

THE FACE OF
PHARMACY

+ THE FACE OF PHARMACY

Gavin Birchall
MA Graphic Design

'The brand identity of pharmacy is decades behind
what it is now able to contribute to society
and it's not because of what we do, it's because we
don't position ourselves very well.

It is clear that there is a gap between
the ambitions of the profession
and the impact that it is delivering
with its current branding strategies.'

Gavin Birchall, Founder,
The Face Of Pharmacy Project.

1st November 2014

+ APOTEK

The 'Apotek' visual identity was designed by Bo Linnemann of Kontrapunkt for the apothecaries of Denmark and won the Danish Design Prize in 2007.



<http://www.kontrapunkt.com/work/apoteket>

How might the pharmacy profession harness its brand identity and apply new technology to secure the role of the pharmacist over the next 50 years?

Objectives

Gather original evidence relating to society's perception of the pharmacy profession and explore its brand characteristics. Create a debate within the profession to highlight the importance of branding to securing a successful future. Forecast potential changes in the supply of pharmaceuticals and the role of the pharmacist driven by technology. Develop a conceptual visual identity for the pharmacy profession to carry its brand messages.

Methods

Primary: Qualitative and quantitative interviews and survey. Practice based research. Future forecasting.

Secondary and tertiary: Literature and contextual review.

Key findings

Members of the pharmacy profession are dissatisfied with the way in which society perceives their contribution. The identity of the pharmacy profession has become associated with retail through a lack of deliberate management. The future of pharmaceutical supply is likely to change and become more remote from the patient in coming decades.

Conclusions

The pharmacy profession must begin thinking of itself as a brand and actively manage the way in which that brand is perceived by society. It should utilise a full range of tools to achieve this and develop, consistently apply and protect a visual identity to assist the recognition of its work wherever and whenever it manifests.

Keywords

Pharmacy, pharmacist, visual identity, branding, profession.

Gavin Birchall

BPharm (Hons), MRPS, PGCM, MA Graphic Design

ENQUIRY

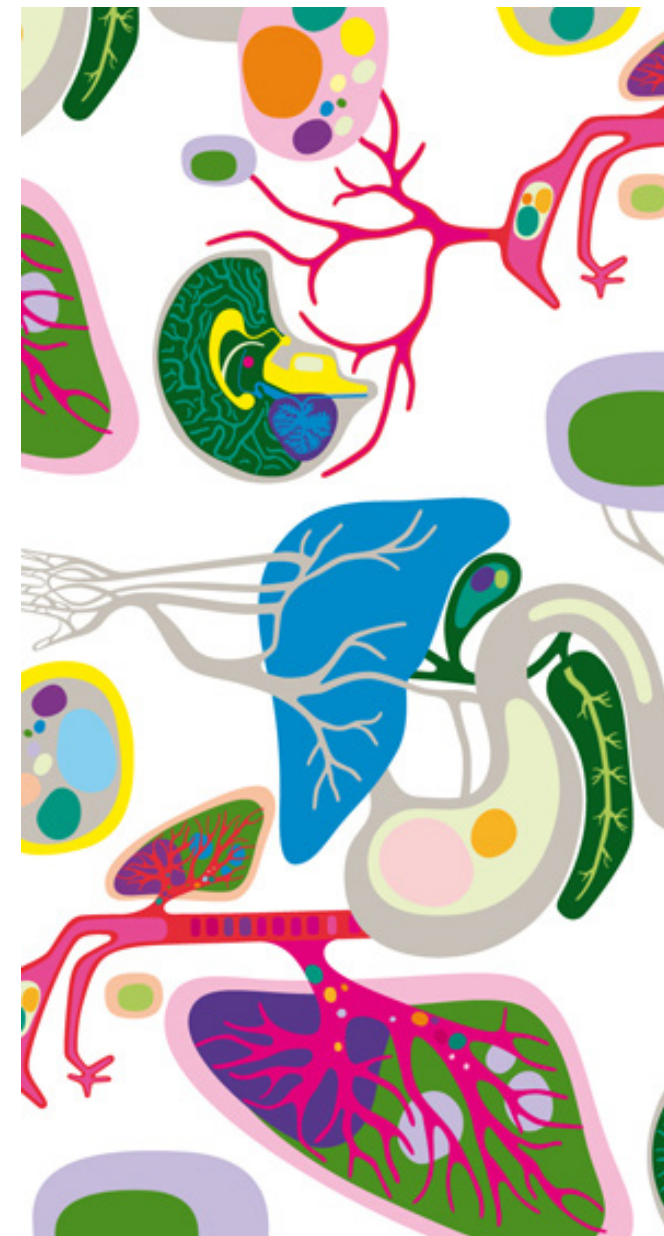
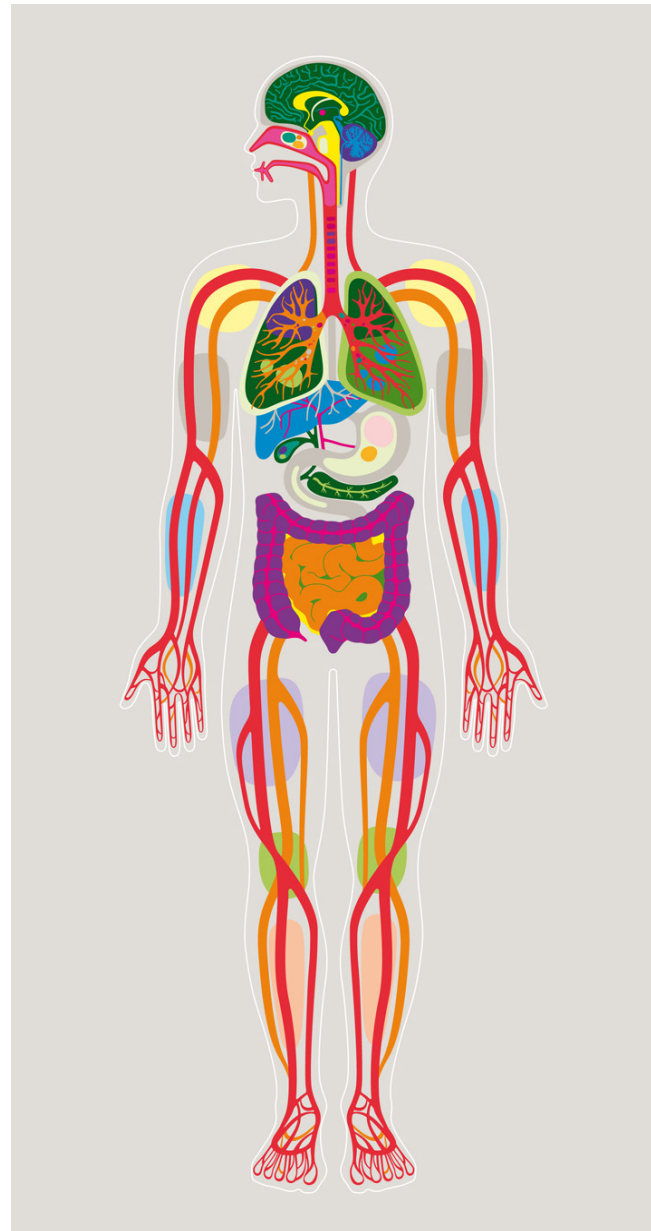
ABSTRACT

AUTHOR

+ VARDAPOTEKET

When all 945 nationally owned pharmacies in Sweden were privatised in 2009, Vardapoteket commissioned Stockholm Design Lab to develop this award winning visual identity inspired by anatomical and botanical illustrations.

<http://www.stockholmdesignlab.se/wardapoteket/>



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+ INTRODUCTION

Pharmacy through a critical lens

+ DAMIEN HIRST

Damien Hirst brought the pharmacy aesthetic to mainstream attention with his 'Pharmacy' installation, first shown at the Cohen Gallery, New York in 1992. Hirst created the work after 'witnessing that pharmacies 'provoke an idea of confidence.'

He further explained: "I went to the Chemist's and thought, "I wish I could make art like that. Then I realised that I could have it as it was.'

<http://www.damienhirst.com/pharmacy>



INTRODUCTION

The Face Of Pharmacy Project began through a desire to improve the way in which the pharmacy profession was perceived by society. As an aspiring pharmacist with a creative mind, I was disappointed by the poor levels of recognition my profession received. It seemed to be at odds with the rhetoric I was hearing on a daily basis within the profession. I had naively managed to turn some of the hopes and dreams of the profession into reality but not on a scale sufficient to change society's perception.

A long held and growing interest in design and specifically the power of branding and visual identity led me to question why my profession was not using the techniques I saw being used so successfully all around me by others to promote their cause. I decided to do something about it and through a Masters In Graphic Design, take a serious look at the existing research in the area with the aim of developing a conceptual visual identity for the pharmacy profession.

To my surprise I found that very little research has been carried out into the application of contemporary branding and visual identity techniques to the promotion of professions. I carried out my own primary research to gather evidence upon which to base my work. This involved face to face interviews with key people in all of the pharmacy representative bodies, gaining their support and raising awareness of the project alongside a broader online survey which was open to all. The Face Of Pharmacy Survey Results confirmed that I was not the only one who felt as I did and encouraged me to continue with what appeared to be a new line of enquiry.

While the silent majority within the profession were frustrated with the status quo, it was rarely discussed or debated. Another important outcome of the project was to create a debate regarding the brand of pharmacy and how the profession is promoted. I used social media to raise awareness at grass roots level of the project and found that there was a lot of interest. I also used my connections within the pharmacy industry press to bring the debate to a wider audience. As the momentum built I hosted a Twitter chat in conjunction with an established pharmacy chat platform and the debate had truly begun.

Many people I told about the project, including Michael Wolff, felt that re-branding pharmacy would be very challenging and my practice based research proved this to be true. The supply of pharmaceuticals is likely to change dramatically over coming decades driven by changes in technology and as a result a future forecasting process became the focus of the project and sought to develop a range of predictions about how the supply of medicines and the role of the pharmacist will develop over the next 50 years.

+ CREATING A DEBATE

Raising awareness through the industry press

'Branding theory suggests that
contraction of our representative
bodies would strengthen and focus
our representation.'

Gavin Birchall,
Chemist and Druggist Magazine,

9th July 2015

BACKGROUND

Having developed a healthy relationship with the pharmacy industry press over past years the opportunity arose to work alongside the profession's leading publications and create a debate about the value of branding to the pharmacy profession.

Over a period of ten months and beyond, a number of articles relating to branding in pharmacy were published by the Chemist and Druggist, the most widely read publication within the pharmacy profession.

In October 2014 the Face Of Pharmacy Survey Results were the topic of a feature entitled 'Mirror Image' and provided an opportunity to raise the profile of The Face Of Pharmacy Project to a much wider audience.

In April 2015 I was paid to write an article for the publication's Continuing Professional Development series entitled 'Build A Pharmacy Brand' and explained in a step wise manner the best approach to branding an individual or group of pharmacies.

In June 2015 I was flattered and surprised to be asked to contribute to an article about the largest four pharmacy brands entitled 'The Power Brands' and offered my analysis of the strengths and weaknesses of each competitor alongside established design and branding industry stalwarts.

In July 2015 I instigated the development of a feature article relating to the wide scope and range of bodies representing the pharmacy profession. It struck me that the sheer number of bodies is a hinderance to how the profession is perceived by society. It was exciting to see various opposing opinions in the piece. The debate was building.

In addition to these articles a number of smaller articles have been published including an article entitled 'Pharmacy is in need of a makeover' in the Pharmaceutical Journal in December 2014.

<http://www.pharmaceutical-journal.com/publications/clinical-pharmacist/pharmacy-is-in-need-of-a-makeover/20067230.article>

A wide range of comment and discussion has arisen as a result of this exposure with branding and visual identity becoming a more prominent topic within the pharmacy profession.

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Emma Weinbren

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32 - 34

Shopkeeper or professional – which image is pharmacy projecting to the public? MedicX Pharmacy’s Gavin Birchall reveals what happened when he asked the profession to turn the mirror on itself and why now is the time for change.

Pharmacy has an image problem. In fact, it needs a total overhaul. If the sector were on reality TV, Gok Wan would be commanding it to ditch its frumpy old wardrobe in favour of sharp tailoring that accentuates its attributes. The idea may sound frivolous at a time when pharmacy is facing unprecedented constraints on funding while struggling to meet the demands of more clinical role. But for Gavin Birchall, operations and marketing director at MedicX Pharmacy, the challenges are inextricably linked.

Mr Birchall is well aware that many pharmacists may consider his masters on the visual identity of pharmacy, completed last month, ‘just a bit of fluff’. Part of his motivation to undertake the research

was his life-long interest in design and art, which he admits may be a bit “unusual” for a pharmacist. There was a serious aim behind his work, though. Mr Birchall recognised that the sector has been trying to promote itself as a provider of clinical services for years – without widespread success. He started to think about what pharmacy could learn from brands that have managed to communicate their messages to the public.

This is why Mr Birchall has dedicated the past year to gathering data on how pharmacists and stakeholders view the profession, with the eventual aim of designing a “brand” for pharmacy.

He is visibly passionate about the need for the work: “It’s the only thing we’re not looking at, so it’s certainly worth a try.” His argument is hard to refute – especially when considering the frustrated attempts of pharmacy to win the hearts and minds of NHS commissioners. If Mr Birchall is to be believed, branding may be well be the

answer to making those in power sit up and listen.

Medicine maker to shopkeeper

In the past, pharmacy had a strong identity, Mr. Birchall explains. The public saw them as the “makers of medicines” and appreciated the skill involved in this role. “That was a strong identity because doctors didn’t do that,” he says. But the revolution came in the 1960’s when mass manufacturing rendered these skills almost obsolete. Suddenly, pharmacy was forced to relinquish the identity it had held dearly for decades.

It’s little wonder the sector felt at a loss. Without a concerted attempt to establish a new identity, another “accidentally developed” in its place, Mr Birchall says. The role was a word that may strike despair into the heart of many a pharmacist: shopkeeper. He believes this identity has been led by Boots – the largest multiple in the UK – which he describes as a “massive retailer that happens

to have a pharmacy at the back of the shop”. This business model soon became synonymous with the profession.

Mr Birchall brands this development an “awful thing” for pharmacy. “We expanded into retail but didn’t really consider how patients saw us – do they see a clinician they can trust or a shopkeeper they can buy from?” he asks. “Sadly,



I think it’s going to be the shopkeeper.”

His research certainly suggests this is how pharmacists perceive the situation. In his survey of 242 pharmacists, pharmacy students and technicians, 85 percent believed the public saw them as shopkeepers. Tellingly, a similar percentage thought pharmacy had a stronger association with toiletries and beauty than with minor ailments services. Many also harked back to an image that no longer exists in practice – 93 percent felt the symbol of the pestle and mortar was still strongly associated with pharmacy today.

Higher hopes

It paints the picture of a profession that is confused about its identity. There is undoubtedly discontent with pharmacy’s current image – only 14 percent of respondents to Mr Birchall’s survey were satisfied or very satisfied with the way in which the profession promotes itself. The one positive finding was that pharmacists

have one common goal for the future: 94 percent of respondents wanted to be seen as clinicians.

This is an identity Mr Birchall believes the profession could cultivate. He points out that pharmacy has already assumed a much wider clinical role in the past few years – taking on services such as anticoagulation clinics and smoking cessation programmes. It is simply that the public needs to take this message on board. “It’s interesting that people within the profession feel... the new tranche of services we’ve been working so hard to develop hasn’t bedded in the public’s mind, even though we’ve been doing a lot of them,” he says. “The brand identity of pharmacy is decades behind what it is now able to contribute to society and it’s not because of what we do, it’s because we don’t position ourselves very well.”

Mr Birchall praises Pharmacy Voice’s Dispensing Health campaign, launched at the beginning of this year, for acknowledging this issue. The

campaign set out to promote pharmacy as a “gateway for good health” and the first place for advice and treatment of common ailments, as well as a dispenser of medicines. Mr Birchall believes the message is “brilliant”. What he isn’t so happy about is the branding. “I was so pleased that they did it – I thought, ‘Thank god someone’s thinking about this stuff’, he tells C+D. ‘But

visually it’s been done poorly.” He is similarly critical of the medicines optimisation card launched in community pharmacies this month – a joint project between Pfizer, the Royal Pharmaceutical Society (RPS), NPA and PSNC to communicate pharmacists’ role in this area. “Basically, you can hardly see what it’s for,” he laments. “It doesn’t say ‘pharmacy’ to me.”

Mr Birchall is visibly frustrated by this “missed opportunity” to promote a united vision of pharmacy to the public. “That was the perfect opportunity to use a brand for pharmacy. [The medicines optimisation card] should have at least been under the Dispensing Health brand,” he highlights. “I don’t think we’ve thought about it consistently.”

Better together

This issue of consistency is a long-standing bugbear for Mr Birchall. Part of pharmacy’s image problem is that the sector is “fragmented”, he says. He cites the sheer number of



pharmacy bodies as evidence of this problem. "I think the work of Pharmacy Voice is great - I think they're doing good work, as is the RPS, but it's all over the place," he argues. GPs, on the other hand, have a "united voice", which Mr Birchall believes has helped them gain more clout with politicians and commissioners. He stresses that pharmacy leaders need to start thinking of the profession as a brand and apply themselves accordingly. "My point is that when brands diversify too much, they lose brand value, and narrowing the focus is proven time and time again to increase the strength of the brand," he says.

This consistency needs to be at a grassroots level as well, Mr Birchall stresses. If pharmacists are to reach their goal of being perceived as clinicians over shopkeepers, their businesses need to promote this image to the public. Mr Birchall practises what he preaches - as the marketing director at the MedicX chain of pharmacies he has positioned them very

much as providers of clinical services with a select retail offering. This isn't the case across the board, though. He points to the Celebrity Slim products - a meal replacement plan launched by Kim Kardashian and sold exclusively in Rowlands - as an example of commercialism trumping professionalism. "What has weight loss got to do with celebrities?" he

asks incredulously. In his opinion, pharmacy should take a more clinical approach to weight management. "Should we be selling all types of powder like Celebrity Slim, or promoting a healthy lifestyle, a balanced diet and exercise?" he asks. Mr Birchall is clear he doesn't want to single out Rowlands for criticism - he has seen many dubious products on sale in pharmacies, even cigarettes. This only serves to undermine pharmacists as healthcare professionals. "To an extent, the brand is the patient experience. I think some pharmacists are letting down the profession in terms of standards," he argues.

The bottom line

The counter-argument is that pharmacists need to sell this merchandise in order to make ends meet. At a time when NHS funding is dwindling, it's arguably a powerful one. But Mr Birchall believes that, if pharmacies adopt these principles on a large scale, more money for services will follow. "We're



all sat here thinking, why won't commissioners engage with us? Well, these people are the public. They have to go into pharmacies and their experience has been going into a shop," he stresses. "When they're thinking, 'Should I commission this anticoagulation clinic?', they will think, 'How can I commission that from a shop?'."

This is the fundamental reason why Mr. Birchall believes creating a formal brand for pharmacy will give the sector an edge. It marks uncharted territory for the healthcare sector, he points out. "You can't see [other professions] with branding and that's where I think the opportunity for pharmacy lies," he says.

This is where the work really begins for Mr. Birchall. His task over the next year is to come up with a branding strategy for pharmacy, which he plans to exhibit next September. Mr Birchall is keen to stress this will be "a lot more than a logo" - he will also have to come up with the core brand

messages, which will take into account the sector's desire to be seen as clinicians. But when it comes to a logo, he thinks it would be "wrong" not to base it on the green cross symbol. The trademark, officially established in 1984, was cited by pharmacists and patients as being strongly associated with pharmacy in Mr Birchall's research. "I suspect the visual identity will involve a cross and the colour green but there are infinite ways of using these things," he says.

Whatever the result, Mr Birchall stresses that his work will simply be a suggestion - any new brand will need the support of the entire profession. He also acknowledges that the fruits of branding may only be seen many years down the line. "The only way to change the population's opinion is over two to three generations," he admits.

Despite these challenges, he is clearly enthusiastic about the potential of the work. As Mr. Birchall says, pharmacy doesn't suffer from a "lack

of passion" - its problem is simply communicating this to the public. And it is up to both pharmacy leaders and grassroots pharmacists to better promote the profession. So next time you're walking into your pharmacy, it is perhaps worth asking yourself what image it is projecting to the public. The answer may tell you a lot about your business and its future.

*Source: The Face of Pharmacy Survey 2014, 242 respondents

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Gavin Birchall

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Whether you are aware of it or not, your pharmacy is already a brand. The people who know your pharmacy have a gut feeling about it. That gut feeling is the brand.

Every aspect of your pharmacy contributes to the gut feeling people have, every day. This includes your premises, your pharmacy interior, the way you interact with patients, your services and products and your visual communications including digital. If enough people have the same, positive feeling about your pharmacy then you have a strong brand. The brand exists in the hearts and minds of those people. It is the people who create and own your brand not you.1

Don't ask yourself how you can turn your pharmacy into a brand but how can you improve the feeling that people have about it and get the brand that already exists, working for you.

You may wonder where to begin, so the remainder of this article provides some of the answers, but firstly it is

important to answer a different question...

Why?

The pressure is mounting on the pharmacy sector with ever decreasing gross margins as remuneration is squeezed and a shift in the focus of activity from dispensing to care, all while overheads are growing to manage spiraling workloads. We are all working harder to stay in the same place. It is clear that turning a good profit by providing good pharmaceutical care is not an easy way to make a living.

Considering how your pharmacy is perceived as a brand can help.

All of the most successful companies in the world have very strong brands.2 This is not a coincidence. How did Apple create the desire in peoples' minds to own its products? They built a superlative brand experience. How has Google become the third wealthiest company on the planet in just 16 years? It does what

it promises to do very well. So well that its name has become a verb. Just 'Google' it. That is a powerful brand in people's minds. While these are global corporations the benefits of focusing on the brand experience can help your business to be more successful too.

The value and usefulness of a strong brand lies in its ability to influence the purchasing behaviour of your customers and your potential customers.³ It gives people a reason to use your pharmacy rather than your competitor and encourages them to remain loyal to you. If you invest in your brand consistently, it can provide you with a sustainable competitive advantage.

The services that you offer are very similar if not identical to your competitors' services. In all industries, competition has increased whilst technology and mass production have practically eliminated the differences that once existed between the products and services offered.⁴ If you manage

to secure an advantage it will be short-lived. The market will catch up. Creating a distinctive brand experience can help you grow market share, command a premium for your services and ultimately grow your long-term profits.

Branding

If your brand exists in the minds (and guts) of your customers then how can you influence it? There are some key steps to take and if you follow them you can have a powerful impact on how people feel about your pharmacy. So where do you start?

1. Clarify what you are trying to achieve.

Start by answering the following questions: Who are you? Who needs to know? How will they find out? Why should they care?

This might require some soul searching to fully crystallise what your business is all about. You may have already written down in concise terms what is

it that you and your pharmacy aim to achieve and how you want to achieve it. If not, it is a good idea to invest the time in doing so. Try to collect your thoughts in the simplest possible terms. Define the messages that will help you express your aspirations to your customers. It's not as easy as it sounds.

You should aim to identify your unique selling proposition i.e. what it is about your pharmacy that differentiates you from your competitors. What would you like your unique brand experience to be? Ask yourself honestly if there is a tangible reason why customers and prospects should choose your pharmacy rather than the next one along the street. If you can't think of an answer then you may need to consider what you offer and how to create a point of difference.

Define what will create that gut feeling in the people you aim to reach. Is there something specific that your local population need or will relate to? Is there something

about them that you know, that the large corporates don't? You are more nimble and can position your pharmacy to appeal directly to the people in your area. Large national companies struggle to do that. You have the advantage. If you believe that pharmacies can and should become high street health centres then make sure that this is reflected in your thoughts. If you think that pharmacies should become spokes to a dispensing factory's hub then include that. Just make sure that whatever you end up with is your own and something that you truly believe in. It is very difficult to deliver a brand experience that you are not committed to. Some people call this a vision. Some a mission statement. What you call it doesn't matter but think hard. This is the most important element of your work on improving your pharmacy brand.

2. Understand how close you are in reality to achieving it.

Disciplined research is key to exploring the brand experience that you currently create. Try

to see it through your customer eyes or better still, feel through your customers' senses.

Check how your pharmacy looks. Really look at it. Is it professional? Does it give the impression that you wish it to give? Will patients trust you to provide the latest clinical service if the retail area is full of bargain basement offers? How does it smell? Is it too

The screenshot shows the CD Pharmacy website. At the top, there's a navigation bar with links like Home, News, My CD, About, My CD Store, Customer, and CD Care. Below this is a section titled 'Build a pharmacy brand' with a sub-header 'Published on subscriptions'. The main content area features a central graphic with a circular flow diagram labeled 'Building your brand'. To the left of this diagram are several articles, including 'This website content', 'Published on subscriptions', and 'Published on subscriptions'. To the right is a 'Most Popular' section with a list of articles, including 'Bargain basement CD online', 'Bargain basement CD online', and 'Bargain basement CD online'. At the bottom, there's a 'Poll' section with a question about 'Bargain basement CD online'.

hot or too cold? Don't stop with what you can see. Experience is defined through all of the senses. Check your current visual identity. Is it fit for purpose? Does it communicate what your brand is all about? Review all of your marketing materials. What messages do they carry? Look at every sign, every sticker, every window display. Check your efficiency. What is the average waiting time for prescriptions? Is it the same when you are not in the pharmacy? How long does your driver spend on each delivery? Is that good or bad?

Take the time to speak to your employees, customers and suppliers, about how they what experiences they have when they come into contact with your pharmacy. You may want to use a survey to give you some more information to work with. Consider everything. Leave no stone unturned. When you have a clear understanding you can compare it with your ideas about what you want your brand to be. Identify the differences and you are ready to progress to the next step.

engage with you at a brand touchpoint will contribute to how they feel overall about your pharmacy. The sum of all of the experiences that they have will create that gut feeling. It will create the brand. Think in detail about how to consistently create your brand experience at each brand touchpoints.

Rebel against anything that worsens your brand experience. Take immediate action to put it right.

5. Delivering a consistent and authentic brand experience.

Protect the investment you have made in your brand. Consistency is key in maintaining customers' trust and loyalty. People are very good at spotting where there are contradictions in brand messages and it immediately breeds confusion and distrust. Devote time on an ongoing basis to managing your brand experience and it will pay dividends. Customers may forgive you once or even twice for a lack of consistency but they won't forgive you for a lack of

authenticity. Make sure that you deliver on your promises and don't promise it if you can't deliver it. Failure to deliver on a promise will lose customer trust and loyalty very quickly and you will have to work very hard to get it back.

Branding is not something that is 'done' as a discrete event. It is an ongoing, cyclical process, which should be part of your

regular business planning. The world outside your four walls is constantly changing and the brand experience that you provide will need to change along with it to provide you with that sustainable competitive advantage.

4. Take action where it counts

Implementing your strategy involves setting of opportunities to respond to every person who comes into your brand. We have to be clear planning isn't the point.

These points of contact are where our brand is actually seen (brand touchpoints). Below, the experience that people have when they engage with you as a brand is broken into categories to help you understand better what your customers' experience is like when they come into your brand.

There is a clear about the experience that your brand represents at each brand touchpoint. When you're creating the experience your brand represents and the brand experience is not a right.

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What else can you do?

This table should have given you a good idea of what is involved in the branding process. However, it is some time to be more confident than the marketing and high impact of your business brand's marketing and identity.

It is not too late to create a new brand identity. If you feel confident, then follow the process and you will benefit. If you would like the support of an expert, then seek the advice of a branding professional. Consider the following other things you can do:

- Their own experience of creating people to identify their brand. Check that they share your vision of the brand. Then they can create a brand identity that is clear and consistent.
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- Their own experience of creating people to identify their brand. Check that they share your vision of the brand. Then they can create a brand identity that is clear and consistent.

Further reading

- *Branding: The Brand Identity* by David Aaker (2012)
- *Brand Identity: The Brand Identity* by David Aaker (2012)
- *Brand Identity: The Brand Identity* by David Aaker (2012)

References

1. *Branding: The Brand Identity* by David Aaker (2012)
2. *Branding: The Brand Identity* by David Aaker (2012)
3. *Brand Identity: The Brand Identity* by David Aaker (2012)
4. *Brand Identity: The Brand Identity* by David Aaker (2012)
5. *Brand Identity: The Brand Identity* by David Aaker (2012)

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24 - 26

In the wake of Co-op Pharmacy's rebrand, marketing experts appraise the four largest pharmacy names.

Last year provided a rare event in pharmacy branding. The third largest multiple – the Co-operative Pharmacy – separated from its parent group and needed to come up with a whole new name. It was undoubtedly a mammoth task for a brand that was already deeply embedded in the public's minds. When the new name Well was announced, the C+D team couldn't help imagining the discussions behind the decision. Were they fuelled by the increasing focus on promoting 'wellness' rather than treating illness? Did the name intend to suggest the company did everything 'well'? Or was it a happy accident – the manager asked the branding team about their new strategy and the answer was, "Well..."?

It turns out a great deal of thought went into the Well rebrand, as Harry Yeates, head of copy at the advertising agency behind the project, explains: it plays on the dual

meaning of well – either as a state of healthiness, or as a source of water that promotes health. The explanation made C+D consider what messages the other pharmacy brands give to the public – and, according to marketing experts, they are intended to be very different.

The experts

Gavin Birchall:

Director and founder of DOSE Design and Marketing, a healthcare design and marketing agency.

Phil Blackmore:

Creative director at Create Marketing, a healthcare communications agency.

Harry Yeates:

Head of copy at Langland, the advertising agency behind the Co-op / Well rebrand.

Boots

Heritage: Boots was founded in 1849 by John Boot, who opened a small herbalist store in Nottingham.

Size: There are around 2,500 stores in the UK.

Social media: Boots has been on Twitter since April 2012 and has 26,400 followers.

Gavin Birchall

‘The established player’

‘The oldest and largest company has a nationally recognised brand that is very well managed and has been refreshed consistently over time. The strong blue colour is often associated with trust, strength and reliability, and the lozenge shape is immediately recognisable anywhere in the UK.’

Phil Blackmore

‘A symbol of trust’

‘The oldest of the famous four, Boots has – from a visual

perspective – stayed true to its roots, looking only to update the elements around its distinctive typeface. This is smart because it’s allowed it to transfer the trust and knowledge associated with its well-known livery across multiple generations. The use of blue is expected in this sector because of its calming, healing and practical properties.’



Harry Yeates

‘Trades on legacy’

‘Boots must have a high level of brand recognition and trust, and I don’t think that is because of how it represents the brand in terms of colour and logo – it is about people growing up around it. It is true of all these pharmacy brands. They don’t build a promise into their brand, they trade on legacy and heritage. Pharmacies in Spain and France are thought out and feel like modern beauty departments; some Boots branches have that feel too.’

Rowlands Pharmacy

Heritage: The oldest multiple founded in 1810.

Size: Rowlands has more than 500 pharmacies across the UK.

Social media: The multiple joined Twitter in July 2010 and has accumulated 6,575 followers.

Gavin Birchall

‘A challenger brand’

'The smallest of the four employs a bold, contrasting orange and turquoise colour palette to help to differentiate it from its larger competitors. Orange is associated with optimism and warmth, while turquoise is often seen as refreshing. As a community - and high street - based estate with smaller pharmacies, it offers a small-format branded experience. Rowlands was the first of the four large multiples to spot the emerging value of social media and joined Twitter almost six months ahead of Lloyds Pharmacy. It has a vibrant online store promoting a range of offers. It is a determined challenger brand in the pharmacy space.'

Phil Blackmore

'A warmer feel'

'Describing itself as the UK's 'longest established' chain of local community pharmacies', Rowlands branding is the only one to introduce warmer, more vibrant colour. The use of orange helps it to stand out

and illustrative first aid symbol makes the company feel family-focused. The logo might not be as simple as those of the competition, but it's clear what it does.'

Lloyds Pharmacy

Heritage: A fairly new multiple, the first Lloydspharmacy opened in 1973 in Warwickshire.

Size: There are more than 1,500 Lloydspharmacy branches in the UK.

Social media: Although a relative latecomer to Twitter in January 2011, it now has 11,200 followers.

Gavin Birchall

'An evolving identity'

'The visual identity has gone through a number of significant changes over recent years - particularly the colour palette - which presents a challenge to consistency. The green colour palette that Lloydspharmacy uses has been strongly associated with the pharmacy profession since the early 20th century. The introduction of the Royal Pharmaceutical Society green cross in 1984 provided the brand with a strong visual link to the profession. Green is also associated with health, nature and growth. The decision to move away from the traditional pestle and mortar symbol of medicine-making mirrors the changing role of the pharmacist.'



Phil Blackmore

'Professional and straightforward'

'Using two colours and a sans serif font makes the Lloydspharmacy logo very professional and straightforward. It's not trying too hard, and the use of green feels medical and trustworthy. Including the word pharmacy within the brand name might make it long, but at least it tells you what it does.'

Harry Yeates

'Lloyds and Rowlands are conservative brands.'

'There hasn't really been an assessment among the [companies other than Well] about their position. Instead, they trade on trust and heritage. Because everything that has pushed pharmacy forward comes down to trust, the visual brands have not really been developed. I find the fact Lloyds and Rowlands have pharmacy written after them a little bit peculiar; as a brand, if

you were growing, you could hopefully drop that. They use conservative palettes.'

Well

Heritage: It's former incarnation, the Co-operative Pharmacy, was established in 1945. But Well is a very new brand, only coming into existence after Bestway bought the chain last year.



