidates should be asked the same set of questions. This ensures the process is fair and helps the interviewer to compare answers. All questions should relate to the competencies and abilities required to do the job.

Critical incident questioning is often used to assess how a candidate will behave under certain circumstances. For example an interviewer may ask:

- How would you deal with a difficult customer who starts shouting at staff in the pharmacy?
- Tell me about an occasion when you made a mistake at work that affected other people

Experience-based questions are useful for learning more about an interviewee's working style and accomplishments. Personality tests, such as the Thomas Personal Profile Analysis, can help an employer explore a candidate's work style. They address questions such as:

- What are the candidate's strengths and possible limitations?
- Is he or she a self-starter?
- How does he or she communicate?
- What motivates him or her?

Inexperienced interviewers should seek legal or professional advice about the type of questions to avoid, to prevent the possibility of candidates feeling that they have been discriminated against.

The final decision

The final stage of the assessment process should relate directly to the first stage — the job description. The best candidate for the post should be the person who has demonstrated the skills, qualifications, attitude and experience specified in the job description (and personal specification if one exists). The evidence used should only come from the application and assessment process. If used, candidate scoring should support the final decision, which should be supported by facts, not perceptions or “ gut feelings ” .

If the right candidate has not emerged during the assessment process, it is better to readvertise than to recruit the wrong person.

There is no such thing as the perfect recruitment and selection method. The best that proprietors and managers can do is reduce the margin of error when recruiting new staff by using methods that have proved to be effective.