Size: The third largest multiple with 782 branches.

Social media: Due to the infancy of the brand, it has 275 followers on Twitter.

Gavin Birchall

'An ambitious rebrand'

'The aspiration to successfully rebrand the third largest pharmacy chain - formerly the Co-operative Pharmacy - is clear by the significant investment in the programme. In its new incarnation as Well, the modern, bright and refreshing visual identity design for use across multiple channels will help to build the brand over the coming years. While the company is still going through its transformation, it is not possible to say how it will eventually be received by the public and the profession.'

Phil Blackmore

'A departure from the norm'

'This new shiny brand is a breath of fresh air. It feels

approachable, clean and modern. The use of the first aid symbol clarifies the space this brand operates in, and also suggest the promise it offers - which is, 'we'll make you feel well'. As for the name, it's the only one that isn't the founder's title - which could offer benefits once it becomes widely known.'

Harry Yeates

'Designed to make a connection'

'This is the first time a pharmacy company has had an opportunity to change how it represents itself for a very long time. The company was able to develop a modern brand around a proposition that has been the same for around 100 years. We're an ad agency, so we have to try and think about ideas rather than just a logo, name and colour - the work you do should deliver the proposition. Well contains a suggestion of wellness and health; there is the idea of going to a well. If you can put some depth into the idea, it tends to work out and you're more likely to catch people and

build a connection. It is quite well positioned and depends on how Bestway is carrying through the rebrand - if it does that well, it will be in a good position.'

Publication:

Chemist and Druggist Magazine

Published:

09.07.2015

Author:

Samuel Horti

Location:

<http://www.chemistanddruggist.co.uk/feature/too-many-chief-execs>

Is pharmacy's vast number of representative bodies holding the profession back?

How many pharmacy bodies do we need? It's a tough question. The sector has so many actions and interests that it is tricky to quantify the ideal amount of representation. But whatever your thoughts on the right number, it is unlikely to match the multitude of pharmacy bodies in existence. From the larger bodies such as the Royal Pharmaceutical Society (RPS) and the NPA to smaller organisations such as the Association of Independent Multiple Pharmacies (AIMp), their sheer number can be overwhelming.

As a result, the validity of these organisations has been called into question. More than 90 per cent of 116 C+D readers said there were too many pharmacy bodies in a poll that ran from July 3 to 7. And there are signs that the representatives in question see their point – in April this year, the NPA and the Independent Pharmacy Federation

(IPF) merged to form a single body representing the interests of independent pharmacies. The move made sense. Joining together two bodies with similar remits and interests could only make their voices stronger. It made so much sense, in fact, that it raised the issue of whether other pharmacy bodies were collaborating as much as they should be.

Lack of a 'master brand'

For Gavin Birchall, director of healthcare design and marketing company Dose, the answer is no. He is worried that the pharmacy profession is becoming "overshadowed" by the "bewildering number" of representative bodies. This plethora of organisations can hinder the sector's progress rather than enhance it, he says.

Mr Birchall explains that pharmacy can be thought of as a brand. Therefore, it needs what he calls a "master brand". He cites the example of Nurofen. It encompasses a number of smaller sub-divisions – Nurofen Plus, Nurofen Express,

Nurofen Migrane, Nurofen Fast Penetration Gel, the list goes on – but all of these are clearly connected to the master brand of Nurofen. He fears that pharmacy has failed to spend enough time promoting its master brand – the profession itself, in other words.

This is particularly damaging when someone from outside the sector looks in – commissioners, for example, or politicians. “Who does NHS England turn to if it wants to do business with the pharmacy profession?” Mr Birchall asks.

The “uncontrolled” growth of pharmacy’s representative bodies has made it “impossible to do business with”, Mr Birchall argues. There are too many bodies all pushing for similar aims – albeit for slightly different groups within the profession – which he sees as a waste of effort. Bill Beeby, vice-chair of the British Medical Association’s clinical and prescribing committee, is evidence that there is substance behind these fears. To GPs like him,

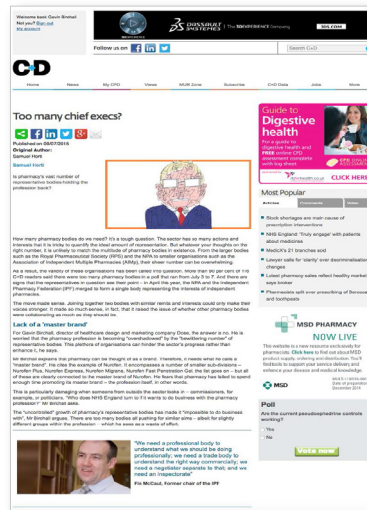
negotiating with pharmacy organisations is “very confusing” and it can be “difficult” to understand where one body’s remit ends and the next begins.

In the face of this confusion, Dose’s Mr Birchall believes Boots has unofficially become the main pharmacy representative body. The multiple is undeniably a large

part of the pharmacy brand: it has more than 2,500 outlets in the UK – nearly a fifth of the total number of pharmacies – and, in 2013, spent more on UK advertising than Samsung, Apple, Coca-Cola or HSBC.

This makes the multiple’s influence more important than it should be, Mr Birchall says. “I am confident that the politicians and commissioners that our representative bodies seek to influence have more interactions with Boots staff each year than with the leaders of the bodies,” Mr Birchall argues. It’s a bold statement, but perhaps not too far-fetched considering health secretary Jeremy Hunt failed to meet with any pharmacy bodies during his first six months in office.

Mr Birchall believes the solution to the problem lies in reducing the number of pharmacy bodies. Simply consolidating those that overlap would work wonders, he argues. “Branding theory suggests that contraction of the representative bodies would strengthen and focus our



representation,” he says. “It would simplify the process for NHS England at a national level and possibly even increase the chance of nationally commissioned services.”

So could it really be that easy? Could simply reducing the number of pharmacy bodies make way for a greater role for pharmacy?

Different needs, different bodies

Fin McCaul, chair of the IPF until it was subsumed into the NPA, believes the situation is more complex. Granted, he followed the principles of consolidation in that merger. But he believes the complexity of the sector requires a large number of pharmacy bodies, each of which has a distinct role.

“We absolutely need to differentiate,” he stresses. “We need a professional body to understand what we should be doing professionally; we need a trade body to understand the right way commercially; we need a negotiator separate to that;

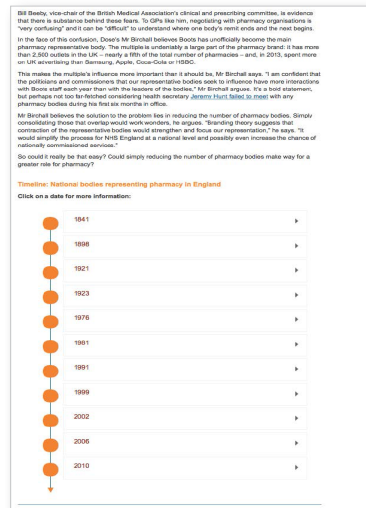
and we need an inspectorate.” This year’s battle around cuts to funding for small pharmacies is a prime example of how certain issues only affect certain corners of the sector, Mr McCaul says. “That’s really only hit independents,” he stresses.

This makes it vital for this faction of pharmacy to have a distinct voice – as he points

out, the Company Chemists’ Association is unlikely to have a “real view” on the issue because it represents multiples exclusively. For this reason, Mr McCaul is against a cull of pharmacy bodies. Instead, he believes the sector should concentrate on getting the host of professional organisations to sign up to an “agreed vision”.

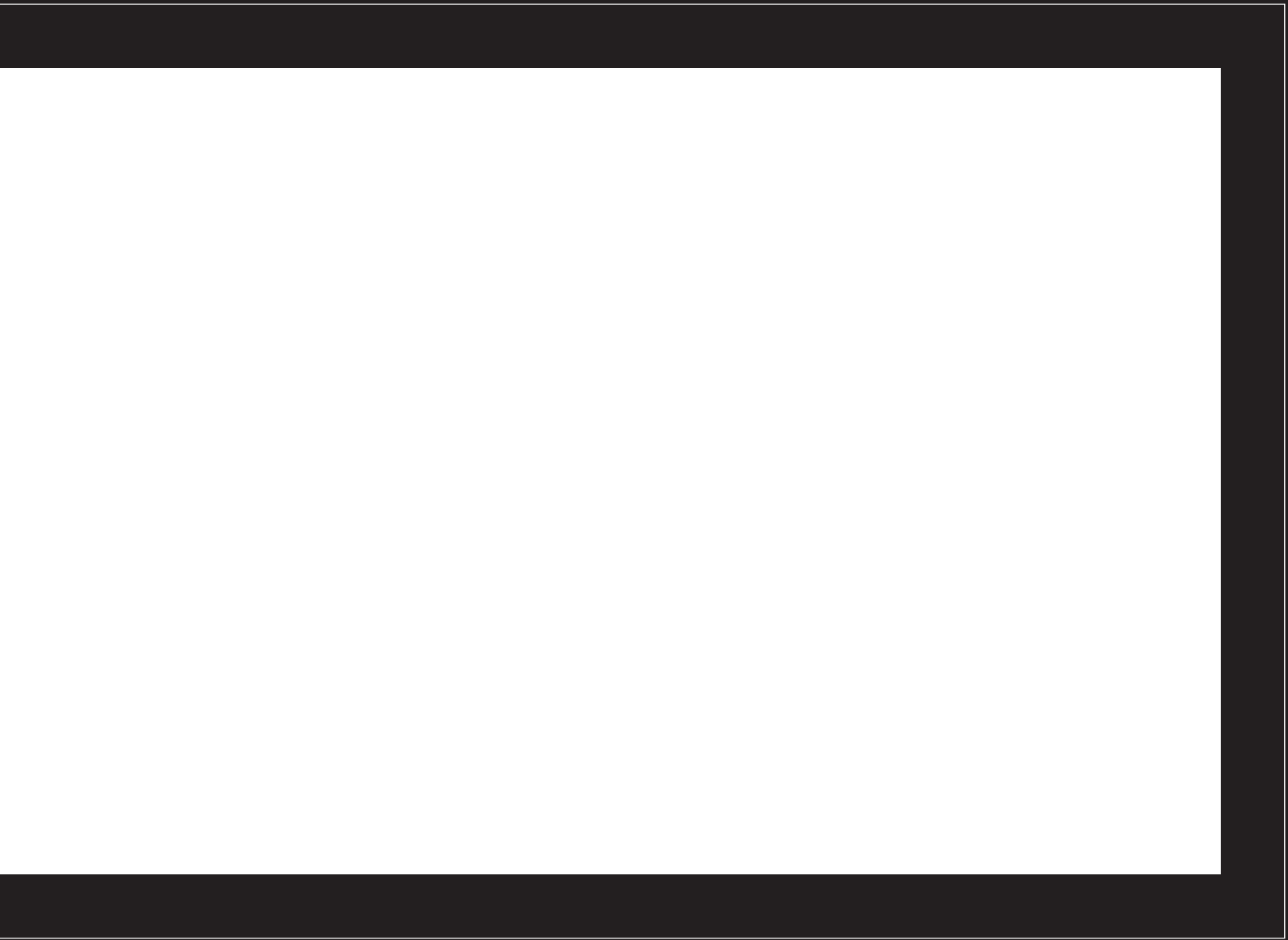
Representative bodies often have very few differences of opinion between them, but they need to “tie down the detail” of how they feel pharmacy will develop, he says. This could be by penning a document similar to the IPF and NPA’s manifesto for independent pharmacies in 2013. Setting these common goals could herald the start of more co-operation – and, crucially, present a united voice to the NHS.

This is particularly important at a time of turmoil in the health service, says Mr McCaul. “The NHS is really challenged,” he explains. The Five Year Forward View strategy document called for



There are glimmers of hope that this could happen in pharmacy. Rekha Shah, chief executive of Kensington, Chelsea and Westminster LPC, admits she has been “fearful” that pharmacy bodies were not speaking with one voice in the past – instead going off on their own “tangents”. But she feels that they have started “working together a lot more”. “That’s how it should be,” she says. There have been clear signs of improvement. PSNC, Pharmacy Voice, the RPS and others are working together with the Health and Social Care Information Centre, for example, to ensure the rollout of the summary care record to all pharmacies in the UK.

So, it seems cohesion is starting to take place. It is undoubtedly a step in the right direction. But at a time when there is still all to play for in the new NHS environment, pharmacy bodies need to step up the pace of change. Pharmacy must speak as a united voice to be heard, and creating that united voice is something that needs to happen sooner rather than later.

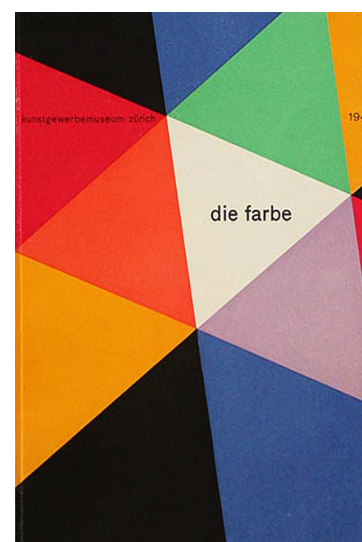


+ PRIMARY RESEARCH

A new line of enquiry

+ SWISS STYLE

The pharmaceutical packaging aesthetic has been dominated by the modernist style also referred to as the International Typographic Style or Swiss Style being closely related to the Bauhaus movement. This 50 year plus design habit may be challenging to break if it is beneficial to do so.



Following extensive literature and contextual reviews during the later part of 2013 and the early part of 2014 it was clear that very little research had been carried out relating to the visual identity of the pharmacy profession and the brand characteristics that any such identity should represent. Furthermore, very limited research into the visual identity and brand characteristics of any healthcare profession has been carried out.

Visual identity and the messages that they convey about the organisation or body that they represent have become increasingly important over the past half-century and are now ubiquitous across the globe. The techniques used have now been applied to a very wide range of entities from individuals to countries and multi-national corporations to interplanetary exploration. Professions appear to have been largely by-passed in this context.

A new line of enquiry for the Face Of Pharmacy Project was identified.

With the lack of secondary and tertiary research upon which to base the development of a conceptual visual identity for the pharmacy profession, it was necessary to gather new evidence through a process of primary research. The views of a representative group of pharmacy professionals in the UK were sought through a survey relating to the visual identity and brand characteristics of their profession.

Both qualitative (12, one-to-one, stakeholder interviews with industry leaders) and quantitative (242 responses to an online survey open to all) data was gathered and analysed. In addition a Vox Pop was filmed by Chemist and Druggist Magazine in Covent Garden to gather public views. <http://www.thefaceofpharmacy.com/the-face-of-pharmacy---media.html>. Four areas of enquiry were assessed: Demographic, Stakeholder Awareness, Visual Identity and Promotion. A full set of results follow.

The vast majority of respondents did not recognise a single professional pharmacy brand and were dissatisfied with the way in which the pharmacy profession promoted itself. Since the development of mass manufactured medicines the pharmacy profession appears to lack a strong internal identity and an unintended alternative has developed in the vacuum.

The results of this research provided significant evidence upon which to begin the development of a conceptual visual identity for the pharmacy profession and confirmed that any such replacement must build upon and evolve the established pharmacy cross symbol while communicating the expanding role of the pharmacist.

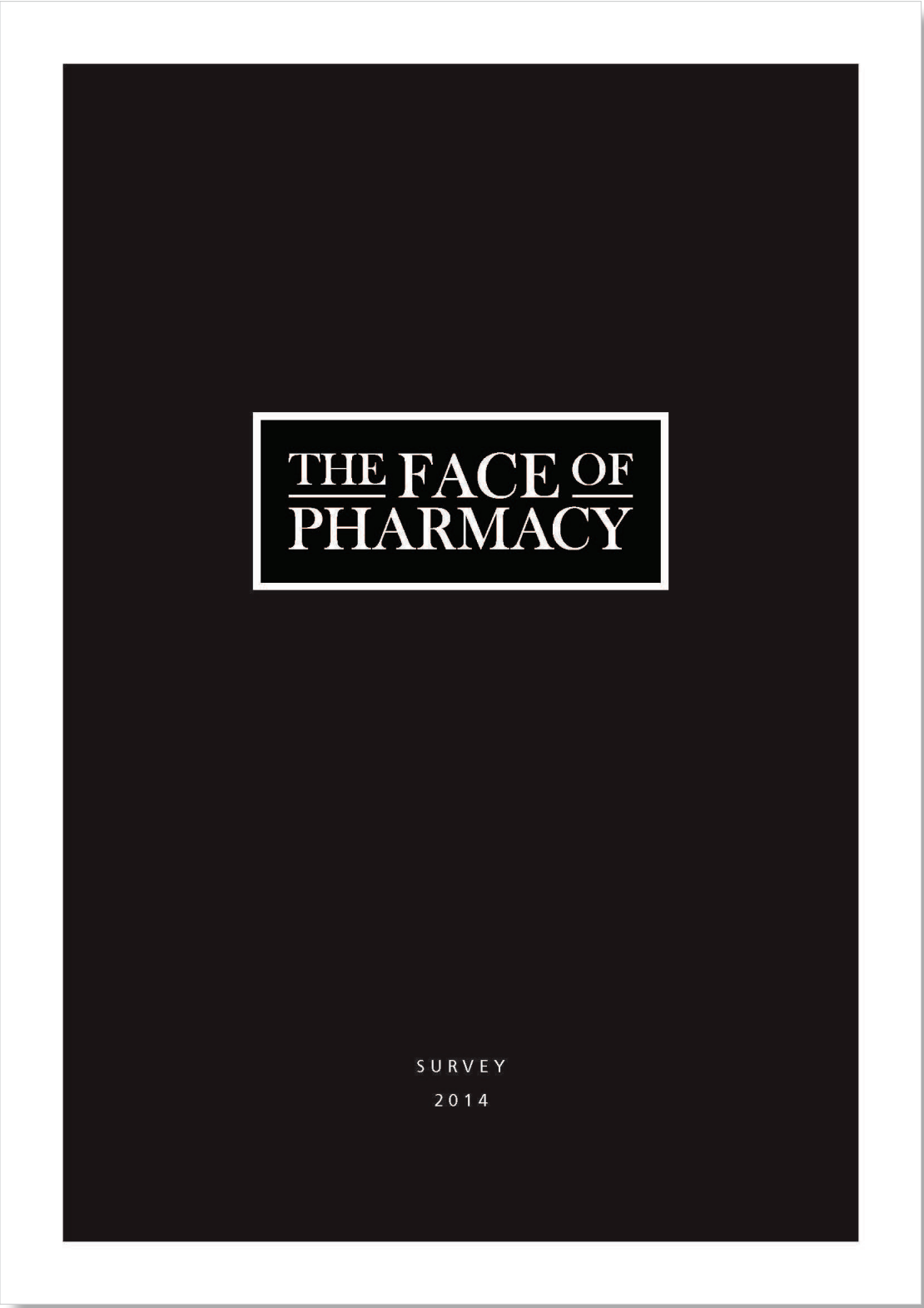
BACKGROUND

+ ONLINE SURVEY

A project website was created to inform interested people about the origins and objectives of the project and hosted The Face Of Pharmacy Survey.



www.thefaceofpharmacy.com



How does the pharmacy profession view it's visual identity and brand?

Gavin Birchall, BPharm (Hons), PGCM

ABSTRACT

Objectives
The aim of this research was to gather the views of a representative group of pharmacy professionals working accross a range sectors, into the visual and brand identity of the profession in 2014, both in terms of how they percieve the brand and how they think stakeholders percieve it.

Methods
An original investigation was developed in two stages, to gather both qualitative and quantitative stakeholder opinion. A set of 12 qualitative, one to one interviews were carried out with professional leaders from a range of sectors, which informed the development of a predominantly quantitative, online survey open to all. Four areas of inquiry were investigated: demographic, stakeholder awareness, visual identity and promotion.

Key findings
86% of respondents rate the public's awareness of a single professional pharmacy brand as 'poor' or 'very poor'. 85% believe that the public percieve them as 'shopkeepers' whilst 94% would like to be perceived as 'clinicians'. 14% of respondents were 'satisfied' or 'very satisfied' with the way in which the profession currently promotes itself.

Conclusions
The profession may still be searching for a new identity and in the absence of a conscious attempt to fill the gap a new and unintended identity has developed in its place. There is no other healthcare profession with as recognisable a symbol in the UK, providing the pharmacy profession with a distinct advantage in branding terms that is waiting to be taken. It is clear that the there is a gap between the ambitions of the profession, and the impact that it is delivering with it's current branding strategies. The current visual and brand identity is decades behind the reality of what the pharmacy profession can contribute.

Keywords: Pharmacy, pharmacist, visual identity, branding, profession.

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The UK pharmacy
profession does not have a consistent
visual identity through which it can
communicate with society.

RATIONALE

It is evident, following a thorough literary and contextual review, that the UK pharmacy profession does not have a consistent, visual identity through which it can communicate with society. The self-image of its members is changing rapidly as their role develops to become more clinically diverse while retaining the core characteristic of unique expertise in medicines.

An increasing number of pharmacies are operated by large multi-national corporations (HSCIC, 2012, pp 26-27) and their homogenised, corporate and retail focused approach to visual identity and branding is driving public perception of the profession into the retail space rather than the healthcare space. Smaller, independent pharmacist operators who have the flexibility to adapt their visual identity and retain the traditional focus, often do not have the expertise or the resources to do so.

This, alongside other non-design related factors, has resulted in the public's overall perception of the profession changing to that of a general retailer. Significant stakeholders in the future of the UK pharmacy profession, including politicians, health commissioners and the pharmacist population themselves are also influenced by this change, reducing the potential of the pharmacy profession to contribute to meeting the health needs of the nation.

A clear Modernist aesthetic exists across the majority of the profession which originated in Switzerland following Bauhaus principles in the early 20th century and has spread internationally. While functional, it may be seen as unapproachable and unfeeling. (Medley, S. 2009 pp 146-151.)

This survey aims to begin the process of gathering data regarding the pharmacy professions view of its own visual identity in 2014.

An original investigation was developed in two stages to gather both qualitative and quantitative stakeholder opinion.

METHOD

As part of a wider range of primary, secondary and tertiary research methodologies (Nobel, I & Bestly, R. 2011, pp 18), an original investigation was developed in two stages to gather both qualitative and quantitative stakeholder opinion.

The first stage of this investigation involved one to one interviews with professional leaders within the profession known to the author. This group have direct experience across a wide range of activities throughout the pharmacy profession and were selected to be representative of the majority of the profession. The interviews involved open questions to illicit opinion regarding the interviewees perception of the current professional, visual identity, its effectiveness and the value of change. The responses were collated and analysed to identify common perceptions and opinions which were then used to inform the next stage of the process.

The second stage of the investigation involved a predominantly quantitative survey of 25 unbiased questions. Questions took various quantitative, close ended forms including: multiple choice with one answer, multiple choice requiring rating and multiple choice matrices with one answer per row. In addition three qualitative, open ended questions were included involving a text box with a suggested limit of 140 characters per answer.

The survey was presented online using the Survey Monkey platform to increase ease of development, sharing, access and analysis. Two versions were created to maximise engagement across digital platforms including a laptop / tablet version and a mobile version. A range of methods were used to raise awareness of the survey in an attempt to maximise uptake and increase sample size.

A project website was created to provide information about, and host, the survey. Direct mail was used to share the survey with a wide range of stakeholders known to the author. A 'Face of Pharmacy' twitter feed was set up.

Four areas of
enquiry were investigated:
demographic, stakeholder awareness,
visual identity and promotion.

METHOD

The support of a range of national, professional bodies was requested and two such bodies provided direct support by inclusion of the survey with website links in their weekly newsletters.

The support of a range of industry press publications was requested and one such publication provided direct support by hosting a blog and working collaboratively on the production of a public vox pop in Covent Garden, London.

Four areas of inquiry were investigated over a period of 58 days between the 3rd May 2014 and the 30th June 2014. Demographic: Professional role, sector and age. Stakeholder awareness: Professional visual identity, associations with that visual identity, the character of a pharmacist, pride in that visual identity, 360° stakeholder perception. Visual identity: Current visual campaigns and icons, keywords, focus, colour, symbol, the past, meaning, aim and message. Promotion: Satisfaction with the status quo, benefit of a new visual identity and marketing campaign, communication channels.

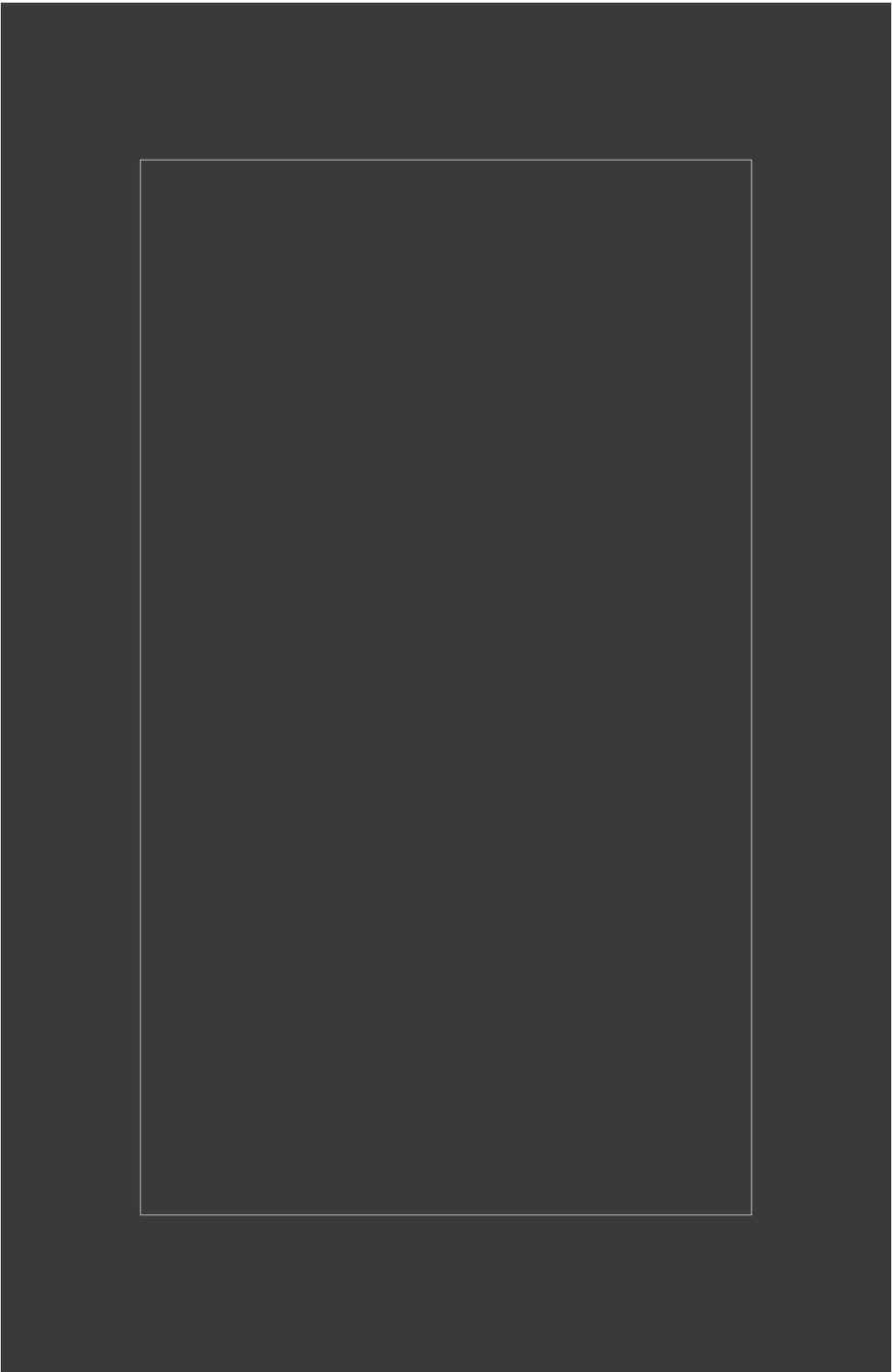
RESULTS

A summary of the results has been provided as an infographic to highlight key findings and to allow rapid understanding of the findings.

The number of questions was too great which reduced the total number of respondents who completed the entire survey from 242 to 168 which is 69% of the respondents who started the survey. While some respondent attrition is expected during the course of a survey a reduced, focused range of questions would increase completion rates and the final sample size. The combined population of all respondent groups is likely to be in excess of 100,000 although it is not easily possible to accurately identify the total number. The final sample size at 168 is low in relation to the population. However, the majority of the results present a high percentage to one or other extreme suggesting that a narrow confidence interval and a high confidence level can be predicted irrespective of sample size.

The survey sought to identify the perception of the visual identity of the pharmacy profession by its stakeholders and also asks respondents to consider how they believe other stakeholders perceive it. A direct survey of each of the 360° stakeholders would provide additional useful information and would be a worthwhile range of investigations. The promotion of the survey on-line has resulted in a proportion of respondents being based overseas. It is not possible to quantify this proportion however it is expected to be less than 15%. The addition of an additional demographic question would have removed this limitation.

Full results have been provided as raw data sets in the appendix to this document. In addition to tabulated quantitative results, written results have to qualitative questions have been included.



THE FACE OF PHARMACY

Survey
Results Summary
2014

Two Hundred and Forty Two Respondents

Of the respondents:

77% were pharmacists and 73% were part of a front line pharmacy team caring directly for patients.

Sector specific:

58% were from community pharmacy and all defined sectors were represented.

A standard bell curve distribution of age groups responded with 27% being 35 - 44 years.

Public awareness 86%
86% rate the public's awareness of a pharmacy brand as poor and perceive a strong relationship with 'toiletries' and 'beauty'.
FofPh Survey 2014

Shopkeepers 85%
85% believe the public perceive pharmacists as 'shopkeepers' while 94% would like to be perceived as 'clinicians'.
FofPh Survey 2014

FofPh



Percent of respondents perceive a 'strong' or 'very strong' association with the colour **green**.

FofPh

Pharmacy Brands:

It should stand for high quality, trusted and accessible expertise and professionalism in pharmaceutical care.

*Key brand message:
Pharmacists are the caring, medicines experts and your first port of call when you are concerned about your health and wellbeing.*

PUBLIC PERCEPTION
24% of respondents feel proud of the way in which the public perceive the profession.

PROUD 24%
NOT PROUD 65%

100:1ml at 20°C

44% perceive 'strong' or 'very strong' recognition by 'healthcare professionals' and rank as group as the highest.

Top 5 Brand Keywords

Respondents who perceive a strong association.

- | | | |
|---|------------|-----|
| 1 | Medicines | 99% |
| 2 | Advice | 98% |
| 3 | Healthcare | 95% |

FofPh Survey 2014

Pharmacy campaigns

53%

of respondents consider the 'Ask Your Pharmacist' campaign to receive strong recognition by the public.

FofPh Survey 2014

Commercial vs healthcare

10% of respondents felt that the profession should be associated with a 'commercial' message while 93% felt that it should be associated with a 'healthcare message'.

FofPh Survey 2014

54%

think that it would be beneficial to look to the past for inspiration for the brand.

14%

were 'satisfied' or 'very satisfied' with the way in which the profession currently promotes itself.

90%

think that a consistent visual identity would be 'beneficial' or 'very beneficial' in terms of promoting the profession.

92%

feel that a national marketing campaign would be 'beneficial' or 'very beneficial'.

*Brand aim:
To create an instantly recognisable identity that is a true mark of what the brand stands for, promotes the profession's contribution, redefines the clinical role of a pharmacist and unites the entire profession.*

88% feel that 'national press' and 85% feel that 'experiential' are important communication channels for the pharmacy brand.

88/85

81% feel that 'advertising' and 79% feel that 'social media' are important communication channels for the pharmacy brand.

81/79

70% feel that 'local press' and 67% feel that a 'website' are important communication channels for the pharmacy brand.

70/67

98% feel that 'pharmacy teams' are an important brand stakeholder.

98%

97% feel that 'the public' are an important brand stakeholder.

97%

97% feel that 'healthcare professionals' are an important brand stakeholder.

97%

93% feel that 'the media' are an important brand stakeholder.

93%

92% feel that 'healthcare commissioners' are an important brand stakeholder.

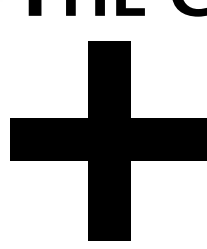
92%

75% feel that 'politicians' are an important brand stakeholder.

75%

INTERNATIONAL | HEALTHCARE

THE CROSS



92%
ASSOCIATION

92% perceived the cross to have a strong association with pharmacy.

HISTORICAL | COMPOUNDING

THE PESTLE



93%
ASSOCIATION

93% perceived the pestle and mortar to have a strong association with pharmacy.

86% of respondents
rate the public's awareness
of a single professional, pharmacy
brand as 'poor' or 'very poor'.

DISCUSSION

Of the 242 respondents, 77% chose to describe themselves as a pharmacist and a total of 73% were part of a front line pharmacy team directly caring for patients. A wide range of other respondents types were recorded with a significant percentage of student and pre-registration pharmacists (10.7%), pharmacy technicians (7%) and owner / superintendents (5.4%) contributing.

Respondents came from each of the five defined sectors within the profession with 'community' receiving by far the largest representation at 58%. A standard bell distribution of age ranges can be seen with the highest number of respondents (27%) being in the 35 - 44 years range. 86% of respondents rate the public's awareness of a single, professional pharmacy brand as 'poor' or 'very poor' and perceive a stronger brand association with 'toiletries' and 'beauty' than with 'diagnostic services', 'minor ailments services', 'stop smoking services' and 'supervision services'. While traditional services such as prescription supply, over the counter sales and advice were seen as having a strong association with the pharmacy brand it is clear that well established newer services are not seen to achieved a strong association to date.

Respondents strongly believe that the public currently perceive pharmacists as 'shopkeepers' (85%) and 'business people' (63%) rather than 'scientists' and 'clinicians'. In contrast the situation is reversed when respondents were asked how they believe the public 'should' view the role of a pharmacist. 94% of respondents would like to see a 'strong' or 'very strong' association between the pharmacist and the 'clinician' role and 81% would like to be viewed as 'scientists'.

Only 24% of respondents feel proud of the way in which the public perceive the profession including 4% who 'strongly agree' that they feel proud. The majority of respondents also perceive a lack of recognition by a range of 360° stakeholders of the contribution that pharmacy makes to society.

DISCUSSION

Of the campaign brands and icons defined, 91% of respondents felt that there is a 'strong' or 'very strong' recognition of 'the pharmacy cross' with 52% perceiving the same level of recognition for the 'Ask your pharmacist' campaign. Similar associations were made with the pharmacy cross as with the pharmacy brand. 44% believing that 'strong' or 'very strong' recognition is received from 'healthcare professionals' and rank this group as having the highest recognition. Only 13% of respondents believe that 'politicians' recognise the profession in the same way and 6% regarding 'The media'.

The traditional services were again considered to have strong associations while newer services were considered to have less strong associations. A significant difference however can be seen when comparing the strength of association between 'beauty' and 'toiletries'. Respondents feel that both are significantly less strongly associated with the pharmacy cross than they are with the pharmacy brand as a whole. The following five words ranked as having a 'strong' or 'very strong' association with the pharmacy brand: 'medicines' (99%), 'advice' (98%), 'healthcare' (95%), 'accessibility' (93%) and 'availability' (93%). Only 10% of respondents felt that the profession should be associated with a 'commercial message' while 93% felt that it should be associated with a 'healthcare message'.

98% of respondents perceive a 'strong' or 'very strong' association between the profession and the colour 'green'. The second strongest colour association was with the colour 'white' (71%) and thirdly, 'blue' (40%). Of the five defined symbols the strongest association with the pharmacy profession was felt with the 'pestle and mortar' with 93% of respondents perceiving a 'strong' or 'very strong' association. 92% perceived the 'pharmacy cross' to have a strong association.

More detailed analysis shows that when considering the 'very strong' association category alone that 70% of respondents view the 'pharmacy cross' to have this level of association and 57% view the 'pestle and mortar' to have this level of association.

DISCUSSION

54% of respondents thought that it would be beneficial to look to the past for inspiration for the professions current visual identity.

A total of 168 comments were recorded in relation to what the brand of pharmacy should 'stand for', what 'one message' it should communicate and what its 'aim' should be. The most common words used when considering what the brand should 'stand for' were 'Healthcare', 'Professionalism' and 'Medicines'.

The most common words used when considering what the brand 'message' should be were the same. The most common words used when considering what the brand 'aim' should be were 'Healthcare', 'Pharmacy' and 'Raise awareness'.

Only 14% of respondents were 'satisfied' or 'very satisfied' with the way in which the profession currently promotes itself with 90% thinking that a consistent visual identity would be a 'beneficial' or 'very beneficial' in terms of promoting the profession in the future. 92% felt that in addition, a national marketing campaign would be 'beneficial' or 'very beneficial'.

Over 90% of respondents felt that the following stakeholders were 'important' or 'very important' in relation to the pharmacy brand: 'Healthcare professionals', 'Healthcare commissioners', 'The media', Pharmacy teams' and 'The public'. 75% of respondents felt the same regarding politicians.

Respondents felt that all of the communications channels defined could be 'effective' or 'very effective' when promoting pharmacy to a greater or lesser extent. Over 65% of respondents felt that all six channels would be beneficial. Respondents perceived the 'National press' as the most effective channel and a 'website' as the least effective channel.

85% believe that
the public percieve them
'shopkeepers' whilst 94% would
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14% of respondents
were 'satisfied' or 'very satisfied'
with the way in which the profession
currently promotes itself.

CONCLUSIONS

The respondent group contained representatives of all sectors within the industry, a wide range of individual roles and a spread of age groups. The levels of representation of individual sectors broadly mirrors the distribution of pharmacists within the profession with the exception of the academic and student sectors which were represented to a greater extent. Based on this demographic data the author has a high confidence level in the subsequent survey results and also believes that for the majority of results a narrow confidence interval can be applied. It is clear that the there is a gap between the ambitions of the profession, and the impact that it is delivering with it's current branding strategies.

Across a range of roles, sectors and age groups there is a clear belief that the public does not recognise a single visual identity relating to the pharmacy profession and that through developments within the profession over recent decades the role of the pharmacist in the publics eye has become de-professionalised. There is a belief that pharmacists are perceived as retailers and business people rather than the desired self-image of clinicians and scientists. In addition when considering the view of the profession's stakeholders this lack of understanding and recognition is perceived across all stakeholders.

The role of pharmacists as makers of medicines gradually started to disappear in the 1960's (Elvey, R. 2013, pp 322 - 323) and alongside it the self-image of pharmacists changed. This was a significant shift in how the profession sees itself and potentially how the public see it. The profession may still be searching for a new identity since this traditional one weakened and in the absence of a conscious attempt to fill the gap a new and unintended identity has developed in its place. There is evidence that a desire exists to return to a role that is perceived by the public as having a scientific and clinical basis.

Much success has been had in designing and implementing a new range of non-traditional services over recent years and many patients have benefited from improved patient outcomes as a result.

The profession may still be
searching for a new identity, and in
the absence of a conscious attmpt to fill
a gap a new and unitended identity has
developed in its place.

CONCLUSIONS

We can see that there is a belief that the traditional services provided by pharmacists and their teams are very strongly associated with the profession while an association has also developed with retail and beauty. Newer services have not achieved that association as yet which may be a function of the relatively short time since inception, sporadic commissioning or lack of effective promotion. The green pharmacy cross is considered to be the strongest established symbol associated with the pharmacy profession and while the pestle and mortar also ranked highly it is reflective of the now defunct 'Medicines Maker' identity of a pharmacist and does not communicate an accurate message.

The green cross is thought to be widely recognised by the public and initial indications are that this is the case (Birchall, G & Scullard, R. 2014). It is also used widely across Europe and has an international association. The value of the green cross to pharmacy as an icon can be further highlighted when considering the Sequence of Cognition theory (Wheeler, A. 2013 p50). The brain recognises shapes more rapidly than the colour of the shape and the colour of a shape more rapidly than it recognised the form of the shape.

The simple and highly recognisable shape of a cross is instantly recognisable and when associated with the colour green produces an enviable brand symbol. While use of the green pharmacy cross is not currently ubiquitous in the UK it would be unwise of the profession to abandon it. The value in current levels of recognition of the cross shape and the colour green can be built upon and developed to reignite and grow the value of the symbol further.

There is no other healthcare profession with as recognisable a symbol in the UK, providing the pharmacy profession with a distinct advantage in branding terms that is waiting to be taken. While a division of opinion about the value of referring to the past is evident an evolution of the way in which the green pharmacy cross is used may be the way forward.

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CONCLUSIONS

It is a **lost opportunity** of great value that the profession has not already united around such a potent and well recognised symbol. The 'Ask your pharmacist' campaign brand is considered to be well recognised and also has significant value to the profession. Newer campaign brands have not had sufficient time to develop an association.

A total of 33 different keywords were suggested during the initial qualitative interviews demonstrating a diverse range of opinion regarding the nature of the pharmacy brand and how to define it. Of those words a focus on medicines, the advice required to use the safely, and an element of healthcare all ranked very highly during the quantitative survey. At its core the pharmacy profession has a common identity across sectors, roles and age groups. This language is reflected in the associations made with the professional brand and begins to crystalize that which could form the core of a brand identity and inform a visual identity.

A second group of two related words also ranked in the top five both of which express a sense that the pharmacy profession is easy to engage with which is a valuable secondary strength. In addition there is a strong demand for a profession focused on a healthcare message rather than a commercial message. Whilst pharmacy is a commercial enterprise it may best be served by association with that which other retailers cannot offer i.e. a healthcare focus.

The pharmacy brand should stand for high quality, trusted and accessible expertise and professionalism in pharmaceutical healthcare.

The pharmacy brand should send the following key message: Pharmacists are the caring, medicines experts and your first port of call when you are concerned about your health and wellbeing. The aim of the pharmacy brand should be to create an instantly recognisable identity that is a kite mark of what the brand stands for, promotes the profession's contribution, redefines the clinical role of a pharmacist and unites the entire profession.

CONCLUSIONS

The **opinions expressed** in the survey are a wealth of information and could assist the development of verbal branding for the profession.

The profession is dissatisfied with the manner in which the profession is currently promoted and by inference the levels of success achieved by these methods and feels that a wide range of stakeholders must be reached through all available channels.

In summary there is a belief that the contribution of the pharmacy profession is very poorly recognised by all stakeholders, the role of the pharmacist is grossly misrepresented and that the current methods of promoting the profession are not successful in addressing these issues.

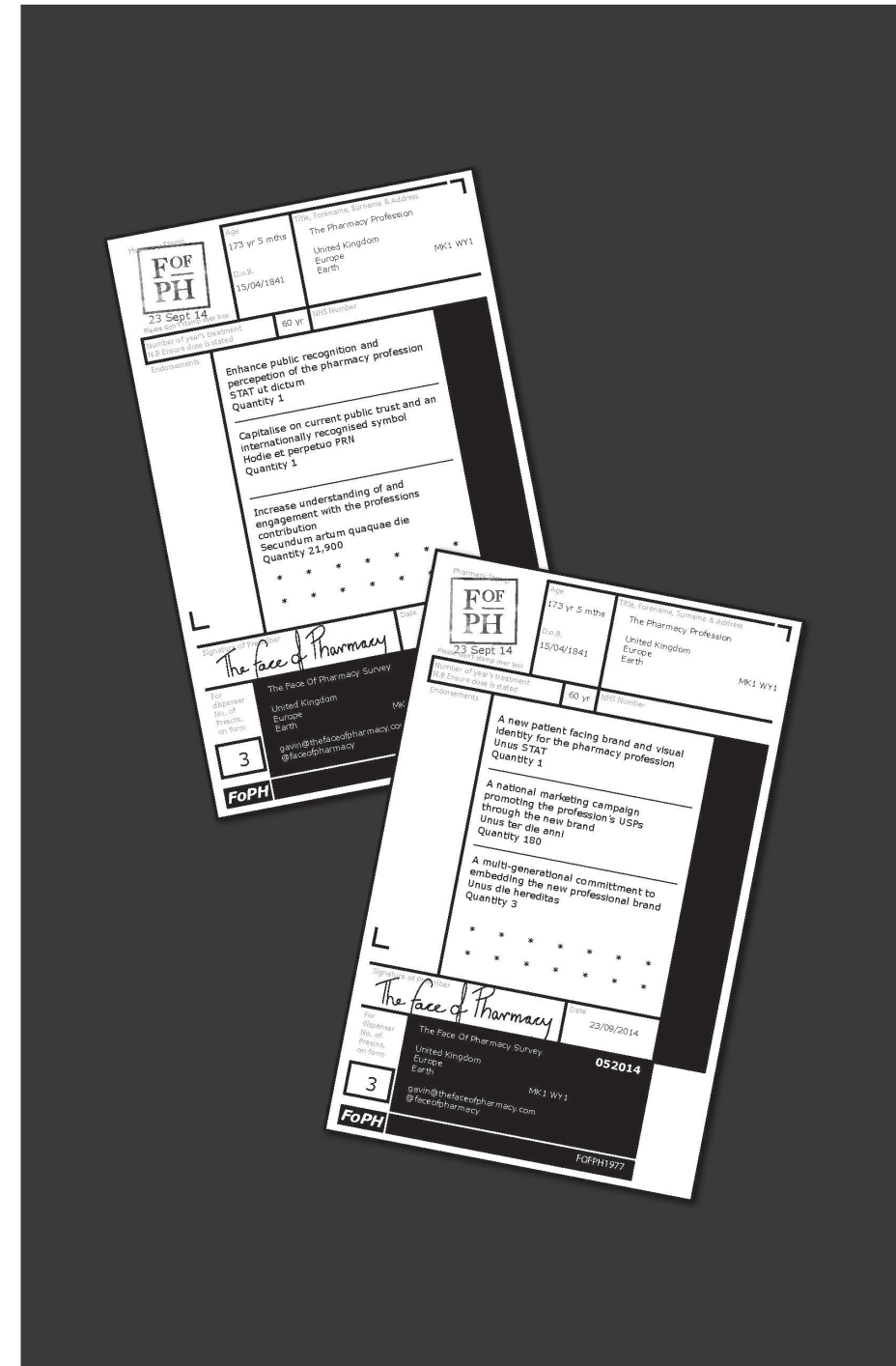
There is an appetite for a consistent visual identity to be developed and used to communicate the value the profession can add to the healthcare of the nation through a national marketing campaign.

While some differences of opinion exist regarding the precise nature of the brand there is significant agreement sufficient to define some core characteristics upon which to build an identity and campaign.

The current visual and brand identity is decades behind the reality of what the pharmacy profession can contribute. As an investigation into the status quo, an analysis of the current visual identity and of the appetite for change, the investigation has been successful.

Neumeir states that 'Brand is not what you say it is. It is what they say it is,' (Neumeir, M. 2005, pp 4-7) which suggests that additional research is necessary to engage directly with each stakeholder group and improve understanding of their views.

The current visual
and brand identity is decades
behind the reality of what the pharmacy
profession can contribute.



REFERENCES

Birchall, G & Scullard, R. (2014) **The Face Of Pharmacy Vox Pop**. <http://www.thefaceofpharmacy.com/the-face-of-pharmacy---media.html> Covent Garden, London. Chemist and Druggist.

Elvey, R. (2011) Who do you think you are? Pharmacists’ perceptions of their professional identity. **International Journal of Pharmacy Practice**. Vol 21. pp 322 - 323.

Medley, S. (2009) The feeling is neutral for pharmaceutical packaging aesthetic equals the Modernist aesthetic. **Australian Medical Journal**. Vol 1 (12) pp 146-151.

Neumeier, M. (2006) **The Brand Gap**. New Riders. United States. pp 4-7.

Nobel, I & Bestly, R. (2011) **Visual Research**. 2nd ed. AVA academia. Switzerland. p 18.

Prescribing and Primary Care Team. (2012) **General Pharmaceutical Services in England: 2002-03 to 2011-12**. V1.0 Health and Social Care Information Centre. pp 26-27

Wheeler, A. (2013) **Desinging Brand Identity**. 4th ed. Philidephia, United States. John Wiley & Sons Inc.

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The Pharmaceutical Services Negotiating Committee
@FaceOfPharmacy Twitter Followers

APPENDICIES

Tabulated data	25 - 31
Written responses	32 - 40

WHICH OF THE FOLLOWING WOULD BEST DESCRIBE YOUR PROFESSIONAL ROLE?

Answer options	Response percentage	Response count
Accredited checking technician	2%	4
Delivery driver	0%	0
Clinical pharmacist	19%	46
Consultant pharmacist	9%	22
Dispenser	2%	4
Healthcare assistant	0%	0
Pharmacy manager	23%	56
Pharmacy student	9%	22
Pharmacy technician	5%	17
Pre-registration student	2%	4
Sales assistant	0%	1
Other	30%	71

- Clinical academic pharmacist,
 - Pharmacy academic,
 - Pharmacy contractor / superintendent,
 - Educational pharmacist,
 - Superintendent / director,
 - Superintendent / owner,
 - Education and training pharmacist,
 - Pharmacy proprietor,
 - Superintendent,
 - Academic,
 - Community pharmacist,
 - Superintendent,
 - Commercial assistant,
 - Support function,
 - Purchase ledger clerk,
 - Non-pharmacy staff,
 - Chief pharmacist (hospital),
 - Superintendent / General manager,
 - Clinical governance pharmacist and research strategy lead,
 - Pharmacy education and training,
 - Superintendent,
 - Primary health care professional,
 - Pharmacy consultant,
- Pharmacist,
 - LPC CEO,
 - Superintendent,
 - LPC chief officer,
 - Sessional community pharmacist,
 - Pharmacist,
 - Superintendent,
 - HLP development pharmacist,
 - Owner,
 - Head office team for community pharmacy,
 - LPC pharmacist,
 - Superintendent and director,
 - Senior business manager,
 - Pharmacist national pharmacy body,
 - Communications officer,
 - LPC staff,
 - Prescribing support pharmacist,
 - Academic pharmacist,
 - Sales marketing,
 - Researcher,
 - Academic pharmacist,
 - Academic pharmacist,
 - Locum pharmacist,
- Research associate,
 - PhD student,
 - Academic pharmacist,
 - Community pharmacist,
 - Sociologist,
 - Lecturer in pharmacy school,
 - Marketing,
 - Technical support officer,
 - Retail pharmacist,
 - Academic,
 - Pharmacist academic,
 - Marketing (industry),
 - Academic pharmacist,
 - Academic pharmacist,
 - Education,
 - Pharmacy owner and Superintendent,
 - Pharmacy marketing,
 - Area manager,
 - CEO,
 - Finance director,
 - Pharmacy director,
 - Pharmacist,
 - Relief pharmacist,
 - Operations and marketing director.

TABULATED DATA

WHICH SECTOR DO YOU MOST COMMONLY WORK IN?

Answer options	Response percentage	Response count
Academia	16%	37
Community	58%	138
Hospital	10%	24
Industry	2%	4
Primary care	11%	25
Professional leadership	3%	7

WHAT AGE RANGE DO YOU FIT WITHIN?

Answer options	Response percentage	Response count
19 to 24 years old	13%	32
25 to 34 years old	24%	58
35 to 44 years old	27%	64
45 to 54 years old	22%	53
55 to 64 years old	11%	27
65 to 74 years old	2%	4

WHICH OF THE FOLLOWING DO YOU THINK ARE CURRENTLY ASSOCIATED WITH THE PHARMACY BRAND?

Answer options	Very poor	Poor	Strong	Very strong	Response
Advice	2%	20%	67%	11%	209
Beauty	8%	40%	46%	6%	208
Diagnostics	37%	52%	11%	0%	208
Healthcare	2%	24%	60%	13%	209
Medicines	0%	2%	34%	63%	208
Minor ailments	11%	54%	30%	6%	208
OTC	1%	8%	52%	39%	209
Prescriptions	1%	0%	13%	86%	199
Stop smoking	9%	51%	35%	4%	203
Supervision	22%	50%	26%	2%	203
Toiletries	4%	26%	55%	14%	202

HOW DO YOU RATE THE PUBLIC'S AWARENESS OF A SINGLE PROFESSIONAL BRAND THAT COMMUNICATES PHARMACY?

Answer options	Response percentage	Response count
Very poor awareness	22%	49
Poor awareness	64%	146
Strong awareness	14%	31
Very strong awareness	1%	2

TABULATED DATA

TO WHAT EXTENT DO YOU THINK THE PUBLIC ASSOCIATE THE FOLLOWING ROLES WITH PHARMACISTS?

Answer options	Very poor	Poor	Strong	Very strong	Response
Clinician	24%	52%	20%	3%	208
Business person	8%	29%	56%	7%	209
Scientist	26%	59%	14%	1%	207
Shopkeeper	1%	14%	54%	30%	208

TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THIS STATEMENT: ‘AS A PHARMACY PROFESSIONAL I AM PROUD OF THE PUBLIC’S PERCEPTION OF PHARMACY AND THE RECOGNITION THAT WE RECIEVE FOR OUR CONTRIBUTION TO SOCIETY’?

Answer options	Response percentage	Response count
Strongly disagree	20%	41
Disagree	56%	116
Agree	20%	41
Strongly agree	4%	9

TO WHAT EXTENT DO YOU THINK THAT THE FOLLOWING STAKEHOLDERS RECOGNISE THE CURRENT CONTRIBUTION OF THE PHARMACY PROFESSION TO SOCIETY?

Answer options	Very poor	Poor	Strong	Very strong	Response
Commissioner	12%	55%	31%	2%	198
Professional	5%	52%	41%	4%	200
Politician	38%	49%	12%	1%	198
The media	35%	59%	5%	1%	199
The public	9%	61%	28%	2%	199

HOW SATISFIED ARE YOU WITH THE WAY IN WHICH THE PHARMACY PROFESSION CURRENTLY PROMOTES ITSELF?

Answer options	Response percentage	Response count
Very unsatisfied	28%	55
Unsatisfied	59%	115
Satisfied	13%	25
Very satisfied	1%	1

HOW DO YOU RATE THE PUBLIC’S RECOGNITION OF THE FOLLOWING ICONS AND CAMPAIGN BRANDS?

Answer options	Very poor	Poor	Strong	Very strong	Response
Ask your	7%	41%	47%	6%	195
Dispensing health	46%	49%	5%	0%	195
Healthy living	26%	57%	16%	1%	193
Pharmacy cross	4%	5%	40%	52%	197
Treat yourself	44%	50%	6%	2%	196

TABULATED DATA

HOW BENEFICIAL DO YOU THINK A CONSISTENT VISUAL IDENTITY WOULD BE IN TERMS OF PROMOTING THE PHARMACY PROFESSION?

Answer options	Response percentage	Response count
Very little benefit	3%	5
Little benefit	7%	13
Beneficial	42%	81
Very beneficial	49%	96

WHICH OF THE FOLLOWING DO YOU THINK ARE CURRENTLY ASSOCIATED WITH THE PHARMACY CROSS?

Answer options	Very poor	Poor	Strong	Very strong	Response
Advice	5%	19%	61%	15%	195
Beauty	22%	49%	25%	4%	194
Diagnostics	33%	55%	9%	3%	190
Healthcare	4%	15%	65%	16%	194
Medicines	2%	2%	38%	59%	193
Minor ailments	13%	50%	29%	7%	194
OTC	4%	6%	56%	35%	194
Prescriptions	1%	0%	22%	77%	188
Stop smoking	14%	62%	23%	2%	190
Supervision	24%	55%	20%	0%	186
Toiletries	15%	40%	38%	7%	185

HOW BENEFICIAL DO YOU THINK A NATIONAL MARKETING CAMPAIGN WOULD BE IN TERMS OF PROMOTING THE PHARMACY PROFESSION?

Answer options	Response percentage	Response count
Very little benefit	2%	3
Little benefit	6%	11
Beneficial	35%	69
Very beneficial	58%	113

HOW SATISFIED ARE YOU WITH THE WAY IN WHICH THE PHARMACY PROFESSION CURRENTLY PROMOTES ITSELF?

Answer options	Response percentage	Response count
Very unsatisfied	28%	55
Unsatisfied	59%	115
Satisfied	13%	25
Very satisfied	1%	1

TABULATED DATA

WHICH OF THE FOLLOWING WORDS WOULD YOU ASSOCIATE WITH THE PHARMACY PROFESSION?

Answer options	Very poor	Poor	Strong	Very strong	Response
Accessibility	2%	5%	42%	51%	185
Advice	1%	1%	38%	61%	188
Availability	1%	6%	45%	48%	185
Care	1%	12%	44%	43%	189
Caring	2%	22%	40%	37%	189
Communication	5%	28%	40%	27%	187
Compassion	4%	25%	47%	24%	189
Convenience	3%	8%	41%	48%	189
Expertise	1%	8%	38%	53%	188
Excellence	3%	26%	40%	32%	187
Healthcare	1%	5%	43%	52%	189
Help	2%	12%	55%	31%	186
Holistic	19%	51%	22%	7%	188
Integration	23%	46%	21%	10%	188
Integrity	3%	20%	44%	33%	186
Knowledge	1%	6%	53%	40%	187
Medicines	1%	1%	21%	78%	185
Outcomes	15%	37%	29%	19%	187
Patient	2%	17%	37%	44%	187
Prevention	7%	34%	35%	24%	187
Professionalism	2%	9%	39%	51%	187
Quality	2^	14%	44%	40%	186
Relationship	7%	41%	30%	21%	187
Safety	2%	11%	43%	44%	188
Science	11%	34%	41%	13%	187
Self-care	2%	23%	49%	26%	187
Simplicity	14%	47%	31%	8%	187
Skill	5%	24%	44%	27%	187
Supply	3%	17%	47%	33%	186
Triage	21%	38%	28%	13%	187
Trust	1%	9%	41%	50%	185
Value	4%	28%	45%	23%	187
Wellness	4%	25%	42%	29%	187

TABULATED DATA

SHOULD THE PHARMACY BRAND BE ASSOCIATED WITH A COMMERCIAL MESSAGE? FOR EXAMPLE: 'BUY ONE MEDICINE, GET ONE FREE.'

Answer options	Response percentage	Response count
Strongly disagree	64%	120
Disagree	28%	52
Agree	9%	16
Strongly agree	1%	1

SHOULD THE PHARMACY BRAND BE ASSOCIATED WITH A HEALTHCARE MESSAGE? FOR EXAMPLE: 'WE'LL ADVISE YOU ON THE BEST TREATMENT FOR YOU.'

Answer options	Response percentage	Response count
Strongly disagree	5%	9
Disagree	2%	4
Agree	36%	67
Strongly agree	57%	108

WHICH OF THESE COLOURS DO YOU ASSOCIATE WITH THE PHARMACY PROFESSION?

Answer options	Very poor association	Poor association	Strong association	Very strong association	Response count
Black	76%	20%	4%	1%	181
Blue	33%	28%	30%	9%	181
Green	1%	2%	19%	79%	188
Red	60%	33%	6%	2%	178
Yellow	66%	31%	3%	1%	180
White	18%	11%	40%	31%	181

WHICH OF THESE SYMBOLS DO YOU ASSOCIATE WITH THE PHARMACY PROFESSION?

Answer options	Very poor association	Poor association	Strong association	Very strong association	Response count
Asclepius staff	26%	43%	24%	7%	182
Bowl of hygeia	23%	37%	27%	14%	182
Carboy	16%	24%	35%	25%	178
Cross	3%	5%	22%	70%	183
Pestle and mortar	1%	6%	36%	57%	180

TABULATED DATA

HOW IMPORTANT DO YOU THINK THE FOLLOWING STAKEHOLDERS ARE IN RELATION TO THE PHARMACY BRAND?

Answer options	Not	Minimal	Important	Very	Response count
Commissioners	1%	7%	41%	51%	183
Professionals	0%	3%	35%	62%	184
The media	1%	6%	47%	46%	183
Pharmacy teams	0%	2%	28%	70%	183
Politicians	4%	21%	42%	33%	183
The public	0%	3%	22%	74%	182

TO WHAT EXTENT DO YOU THINK THE PUBLIC SHOULD ASSOCIATE THE FOLLOWING ROLES WITH PHARMACISTS?

Answer options	Very poor association	Poor association	Strong association	Very strong association	Response count
Clinician	1%	5%	27%	67%	184
Business person	13%	54%	30%	2%	184
Scientist	4%	15%	60%	21%	182
Shopkeeper	37%	48%	13%	3%	182

TO WHAT EXTENT DO YOU THINK IT WOULD BE BENEFICIAL FOR THE PHARMACY PROFESSION TO LOOK TO ITS PAST FOR INSPIRATION FOR ITS VISUAL IDENTITY?

Answer options	Response percentage	Response count
Very little benefit	12%	22
Little benefit	34%	63
Beneficial	44%	80
Very beneficial	10%	19

WHICH OF THE FOLLOWING COMMUNICATION CHANNELS DO YOU THINK WOULD BE THE MOST EFFECTIVE FOR COMMUNICATING THE PHARMACY BRAND MESSAGE?

Answer options	Not important	Minimal importance	Important	Very important	Response count
Advertising	2%	17%	44%	37%	180
Experiential	3%	12%	28%	57%	178
Local press	4%	26%	49%	21%	175
National press	2%	10%	44%	44%	178
Social media	3%	18%	37%	42%	180
Website	3%	30%	38%	29%	174

TABULATED DATA

IN LESS THAN 140 CHARACTERS WHAT SHOULD THE PHARMACY BRAND STAND FOR?

- Supporting each individual patient to get the best from the medicines they want & need.
 - Healthcare, accessibility, trust, patient care and excellence.
 - Experts in healthcare advice and delivery.
 - First class, reliable, accessible healthcare.
 - The Pharmacy brand should stand for clinical professional advice on your doorstep.
 - Excellence in healthcare.
 - Stand for the community and patients.
 - Full integration into the health and wellness of every patient.
 - Clinical excellence in ensuring the safe and effective use of medicines and promoting public health.
 - A vital part of a patient's journey through the NHS.
 - Trust, honesty and integrity.
 - Optimising medications to empower patients for achieve health goals.
 - Professional and accessible, the healthcare professional within your community.
 - Professionalism, caring, patient comes first.
 - To be well recognise, welcoming, and to show patients they will be treated as an individual.
 - A caring and compassionate service that promotes healthy living, self care and supports patients with conditions both minor and major back to health through advice and best use of medicines, honesty integrity and professional.
 - Readily accessible health focused care.
 - Health with care- healthcare expertise in the community.
 - Accessible help from professional, knowledgeable teams.
 - Trust, integrity, high quality and compassionate care.
 - Uniform high quality level of expertise in healthcare and medicines.
 - Professionalism, knowledge, value.
 - United profession with clear aim to improve health of the population.
 - Getting in the way of patients getting what they want.
 - Quality.
 - Healthcare for the whole community.
 - Accessible healthcare
 - Professional caring advice that you can trust.
 - Trust and confidentiality.
 - Expert support and advice for patient driven healthcare and health promotion.
 - Trust, medicines, health, scientist, partner, enabler, problem olver, collaborator.
- Expertise in health care for the general public and providing advice on how their medicine works and how to optimise its use.
 - Quality advice assisted sales and an all round wellness service.
 - Quality, excellence, support and healthcare service provider.
 - An excellent, professional, caring medicine service.
 - Accessible quality healthcare advice.
 - The Pharmacy brand should stand for the first port of call for health related matters.
 - Medical/Health advice and care at the heart of the community.
 - Experts in managing patients health through the best use of medicines.
 - ...for available and fast holistic healthcare for everyone.
 - Confidential, friendly advice- the first port of call for those with minor ailments.
 - Knowledge, Trust, Safety always putting patients first without compromising ethics.
 - The Experts in Medicines and their uses and the place where the public can always obtain advice on their health from experts.
 - Professionalism, advice and availability. Pharmacies should be a premium health care destination that is not associated with business enterprise or attached to cheap products.
 - Obviously getting medicines, but that's just a starting point.
 - Healthcare and professionalism.
 - Medicines expert with an understanding of health and disease and how this is relevant to everyday life.
 - Health.
 - Professional, confidential and personalised advice and treatment for the individual patient.
 - Good healthcare advice.
 - Integrity knowledge trustworthy helpful.
 - Quality & professional whole life care for the public.
 - Care, accessibility and quality.
 - Easily accessible high quality healthcare services and advice.
 - Caring, expertise and accessible.
 - A Primary Healthcare profession that cares, is easy accessible for advice on health and management of self care and long term conditions.
 - Easily available and informed advice on medicines.
 - Trust in receiving healthcare.
 - It should stand for care.
 - Healthcare, trust, honesty and respect.
 - Accessible healthcare
 - Integrity and probity.
 - Health for all.

WRITTEN RESPONSES

IN LESS THAN 140 CHARACTERS WHAT SHOULD THE PHARMACY BRAND STAND FOR?

- Integrity, clinical excellence and expertise in medicines.
- Integrity, respectability and reliability.
- Best use of medicines.
- High standards of care and a personalised service.
- Safety and excellence.
- Health, advice, prevention and wellbeing.
- A complementary professional that elicits compliments.
- Accessible, friendly and highly trained healthcare professionals.
- Consistent excellence in healthcare advice available where and when I need it.
- Professional healthcare and services and advice provider.
- A quality intervention to help the patient get the most from their medication.
- Our brand should stand for expert healthcare in the community.
- Sound clinical advice on your medicines whenever you need it.
- Quality, Trust, Care and Expertise.
- Healthcare.
- Reliability, timeliness, trustworthy.
- Professionalism. Medicines Safety. Advice and treatment. Urgent Care.
- High quality, accessible healthcare from well qualified, caring professionals.
- Good accurate health care advice.
- High standards of professional integrity.
- Professional caring clinicians, working in a clinical environment, optimising the use of medicines and improving the health and wellbeing of individuals and the nation.
- Patient's first contact and directing to services.
- High quality, consistent, professional healthcare.
- Care before commercialism.
- Access to high quality, professional healthcare advice and medicines.
- Consistent, quality healthcare.
- Integrity, professionalism, healthcare, medicines.
- Quality advice, care and support in partnership with people.
- Excellence in healthcare.
- Convenience, advice, genuine help for improving health & wellbeing.
- Trust and respect, ambition, adaptability, accessibility, forward looking, professional, caring.
- Pharmacy is in the heart of the community
- Accessible care for all.
- Accessible Quality Healthcare in the Community.
- Experts in Medicine.
- The pharmacy brand should stand for promotion of patient's care and safety.
- Expert advice in words you can understand.
- FIRST PORT OF CALL FOR MINOR PROBLEMS.
- Care.
- Public Health, Healthcare, self-care leaders patient-centred care.
- Healthcare, professionalism, trust.
- Healthcare, patient focus and science.
- Providing free medical advice to any person that wants it .Centre for excellent first stop healthcare.
- Excellence in serving the medical needs of the public.
- Healthcare.
- Professional healthcare advice.
- Healthcare in the community. Services and supply.
- Professionalism and excellence in the management of medicines.
- Healthcare excellence.
- The role of pharmacists in the health care profession.
- Safety, healthcare, advice, expert.
- Self-care, knowledge and professionalism.
- Excellent care, preventing ill health and empowering patients.
- Prevention of disease and optimal use of medicine.
- Professionalism, expertise, excellent service, accessible.
- Survey too long.
- Accessible, knowledgeable pharmaceutical advice and care.
- Trust.
- Pharmacy should stand for accessible care that is accessed first and can treat or signpost where necessary.
- Health excellence.
- Pharmacy as the gatekeeper to primary care.
- The pharmacy brand should stand for having purpose in people's health care.
- Pharmacy should inspire confidence of receiving the very best advice, care and treatment for everyone.
- Experts in medicines, trusted to provide health information, helping people to help themselves improve their own health.
- Experts in their field.
- It should stand for a medicine's expert who is an integral part of the healthcare system.
- Professional and caring.
- Effective medication shared decision making.
- Integrity, compassion, care.

WRITTEN RESPONSES

IN LESS THAN 140 CHARACTERS WHAT SHOULD THE PHARMACY BRAND STAND FOR?

- Pharmacists are a valued and trusted source of medication information & chronic disease management.
- Medicines focused; person centred; outcome driven.
- Accessible, personal care in conjunction with other professions to ensure a positive outcome for health.
- Excellence in healthcare.
- A united, clear & strong vision to help the public be healthier through pharmaceutical interventions
- Pharmacists are patients' partners to support health related needs & are the medication expert health care professional.
- Consistent and helpful healthcare advice in a professional environment.
- Professional, efficient integrated healthcare service.
- The first port of call for healthcare advice and services.
- Professional quality health advice on lifestyle, medicines and signposting. Pharmacy should be the main advice centre for many issues, some not currently available such as bereavement signposting, others more common such as medicines advice.
- Great service.
- The professional supply of medicines and advice to promote the health and well-being of the local community.
- Healthcare, positive outcomes, public health initiatives.
- Healthcare where and when you need it.
- Professional, caring, trustworthy, first port of call.
- Quality, knowledge, honesty, trustworthy.
- Timely access to expert professional advice which takes pride in our role as supportive clinicians to other HCPs.
- Open, honest healthcare and wellbeing through medicines and lifestyle advice.
- Professional Pharmacy Healthcare.

WRITTEN RESPONSES

IN LESS THAN 140 CHARACTERS WHAT ONE MESSAGE WOULD YOU COMMUNICATE ABOUT THE PHARMACY PROFESSION?

- It's the single most underused resource the NHS has.
- Professionalism, expert in medicines, accessible healthcare provision approachable, reliable, and caring to put patients first.
- First port of call for all your healthcare needs.
- The Pharmacy Profession is the gateway to the public helping themselves to stay healthy or referral to healthcare when needed.
- Impartiality.
- Pharmacy helps you get the most benefit from medicines.
- Professional innovators for quality accessible healthcare.
- We are scientists, experts in medicines and fully trained to offer the best in evidence based advice and treatment.
- We can do more than you think.
- Patient centred.
- Your pharmacist is your problem solver, know their name and they should know yours!
- Ask your pharmacist.
- We do care about you.
- Friendly, always willing and you can ask anything we also can give sign post when necessary.
- We're here to advise, support, prescribe, signpost and most of all listen.
- Modern.
- The patient comes first.
- Available for a wide range of healthcare queries without appointment.
- Pharmacy provides care on self medication, dispenses medicines and delivers health related services - an underused resource in hard NHS times.
- Pharmacy should be the gateway to primary healthcare services for most patients, most of the time.
- Highly trained, accessible professional in healthcare and medicines.
- Here to help.
- We can do much more than just dispensing.
- We protect you the client.
- Skill, knowledge, expertise accessibility.
- Healthcare knowledge on every corner.
- We will do whatever we can to help with your healthcare. Medicines, advice and help all in one location.
- Knowledgeable people who are always willing to give advice.
- We are here for the patient and the needs they have.
- Accessible, available without appointment, expert in medicines and health.
- Hardworking, patient driven, sound knowledge and advice providers.
- Q24> Pharmacist are the specialist in the medicine/drug sector but all this knowledge is not being utilised at the moment.
- The world is changing and we as a profession must change to keep up with our patient's needs and health priorities.
- The pharmacist is the professional who knows more than any other professional about your medicines.
- Pharmacy has your healthcare interests at heart.
- We are competent, knowledgeable, professional, accessible and caring.
- Government registered individuals with the care of the patient/community at the centre of their profession.
- Reliable delivery of professional healthcare in a convenient setting.
- Working with healthcare professionals to provide patient centred care.
- Pharmacists can do more than dispense for you today.
- More than just a shopkeeper.
- A lot more to offer than patients/public realise.
- We must be healthcare professionals who can communicate at all levels with both patients and fellow professionals.
- Pharmacists are knowledgeable and well educated professionals who can advise in quality use of medicines, management of chronic disease and minor ailments.
- Pharmcists are cool.
- We are there to help. We are experts in medicine, not business people.
- Medicines and much more.
- First stop for healthcare.
- Pharmacy is more than dispensing medicines, it is to ensure the safety of prescribed medicines and to give patients the best evidence based advice.
- First port of call for health matters.
- Caring professional confident.
- Q24> Accessibility & quality care for everyone.
- We are the authority and experts on medicines.
- Pharmacists are clinically trained members of the healthcare team.
- We know and we care.
- Integrated Primary Care Professional who is the medicine expert.
- Health care and advice for you on your high street.
- Professional care.
- Pharmacy is here to help the public stay well, get well, be looked after when they aren't well.

WRITTEN RESPONSES

IN LESS THAN 140 CHARACTERS WHAT ONE MESSAGE WOULD YOU COMMUNICATE ABOUT THE PHARMACY PROFESSION?

- We are the drug experts.
- Experts in medicines.
- Use everything we have to offer.
- Hard-working caring trusted professionals.
- The experts in medication and its use.
- Port of call and an understanding of our role as healthcare professionals.
- Supporting self-care with medicines.
- It's more than just counting pills!
- Experienced professionals here to help.
- Your first contact to health.
- Foundation Training and Ongoing Training - they all think we've got 2 O-levels!
- The public can trust their pharmacy team to provide safe healthcare and medicines advice in a professional, confidential environment which is also both friendly and accessible.
- Get off your laurels and deliver high quality services.
- It is well trained and motivated to provide a gateway to other NHS services.
- We aim to provide safe and cost effective services and self-care strategies with other healthcare professionals.
- Pharmacists are a highly qualified, effective and caring healthcare profession making a positive difference to the health of their community every day.
- Here for medicines advice and support, when you need us.
- Quality Service in an accessible location staffed by Experts in Healthcare working as part of the NHS Primary Care Team.
- People should go to a pharmacy first before visiting their local GP or a&e department.
- Medicine, service, quality in a caring environment.
- Shopkeepers do not have a Masters degree.
- We spend 5 years qualifying in healthcare use our skills.
- We are here to help as clinicians not just as shopkeepers.
- Good Advice to improve your health.
- Caring, accessible, clinical professionals, forming part of the healthcare team, optimising the use of medicines and caring for the health of the nation.
- Medicines the CORE of patients' healthcare.
- There to help and support.
- Care before commercialism.
- Pharmacy is an under utilised resource that can help address much of the burden faced in primary care.
- Accessible, instant healthcare professionalism.
- Experts in medicines.
- If you don't know what they can do, ask. You'll be surprised.
- Knowledge on medicines and health to help people.
- We don't just count tablets. Dispel the myth.
- Experts in medicines.
- Pharmacists go out of their way to make sure you're treated well.
- No appointment required to see a competent health professional.
- We do more than count tablets.
- Experts in medicines as part of the healthcare team. Not greedy shopkeepers!
- Experts in medicine.
- Pharmacists are drug experts and could have a big impact on the patient's health if they had better involvement in the primary healthcare sector.
- Not everyone gets bad advice!
- ALWAYS AVAILABLE AND NO APPOINTMENT NEEDED.
- Professional, caring experienced.
- Pharmacy should no longer be about sale and supply of medicines alone - it should be about care of people.
- Expertise.
- Very important.
- Clinicians have the 'know how' knowledge, pharmacists should have the 'know why' knowledge.
- We are the medicines expert, ask about your medicines.
- Given an opportunity we can help fix the NHS by opening up healthcare to all without appointment.
- Professionalism, accuracy and integrity.
- Highly qualified clinical practitioners.
- First port of call.
- We are healthcare scientists.
- Making medicines safer.
- They should be the first to be contacted for minor ailments and advice on management of terminal illnesses.
- Safety, healthcare, advice, expert.
- Competency.
- Valuable resource of highly skilled professionals to help change the future of NHS healthcare.
- Healthy life style living for every patient consultation.
- Expertise, services beyond traditional OTC sales and dispensing.
- Survey too long.
- Accessible, knowledgeable pharmaceutical advice and care.
- Professional experts in the field of medicine/treatments/ healthcare.
- Pharmacy do more than just dispense prescriptions.

WRITTEN RESPONSES

IN LESS THAN 140 CHARACTERS WHAT ONE MESSAGE WOULD YOU COMMUNICATE ABOUT THE PHARMACY PROFESSION?

- The most accessible healthcare provider.
- That pharmacists does not equal pharmacy. Vast bulk of pharmacists not motivated by personal financial interest.
- We are here to CARE for your HEALTH, like all HEALTHCARE professionals!
- There is so much more to pharmacy than dispensing prescriptions.
- Trust us to help you get the best medicine.
- Under utilised.
- To go to your pharmacist first before visiting your GP AND ON SOME OCCASIONS A&E.
- Professional, caring, get the job done well.
- Caring.
- Ensuring optimal medicine outcomes.
- It should include the positive impact that expanded pharmacy practice has on patient outcomes.
- Committed to your health.
- Pharmacists are specialist clinicians, who work with other professionals to promote the holistic care of the patient.
- Experts.
- Accessible knowledgeable and professional patient care, currently under-utilised.
- Pharmacists are responsible for medication related needs of patients, community & nations. Important contributors in prevention & treatment.
- We understand patient need.
- We do more than you think.
- A centre of expertise on a wide range of health, medicinal and life style issues where no appointment is necessary.
- Trusting.
- We should be proud of our profession and our role in the healthcare of the nation.
- We need to ensure standards of excellence are conserved across the profession whether from pharmacists or staff.
- We can do more than give out pills.
- Pharmacists work with and not against your doctors, we are here for you as patients and have your interests at our heart.
- We care.
- Pharmacy is; there for you. Pharmacy is; healthcare through medicines. Pharmacy is; accessible wellbeing advice.

WRITTEN RESPONSES

37

IN LESS THAN 140 CHARACTERS WHAT SHOULD BE THE AIM OF THE PHARMACY BRAND?

- Clinical expertise delivered in a way that each patient can understand & use to get the best out of their medicines.
- Simple, caring, professional trustworthy.
- Promote the quality provision of health and well being.
- The aim should be non-profit making, part of the NHS, confidential, professional, compassionate and there to listen.
- Safety and clinical experts.
- To promote the profession among stakeholders.
- To champion the profession and what it can bring to healthcare.
- Improve the perception of pharmacists as health professionals with expert knowledge - ask us!
- To promote our skills and knowledge.
- Trusted, honest and reliable health care professional.
- Healthcare professional, medication expert, clinical goal achiever and economic benefit to the entire system.
- To unite pharmacy under one banner.
- To provide the best service to the patient that is physically possible.
- Something people will recognize and come too for any advice they may need.
- Promotion of the many different roles that pharmacists have across the sectors.
- Promote pharmacy and kick the backsides of the laggards.
- Maintain professionalism over commercialism.
- Improving the health of our customers through medicines support.
- Convey safety and quality of care in relation to all aspects of medicines and medicines use.
- Pharmacist first for healthcare and medicines.
- To raise awareness of our role, knowledge and abilities.
- To promote pharmacy as a part of healthcare, not only promotion of dispensing but also various services.
- Improve professionalism.
- To be a badge of quality.
- Truth, honest and trust for the community.
- To give the best healthcare to every single patient.
- Unite under one strong identity.
- Putting the Patient first.
- Convey to the public our core values and increase their faith in what we have to offer.
- To achieve excellence within healthcare.
- Develop on the trust that the profession has had for a long period of time, reduce commercialism and build on the care message now and for future, NHS partner, patient, parent and carer friend.
- To get the general public to come and ask for advise about their medicines and for other general self-help issues.
- To put patients at the heart of what we do and promote joined up working with other healthcare providers.
- To build up the reputation for the pharmacists to the public as just not shopkeepers.
- Place pharmacy at the top of all healthcare professions.
- Promote knowledge, professionalism and accessibility.
- To position ourselves as the gateway to the healthcare system.
- To be recognisable and promote the pharmacy profession and services.
- Demonstrate why pharmacy has to be part of the holistic care of patient wellness.
- To raise awareness of the services available.
- Promote the value of the pharmacist in the community- we know a lot more than people think! Why aren't our skills being utilised to their full potential, thus reduce doctors waiting times?
- To promote the myriad of services that pharmacy can provide. To showcase all the profession talent working in pharmacies all over the country.
- To make the public see Pharmacists as healthcare professionals first and Shopkeepers very firmly last.
- To educate the public, politicians and health commissioners the importance of pharmacists in the health care team and the value for money and expertise that pharmacists provide free of charge!
- Explain to people that pharmacists aren't just crazy potion makers like they used to be...
- To show the public what we can do!
- Promoting primary prevention.
- We are professionals with skills relevant to you.
- Excellent standard of practice to give the patient the best health outcomes.
- Consistent high quality delivery in everything to do with health.
- Logo recognisable across the board.
- To tell people that pharmacy services are available here.
- To engage stakeholders & public in using pharmacy as a solution.
- To instill trust and confidence in our abilities.
- To promote the profession of pharmacy so that it can evolve from a supply based service to a more complete clinical interaction with the public.
- Telling people nationally / internationally that pharmacists are knowledgeable, caring and accessible.

WRITTEN RESPONSES

38

IN LESS THAN 140 CHARACTERS WHAT SHOULD BE THE AIM OF THE PHARMACY BRAND?

- Recognition of Health care service provision including medicines.
- Promote Pharmacy as a place where you get more than just your prescription.
- To help the public understand how much pharmacy can do for them and their families.
- The promotion of the profession to the public.
- Get rid of shopkeeper impression.
- To raise our profile and improve our reputation.
- Promoting an accessible and trusted health profession.
- To convince pharmacists that their role is CLINICAL not commercial.
- Increase the public (& commissioner) perception of pharmacy and its services.
- Quality provision of medicine related support.
- To raise awareness of what Pharmacy actually does in the community.
- Time to care.
- Unity.
- Promote awareness of a clinical professional that is easily accessible.
- To convey the identity of accessibility to expert healthcare and medicines advice and services.
- To raise awareness of the role that pharmacy can play in wellness and ill health.
- Something for those within the profession to aspire to and for those outside to respect.
- To get us recognised and used as the healthcare experts that we are.
- To promote pharmacy as a caring, knowledgeable profession which is part of the healthcare team.
- To improve quality in the Pharmacy teams to reflect the brand and become the destination profession for accessing healthcare in the High street.
- To treat more patients, rather than them going to A&E or a GP.
- To improve the perception of pharmacy to the public and politicians and healthcare professionals.
- Increase awareness of the role of pharmacy in medicines advice and urgent care.
- We can help keep you well. To promote all aspects of pharmacy care, healthcare services, advice not just dispensing.
- To promote health care as part of the community medical team.
- Distinct, easy to recognize and universal.
- Identifying and recognisable pharmacies and pharmacists
- as clinical and professional,experts in medicines supporting their colleagues in the healthcare team to improve health of individuals and nation.
- More clinical doing more diagnostics, move away from multiples hijacking our profession.
- Make pharmacy the first port of call for the public.
- Care before commercialism.
- Create a new identity for Pharmacy to be seen as a place to access reliable, impartial and expert.
- Advice on health and medicines.
- To ensure that all stakeholders,patients, commissioners and politicians understand the difference.
- Pharmacists make to the health of the nation.
- Recognition.
- Give confidence to all people about using pharmacy more.
- Communicate to the public what we actually do in our role or on a day to day basis.
- To improve the current low awareness for all of the fantastic services offered.
- To offer a consistent, positive message that pharmacy knows its strengths and is fighting the patient's corner.
- To promote Pharmacists as competent health professionals.
- To make the public aware that great care is available for all.
- To represent a professional, quality, member of the healthcare team.
- To Unite the profession.
- It should promote professionalism and integrity. It should instill the confidence in the public that pharmacists can provide excellent clinical advice.
- Something that pharmacists want to live up to.
- HEALTHCARE OF THE PUBLIC.
- Communicate access to local pharmacy services.
- Promoting holistic healthcare and public health protection.
- Awareness of the many aspects of pharmacy, not just community pharmacy.
- Promote the role of the pharmacist profession.
- We are part of the healthcare team giving advice on medicines.
- Removing barriers to Pharmacy succeeding and demonstrating pharmacists capabilities.
- To serve the public.
- Increase the awareness of pharmacy role.
- To effectively communicate the benefits of the service to its potential market.
- Brand aim?
- Improved use of medicines - medicines optimisation!
- Represent community only - cannot encompass all I think.

WRITTEN RESPONSES

IN LESS THAN 140 CHARACTERS WHAT SHOULD BE THE AIM OF THE PHARMACY BRAND?

- To promote the importance of the pharmacy and pharmacists in everyday life in terms of health care.
- Promote the roles & responsibilities of the pharmacy team.
- Expand on clinical skills already obtained during training.
- Improve the national quality of health by providing local solutions.
- Unity across whole sector. Raising standards of presentation.
- Survey too long.
- Accessible, knowledgeable pharmaceutical advice and care.
- To gain patient's trust that we can provide excellent healthcare and excellent medical treatments where appropriate.
- The aim of the pharmacy brand should be health promotion and better utilisation of the NHS services to improve care for everyone.
- To convey holistic healthcare excellence.
- To remind patients what we are here for, and what we can do for them.
- To promote a consistently high level of service in all pharmacies.
- For the public and commissioners and politicians to understand and appreciate just what we are capable of.
- Pharmacy first, clinician first shopkeeper last.
- An instantly recognisable brand denoting accessible care and expert advice.
- To educate the public that there's a medicines expert in every pharmacy waiting to dispense free expert advice which in a lot of cases can prevent unnecessary visits to the GP and A&E.
- Restore faith in the profession.
- Increase understanding of scope of practice.
- Safety and efficacy of medications.
- To help bring the profession of pharmacy into the future. I'm now able to use the principles of pharmaceutical care on a daily basis. This was a concept pioneered over 20 years ago. It is an exciting time as a primary care pharmacist!!
- To promote personal and public health advice, and be the most accessible source of health advice for patients.
- To promote excellence in healthcare.
-
- Supporting health care by ensuring medication related needs of patients, communities & nations.
- Promoting, preventing & treating health.
- To unify the community pharmacy profession.
- Integrate, support advice- Healthcare professionals and patients alike.
- To promote awareness of the service available .
- To promote pharmacy as the place to go for reliable professional advice before visiting GPs or A&E departments.
- Reliable.
- Define our role and responsibilities more clearly and ensure fair remuneration.
- To promote pharmacy and pharmacy services across all sectors of the public.
- To shift perceptions so they better reflect the reality of the profession.
- To help the public help themselves safely without having to make a sale.
- Promoting our role as clinicians and dispelling the 'shopkeeper' image and mentality.
- To accurately reflect the contribution of the pharmacy profession to society.

WRITTEN RESPONSES

+ CONTINUING THE DEBATE

Taking the debate to the people

@FaceOfPharmacy has become a leading pharmacy Twitter feed with over 1,500 followers across the globe and a high level of social authority.

BACKGROUND

@FaceOfPharmacy has become a leading 'pharmacy' Twitter feed with over 1,500 followers accross the globe and a high level of authority.

The very rapid increase in follower numbers outpaced the growth of many twitter feeds belonging to the official representative bodies within the profession.

However the aim of the feed was not to challenge or undermine the people working hard to promote the pharmacy profession. Indeed it was intended to be a professional to professional feed appealing to those with an interest in the brand of pharmacy.

THE CHAT

wepharmacists *RIGHT THEN
#WePh!* It's 8pm, so time to
start our chat on the #pharmacy
brand: say hi if you're out
there please!
Thu Sep 11 20:00:47 PDT 2014

aptaim Hi! I'm James,
pharmacist in GP practice &
community services - & those
two sectors are never talked
about! Branding important...
#WePh
Thu Sep 11 20:01:46 PDT 2014

kevpharmacist #WePh Kev. A
good egg hospital pharmacist
Thu Sep 11 20:02:09 PDT 2014

asafdarl @WePharmacists hi
guys. Looking forward to this
one. Been a while #WePh
Thu Sep 11 20:02:20 PDT 2014

hospchiefpharm #WePh Hi from
a hospital bod - not really
with it tonight - for all the

best reasons :-) @WePharmacists
Thu Sep 11 20:02:24 PDT 2014

rsharmapharma RT @aptaim:
Hi! I'm James, pharmacist in GP
practice & community services
- & those two sectors are
never talked about! Branding
important...
Thu Sep 11 20:02:37 PDT 2014

wepharmacists Thanks for
joining - expect much from
you tonight! RT @KevPharmacist:
#WePh Kev. A good egg hospital
pharmacist
Thu Sep 11 20:02:42 PDT 2014

wepharmacists Great to have
you, thanks! RT @asafdarl: hi
guys. Looking forward to this
one. Been a while #WePh
Thu Sep 11 20:03:03 PDT 2014

faceofpharmacy Welcome to the
#weph #branding chat. One hour.
Five questions. Your opinions.
Do you agree with this quote?
<http://t.co/yvASrsCp07>
Thu Sep 11 20:03:45 PDT 2014

wepharmacists Ha! Glad you're
here! RT @HospChiefPharm: #WePh
Hi from a hospital bod - not
really with it tonight - for

all the best reasons :-)
Thu Sep 11 20:03:46 PDT 2014

marycevan1 Hi tweeting from
Vienna #weph
Thu Sep 11 20:03:52 PDT 2014

clairewynn #weph evening I'm
Claire an academic pharmacist
an educator and a researcher
Thu Sep 11 20:04:04 PDT 2014

pharmcjrj RT @HospChiefPharm: .@
WePharmacists Really not sure
if want to play tonight :-)
Holibobs from tomorrow so a bit
out of work mode! (SPM's to...
Thu Sep 11 20:04:07 PDT 2014

wepharmacists Tonight's
chat is being hosted by @
FaceOfPharmacy - so it's all
over to him now please! (& don't
forget the hashtag!) #WePh
Thu Sep 11 20:04:20 PDT 2014

clairewynn RT @FaceOfPharmacy:
Welcome to the #weph #branding
chat. One hour. Five questions.
Your opinions. Do you agree with
this quote? <http://t.co...>
Thu Sep 11 20:04:36 PDT 2014

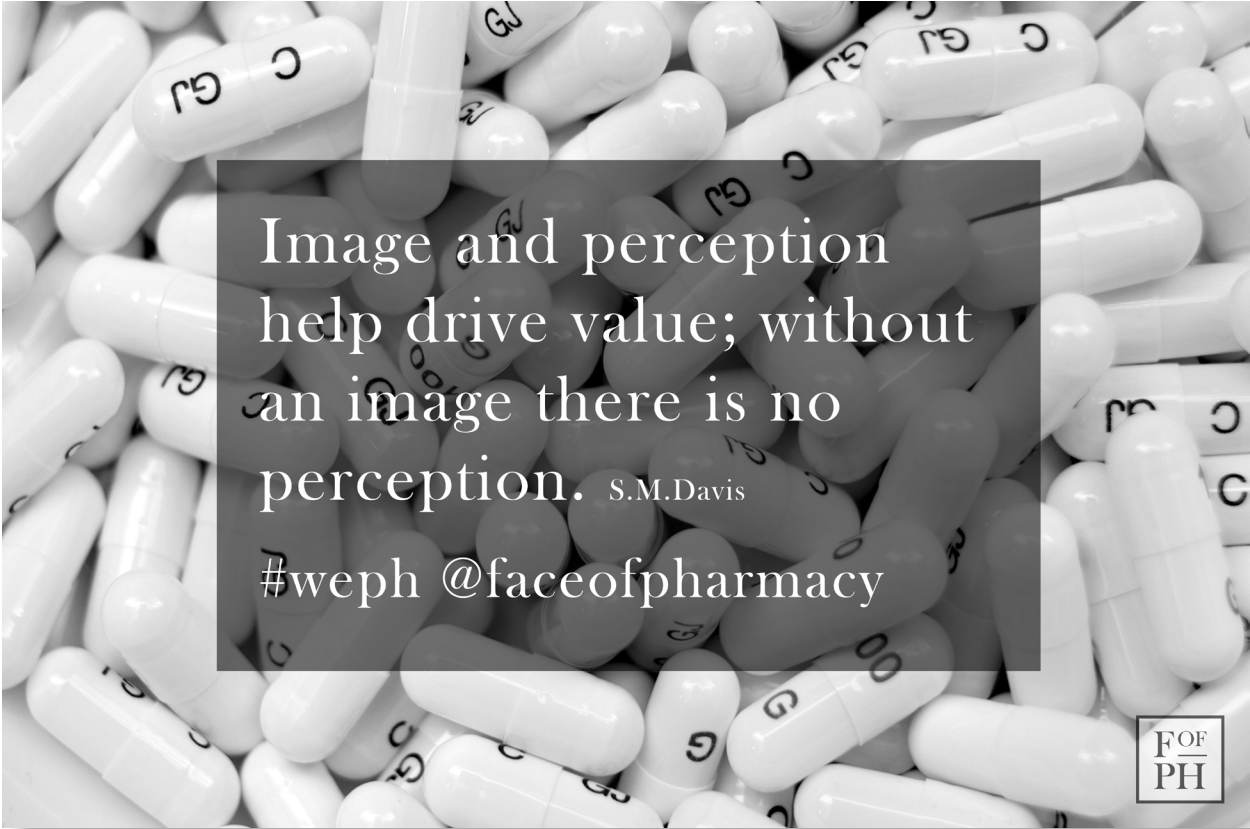


Image and perception
help drive value; without
an image there is no
perception. S.M.Davis

#weph @faceofpharmacy



asafdar1 @WePharmacists
hospital pharmacist. NHS
clinical Leader who spent a
yr persuading HCPs that their
stereotypes were wrong abt
pharmacy #WePh
Thu Sep 11 20:04:39 PDT 2014

wepharmacists *FABULOUS*
dedication! Glad you're joining
us (& jealous of location!) RT @
MaryCEvans1: Hi tweeting from
Vienna #weph
Thu Sep 11 20:04:57 PDT 2014

wepharmacists Great, thanks:
look forward to your thoughts!
RT @Clairewynn: #weph evening
I'm Claire an academic
pharmacist an educator and a
researcher
Thu Sep 11 20:05:21 PDT 2014

wepharmacists RT @
FaceOfPharmacy: Welcome to the
#weph #branding chat. One hour.
Five questions. Your opinions.
Do you agree with this quote?
<http://t.co...>
Thu Sep 11 20:05:27 PDT 2014

hospchiefpharm @MaryCEvans1
Extreme (beyond call of duty)
Tweeting! #weph
Thu Sep 11 20:05:30 PDT 2014

faceofpharmacy Question
one coming up in a couple of
minutes... #WePh
Thu Sep 11 20:06:22 PDT 2014

asafdar1 @FaceOfPharmacy @
WePharmacists what is our
image? Grey coat walking in
street invisible to everyone as
in background? #WePh
Thu Sep 11 20:06:34 PDT 2014

clairewynn @FaceOfPharmacy
who are you? #WePh
Thu Sep 11 20:06:36 PDT 2014

aptaim Agreed #WePh:
#pharmacy often talks about
image - shopkeeper or clinican,
dispensary or patient-care.
Needs clarity. @FaceOfPharmacy
Thu Sep 11 20:06:50 PDT 2014

wepharmacists RT @
FaceOfPharmacy: Question one
coming up in a couple of
minutes... #WePh
Thu Sep 11 20:07:00 PDT 2014

wepharmacists RT @aptaim:
Agreed #WePh: #pharmacy often
talks about image - shopkeeper
or clinican, dispensary or
patient-care. Needs clarity.

wepharmacists RT @asafdar1:
@FaceOfPharmacy what is our
image? Grey coat walking in
street invisible to everyone as
in background? #WePh
Thu Sep 11 20:07:19 PDT 2014

drchrisgreen Hi it's Chris,
tweeting from a beach in
Bermuda! #weph
Thu Sep 11 20:07:36 PDT 2014

faceofpharmacy @Clairewynn
Great question. Pharmacist.
Operator. Designer. Academic.
Superintendent. Etc. #weph
Thu Sep 11 20:07:36 PDT 2014

asafdar1 RT @aptaim: Agreed
#WePh: #pharmacy often talks
about image - shopkeeper or
clinican, dispensary or patient-
care. Needs clarity. @FaceOfPh...
Thu Sep 11 20:07:42 PDT 2014

kevpharmacist @asafdar1 @
FaceOfPharmacy @WePharmacists
you're assuming all pharmacists
share the same public image.
Significant differences #WePh
Thu Sep 11 20:07:47 PDT 2014

wepharmacists RT @FaceOfPharmacy: @Clairewynn Great question. Pharmacist. Operator. Designer. Academic. Superintendent. Etc. #weph
Thu Sep 11 20:07:53 PDT 2014

hospchiefpharm @asafdarl @FaceOfPharmacy @WePharmacists Probably look at yesterdays survey of names - group of Pharmacists! from Pedant to Dossette! #WePh
Thu Sep 11 20:08:10 PDT 2014

mr_matt_wright #weph Hello @WePharmacists - looking forward to the chat
Thu Sep 11 20:08:15 PDT 2014

wepharmacists Fair. What's hospital's? RT @KevPharmacist: you're assuming all pharmacists share the same public image. Significant differences #WePh
Thu Sep 11 20:08:24 PDT 2014

kevpharmacist @asafdarl @FaceOfPharmacy @WePharmacists Plus I'd say the brand of Pharmacists and the brand of pharmacy different #WePh
Thu Sep 11 20:08:34 PDT 2014

wepharmacists Yes! MT @HospChiefPharm: @asafdarl @FaceOfPharmacy look at yesterdays survey of names - group of Pharmacists! from Pedant to Dossette! #WePh
Thu Sep 11 20:08:47 PDT 2014

asafdarl @KevPharmacist @FaceOfPharmacy @WePharmacists not assuming anything. Just putting it out there. Pts often don't notice the pharmacist #weph
Thu Sep 11 20:08:52 PDT 2014

faceofpharmacy @KevPharmacist @asafdarl @WePharmacists how do they differ? #weph
Thu Sep 11 20:09:01 PDT 2014

wepharmacists Glad you're here: welcome your thoughts on this from publication perspective RT @Mr_Matt_Wright: #weph Hello - looking forward to the chat
Thu Sep 11 20:09:30 PDT 2014

faceofpharmacy @asafdarl @KevPharmacist @WePharmacists why are we easily ignored? #weph
Thu Sep 11 20:09:50 PDT 2014

kevpharmacist @FaceOfPharmacy @WePharmacists I'd hate to brand myself as a shop you buy cosmetics, homeopathy and e-cigarettes in.... #WePh #FlameBait
Thu Sep 11 20:09:59 PDT 2014

wepharmacists *BOOM!* @DrChrisGreen straight in the naughty corner for no hashtag... :) #weph <http://t.co/4nkWGURHAK>
Thu Sep 11 20:10:20 PDT 2014

asafdarl @FaceOfPharmacy @KevPharmacist @WePharmacists good question! Fundamental to our image or brand. Differentiation of brand? #WePh
Thu Sep 11 20:10:30 PDT 2014

ukpharmacist RT @FaceOfPharmacy: Welcome to the #weph #branding chat. One hour. Five questions. Your opinions. Do you agree with this quote? <http://t.co...>
Thu Sep 11 20:10:31 PDT 2014

clairewynn #WePh is it because the pharmacist hides away?
Thu Sep 11 20:10:31 PDT 2014

faceofpharmacy Question one: Will the #pharmacy profession survive and thrive without a strong #brand? #weph <http://t.co/nq9mwYH6of>
Thu Sep 11 20:11:00 PDT 2014

wepharmacists Fair? RT @KevPharmacist: I'd say the brand of Pharmacists and the brand of pharmacy different #WePh
Thu Sep 11 20:11:09 PDT 2014

wepharmacists RT @FaceOfPharmacy: Question one: Will the #pharmacy profession survive and thrive without a strong #brand? #weph <http://t.co/nq9mwYH6of>
Thu Sep 11 20:11:23 PDT 2014

asafdar1 @FaceOfPharmacy @KevPharmacist @WePharmacists in hosp because many check charts & run away. So many HCPs confuse patients #weph
Thu Sep 11 20:11:45 PDT 2014

wepharmacists RT @Clairewynn: #WePh is it because the pharmacist hides away?
Thu Sep 11 20:11:47 PDT 2014

geoffsau @WePharmacists #weph hi got distracted waiting but

here now! Hospital pharmacist and education and training lead
Thu Sep 11 20:11:54 PDT 2014

wepharmacists Hello! Glad you made it! RT @geoffsau: #weph hi got distracted waiting but here now! Hospital pharmacist and education and training lead
Thu Sep 11 20:12:17 PDT 2014

faceofpharmacy @Clairewynn Results will be out early October. #weph
Thu Sep 11 20:12:24 PDT 2014

mr_matt_wright #weph Are #pharmacists being vocal about their role and input when they talk to patients? Are people leaving hosp or CP with new awareness?
Thu Sep 11 20:12:26 PDT 2014

asafdar1 @FaceOfPharmacy @KevPharmacy @WePharmacists in community because we are the bobbing heads in the backroom doing Rx's #WePh
Thu Sep 11 20:12:39 PDT 2014

drchrisgreen @WePharmacists I mean Lol! #weph
Thu Sep 11 20:12:53 PDT 2014

wepharmacists [Face of Pharmacy survey] RT @FaceOfPharmacy: @Clairewynn Results will be out early October. #weph
Thu Sep 11 20:12:54 PDT 2014

marycevan1 @asafdar1 @FaceOfPharmacy @KevPharmacist @WePharmacists no future if we don't engage pts #WePh
Thu Sep 11 20:13:14 PDT 2014

asafdar1 @WePharmacists @KevPharmacist yup. Pharmacy doesn't equal pharmacists #WePh
Thu Sep 11 20:13:17 PDT 2014

faceofpharmacy @asafdar1 @KevPharmacist @WePharmacists Tricky to project a brand when you don't have a relationship? #weph
Thu Sep 11 20:13:25 PDT 2014

kevpharmacist @asafdar1 @FaceOfPharmacy @WePharmacists In hospital, we're at the bedside. #WePh Explaining why FYI hasn't written the TTO yet...
Thu Sep 11 20:13:49 PDT 2014

wepharmacists Don't forget - questions & chat tonight coming from @FaceOfPharmacy - follow him & the #WePh hashtag to get involved.
Thu Sep 11 20:13:52 PDT 2014

asafdar1 @FaceOfPharmacy @KevPharmacist @WePharmacists difficult to project a brand when you don't have a clear identity IMHO #weph
Thu Sep 11 20:14:06 PDT 2014

wepharmacists RT @MaryCEvans1: no future if we don't engage pts #WePh
Thu Sep 11 20:14:10 PDT 2014

wepharmacists RT @asafdar1: in community because we are the bobbing heads in the backroom doing Rx's #WePh
Thu Sep 11 20:14:25 PDT 2014

wepharmacists RT @Mr_Matt_Wright: #weph Are #pharmacists being vocal about their role and input when they talk to patients? Are people leaving hosp or CP...
Thu Sep 11 20:14:35 PDT 2014

kevpharmacist @FaceOfPharmacy @asafdar1 @WePharmacists

plus multiple "customers" - commissioners, GPs, managers. #WePh Oh and patients.
Thu Sep 11 20:14:45 PDT 2014

faceofpharmacy RT @MaryCEvans1: @asafdar1 @FaceOfPharmacy @KevPharmacist @WePharmacists no future if we don't engage pts #WePh
Thu Sep 11 20:14:53 PDT 2014

wepharmacists RT @asafdar1: in hosp because many check charts & run away. So many HCPs confuse patients #weph
Thu Sep 11 20:14:56 PDT 2014

asafdar1 @KevPharmacist @FaceOfPharmacy @WePharmacists maybe but anyone can do that. Patient won't remember who we are #WePh
Thu Sep 11 20:14:58 PDT 2014

asafdar1 RT @KevPharmacist: @FaceOfPharmacy @asafdar1 @WePharmacists plus multiple "customers" - commissioners, GPs, managers. #WePh Oh and patien...
Thu Sep 11 20:15:17 PDT 2014

faceofpharmacy @asafdar1 @KevPharmacist @WePharmacists

So how do you describe our identity? What is common to all pharmacists? #weph
Thu Sep 11 20:15:22 PDT 2014

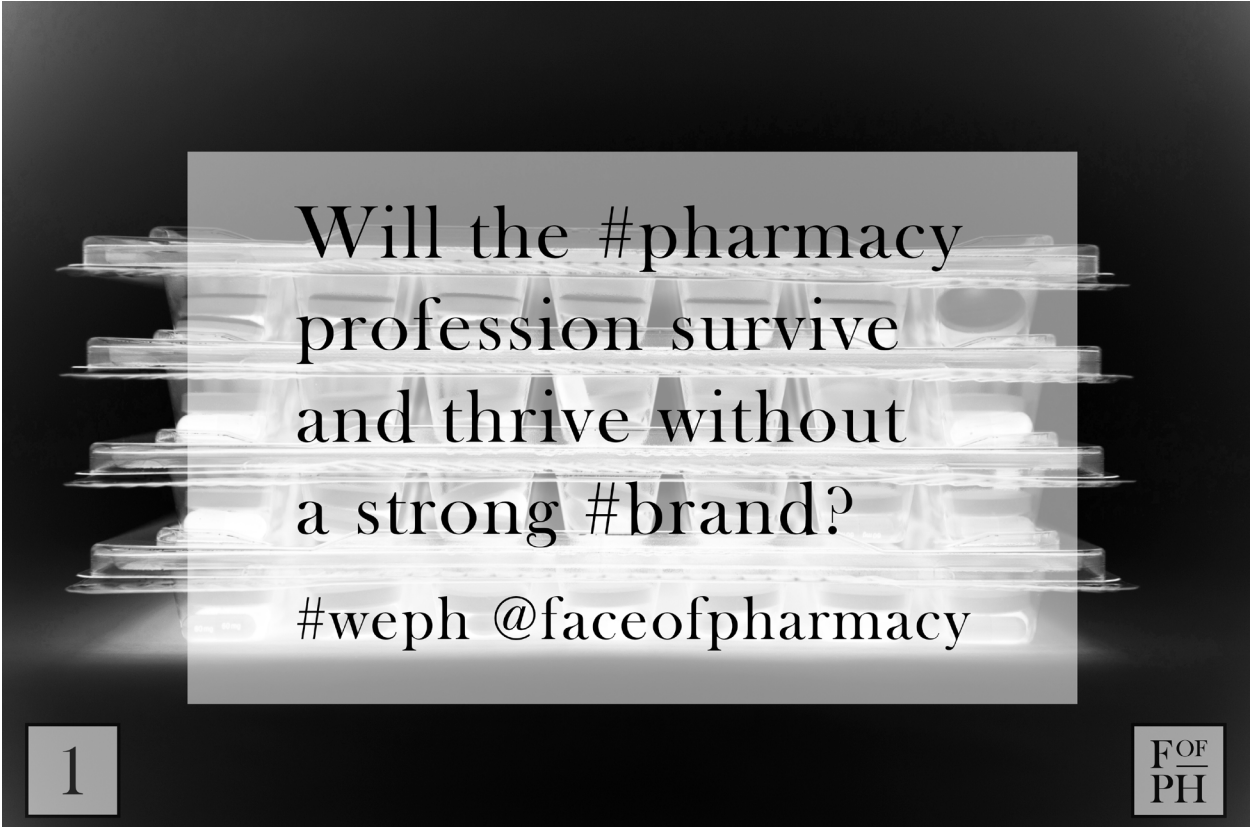
kevpharmacist @WePharmacists @asafdar1 Yeah, people assume hospital pharmacists are another variety of doctor... #WePh
Thu Sep 11 20:15:35 PDT 2014

drchrisgreen For our younger colleagues, here's said Mates advert! #weph <https://t.co/GCKeYhIXed> ...
Thu Sep 11 20:15:41 PDT 2014

wepharmacists *GOOD* Q! RT @FaceOfPharmacy: So how do you describe our identity? What is common to all pharmacists? #weph
Thu Sep 11 20:15:44 PDT 2014

asafdar1 @FaceOfPharmacy sorry Q1: No #WePh
Thu Sep 11 12:15:45 PDT 2014

faceofpharmacy @asafdar1 Ha. Thank-you. #weph
Thu Sep 11 20:16:17 PDT 2014



Will the #pharmacy
profession survive
and thrive without
a strong #brand?

#weph @faceofpharmacy

aptaim +1: otherwise subject to yet more divide & rule RT @asafdar1: @FaceOfPharmacy sorry Q1: No #WePh
Thu Sep 11 20:16:32 PDT 2014

faceofpharmacy Question two coming up soon... #weph
Thu Sep 11 20:16:35 PDT 2014

wemidwives chatting NOW are both @WeNurses via #WeNurses AND @WePharmacists via #WePH listen, lurk, learn or share...but don't miss!
Thu Sep 11 20:16:38 PDT 2014

wecommissioners chatting NOW are both @WeNurses via #WeNurses AND @WePharmacists via #WePH listen, lurk, learn or share...but don't miss!
Thu Sep 11 20:16:38 PDT 2014

weschoolnurses chatting NOW are both @WeNurses via #WeNurses AND @WePharmacists via #WePH listen, lurk, learn or share...but don't miss!
Thu Sep 11 20:16:38 PDT 2014

weparamedics chatting NOW are both @WeNurses via #WeNurses AND @WePharmacists via #WePH listen, lurk, learn or share...but

don't miss!
Thu Sep 11 20:16:38 PDT 2014

marycevan1 @Mr_Matt_Wright in hosp pts see many people . Pharm need to ensure pt knows who they are and what they are adding to pts outcome #weph
Thu Sep 11 20:16:39 PDT 2014

ukpharmacist RT @FaceOfPharmacy: Question two coming up soon... #weph
Thu Sep 11 20:16:42 PDT 2014

asafdar1 @FaceOfPharmacy @KevPharmacist @WePharmacists understanding of medicines & pharmacokinetics. That's what I tell my trainees anyway #WePh
Thu Sep 11 20:16:43 PDT 2014

mr_matt_wright @asafdar1 @WePharmacists @KevPharmacist Agree. Pharmacy brand not=to pharmacist brand not=to personal brand, eg JoePharmacistPlc® #weph
Thu Sep 11 20:17:09 PDT 2014

faceofpharmacy @asafdar1 @KevPharmacist @WePharmacists There is common ground and our brand must represent that. #weph

Thu Sep 11 20:17:14 PDT 2014
jo_ringer Pharmacy is definitely respected. Needs to be seen as useful as well. Most people don't get what we can do to help. #weph
Thu Sep 11 20:17:16 PDT 2014

pillmanuk @asafdar1 @FaceOfPharmacy but need substance as well as brand. Hopefully 1st will inform 2nd #weph
Thu Sep 11 20:17:17 PDT 2014

drchrisgreen @WePharmacists #weph I'm not sure we really try to market or brand ourselves - therein lies the root of the problem. we just beaver away!
Thu Sep 11 20:17:18 PDT 2014

pambahial @WePharmacists hello! Pam Bahia; hospital Pharmacy Tech be jumping in and out of chat tonight! :) #Weph
Thu Sep 11 20:17:22 PDT 2014

hospchiefpharm @FaceOfPharmacy Does it need a brand - or a proper purpose! or clear funtion around MO! #weph
Thu Sep 11 20:17:29 PDT 2014

asafdar1 @KevPharmacist @WePharmacists that's my point! Pseudo doctors, bit like nurses re TT0s...#WePh
Thu Sep 11 20:17:37 PDT 2014

aptaim Common to all pharmacists? Very tough question: professionalism, caring, good communicators? #WePh
Thu Sep 11 20:17:43 PDT 2014

wepharmacists Hurrah! RT @PamBahia1: hello! Pam Bahia; hospital Pharmacy Tech be jumping in and out of chat tonight! :) #Weph
Thu Sep 11 20:18:01 PDT 2014

faceofpharmacy Question two: What is good or bad about the way the #pharmacy profession currently promotes itself? #weph <http://t.co/kQailyAIqk>
Thu Sep 11 20:18:12 PDT 2014

ryanpharmilton @asafdar1 @FaceOfPharmacy Agree. Think we need a USP (or multiple) as a brand? #WePh
Thu Sep 11 20:18:17 PDT 2014

asafdar1 RT @Mr_Matt_Wright: @asafdar1 @WePharmacists @

KevPharmacist Agree. Pharmacy brand not=to pharmacist brand not=to personal brand, eg JoePhar...
Thu Sep 11 20:18:22 PDT 2014

asafdar1 RT @FaceOfPharmacy: @asafdar1 @KevPharmacist @WePharmacists There is common ground and our brand must represent that. #weph
Thu Sep 11 20:18:29 PDT 2014

wepharmacists RT @MaryCEvans1: @Mr_Matt_Wright in hosp pts see many people . Pharm need to ensure pt knows who they are and what they are adding to pts o...
Thu Sep 11 20:18:44 PDT 2014

geoffsau @aptaim #weph safety and quality in medicines management
Thu Sep 11 20:18:49 PDT 2014

marycevans1 RT @pillmanuk: @asafdar1 @FaceOfPharmacy but need substance as well as brand. Hopefully 1st will inform 2nd #weph
Thu Sep 11 20:18:50 PDT 2014

mr_matt_wright @DrChrisGreen @WePharmacists #weph Scope for

departments to offer training on how to approach patients, explain the work of the pcy service?
Thu Sep 11 20:19:02 PDT 2014

faceofpharmacy @pillmanuk @asafdar1 A brand that does not represent the substance isn't a brand. It's a lie and the public will spot it. #weph
Thu Sep 11 20:19:05 PDT 2014

wepharmacists [common to all] RT @asafdar1: understanding of medicines & pharmacokinetics. That's what I tell my trainees anyway #WePh
Thu Sep 11 20:19:07 PDT 2014

drchrisgreen @WePharmacists #weph in surveys pharmacists come out as a very trusted profession
Thu Sep 11 20:19:15 PDT 2014

wepharmacists RT @Jo_Ringer: Pharmacy is definitely respected. Needs to be seen as useful as well. Most people don't get what we can do to help.#weph
Thu Sep 11 20:19:27 PDT 2014

What is good or bad
about the way the
#pharmacy profession
currently promotes itself?
#weph @faceofpharmacy

wepharmacists RT @pillmanuk:
@asafdar1 @FaceOfPharmacy but
need substance as well as brand.
Hopefully 1st will inform 2nd
#weph
Thu Sep 11 20:19:34 PDT 2014

ryanpharmilton RT @
DrChrisGreen: For our younger
colleagues, here's said Mates
advert! #weph <https://t.co/GCKeYhIXed> ...
Thu Sep 11 20:19:36 PDT 2014

faceofpharmacy @HospChiefPharm
The purpose is the brand. We
just need a way to present
ourselves so that the public
value our contribution. #weph
Thu Sep 11 20:19:43 PDT 2014

kevpharmacist @FaceOfPharmacy
depends what "the pharmacy
profession" means. Pharmacy
offering BOGOF on POM meds !=
Consultant Pharm on Sky News
#WePh
Thu Sep 11 20:19:49 PDT 2014

asafdar1 @RyanPharmilton @
FaceOfPharmacy I've asked that Q
before. USP. Attention to detail.
Doting i's & crossing t's is
what I got back
Thu Sep 11 20:19:49 PDT 2014

clairewynn #WePh in picture
you have a triangle should it
be a patient?
Thu Sep 11 20:19:50 PDT 2014

wepharmacists RT @DrChrisGreen:
#weph I'm not sure we really try
to market or brand ourselves:
therein lies the root of the
problem. we just beaver away!
Thu Sep 11 20:19:51 PDT 2014

laurajanebroad @DrChrisGreen
mine was -7y: the community
pharmacy that stayed open
>6pm so I could get Abx for
tonsillitis after GP surgery
ran late#weph
Thu Sep 11 20:19:54 PDT 2014

drchrisgreen @FaceOfPharmacy
#weph We don't!! Not in hospital
anyway. We do what we do but we
don't really make a big deal of
it.
Thu Sep 11 20:20:04 PDT 2014

wepharmacists RT@HospChiefPharm:
@FaceOfPharmacy Does it need a
brand - or a proper purpose! or
clear funtion around MO! #weph
Thu Sep 11 20:20:04 PDT 2014

salsa442 RT @WeCommissioners:
chatting NOW are both @

WeNurses via #WeNurses AND @
WePharmacists via #WePH listen,
lurk, learn or share...but don't
m...
Thu Sep 11 20:20:05 PDT 2014

s9njay RT @aptaim: Hi! I'm
James, pharmacist in GP practice
& community services - & those
two sectors are never talked
about! Branding important...
Thu Sep 11 20:20:07 PDT 2014

geoffsau @FaceOfPharmacy
#weph accessibility?
Thu Sep 11 20:20:10 PDT 2014

sagefemmesb RT @WeMidwives:
chatting NOW are both @
WeNurses via #WeNurses AND @
WePharmacists via #WePH listen,
lurk, learn or share...but don't
miss!
Thu Sep 11 20:20:11 PDT 2014

wepharmacists RT @aptaim:
Common to all pharmacists? Very
tough question: professionalism,
caring, good communicators?
#WePh
Thu Sep 11 20:20:12 PDT 2014

asafdar1 RT @FaceOfPharmacy:
@pillmanuk @asafdar1 A brand
that does not represent the
substance isn't a brand. It's a
lie and the public will spot i...
Thu Sep 11 20:20:16 PDT 2014

wepharmacists RT @geoffsau: @
aptaim #weph safety and quality
in medicines management
Thu Sep 11 20:20:24 PDT 2014

faceofpharmacy @RyanPharmilton
@asafdar1 True. We must be
focused rather than try and
represent too much. Brands that
diverge fail. #woolworths
#weph
Thu Sep 11 20:20:30 PDT 2014

wepharmacists RT@RyanPharmilton:
@asafdar1 @FaceOfPharmacy
Agree. Think we need a USP (or
multiple) as a brand? #WePh
Thu Sep 11 20:20:31 PDT 2014

weldnurses @WeParamedics:
chatting NOW are both @
WeNurses via #WeNurses AND @
WePharmacists via #WePH listen,
lurk, learn or share...but don't
miss!
Thu Sep 11 20:20:36 PDT 2014

wepharmacists RT@FaceOfPharmacy:
@pillmanuk @asafdar1 A brand
that does not represent the
substance isn't a brand. It's a
lie and the public will spot i...
Thu Sep 11 20:20:41 PDT 2014

ryanpharmilton @HospChiefPharm
@FaceOfPharmacy We shouldn't be
trying to be mini medics, we
should be maxi pharmacists. Or
so a good friend says :) #WePh
Thu Sep 11 20:20:58 PDT 2014

wepharmacists True:
consistently too. RT @
DrChrisGreen: #weph in surveys
pharmacists come out as a very
trusted profession
Thu Sep 11 20:21:06 PDT 2014

wepharmacists RT@FaceOfPharmacy:
@HospChiefPharm The purpose is
the brand. We just need a way to
present ourselves so that the
public value our contribu...
Thu Sep 11 20:21:16 PDT 2014

wepharmacists RT @KevPharmacist:
@FaceOfPharmacy depends what
"the pharmacy profession" means.
Pharmacy offering BOGOF on POM
meds != Consultant Pharm ...
Thu Sep 11 20:21:27 PDT 2014

asafdar1 @FaceOfPharmacy @
pillmanuk too much variation
in terms of best & worst of
pharmacy. Public perception
important. What do they think?
#WePh
Thu Sep 11 20:21:30 PDT 2014

marycevan1 RT @RyanPharmilton:
@HospChiefPharm @FaceOfPharmacy
We shouldn't be trying to be
mini medics, we should be maxi
pharmacists. Or so a good f...
Thu Sep 11 20:21:31 PDT 2014

wepharmacists RT @Clairewynn:
#WePh in picture you have
a triangle should it be a
patient?
Thu Sep 11 20:21:31 PDT 2014

hospchiefpharm RT@Ryan
Pharmilton: @HospChiefPharm @
FaceOfPharmacy We shouldn't be
trying to be mini medics, we
should be maxi pharmacists. Or
so a good f...
Thu Sep 11 20:21:40 PDT 2014

faceofpharmacy @KevPharmacist
Agree. That's what I think is missing. The profession is not sales promotions. It has been hijacked by retailers. #weph
Thu Sep 11 20:21:45 PDT 2014

mr_matt_wright @MaryCEvansl
#weph @WePharmacists Back in the day, tried to explain to a neonate what I did. Didn't get it.
Thu Sep 11 20:21:47 PDT 2014

wepharmacists RT @DrChrisGreen:
@FaceOfPharmacy #weph We don't!! Not in hospital anyway. We do what we do but we don't really make a big deal of it.
Thu Sep 11 20:21:48 PDT 2014

asafdar1 RT @FaceOfPharmacy: @RyanPharmilton @asafdar1 True. We must be focused rather than try and represent too much. Brands that diverge fail. #w...
Thu Sep 11 20:21:51 PDT 2014

clairewynn RT @RyanPharmilton: @HospChiefPharm @FaceOfPharmacy We shouldn't be trying to be mini medics, we should be maxi pharmacists. Or so a good f...
Thu Sep 11 20:21:52 PDT 2014

faceofpharmacy RT @DrChrisGreen: @FaceOfPharmacy #weph We don't!! Not in hospital anyway. We do what we do but we don't really make a big deal of it.
Thu Sep 11 20:22:06 PDT 2014

wepharmacists Good call. RT @geoffssau: @FaceOfPharmacy #weph accessibility?
Thu Sep 11 20:22:09 PDT 2014

drchrisgreen @RyanPharmilton @HospChiefPharm @FaceOfPharmacy Weeeelllllll - I do think we need to think about our role - but that's another debate. #weph
Thu Sep 11 20:22:20 PDT 2014

wepharmacists RT@FaceOfPharmacy: Question two: What is good or bad about the way the #pharmacy profession currently promotes itself? #weph <http://t.co/k...>
Thu Sep 11 20:22:42 PDT 2014

asafdar1 @FaceOfPharmacy @RyanPharmilton sector specific branding or one for all of pharmacy. That's the question #WePh #RemindingMyself
Thu Sep 11 20:22:42 PDT 2014

faceofpharmacy @geoffssau One of our much hailed USPs. To

what? There has to be something behind the accessibility! #weph
Thu Sep 11 20:22:45 PDT 2014

laurajanebroad @asafdar1 @KevPharmacist @FaceOfPharmacy @WePharmacists that's why #hellomynameis and an explanation of why you're there is important #weph
Thu Sep 11 20:22:45 PDT 2014

binkle767 @WePharmacists @WeChaplains Chaplaincy has bn asking ths a lot. Bst answr not wht is exclusive but a unique combinatin of role/skill #weph
Thu Sep 11 20:22:49 PDT 2014

kevpharmacist @FaceOfPharmacy Community Pharmacies are retailers. Pharmacists aren't necessarily (I recall hearsay of Supermarket angst over Zocor) #weph
Thu Sep 11 20:22:51 PDT 2014

hospchiefpharm @FaceOfPharmacy Is Not... Community pharmacies are there to ensure that #medicines are effectively and safely dispensed #pharmanforum #WePh
Thu Sep 11 20:22:54 PDT 2014

aptaim RT @laurajanebroad: @asafdar1 @KevPharmacist @FaceOfPharmacy @WePharmacists that's why #hellomynameis and an explanation of why you're ther...
Thu Sep 11 20:23:00 PDT 2014

drchrisgreen @RyanPharmilton @HospChiefPharm @FaceOfPharmacy we have a pharmacist who clinically examines and diagnoses and prescribes....
#weph
Thu Sep 11 20:23:04 PDT 2014

faceofpharmacy RT@RyanPharmilton: @HospChiefPharm @FaceOfPharmacy We shouldn't be trying to be mini medics, we should be maxi pharmacists. Or so a good f...
Thu Sep 11 20:23:09 PDT 2014

asafdar1 RT @laurajanebroad: @asafdar1 @KevPharmacist @FaceOfPharmacy @WePharmacists that's why #hellomynameis and an explanation of why you're ther...
Thu Sep 11 20:23:12 PDT 2014

pambahial RT @DrChrisGreen: @FaceOfPharmacy #weph We don't!! Not in hospital anyway. We do

what we do but we don't really make a big deal of it.
Thu Sep 11 20:23:15 PDT 2014

mr_matt_wright RT@laurajanebroad: @asafdar1 @KevPharmacist @FaceOfPharmacy @WePharmacists that's why #hellomynameis and an explanation of why you're ther...
Thu Sep 11 20:23:40 PDT 2014

clairewynn RT @laurajanebroad: @asafdar1 @KevPharmacist @FaceOfPharmacy @WePharmacists that's why #hellomynameis and an explanation of why you're ther...
Thu Sep 11 20:23:46 PDT 2014

faceofpharmacy @asafdar1 @pillmanuk True again. Brands rely on consistency. #weph are we consistent?
Thu Sep 11 20:23:51 PDT 2014

asafdar1 @laurajanebroad @KevPharmacist @FaceOfPharmacy @WePharmacists agree totally. Plus 'and I am a' & 'here to'
#WePh
Thu Sep 11 20:23:56 PDT 2014

aptaim #WePH Q2: good = @rpharms activity of late: much

higher profile than ever before. bad = parochial in places, inconsistent, unfocused.
Thu Sep 11 20:24:16 PDT 2014
faceofpharmacy @DrChrisGreen @RyanPharmilton @HospChiefPharm I think it's the same debate.
#weph
Thu Sep 11 20:24:18 PDT 2014

marycevan1 @Mr_Matt_Wright @WePharmacists haha, should have tried the carer instead #weph
Thu Sep 11 20:24:20 PDT 2014

hospchiefpharm @DrChrisGreen @RyanPharmilton @FaceOfPharmacy But also have Pre-op assessment pharm, Consultant haematology pharm, HIV pharm, renal. #WePh
Thu Sep 11 20:24:27 PDT 2014

wepharmacists RT @asafdar1: @FaceOfPharmacy @pillmanuk too much variation in terms of best & worst of pharmacy. Public perception important. What do they...
Thu Sep 11 20:24:38 PDT 2014

asafdar1 @FaceOfPharmacy @pillmanuk no. Personal experience says that for me.
#weph
Thu Sep 11 20:24:41 PDT 2014

juliepmartin In hosp staff aware of role & use our skills but patients vary. If have LTCs often good relationship with both community & hosp ph #weph
Thu Sep 11 20:24:42 PDT 2014

faceofpharmacy @asafdarl @RyanPharmilton Has to be one. One will work. It will also have the most impact. #weph
Thu Sep 11 20:24:45 PDT 2014

wepharmacists RT@FaceOfPharmacy: @KevPharmacist Agree. That's what I think is missing. The profession is not sales promotions. It has been hijacked by r...
Thu Sep 11 20:24:47 PDT 2014

drchrisgreen @laurajanebroad @FaceOfPharmacy @WePharmacists Great point!! :-) #weph
Thu Sep 11 20:24:50 PDT 2014

ryanpharmilton RT @aptaim: #WePH Q2: good = @rpharms activity of late: much higher profile than ever before. bad = parochial in places, inconsistent, unf...
Thu Sep 11 20:25:00 PDT 2014

hospchiefpharm Fab +++RT @WePharmacists: Hurrah! RT @PamBahial: hello! Pam Bahia; hospital Pharmacy Tech be jumping in and out of chat tonight! :) #Weph
Thu Sep 11 20:25:03 PDT 2014

clairewynn RT @aptaim: #WePH Q2: good = @rpharms activity of late: much higher profile than ever before. bad = parochial in places, inconsistent, unf...
Thu Sep 11 20:25:04 PDT 2014

aptaim *strong* MT @FaceOfPharmacy: That's what I think is missing. The profession is not sales promotions. It's been hijacked by retailers. #weph
Thu Sep 11 20:25:18 PDT 2014

faceofpharmacy Question three coming up... #weph
Thu Sep 11 20:25:25 PDT 2014

hospchiefpharm @RyanPharmilton @asafdarl @FaceOfPharmacy But one across the patient journey - end to end #WePh
Thu Sep 11 20:25:45 PDT 2014

wepharmacists RT @asafdarl: @FaceOfPharmacy @RyanPharmilton sector specific branding or one for all of pharmacy. That's the question #WePh #RemindingMyse...
Thu Sep 11 20:25:52 PDT 2014

faceofpharmacy @laura janebroad @asafdarl @KevPharmacist @WePharmacists I love the #hellomynameis. #weph
Thu Sep 11 20:25:55 PDT 2014

faceofpharmacy RT@HospChief Pharm: @RyanPharmilton @asafdarl @FaceOfPharmacy But one across the patient journey - end to end #WePh
Thu Sep 11 20:26:04 PDT 2014

wepharmacists RT @aptaim: #WePH Q2: good = @rpharms activity of late: much higher profile than ever before. bad = parochial in places, inconsistent, unf...
Thu Sep 11 20:26:15 PDT 2014

mrsgeemmaquinn @FaceOfPharmacy @WePharmacists we don't shout loud enough. Lots of great stuff we do that no one knows about #weph
Thu Sep 11 20:26:17 PDT 2014

wepharmacists RT @
JuliePMartin: In hosp staff
aware of role & use our skills
but patients vary. If have LTCs
often good relationship with
both community
Thu Sep 11 20:26:28 PDT 2014

drchrisgreen @KevPharmacist @
FaceOfPharmacy @WePharmacists
#weph ha - yes!
Thu Sep 11 20:26:36 PDT 2014

pillmanuk @aptaim @
FaceOfPharmacy has the
profession LET itself be
hijacked by retailers ? #weph
Thu Sep 11 20:26:42 PDT 2014

faceofpharmacy Question three:
What should be the aim of a
#brand representing #pharmacy?
#weph <http://t.co/rt7ilhbcc0>
Thu Sep 11 20:26:48 PDT 2014

asafdar1 FaceOfPharmacy ***
what was Q2
Thu Sep 11 20:26:57 PDT 2014

wepharmacists Possible? RT @
FaceOfPharmacy: Has to be one
[brand for all pharmacy]. One
will work. It will also have the
most impact. #weph
Thu Sep 11 20:27:04 PDT 2014

antibioticpharm @AngrySwans
I've evolved beyond being the
antibiotic policeman in the
eyes of doctors by being more
useful than punitive #WePh
Thu Sep 11 20:27:11 PDT 2014

marycevans1 @DrChrisGreen @
RyanPharmilton @HospChiefPharm
@FaceOfPharmacy so do we
but what they bring to that
encounter that is unique to
p'cist #WePh
Thu Sep 11 20:27:28 PDT 2014

aptaim @pillmanuk @
FaceOfPharmacy Evil starts with
good men speaking out against
bad acts etc? #WePh
Thu Sep 11 20:27:48 PDT 2014

s9njay @WePharmacists @
FaceOfPharmacy knowledge of
medicines #weph
Thu Sep 11 20:27:50 PDT 2014

mr_matt_wright RT @
AntibioticPharm: @AngrySwans
I've evolved beyond being the
antibiotic policeman in the
eyes of doctors by being more
useful than punit...
Thu Sep 11 20:27:50 PDT 2014

clairewynn RT @
AntibioticPharm: @AngrySwans
I've evolved beyond being the
antibiotic policeman in the
eyes of doctors by being more
useful than punit...
Thu Sep 11 20:28:00 PDT 2014

asafdar1 @WePharmacists @
FaceOfPharmacy yes, anything
is possible. @rpharms critical
to this. Absolutely critical
#weph
Thu Sep 11 20:28:12 PDT 2014

aptaim @pillmanuk @
FaceOfPharmacy Evil begins when
good men don't speak out about
bad things etc... #WePh
Thu Sep 11 20:28:19 PDT 2014

kevpharmacist @FaceOfPharmacy
This is where marketing theory
annoys me. Pharmacy should be
represented by Pharmacists, not
a marketing concept #WePh
Thu Sep 11 20:28:29 PDT 2014

wechaplains "@binkle767: @
WeNurses Chaplaincy has bn
asking ths a lot. Bst answr
not wht is exclusive but a
unique combinatin of role/skill
#weph"
Thu Sep 11 20:28:31 PDT 2014

A white mortar and pestle is centered in the image. The mortar is a shallow bowl, and the pestle is a long, tapered rod with a rounded end, resting inside the mortar. The background is a dark, solid color.

What should be the aim
of a #brand representing
#pharmacy?

#weph @faceofpharmacy

wepharmacists RT@FaceOfPharmacy:
Question three: What should
be the aim of a #brand
representing #pharmacy? #weph
<http://t.co/rt7ilhbcc0>
Thu Sep 11 20:28:32 PDT 2014

drchrisgreen @HospChiefPharm
@RyanPharmilton @FaceOfPharmacy
us too - was referring to
comment about not trying to
be mini docs - lines r blurry
#weph
Thu Sep 11 20:28:39 PDT 2014
clairewynn RT @asafdar1: @
WePharmacists @FaceOfPharmacy
yes, anything is possible. @
rpharms critical to this.
Absolutely critical #weph
Thu Sep 11 20:28:48 PDT 2014

asafdar1 RT @AntibioticPharm:
@AngrySwans I've evolved beyond
being the antibiotic policeman
in the eyes of doctors by being
more useful than punit...
Thu Sep 11 20:29:00 PDT 2014

faceofpharmacy @pillmanuk @
optaim Yes I think so. We were
all so busy with checking
and have up control of the
corporations. #weph
Thu Sep 11 20:29:01 PDT 2014

wepharmacists How? MT @Kev
Pharmacist: Here marketing
theory annoys me. Pharmacy
should be represented by
Pharmacists, not a marketing
concept #WePh
Thu Sep 11 20:29:10 PDT 2014

wepharmacists RT @
AntibioticPharm: @AngrySwans
I've evolved beyond being the
antibiotic policeman in the
eyes of doctors by being more
useful than punit...
Thu Sep 11 20:29:37 PDT 2014

rsharmapharma RT @optaim:
#WePH Q2: good = @rpharms
activity of late: much higher
profile than ever before.
bad = parochial in places,
inconsistent, unf...
Thu Sep 11 20:30:04 PDT 2014

mrsqemmaquinn We should be
the first port of call for any
medicines enquiries that anyone
has; patients, HCPs, media, we're
"the medicines experts"
#weph
Thu Sep 11 20:30:04 PDT 2014

faceofpharmacy @KevPharmacist
The concept is pharmacists!
That's the point. Also, Hello!?

#weph
Thu Sep 11 20:30:07 PDT 2014

kevpharmacist @WePharmacists
#WePh by remaining accessible
and trusted. By becoming the
visible commitment to high
quality medicines use.
Thu Sep 11 20:30:07 PDT 2014

optaim #WePh Q3: putting
pharmacy firmly in the minds
of patients as the healthcare
sector/professionals of first
call
Thu Sep 11 20:30:45 PDT 2014

asafdar1 @WePharmacists @
KevPharmacist marketing
concepts very important. What
do pharmacists know about
marketing? Very little #weph
Thu Sep 11 20:30:50 PDT 2014

ryanpharmilton @DrChrisGreen
@HospChiefPharm Agree on
blurred boundaries. Believe
comment is about bringing
something unique to pt care.
#WePh
Thu Sep 11 20:31:03 PDT 2014

geoffsau @DrChrisGreen @HospChiefPharm @RyanPharmilton @FaceOfPharmacy #weph I work alongside medics in clinic as rxer but have unique p'cist insight
Thu Sep 11 20:31:16 PDT 2014

faceofpharmacy @asafdarl @WePharmacists @rpharms This is true as the professional body and oldest (one of) professional bodies. #weph
Thu Sep 11 20:31:16 PDT 2014

wepharmacists *AMEN!* RT @KevPharmacist: #WePh by remaining accessible and trusted. By becoming the visible commitment to high quality medicines use.
Thu Sep 11 20:31:23 PDT 2014

drchrisgreen #weph The "Ask your pharmacist, you'll be getting good advice" was good marketing, until Which said otherwise.....
Thu Sep 11 20:31:26 PDT 2014

marycevans @WePharmacists @FaceOfPharmacy One brand not possible at the moment...too different & perceived to be different by others IMO #WePh

Thu Sep 11 20:31:31 PDT 2014

mr_matt_wright @KevPharmacist @FaceOfPharmacy @WePharmacists Don't think marketing has to be a dirty word #weph
Thu Sep 11 20:31:32 PDT 2014

laurajanebroad RT@mrsgemmaquinn: We should be the first port of call for any medicines enquiries that anyone has; patients, HCPs, media, we're "the medic..."
Thu Sep 11 20:31:51 PDT 2014

ukpharmacist @FaceOfPharmacy #weph The purpose of the brand must be to get people to use pharmacies vs other providers...
Thu Sep 11 20:31:53 PDT 2014

wepharmacists Ha! RT @DrChrisGreen: #weph The "Ask your pharmacist, you'll be getting good advice" was good marketing, until Which said otherwise.....
Thu Sep 11 20:31:56 PDT 2014

clairewynn RT @geoffsau: @DrChrisGreen @HospChiefPharm @RyanPharmilton @FaceOfPharmacy #weph I work alongside medics in clinic as rxer but have

unique...
Thu Sep 11 20:32:04 PDT 2014

kevpharmacist @asafdarl #WePh I'd rather know little about pretending something is greater than it is and know lots about being greater than I seem.
Thu Sep 11 20:32:07 PDT 2014

pillmanuk @FaceOfPharmacy #brand #pharmacy #weph Q3 - whatever it is, it should work across patients & other HCP
Thu Sep 11 20:32:14 PDT 2014

pillmanuk @DrChrisGreen #weph which is where my content about substance came in
Thu Sep 11 20:32:14 PDT 2014

faceofpharmacy @Mr_Matt_Wright @KevPharmacist @WePharmacists It's not. It can be evil but it depends on who is using it and for what. #weph
Thu Sep 11 20:32:17 PDT 2014

hospchiefpharm @aptaim Should it be more putting best, safest and effective use of medicine and, Oh Pharmacy are best to help with that! #weph
Thu Sep 11 20:32:18 PDT 2014

faceofpharmacy RT @UKPharmacist: @FaceOfPharmacy #weph The purpose of the brand must be to get people to use pharmacies vs other providers...
Thu Sep 11 20:32:25 PDT 2014

wepharmacists RT @mrsgermaquinn: We should be the first port of call for any medicines enquiries that anyone has; patients, HCPs, media, we're "the medic..."
Thu Sep 11 20:32:25 PDT 2014

asafdar1 @FaceOfPharmacy @WePharmacists @rpharms this is why being MRPharmS is important. Public perception > brand #weph
Thu Sep 11 20:32:25 PDT 2014

wepharmacists RT @aptaim: #WePh Q3: putting pharmacy firmly in the minds of patients as the healthcare sector/professionals of first call
Thu Sep 11 20:32:32 PDT 2014

drchrisgreen @geoffsau @HospChiefPharm @RyanPharmilton @FaceOfPharmacy Absolutely - the scientist on the ward round or clinic etc. #weph

Thu Sep 11 20:32:35 PDT 2014

clairewynn RT @asafdar1: @FaceOfPharmacy @WePharmacists @rpharms this is why being MRPharmS is important. Public perception > brand #weph
Thu Sep 11 20:33:15 PDT 2014

faceofpharmacy @asafdar1 @WePharmacists @rpharms Maybe. Sadly large parts of the profession don't feel they are represented. I am a member. #weph
Thu Sep 11 20:33:18 PDT 2014

wepharmacists RT @MaryCEvans1: One [pharmacy] brand not possible at the moment...too different & perceived to be different by others IMO #WePh
Thu Sep 11 20:33:34 PDT 2014

asafdar1 RT @FaceOfPharmacy: @asafdar1 @WePharmacists @rpharms Maybe. Sadly large parts of the profession don't feel they are represented. I am a member...
Thu Sep 11 20:33:34 PDT 2014

kevpharmacist @Mr_Matt_Wright @FaceOfPharmacy marketing can be misused to promise something that can't be delivered. Pharmacists must deliver #WePh

Thu Sep 11 20:33:38 PDT 2014

drchrisgreen @asafdar1 @FaceOfPharmacy @WePharmacists Noooo - not that nonsense again! Sorry Amer but I don't believe the public understand! #weph
Thu Sep 11 20:33:39 PDT 2014

asafdar1 @FaceOfPharmacy @WePharmacists @rpharms fix that & we have a strong brand. No? #weph
Thu Sep 11 20:33:56 PDT 2014

marycevans1 @mrsgermaquinn Yeah hear that all the time but are we all? What exactly do we mean by that? different levels of competence out there #WePh
Thu Sep 11 20:33:59 PDT 2014

aptaim 1 +RT @HospChiefPharm: Should it be more putting best, safest & effective use of medicine and, Oh Pharmacy are best to help with that! #weph
Thu Sep 11 20:34:04 PDT 2014

angryswan @AntibioticPharm some even avoid challenging poor practice to avoid unpopularity. #WePh
Thu Sep 11 20:34:06 PDT 2014

wepharmacists We're not all retail remember! RT @UKPharmacist: #weph The purpose of the brand must be to get people to use pharmacies vs other providers..
Thu Sep 11 20:34:39 PDT 2014

faceofpharmacy @asafdar1 @WePharmacists @rpharms It'll take some focused work by all over decades to turnaround the last 50 years drift. #weph
Thu Sep 11 20:34:53 PDT 2014

wepharmacists RT @pillmanuk: @FaceOfPharmacy #brand #pharmacy #weph Q3 - whatever it is, it should work across patients & other HCP
Thu Sep 11 20:34:54 PDT 2014

drchrisgreen @RyanPharmilton absolutely! :-) #weph
Thu Sep 11 20:35:05 PDT 2014

nhspharmer @DrChrisGreen Gosh that's a memory from the past! #WePh
Thu Sep 11 20:35:10 PDT 2014

aptaim RT @FaceOfPharmacy: @asafdar1 @WePharmacists @rpharms Maybe. Sadly large parts of the profession don't feel

they are represented. I am a me..
Thu Sep 11 20:35:11 PDT 2014

mr_matt_wright RT @MaryCEvans1: @mrsgemmaquinn Yeah hear that all the time but are we all? What exactly do we mean by that? different levels of competence..
Thu Sep 11 20:35:15 PDT 2014

faceofpharmacy @WePharmacists @UKPharmacist Did you mean retail? #weph
Thu Sep 11 20:35:29 PDT 2014
asafdar1 RT @FaceOfPharmacy: @asafdar1 @WePharmacists @rpharms It'll take some focused work by all over decades to turnaround the last 50 years drift..
Thu Sep 11 20:35:30 PDT 2014

jamesthebear RT@FaceOfPharmacy: @KevPharmacist Agree. That's what I think is missing. The profession is not sales promotions. It has been hijacked by r..
Thu Sep 11 20:35:44 PDT 2014

kevpharmacist @DrChrisGreen @asafdar1 @FaceOfPharmacy @WePharmacists +1 - "Kev BSC SSC GSC" #WePh

Thu Sep 11 20:35:46 PDT 2014
wepharmacists RT @MaryCEvans1: @mrsgemmaquinn Yeah hear that all the time but are we all? What exactly do we mean by that? different levels of competence..
Thu Sep 11 20:35:53 PDT 2014

wepharmacists RT @aptaim: 1 +RT @HospChiefPharm: Should it be more putting best, safest & effective use of medicine and, Oh Pharmacy are best to help wit..
Thu Sep 11 20:35:58 PDT 2014

faceofpharmacy @Clairewynn @asafdar1 @WePharmacists @rpharms True but we need to break the circle and take some action. #weph
Thu Sep 11 20:36:18 PDT 2014

mrsgemmaquinn @MaryCEvans1 I agree, but same in any profession. Need a critical mass to set a good example #weph
Thu Sep 11 20:36:52 PDT 2014

faceofpharmacy @asafdar1 @WePharmacists @rpharms Interesting. We are getting somewhere. #weph
Thu Sep 11 20:37:08 PDT 2014

wepharmacists Fair! RT @UKPharmacist: I think that applies cross sector... Just replace pharmacies with pharmacists... #WePh
Thu Sep 11 20:37:13 PDT 2014

asafdar1 @KevPharmacist @DrChrisGreen @FaceOfPharmacy @WePharmacists not disagreeing. If we don't use @rpharms to develop brand we stagnate #WePh
Thu Sep 11 20:37:15 PDT 2014
mr_matt_wright @MaryCEvans1 @mrsqemmaquinn Yes, you are an expert within your area of expertise. Maybe the "expert in medicines" line lacks nuance #weph
Thu Sep 11 20:37:27 PDT 2014

drchrisgreen @asafdar1 @FaceOfPharmacy @WePharmacists Yes, and I believe we are making positive strides with that. #weph
Thu Sep 11 20:37:36 PDT 2014

hospchiefpharm @aptaim And I did mean Pharmacy - as a whole not just Pharmacists - techs and support staff essential - ACT's MMT's etc #weph
Thu Sep 11 20:37:44 PDT 2014

wepharmacists RT@mrsqemmaquinn: @MaryCEvans1 I agree, but same in any profession. Need a critical mass to set a good example #weph
Thu Sep 11 20:37:46 PDT 2014

marycevans1 @DrChrisGreen @geoffsau @HospChiefPharm @RyanPharmilton @FaceOfPharmacy No longer apparently science 'unnecessary' in new degree #WePh
Thu Sep 11 20:37:47 PDT 2014

asafdar1 RT @KevPharmacist: @WePharmacists #WePh by remaining accessible and trusted. By becoming the visible commitment to high quality medicines ...
Thu Sep 11 20:37:50 PDT 2014

clairewynn RT @asafdar1: @KevPharmacist @DrChrisGreen @FaceOfPharmacy @WePharmacists not disagreeing. If we don't use @rpharms to develop brand we sta...
Thu Sep 11 20:37:51 PDT 2014

aptaim @HospChiefPharm Oh hell's, yes always with you on that point: not sure all pharmacists get it though...

#WePh
Thu Sep 11 20:38:22 PDT 2014

beatrizmazoy RT @aptaim: *strong* MT @FaceOfPharmacy: That's what I think is missing. The profession is not sales promotions. It's been hijacked by ret...
Thu Sep 11 20:38:40 PDT 2014

pambahial RT @aptaim: 1 +RT @HospChiefPharm: Should it be more putting best, safest & effective use of medicine and, Oh Pharmacy are best to help wit...
Thu Sep 11 20:38:48 PDT 2014

ryanpharmilton @FaceOfPharmacy LPCs, LPNs and @RPharms need to all work together to drive awareness locally. We're all in this together. #WePh
Thu Sep 11 20:38:50 PDT 2014

kevpharmacist @MaryCEvans1 @DrChrisGreen @geoffsau @HospChiefPharm @RyanPharmilton @FaceOfPharmacy don't let Mr Pixies contaminate your brand #WePh
Thu Sep 11 20:39:05 PDT 2014

wepharmacists You shouldn't!
How many pt contacts a year?!
#WePh RT @pillmanuk: Hmm, I
often get the feeling of
contempt for my prof "caste"
Thu Sep 11 20:39:10 PDT 2014

pharmrj RT @Mr_Matt_Wright:
#weph Are #pharmacists being
vocal about their role and
input when they talk to
patients? Are people leaving
hosp or CP...
Thu Sep 11 20:39:12 PDT 2014

drchrisgreen @MaryCEvans1 @
geoffsau @HospChiefPharm @
RyanPharmilton @FaceOfPharmacy
I saw that - what a disaster! We
use it all the time....#weph
Thu Sep 11 20:39:21 PDT 2014

asafdar1 @FaceOfPharmacy @
KevPharmacist @DrChrisGreen @
WePharmacists @rpharms their
own atm but will represent
pharmacy. Need members first
#weph
Thu Sep 11 20:39:24 PDT 2014

hospchiefpharm @MaryCEvans1 I
would certainly agree! Expert in
medicines does not mean expert
in Chemistry! #weph
Thu Sep 11 20:39:33 PDT 2014

faceofpharmacy The @rpharms
is great but it is an internal
profession brand and doesn't
speak to the public. Should
there be a separate brand?
#weph
Thu Sep 11 20:39:36 PDT 2014

ryanpharmilton @Clairewynn @
MaryCEvans1 @DrChrisGreen @
geoffsau @HospChiefPharm Agree.
What piffle. Science vital to
what we do! #WePh
Thu Sep 11 20:39:38 PDT 2014

marycevans1 RT@HospChiefPharm:
.@aptaim And I did mean
Pharmacy - as a whole not just
Pharmacists - techs and support
staff essential - ACT's MMT's
et...
Thu Sep 11 20:39:39 PDT 2014

wepharmacists RT@FaceOfPharmacy:
The @rpharms is great but it is
an internal profession brand
and doesn't speak to the public.
Should there be a separat...
Thu Sep 11 20:39:46 PDT 2014

kevpharmacist @asafdar1 @
FaceOfPharmacy @DrChrisGreen @
WePharmacists Presumably they
need to cultivate many brands
to many customers #WePh

Thu Sep 11 20:39:57 PDT 2014

asafdar1 RT @WePharmacists:
AMEN! RT @KevPharmacist: #WePh
by remaining accessible and
trusted. By becoming the visible
commitment to high qualit...
Thu Sep 11 20:40:03 PDT 2014

faceofpharmacy Question four
coming up... #weph
Thu Sep 11 20:40:19 PDT 2014

asafdar1 RT @mrsgermaquinn:
We should be the first port
of call for any medicines
enquiries that anyone has;
patients, HCPs, media, we're
"the medic"...
Thu Sep 11 20:40:19 PDT 2014

asafdar1 RT @UKPharmacist:
@FaceOfPharmacy #weph The
purpose of the brand must be to
get people to use pharmacies vs
other providers...
Thu Sep 11 20:40:26 PDT 2014

asafdar1 RT @WePharmacists:
Ha! RT @DrChrisGreen: #weph The
"Ask your pharmacist, you'll be
getting good advice" was good
marketing, until Which sa...
Thu Sep 11 20:40:35 PDT 2014



How do we create a
new #brand for
pharmacies group of
stakeholders?
#weph @faceofpharmacy

kevpharmacist @asafdar1 @FaceOfPharmacy @DrChrisGreen Large number of stakeholders to appeal to, consequently need to segment that market #WePh Thu Sep 11 20:41:08 PDT 2014

ryanpharmilton @FaceOfPharmacy @rpharms It speaks to the public every 2 days! <http://t.co/RrH0pj4f42> #WePh Thu Sep 11 20:41:09 PDT 2014

faceofpharmacy Question four: How do we create a #brand pharmacy's group of stakeholders? #weph #bigchallenge <http://t.co/6r3WxliG1q> Thu Sep 11 20:41:18 PDT 2014

asafdar1 @KevPharmacist @FaceOfPharmacy @DrChrisGreen @WePharmacists which is why are where we are. Difficult. #WePh Thu Sep 11 20:41:34 PDT 2014

kevpharmacist @FaceOfPharmacy Sounds like a question on a MBA course rather than something you should be asking coal face health professional #WePh Thu Sep 11 20:41:56 PDT 2014

faceofpharmacy @RyanPharmilton @rpharms Disagree. The penetration is very low. #weph Thu Sep 11 20:41:57 PDT 2014

hospchiefpharm @RyanPharmilton @Clairewynn @MaryCEvans1 @DrChrisGreen @geoffsau Science as a discipline but not necessarily individual specialities! #weph Thu Sep 11 20:41:57 PDT 2014

clairewynn RT @RyanPharmilton: @FaceOfPharmacy @rpharms It speaks to the public every 2 days! <http://t.co/RrH0pj4f42> #WePh Thu Sep 11 20:42:07 PDT 2014

newhamcepn RT @FaceOfPharmacy: Question four: How do we create a #brand pharmacy's group of stakeholders? #weph #bigchallenge <http://t.co/6r3WxliG1q> Thu Sep 11 20:42:08 PDT 2014

wepharmacists RT @FaceOfPharmacy: Question four: How do we create a #brand pharmacy's group of stakeholders? #weph #bigchallenge <http://t.co/6r3WxliG1q>

Thu Sep 11 20:42:09 PDT 2014

asafdar1 @KevPharmacist @FaceOfPharmacy @DrChrisGreen marketing speak Thu Sep 11 20:42:23 PDT 2014

optaim #WePh Q4: well, start with the engaged ones on Twitter obsvs... Thu Sep 11 20:42:47 PDT 2014

kevpharmacist @asafdar1 as in one face to government, one to media, one to high flying pharms, one to newly qualified pharms. #WePh #MarketSegmentation Thu Sep 11 20:42:49 PDT 2014

wepharmacists RT@KevPharmacist: @asafdar1 as in one face to government, one to media, one to high flying pharms, one to newly qualified pharms. #WePh Thu Sep 11 20:43:02 PDT 2014

clairewynn @HospChiefPharm @RyanPharmilton @MaryCEvans1 @DrChrisGreen @geoffsau science integrated with clinical practice #WePh Thu Sep 11 20:43:02 PDT 2014

faceofpharmacy @KevPharmacist
It's a very practical question that we all need to consider if we want to increase public awareness. #weph #realworld
Thu Sep 11 20:43:05 PDT 2014

asafdar1 RT @KevPharmacist:
@asafdar1 as in one face to government, one to media, one to high flying pharms, one to newly qualified pharms. #WePh
Thu Sep 11 20:43:15 PDT 2014

faceofpharmacy @KevPharmacist
@asafdar1 Disagree. The whole point is one face based upon one profession and one reality. #weph
Thu Sep 11 12:43:39 PDT 2014

hospchiefpharm +1 RT @Clairewynn: @HospChiefPharm @RyanPharmilton @DrChrisGreen @geoffsau science integrated with clinical practice #WePh
Thu Sep 11 20:43:41 PDT 2014

RyanPharmilton @rpharms
Disagree. The penetration is very low. #weph ukpharmacist
Thu Sep 11 20:44:10 PDT 2014

wepharmacists RT @aptaim:
#WePh Q4: well, start with the

engaged ones on Twitter obvs...
Thu Sep 11 20:44:13 PDT 2014

kevpharmacist @asafdar1 "The only thing I know is that I know nothing" #WePh (He's appealing to the erudite and angry market, that's a strong market..)
Thu Sep 11 20:44:18 PDT 2014

asafdar1 @KevPharmacist and one to patients. Think you ran out of characters
Thu Sep 11 20:44:20 PDT 2014

ryanpharmilton @HospChiefPharm @FaceOfPharmacy You can't really disagree with a fact. But effect and retention of the messages might be debatable. #WePh
Thu Sep 11 20:44:24 PDT 2014

drchrisgreen @KevPharmacist
@asafdar1 Yeah, horses for courses approach. #weph
Thu Sep 11 20:44:34 PDT 2014

Otry RT @RyanPharmilton: @FaceOfPharmacy @rpharms It speaks to the public every 2 days! <http://t.co/RrH0pjqf42> #WePh
Thu Sep 11 20:44:38 PDT 2014

hospchiefpharm @FaceOfPharmacy @KevPharmacist @asafdar1
As before - disagree - ONE DISCIPLINE = NOT ONE profession! TWO! #WePh
Thu Sep 11 20:44:49 PDT 2014

wepharmacists Don't worry @DrChrisGreen - @NHSPharmer has joined you in the corner for not using the hashtag... ;) #weph <http://t.co/yHyILSRtch>
Thu Sep 11 20:45:19 PDT 2014

faceofpharmacy @RyanPharmilton
@HospChiefPharm Is debatable. The fact is that the profession is poorly perceived by every stakeholder.. #weph
Thu Sep 11 20:45:28 PDT 2014

mr_matt_wright #weph @WePharmacists What's the question again?
Thu Sep 11 20:45:28 PDT 2014

drchrisgreen @WePharmacists #weph If we are seen by the public as one of the most trustworthy professions - what a great starting point! Need to build
Thu Sep 11 20:45:46 PDT 2014

hospchiefpharm @WePharmacists
@DrChrisGreen @NHSPharmer Thisn
is sooooo mcuh better than the
rage thing! #weph
Thu Sep 11 20:45:58 PDT 2014

asafdar1 @FaceOfPharmacy @
KevPharmacist can that b
done in diverse profession
like ours? Industry, academia,
patient facing, behind the
scenes #weph
Thu Sep 11 20:46:01 PDT 2014

wepharmacists Q4: How do we
create a new brand for a 'group'
of stakeholders? (ish) RT @
Mr_Matt_Wright: #weph What's the
question again?
Thu Sep 11 20:46:17 PDT 2014

clairewynn RT @DrChrisGreen:
@WePharmacists #weph If we
are seen by the public as
one of the most trustworthy
professions - what a great
starting po...
Thu Sep 11 20:46:24 PDT 2014

kevpharmacist @HospChiefPharm
@FaceOfPharmacy @asafdar1 one
reality, 2 professions, many
sectors seen from different
viewpoints = different needs
#wePh

Thu Sep 11 20:46:27 PDT 2014

marycevan1 @FaceOfPharmacy
pharmacy lost a brand (maker
of drugs) without working out
what to put in its place. Now
hotchpotch profession #WePh
Thu Sep 11 20:46:37 PDT 2014

mr_matt_wright RT @
DrChrisGreen: @WePharmacists
#weph If we are seen by the
public as one of the most
trustworthy professions - what
a great starting po...
Thu Sep 11 20:46:49 PDT 2014

wepharmacists RT @MaryCEvans1:
@FaceOfPharmacy pharmacy lost
a brand (maker of drugs) without
working out what to put in its
place. Now hotchpotch profe...
Thu Sep 11 20:46:50 PDT 2014

asafdar1 @KevPharmacist @
HospChiefPharm @FaceOfPharmacy
isn't that what other
professions do? Medics & nurses
more diverse than us #WePh
Thu Sep 11 20:47:18 PDT 2014

hospchiefpharm @RyanPharmilton
@FaceOfPharmacy Wasnt the
content it was the chosen
wording! or is growing up on Viz

too obvious! #weph
Thu Sep 11 20:47:20 PDT 2014

asafdar1 RT @KevPharmacist: @
HospChiefPharm @FaceOfPharmacy
@asafdar1 one reality, 2
professions, many sectors seen
from different viewpoints =
diff...
Thu Sep 11 20:47:21 PDT 2014

wepharmacists Fair?! MT @
FaceOfPharmacy: @RyanPharmilton
@HospChiefPharm The fact is
that the profession is poorly
perceived by every stakeholder.
#weph
Thu Sep 11 20:47:33 PDT 2014

ryanpharmilton @Clairewynn @
HospChiefPharm @MaryCEvans1 @
DrChrisGreen @geoffsau And
clinical practice/problems
informing research of course
Thu Sep 11 20:47:34 PDT 2014

asafdar1 RT @MaryCEvans1: @
FaceOfPharmacy pharmacy lost a
brand (maker of drugs) without
working out what to put in its
place. Now hotchpotch profe...
Thu Sep 11 20:47:40 PDT 2014

pharmrj RT @aptaim: *strong* MT @FaceOfPharmacy: That's what I think is missing. The profession is not sales promotions. It's been hijacked by ret...
Thu Sep 11 20:47:49 PDT 2014

pharmrj RT @aptaim: #WePh Q3: putting pharmacy firmly in the minds of patients as the healthcare sector/professionals of first call
Thu Sep 11 20:47:50 PDT 2014

pharmrj RT @WePharmacists: *AMEN!* RT @KevPharmacist: #WePh by remaining accessible and trusted. By becoming the visible commitment to high quality...
Thu Sep 11 20:47:50 PDT 2014

kevpharmacist @MaryCEvans1 @FaceOfPharmacy presumed patient care would replace extemp prep in comm pharm. Still never had inhaler counselling :(#WePh
Thu Sep 11 20:47:52 PDT 2014

faceofpharmacy @MaryCEvans1 This seems to be true. 1960's with mass produced medicines removed our medicines maker identity. What has replaced it? #weph

Thu Sep 11 20:48:02 PDT 2014

kevpharmacist @WePharmacists @FaceOfPharmacy @RyanPharmilton @HospChiefPharm Speak for yourself. Many of my stakeholders love me #WePh
Thu Sep 11 20:48:27 PDT 2014

asafdar1 @WePharmacists @HospChiefPharm @DrChrisGreen @NHSPharmer I missed a # and you didn't notice. Ha ha ha
Thu Sep 11 20:48:44 PDT 2014

aptaim @HospChiefPharm You really *are* gearing up for holiday aren't you... ;) #viz #WePh
Thu Sep 11 20:48:51 PDT 2014

faceofpharmacy @KevPharmacist @WePharmacists @RyanPharmilton @HospChiefPharm Thinking a bit small. #weph
Thu Sep 11 20:48:53 PDT 2014

wepharmacists RT@FaceOfPharmacy: @MaryCEvans1 This seems to be true. 1960's with mass produced medicines removed our medicines maker identity. What has ...
Thu Sep 11 20:49:05 PDT 2014

drchrisgreen @KevPharmacist

@FaceOfPharmacy I think hospital and community, primary care and industrial pharmacists are discrete roles now. #weph
Thu Sep 11 20:49:14 PDT 2014

wepharmacists RT@DrChrisGreen: @KevPharmacist @FaceOfPharmacy I think hospital and community, primary care and industrial pharmacists are discrete rol...
Thu Sep 11 20:49:22 PDT 2014

clairewynn RT @RyanPharmilton: @Clairewynn @HospChiefPharm @MaryCEvans1 @DrChrisGreen @geoffsau And clinical practice/problems informing research of c...
Thu Sep 11 20:49:39 PDT 2014

kevpharmacist @FaceOfPharmacy @RyanPharmilton @HospChiefPharm patients, doctors, pharmacists and other hcps in my networks... Small? #WePh
Thu Sep 11 20:49:44 PDT 2014

beatrizmazoy RT @Jo_Ringer: Pharmacy is definitely respected. Needs to be seen as useful as well. Most people don't get what we can do to help. #weph
Thu Sep 11 20:49:46 PDT 2014

asafdar1 @WePharmacists
@FaceOfPharmacy @RyanPharmilton
@HospChiefPharm Not every.
Many really value us including
patients. Govt not yet IMO #WePh
Thu Sep 11 20:50:00 PDT 2014

marycevan1 @KevPharmacist @
FaceOfPharmacy Exactly....sums up
everything really #weph
Thu Sep 11 20:50:01 PDT 2014

hospchiefpharm @DrChrisGreen
@KevPharmacist @FaceOfPharmacy
But should they be - are they
not ALL around the patient -
back to Tweet about Pt's! #weph
Thu Sep 11 20:50:03 PDT 2014

faceofpharmacy @DrChrisGreen
@KevPharmacist That's very true
from our perspective. Patients
struggling to understand one
won't understand many. #weph
Thu Sep 11 20:50:03 PDT 2014

mr_matt_wright @asafdar1
@FaceOfPharmacy @KevPharmacist
@WePharmacists Definitely a
need to raise awareness of the
diversity of pharmacy roles.
#weph 1/2
Thu Sep 11 20:50:06 PDT 2014

asafdar1 RT @Mr_Matt_Wright: @
asafdar1 @FaceOfPharmacy @
KevPharmacist @WePharmacists
Definitely a need to raise
awareness of the diversity of
pharma...
Thu Sep 11 20:50:38 PDT 2014

aptaim @NHSPharmer @
FaceOfPharmacy @rpharms
totally agree (& good chance
to dust this off...) <http://t.co/9uPfIGzUzX> #WePh
Thu Sep 11 20:50:42 PDT 2014

wepharmacists RT@KevPharmacist:
@MaryCEvans1 @FaceOfPharmacy
presumed patient care would
replace extemp prep in comm
pharm. Still never had inhaler
cou...
Thu Sep 11 20:51:02 PDT 2014

faceofpharmacy Question five
coming up... #weph Good to see
people getting passionate. :)
Thu Sep 11 20:51:03 PDT 2014

ryanpharmilton @HospChiefPharm
@aptaim You can tell I am tired,
took me till until now to get
that. Food and bed is needed,
STAT! #WePh
Thu Sep 11 20:51:05 PDT 2014

mr_matt_wright @asafdar1 @
FaceOfPharmacy @KevPharmacist @
WePharmacists Would that help
to strengthen appreciation for
profession...? #weph
Thu Sep 11 20:51:16 PDT 2014

drchrisgreen @WePharmacists
@FaceOfPharmacy Noooo - I
think our hospital pharmacy is
pretty well respected by its
colleagues around the Trust.
#weph
Thu Sep 11 20:51:28 PDT 2014

mrsgeemmaquinn Lots of
different roles but all should
be about practical medicines
use. Making sure patients are
partners & able to take their
meds #weph
Thu Sep 11 20:51:55 PDT 2014

claerewynn RT @aptaim: .@
NHSPharmer @FaceOfPharmacy @
rpharms *totally* agree (&
good chance to dust this off...)
<http://t.co/9uPfIGzUzX>
#WePh
Thu Sep 11 20:51:56 PDT 2014

wepharmacists MT @Mr_Matt_Wright: Definitely a need to raise awareness of the diversity of pharmacy roles. Would that help strengthen appreciation?
#WePh
Thu Sep 11 20:52:09 PDT 2014

hospchiefpharm @WePharmacists @FaceOfPharmacy @RyanPharmilton No! Issue is we challenge, are “pedant’s”, do think intensely about risk! so make hard! #weph
Thu Sep 11 20:52:13 PDT 2014

marycevans1 @WePharmacists @FaceOfPharmacy @RyanPharmilton @HospChiefPharm Yes fair. Individuals valued, discipline not #weph
Thu Sep 11 20:52:29 PDT 2014

asafdar1 Mr_Matt_Wright @FaceOfPharmacy @KevPharmacist @WePharmacists appreciation different to brand. #WePh
Thu Sep 11 20:52:41 PDT 2014

wepharmacists RT @aptaim: @NHSPharmer @FaceOfPharmacy @rpharms *totally* agree (& good chance to dust this off...) <http://t.co/9uPfiGzUzX>
#WePh

Thu Sep 11 20:52:44 PDT 2014

nhspharmer @FaceOfPharmacy @WePharmacists We’re a (relatively) small profession, yet have many small interest groups. ONE VOICE for pharmacy!
#weph
Thu Sep 11 20:52:54 PDT 2014

wepharmacists +1! RT @FaceOfPharmacy: Question five coming up... #weph Good to see people getting passionate. :)
Thu Sep 11 20:52:55 PDT 2014

faceofpharmacy @MaryCEvans1 @KevPharmacist I think so. Certainly try to make this a reality. Our brand isn’t what we think rather what patients think.#weph
Thu Sep 11 20:52:55 PDT 2014

wepharmacists RT@mrsgemmaquinn: Lots of different roles but all should be about practical medicines use. Making sure patients are partners & able to tak...
Thu Sep 11 20:53:07 PDT 2014

kevpharmacist I’m now listening to my favourite marketing guru #WePh

Thu Sep 11 20:53:25 PDT 2014

geoffsau RT @NHSPharmer: @FaceOfPharmacy @WePharmacists We’re a (relatively) small profession, yet have many small interest groups. ONE VOICE for ph...
Thu Sep 11 20:53:31 PDT 2014

wepharmacists [poorly perceived] RT @HospChiefPharm: No! Issue is we challenge, are “pedant’s”, do think intensely about risk! so make hard!
#weph
Thu Sep 11 20:53:42 PDT 2014

faceofpharmacy @NHSPharmer @WePharmacists One voice! We have a few voices here tonight. We are the third largest healthcare profession. #weph
Thu Sep 11 20:54:02 PDT 2014

drchrisgreen @HospChiefPharm @WePharmacists @FaceOfPharmacy I think people understand why we are pedants though- it’s why we are good at what we do #weph
Thu Sep 11 20:54:04 PDT 2014



Who should #pharmacists
look to for #brand
leadership?

#weph @faceofpharmacy

wepharmacists RT@FaceOfPharmacy:
One voice! We have a few voices
here tonight. We are the third
largest healthcare profession.
#weph
Thu Sep 11 20:54:17 PDT 2014

clairewynn RT @FaceOfPharmacy:
@NHSPharmer @WePharmacists One
voice! We have a few voices
here tonight. We are the third
largest healthcare profession...
Thu Sep 11 20:54:36 PDT 2014

nhspharmer RT @DrChrisGreen:
@WePharmacists #weph If we
are seen by the public as
one of the most trustworthy
professions - what a great
starting po...
Thu Sep 11 20:54:36 PDT 2014

faceofpharmacy Question five:
Who should #pharmacists look to
for #brand leadership? #weph
<http://t.co/a9W6gaxn2Y>
Thu Sep 11 20:54:56 PDT 2014

marycevens1 RT @DrChrisGreen:
@HospChiefPharm @WePharmacists
@FaceOfPharmacy I think people
understand why we are pedants
though- it's why we are good ...
Thu Sep 11 20:55:01 PDT 2014

kevpharmacist @NHSPharmer @
FaceOfPharmacy #WePh We have
many voices because many in
pharmacy say things that
others disagree with - ecig,
homeopathy....
Thu Sep 11 20:55:13 PDT 2014

hospchiefphar @DrChrisGreen @
WePharmacists @FaceOfPharmacy
Too True! #weph
Thu Sep 11 20:55:21 PDT 2014

nhspharmer @WePharmacists @
HospChiefPharm @DrChrisGreen ok
Consider myself told! #WePh
Thu Sep 11 20:55:40 PDT 2014

wepharmacists RT @
FaceOfPharmacy: Question five:
Who should #pharmacists look to
for #brand leadership? #weph
<http://t.co/a9W6gaxn2Y>
Thu Sep 11 20:55:58 PDT 2014

wepharmacists RT @KevPharmacist:
@NHSPharmer @FaceOfPharmacy
#WePh We have many voices
because many in pharmacy say
things that others disagree
with - ec...
Thu Sep 11 20:56:14 PDT 2014

pharmrj RT @WePharmacists:
Fair?! MT @FaceOfPharmacy: @

RyanPharmilton @HospChiefPharm
The fact is that the profession
is poorly perceived by every...
Thu Sep 11 20:56:23 PDT 2014

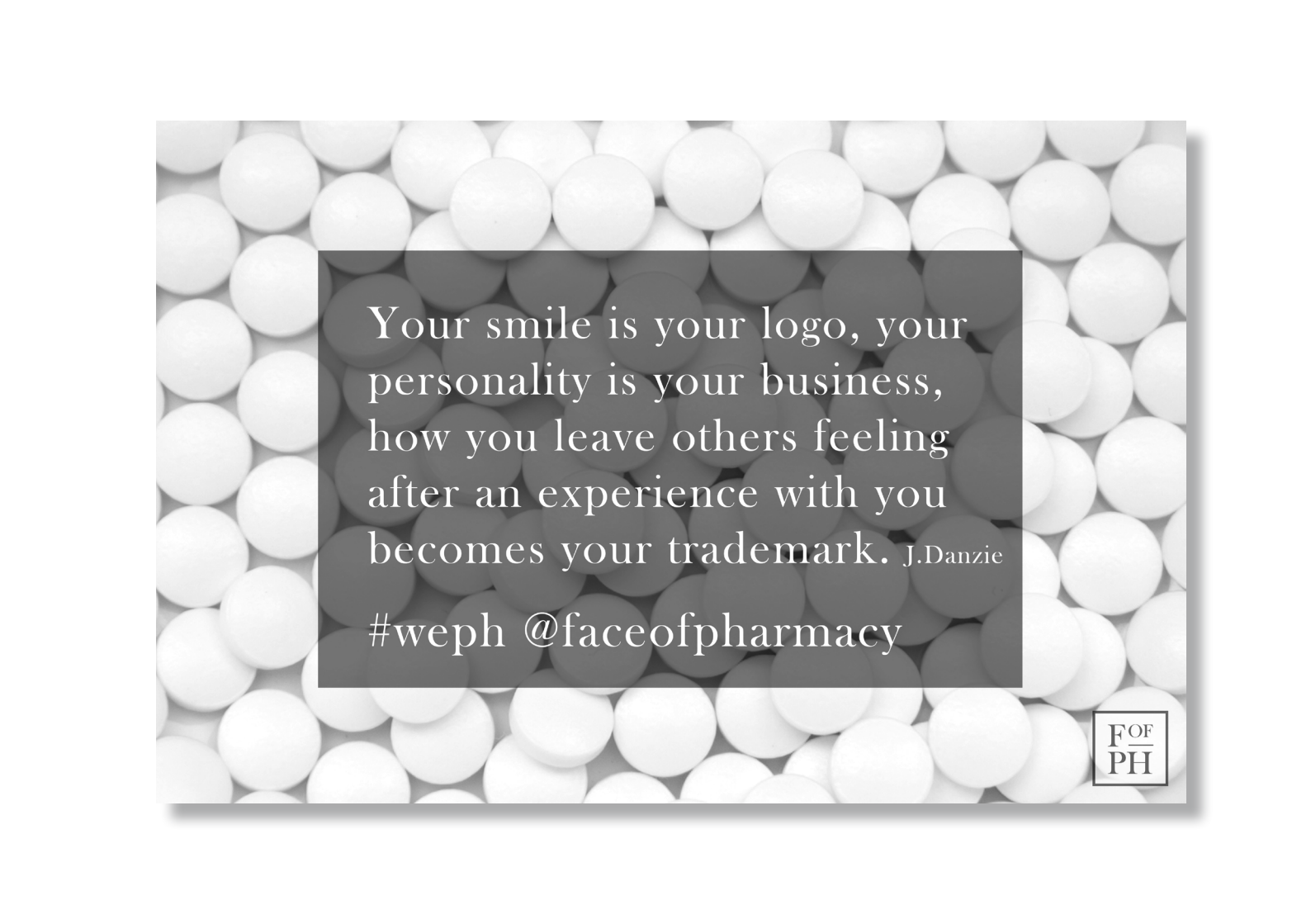
pharmrj RT @FaceOfPharmacy:
Question five: Who should
#pharmacists look to for #brand
leadership? #weph <http://t.co/a9W6gaxn2Y>
Thu Sep 11 20:56:23 PDT 2014

hospchiefpharm @WePharmacists
No - hard work - and, in the
main - NOT yes people! Ask
questions and say no to doctors!
#weph #PRnotasgood
Thu Sep 11 20:56:25 PDT 2014

kevpharmacist @FaceOfPharmacy
<https://t.co/Tb4atzpFHK> (NSFW)
#WePh
Thu Sep 11 20:56:28 PDT 2014

geoffsau @FaceOfPharmacy
#weph i do think that we should
be looking to #RPS to brand our
profession
Thu Sep 11 20:56:43 PDT 2014

wepharmacists RT @geoffsau: @F
FaceOfPharmacy #weph i do think
that we should be looking to
#RPS to brand our profession
Thu Sep 11 20:57:02 PDT 2014

The background of the entire image is a dense, close-up pattern of numerous white, round, pill-like objects. They are arranged in a somewhat random, overlapping manner, creating a textured, repetitive visual field. A semi-transparent dark gray rectangular box is centered over this background, containing the main text.

Your smile is your logo, your
personality is your business,
how you leave others feeling
after an experience with you
becomes your trademark. J.Danzie

#weph @faceofpharmacy

The logo is located in the bottom right corner of the image. It consists of a square border containing the letters 'F' and 'PH' stacked vertically. The 'F' is positioned above the 'PH', and there is a horizontal line separating them. The letters are in a serif font.

FOF
PH

asafdar1 @FaceOfPharmacy
start by looking across the
globe to see what other
countries' pharmacy bodies are
doing. Aus, NZ, US?? #weph
Thu Sep 11 20:57:03 PDT 2014

wepharmacists RT @asafdar1: @
FaceOfPharmacy start by looking
across the globe to see what
other countries' pharmacy bodies
are doing. Aus, NZ, US?? #weph
Thu Sep 11 20:57:10 PDT 2014

mr_matt_wright Clarified as
only a professional pedant
could @DrChrisGreen #weph @
HospChiefPharm @WePharmacists
@FaceOfPharmacy
Thu Sep 11 20:57:20 PDT 2014

marycevans1 @MaryCEvans1: @
DrChrisGreen @HospChiefPharm @
WePharmacists @FaceOfPharmacy
you have cracked it! Pedants of
the world unite.our brand! #weph
Thu Sep 11 20:57:34 PDT 2014

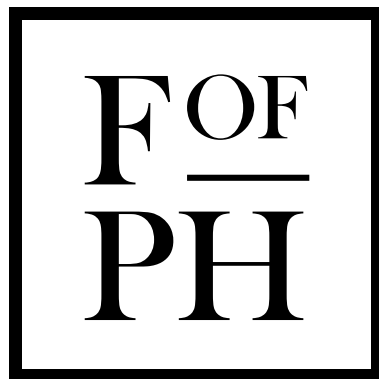
clairewynn has to be RPS #WePh
Thu Sep 11 20:57:35 PDT 2014

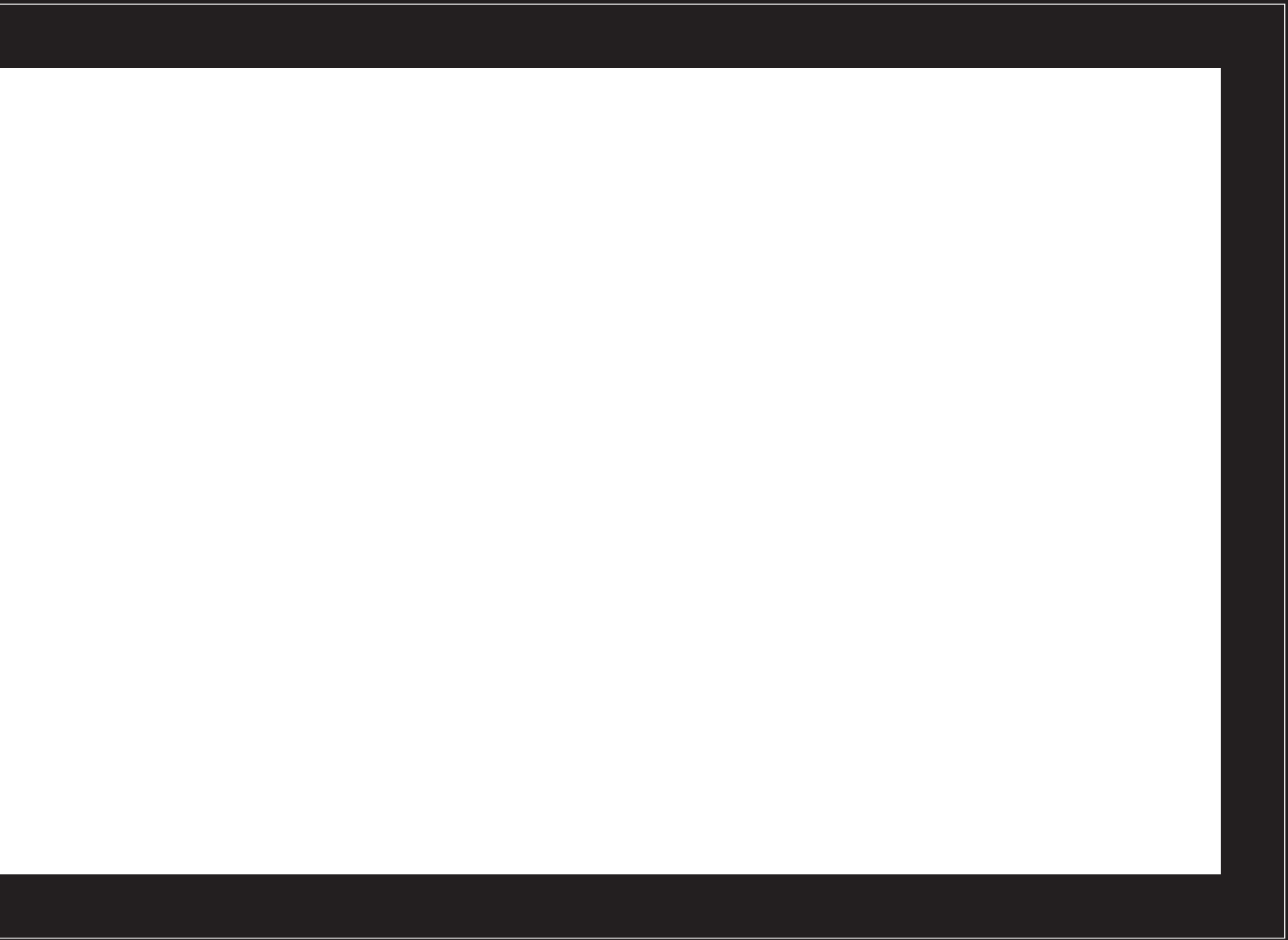
drchrisgreen + 1 @geoffsau @
FaceOfPharmacy #weph i do think
that we should be looking to

#RPS to brand our profession
Thu Sep 11 20:57:40 PDT 2014

kevpharmacist @MaryCEvans1 @
DrChrisGreen @HospChiefPharm @
WePharmacists @FaceOfPharmacy
histopathologists are much
greater pedants than us. No USP
#WePh
Thu Sep 11 20:57:58 PDT 2014

wepharmacists RT @Clairewynn:
has to be RPS #WePh
Thu Sep 11 20:58:09 PDT 2014





+ 2015 to 2025

The short-term future

BACKGROUND

The pharmacy profession aspires to expand its traditional medicines supply role and deliver a wider range of clinical services. The current model of community pharmacy has changed little in decades and although it is beginning to embrace new models and technologies it is many years behind other industries in doing so.

At present and for the foreseeable future the pharmaceuticals that we use to improve or maintain our health and abilities are made remotely by global manufacturers in large scale industrial facilities. To increase the profits made by manufacturers, many of these factories are in third world countries necessitating significant global transport systems at high environmental cost to bring the product and the patient together. Despite the ubiquity of pharmacy delivery services in the UK, the majority of medicines still require a physical journey either by the patient or a delivery person to bring patient and medicine together. This presents an additional layer of expensive transportation met by the pharmacy or the patient.

Technological advances in recent years have produced logistical models (E.g Amazon) that for the first time present a real threat to the traditional, community pharmacy supply model. While the pharmacy profession is evolving and becoming more service and less supply focussed, the funding structure for the sector remains firmly tied to the physical act of supply. With potentially cheaper and more convenient supply methods becoming available to governments, the pharmacy profession must demonstrate the value that it delivers at the point of supply above the simple act of physically transferring medicines to the patient.

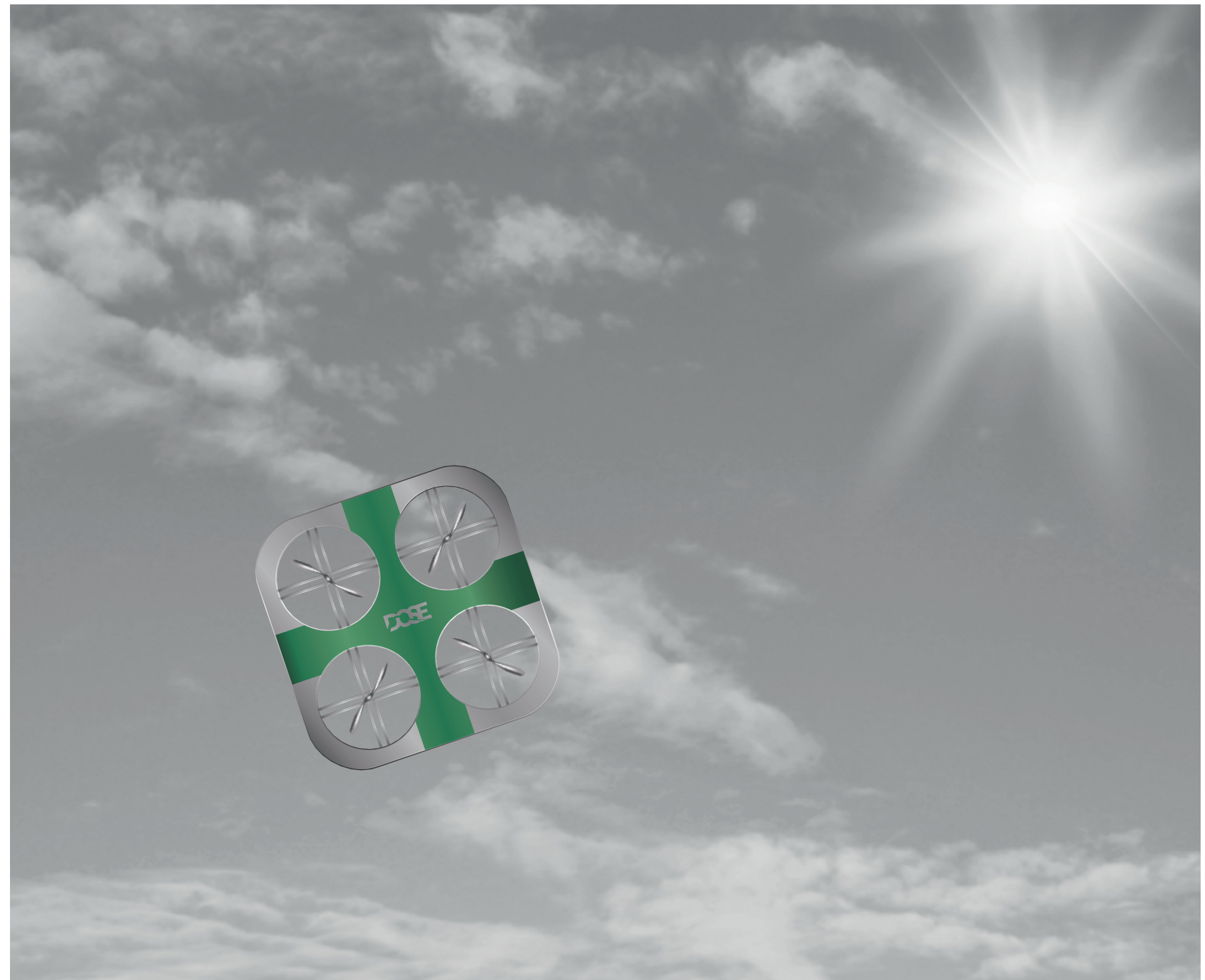
Activity by the pharmacy professions representative bodies to raise the profile of the pharmacy profession in the UK is growing and is having a positive impact on society's perception. This activity however is predominantly public relations based and the value that a well conceived and applied professional visual identity could add is at present not understood. This is a missed opportunity for the profession. The use of a range of new, predominantly visual, communications channels offers the profession the opportunity to connect directly with society in a meaningful way, share its messages and analyse the impact over time.

Embracing current and developing technologies and applying them to facilitate the supported supply of pharmaceuticals to patients, must be a prime concern for the profession if it wishes to remain relevant and desirable. This chapter looks at the potential application of existing technologies and ways in which the pharmacy profession can ensure that it remains an essential part of the evolving supply process.

PERSONALISED DELIVERY

Medicines are delivered
directly to the patient
or their carer via
secure drones that use
location services on
personal SMART devices.

Delivery:
Drone





PERSONALISED DELIVERY

Personalised delivery confirmed by scanning the medicines packaging through bespoke SMART device applications.

Delivery:
Personalised interface

AUGMENTED MEDICINES

Medicine packaging is scanned using a new, bespoke augmented reality application to provide access to easy to lose, patient information leaflets.

Augmented Reality:
Medicine packaging





AUGMENTED MEDICINES

The pharmacy specific dispensing label can link to a visual or audio recording of bespoke advice provided by the pharmacist at the time of dispensing.

Tablets themselves can link to the chemical profile of the medicine.

Augmented Reality:
Label and tablets

VIRTUAL CONSULTATION

A real time virtual reality interface is used to facilitate one to one consultations with the patient's pharmacist to ensure safe and effective use of medicines.

Virtual Reality:
Headset





VIRTUAL CONSULTATION

The immersive augmented reality medium enhances the quality of the interaction increasing the effectiveness of the pharmacist's advice.

Virtual Reality:
Consultation

DAILY RESPONSE COLLATION

A new generation of
SMART devices collect
chemical and biological
data, measuring the
body's response to
medication on an
ongoing, daily basis.

Daily Response:
Self-quantification



DAILY RESPONSE
COLLATION

Responses are collated
automatically and
processed information
is available to the
patient in their mirror
each day and to their
prescriber allowing
dose adjustment at the
beginning of the next
prescribing cycle.

The mirror also uses
facial recognition to
monitor skin condition
and retinal health.

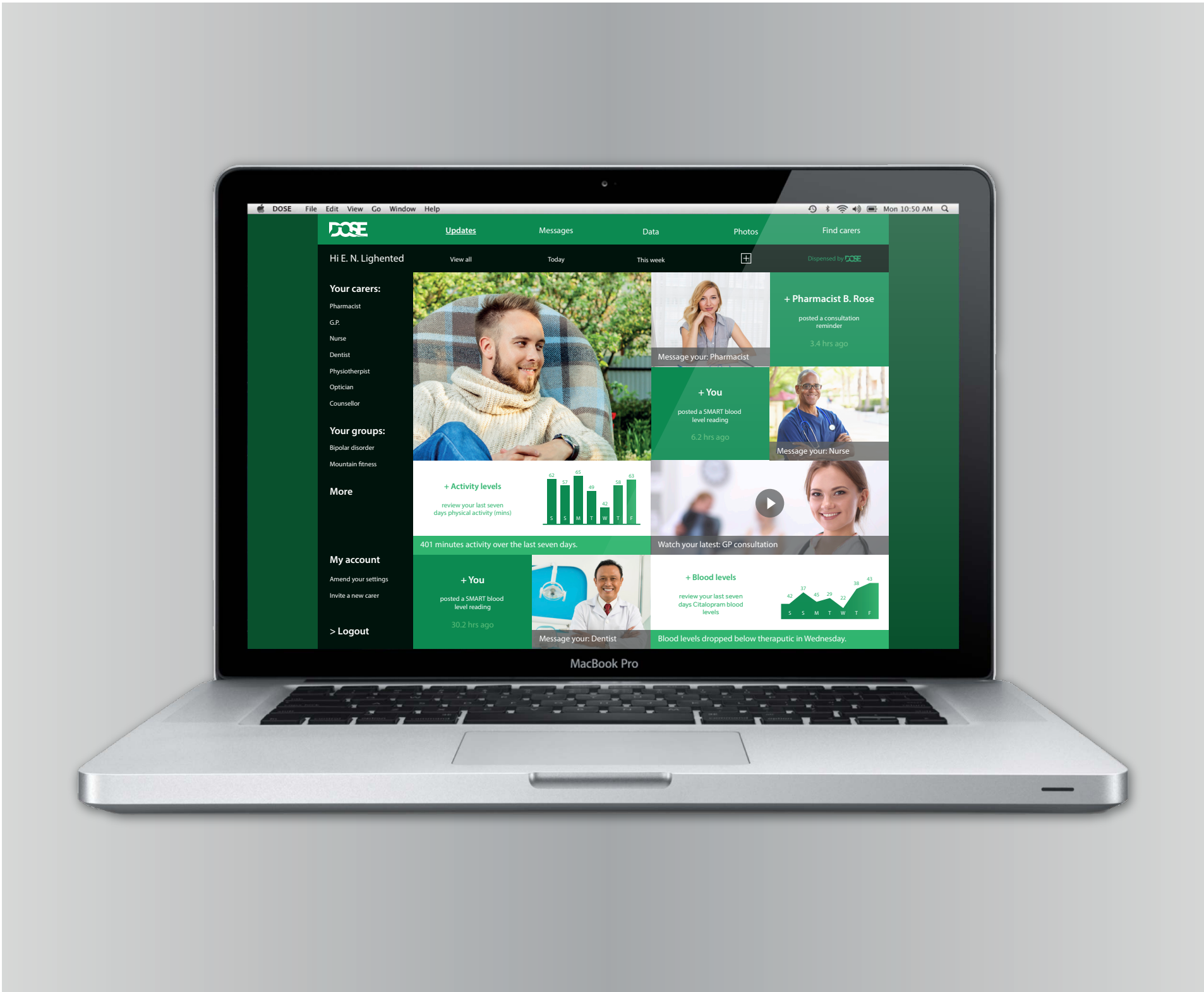
Daily Response:
Data collation



SOCIAL CARER NETWORK

Patients provide access to a closed social network for their healthcare professionals (Pharmacist, GP, Nurse, Dentist, Physiotherapist, Counsellor etc) facilitating integrated care through new insights into lifestyle and their response to new treatments.

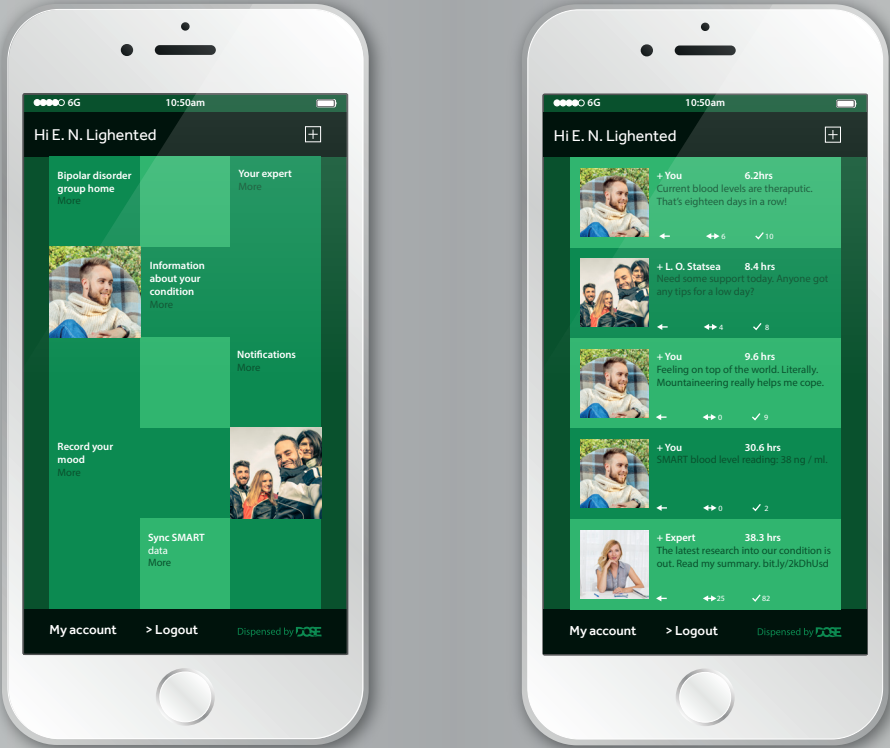
Social:
Carer Network



SOCIAL HEALTH GROUPS

Patients join social network groups with fellow sufferers of their condition and share experiences and quality of life progress.

Groups are moderated by an expert healthcare professional who themselves suffers from the relevant condition providing accurate knowledge and understanding.



Social:
Condition Group

+ 2025 to 2050

The medium-term future

BACKGROUND

In the medium term future the supply of pharmaceuticals may be subject to further globalisation, consolidation and the development of large technology based organisations who dominate the supply chain. Reflecting similar patterns to other industries such companies will rely on branding and visual identity to differentiate themselves from competitors and create instant recognition within their target markets. The pharmacy profession itself will need to work hard to remain meaningful and distinct in the minds of the global population.

Developments in many areas of our lives will be driven by changes in technology more than any other factor and the pharmacy profession is subject to the same effect. These changes may fundamentally alter the way in which we obtain our pharmaceutical products. Technological capability is increasing at a linear and predictable rate according to Moore's Law and the limit of our ability is now defined by our creativity rather than our capacity. The information age was short and has given way to the age of creativity.

Many futuristic concepts for which the technology does not yet exist could have a significant effect on the manufacture and supply of pharmaceuticals and subsequently on the relationship between pharmacists and their patients. Mass production of standardised pharmaceuticals may give way to personalised 'made on demand' products which are produced when required in the same country or in the patient's residence by micro-manufacturing facilities. Production via such home based, semi-portable 3D printers may permanently alter our relationship with medicines.

Current transportation systems may reverse in nature with a medicine to patient model developing in place of the current patient to medicine one. Where necessary a range of non-human transportation systems may be utilised to rapidly bring locally made products to patients.

Wearable technology and the person's environment itself may analyse the effect of pharmaceuticals on the wearer and feedback information to micro-manufacturing facilities to adjust the composition of subsequent doses. These advances make supply more local and as a result make the pharmacist / patient interaction more remote. A range of methods will be investigated that may continue to facilitate the professional contribution of the pharmacist and secure the future of the profession.

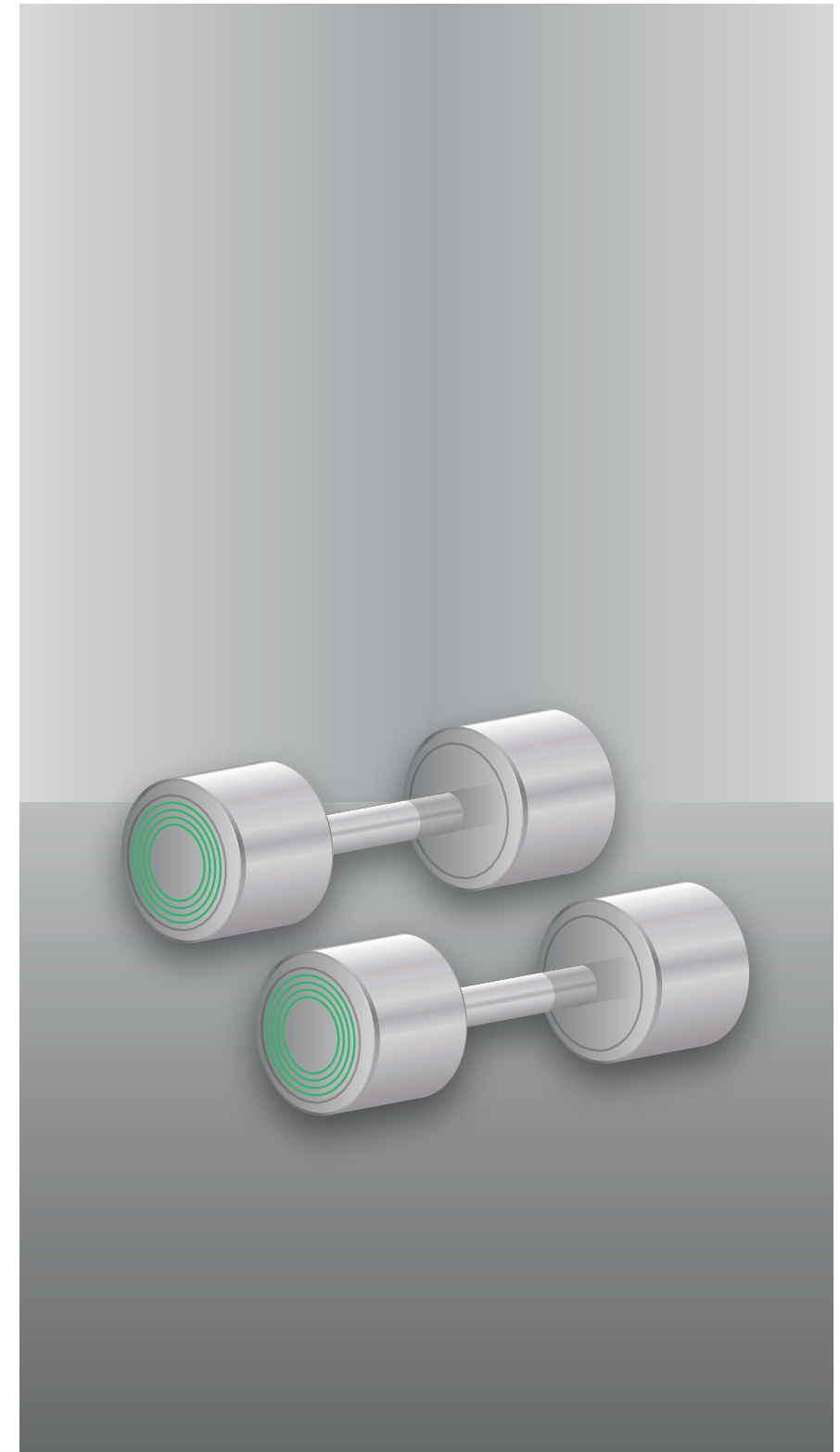
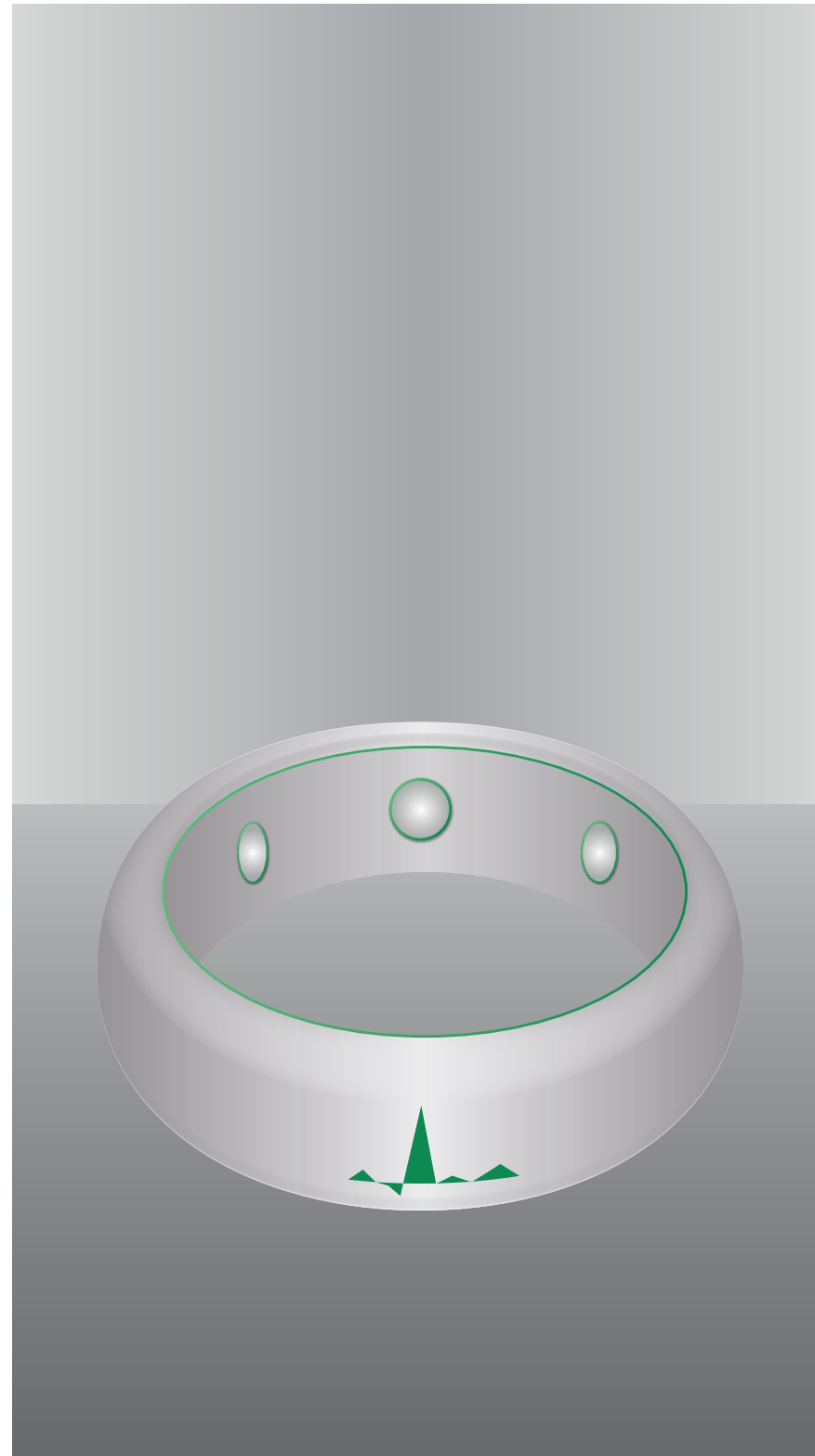
This chapter looks at the potential application of conceptual technologies and ways in which the pharmacy profession can ensure that it remains an essential part of the evolving supply process.

WEARABLE ANALYTICS

SMART technology
will turn traditional
garments and
accessories into
wearable analytical
devices that monitor
and feedback the body's
reaction to medication.

Future doses will be
adjusted automatically
according to the body's
measured response.

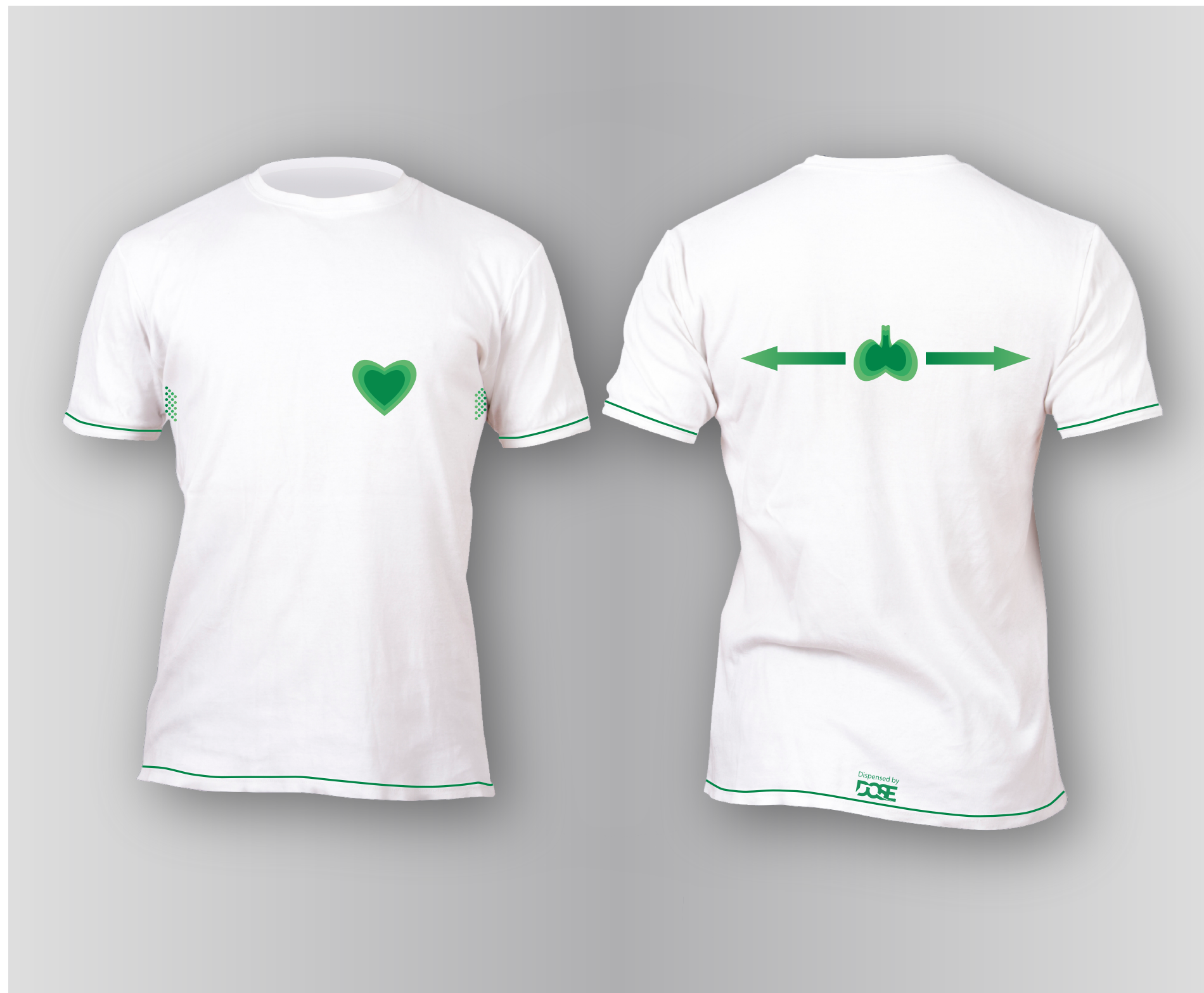
Wearable Analytics:
Jewellery



WEARABLE ANALYTICS

Measurement of a full range of biological and mechanical markers will assist in providing a 24 / 7 view of health, illness and its optimum treatment.

Body secretions, temperature, movement, even the rate of skin replacement can contribute to a sophisticated self-quantification system.



Wearable Analytics:
Clothing

CARING ENVIRONMENTS

Our environments will become as aware of us as we are of them.

1. Thermometers will measure small changes in body temperature during infection.
2. Sensitive microphones will monitor the rate and efficiency of a patient's respiration.
3. Pressure sensor beds will measure changes in body weight.

Environment:
Sensory Spaces





CARING ENVIRONMENTS

4. Toilets will measure chemical markers and metabolised drugs in all liquid and solid excretions.

5. Sinks will monitor chemical markers and metabolised drug levels in the saliva.

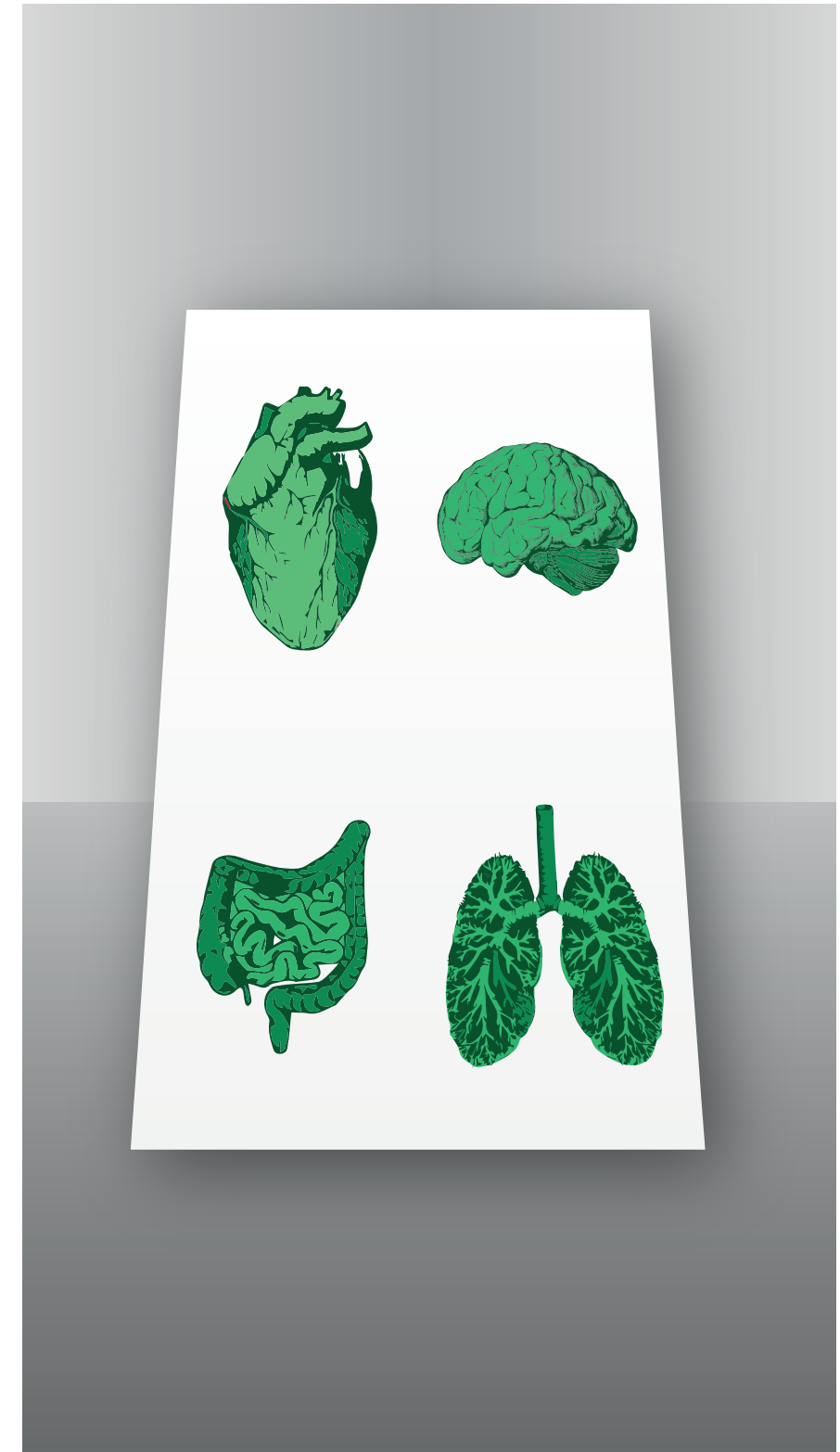
6. Data will be recorded and processed alongside that from other sources to assist in monitoring response and to amend environmental parameters to improve comfort and quality of life.

Environment:
Live Feedback

WEARABLE MEDICATION

New forms of medication will be developed that are worn on the outside of the body and provide information about rate of absorption and when a new dose is required.

Wearable Medication:
Short Term Stickers





WEARABLE MEDICATION

Long term treatments will be administered by sub-dermal medication tattoos which fade as the medication is absorbed signalling the need for a new tattoo.

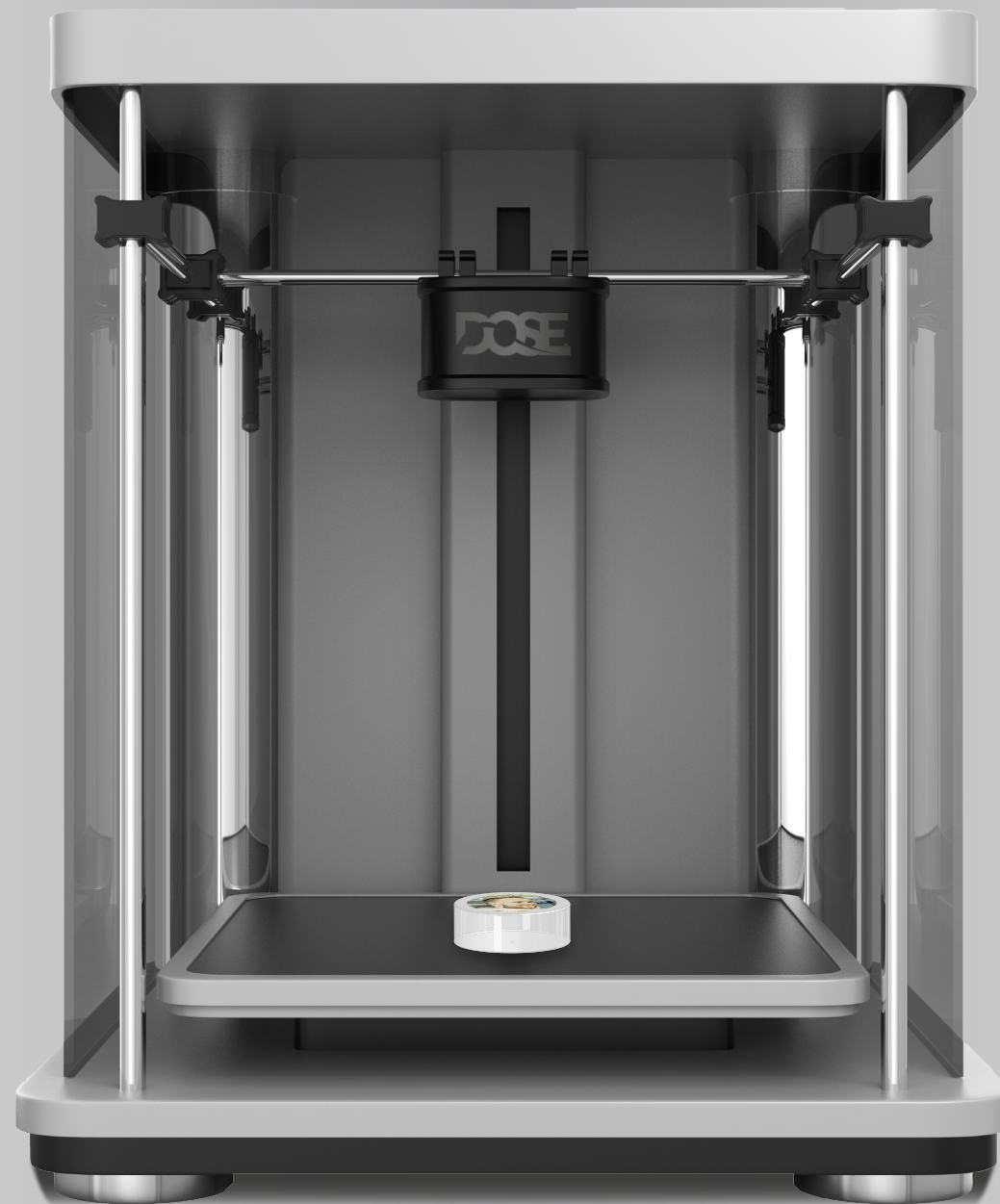
Medical and personal information can be integrated visually through advanced scanning techniques

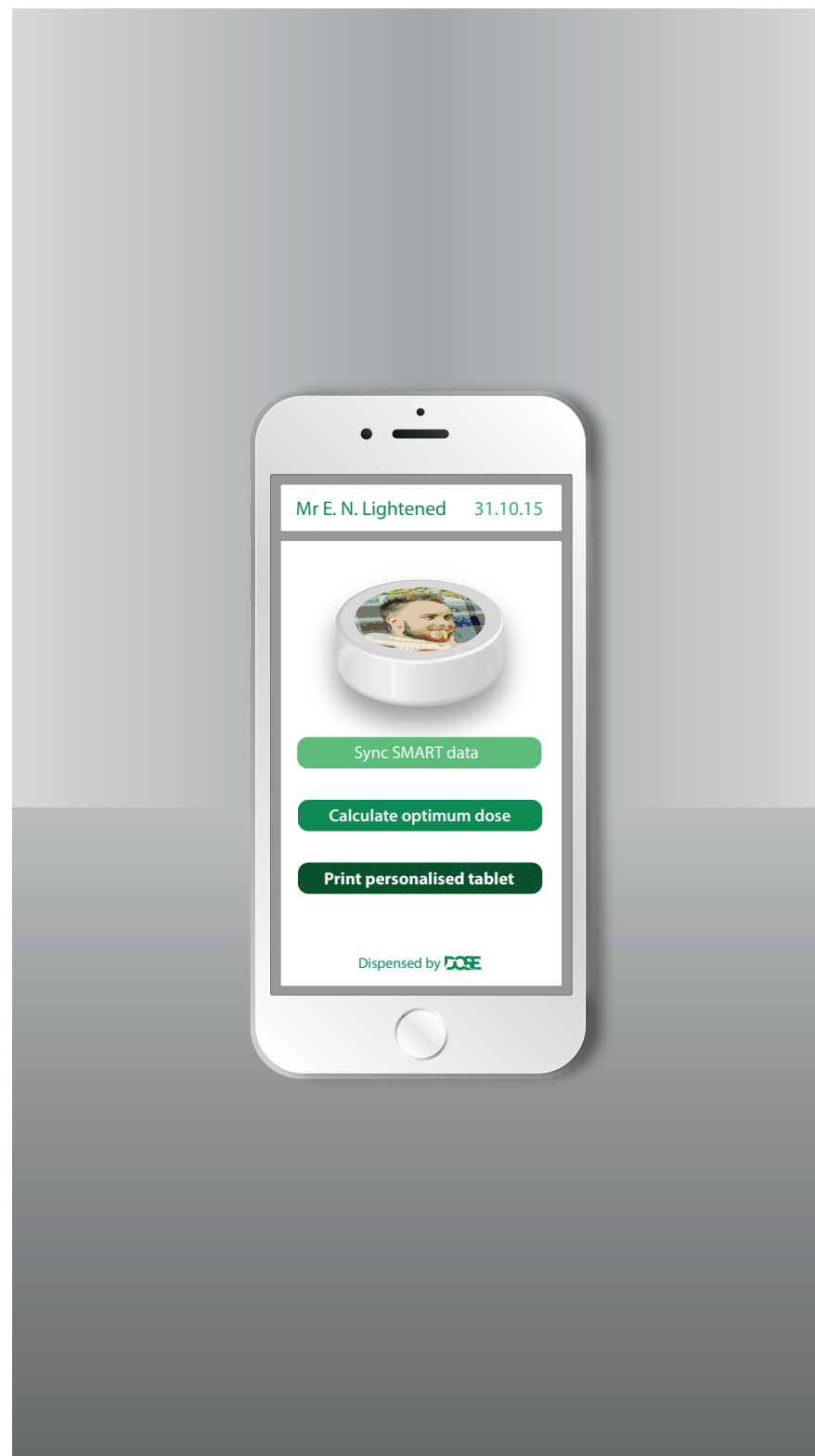
Wearable Medication:
Long Term Tattoos

PERSONALISED PHARMACEUTICS

Medication will be
manufactured in the
home using 3D printing
techniques and
subsequent technologies.

Personalisation:
3D Printing





PERSONALISED PHARMACEUTICS

Optimised, personalised doses will be possible, defined by analysis of large amounts of medication response data collected and collated through the internet of things.

Personalisation:
Tailored medicines

2050 +

The long-term future

The long-term future is very difficult to predict. Each small change in our lives in the intervening period magnifies over time to produce unexpected exponential changes which differ from our current view. It is not possible to determine whether visual identity and branding will remain relevant in the way that they are at present.

Pharmaceutical supply may become a historical reference as digital and biological developments combine to harness the bio-manufacturing capabilities of the human body, producing endogenously that which is required to manage health.

Personalised medicines may give way to personal medicines produced by the body itself, based on instructions provided through the internet of things. No physical transportation system will be required to bring patient and pharmaceutical together and the digital network is limitless and scalable.

Digital implants connect the human body to the digital world and constantly monitor biological processes assessing when non-endogenous chemicals will benefit the body or increasing the production of endogenous ones. Out-of-body bio-digital code will instruct the body to produce the necessary chemical based upon the ever growing, global, data driven, body of knowledge.

This 'digital DNA' will be tailored to match the specific bio-chemistry of the individual and the body's own biochemical processes will be instructed to produce the required chemical in the required dose over the relevant time period.

Individuals will be directed to eat foods containing the relevant raw materials with which to manufacture chemicals.

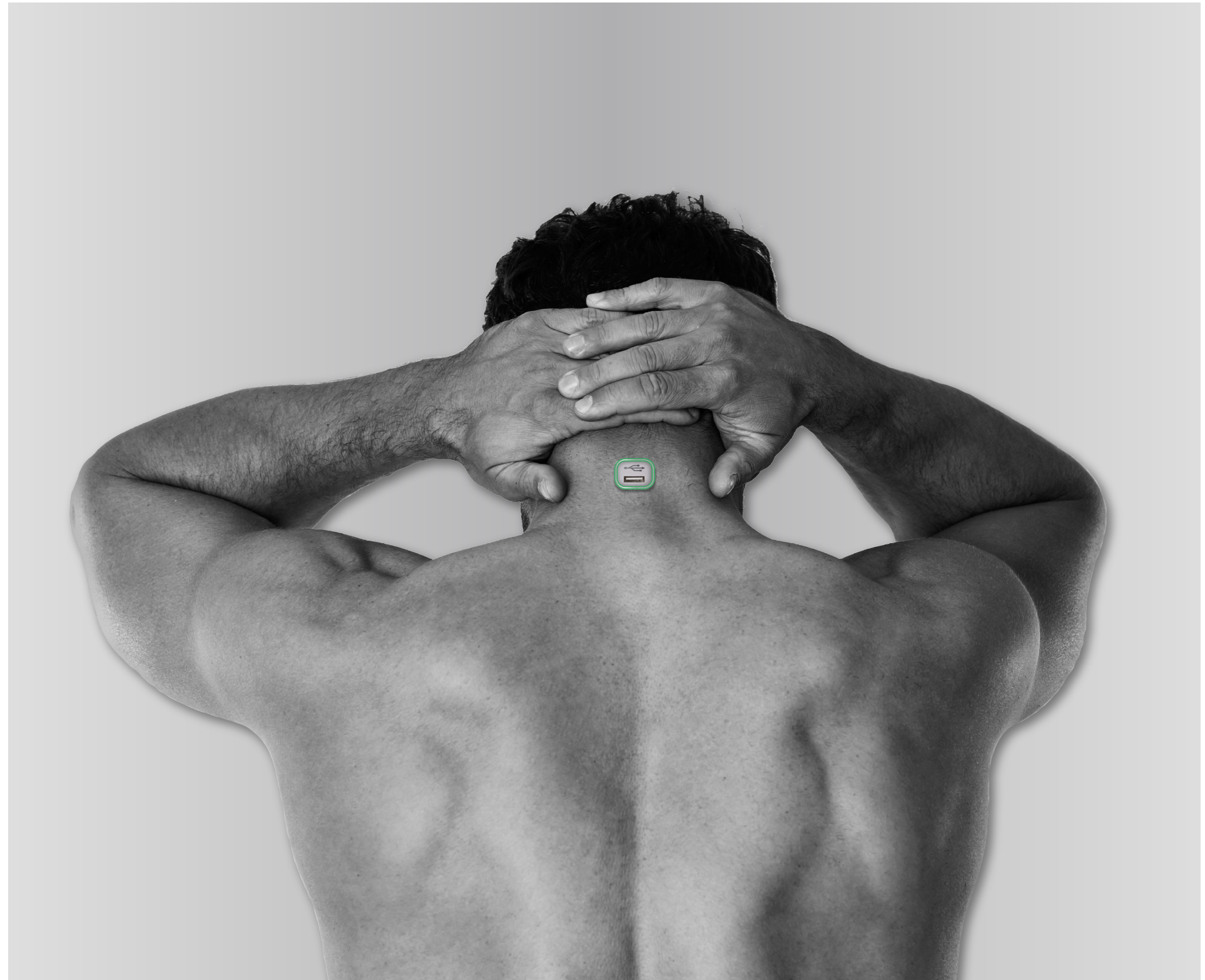
This is one potential future. Pharmacists will be valuable in developing this technology and monitoring the treatment of patients over their lifespan and must strive to position themselves to fulfil this role if it becomes a reality.

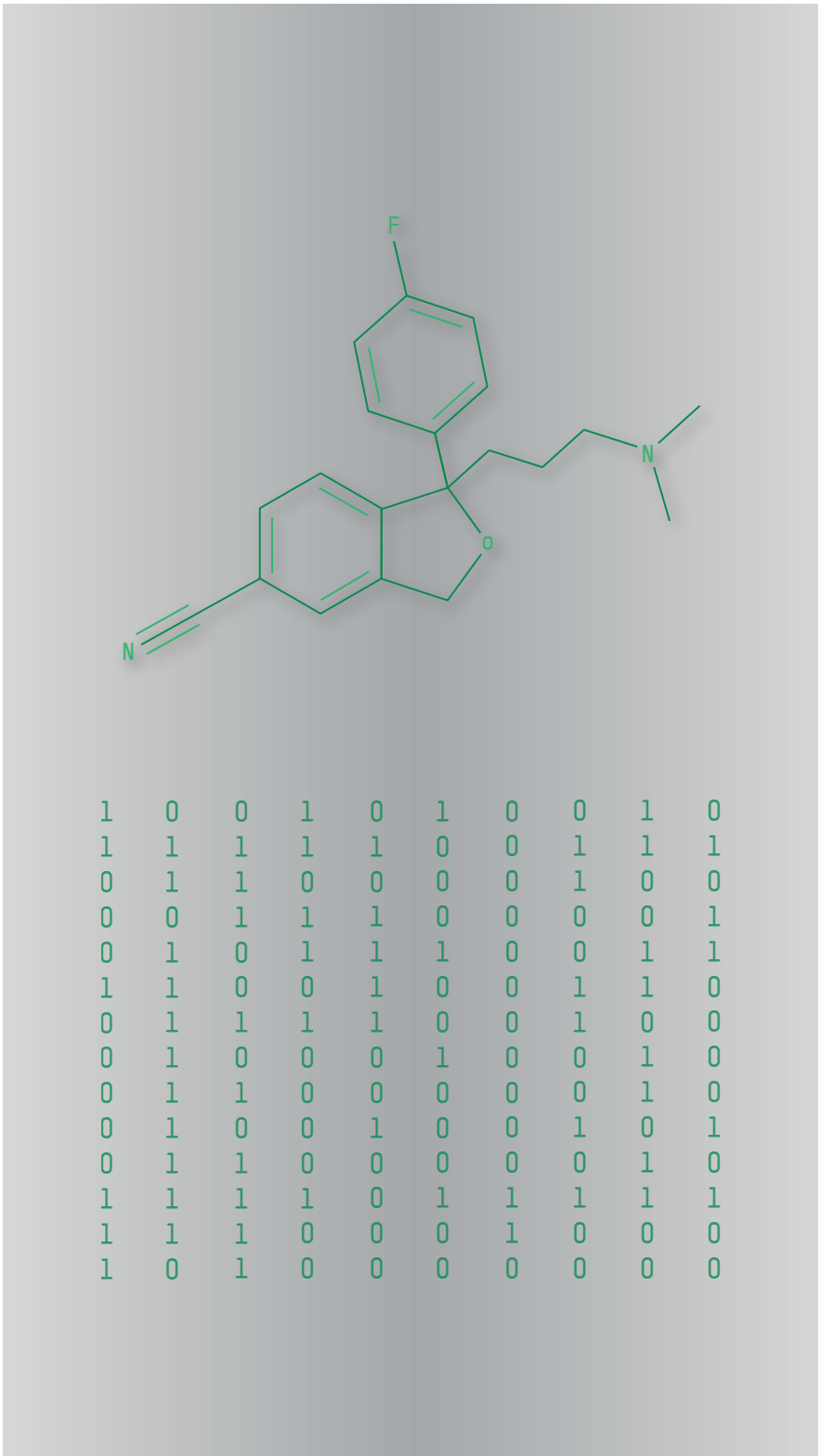
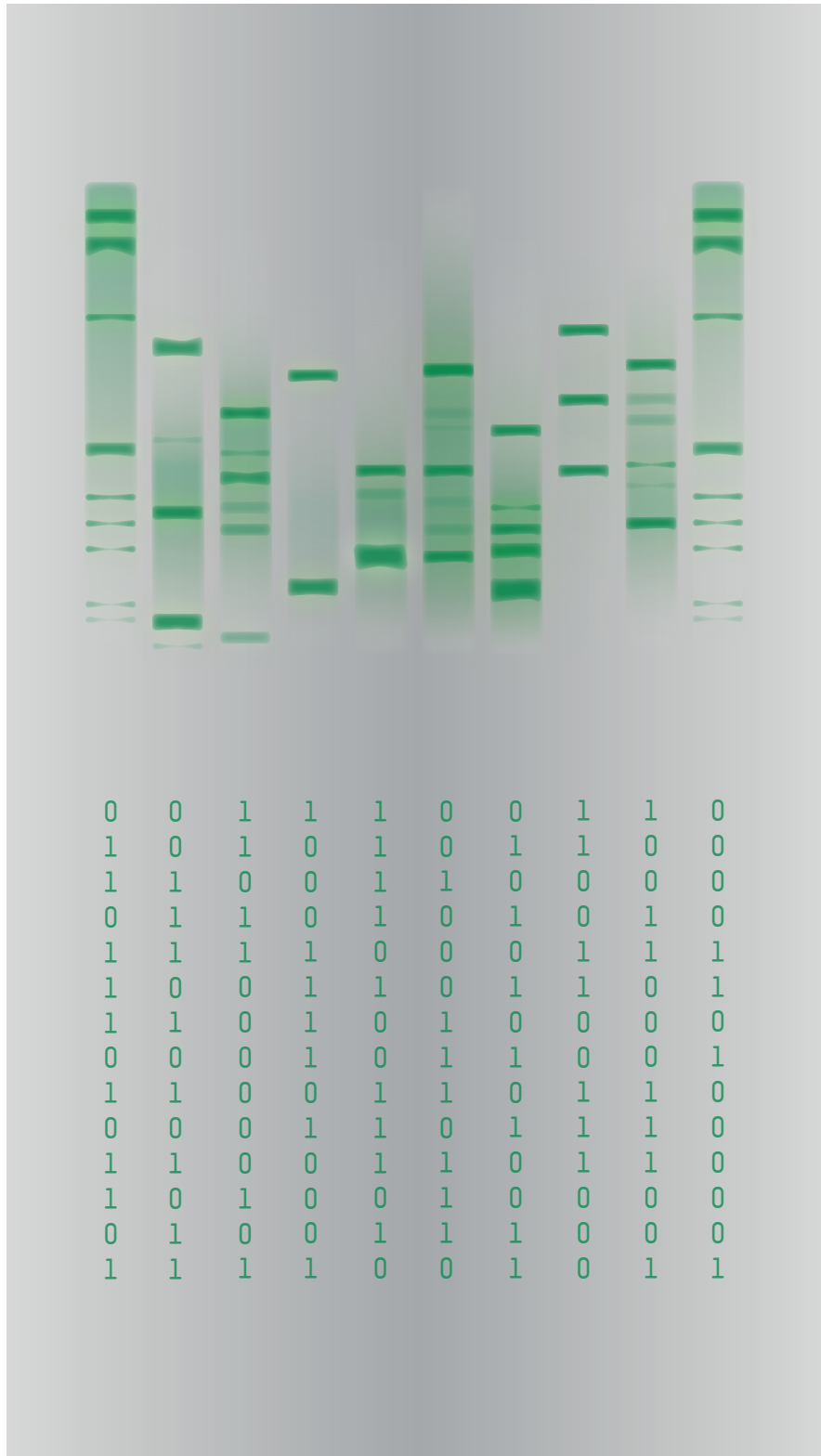
BACKGROUND

BIO-DIGITAL IMPLANTS

Integration between the biological and digital worlds will facilitate instant transfer of information to the central nervous system through implants.

Digital Biology:
Implants





BIO-CODE CONVERSION

DNA and chemical
information will be
converted to binary
code and sent to an
individual
to facilitate
self-manufacture
of non-endogenous
chemicals needed to
maintain health and
wellness.

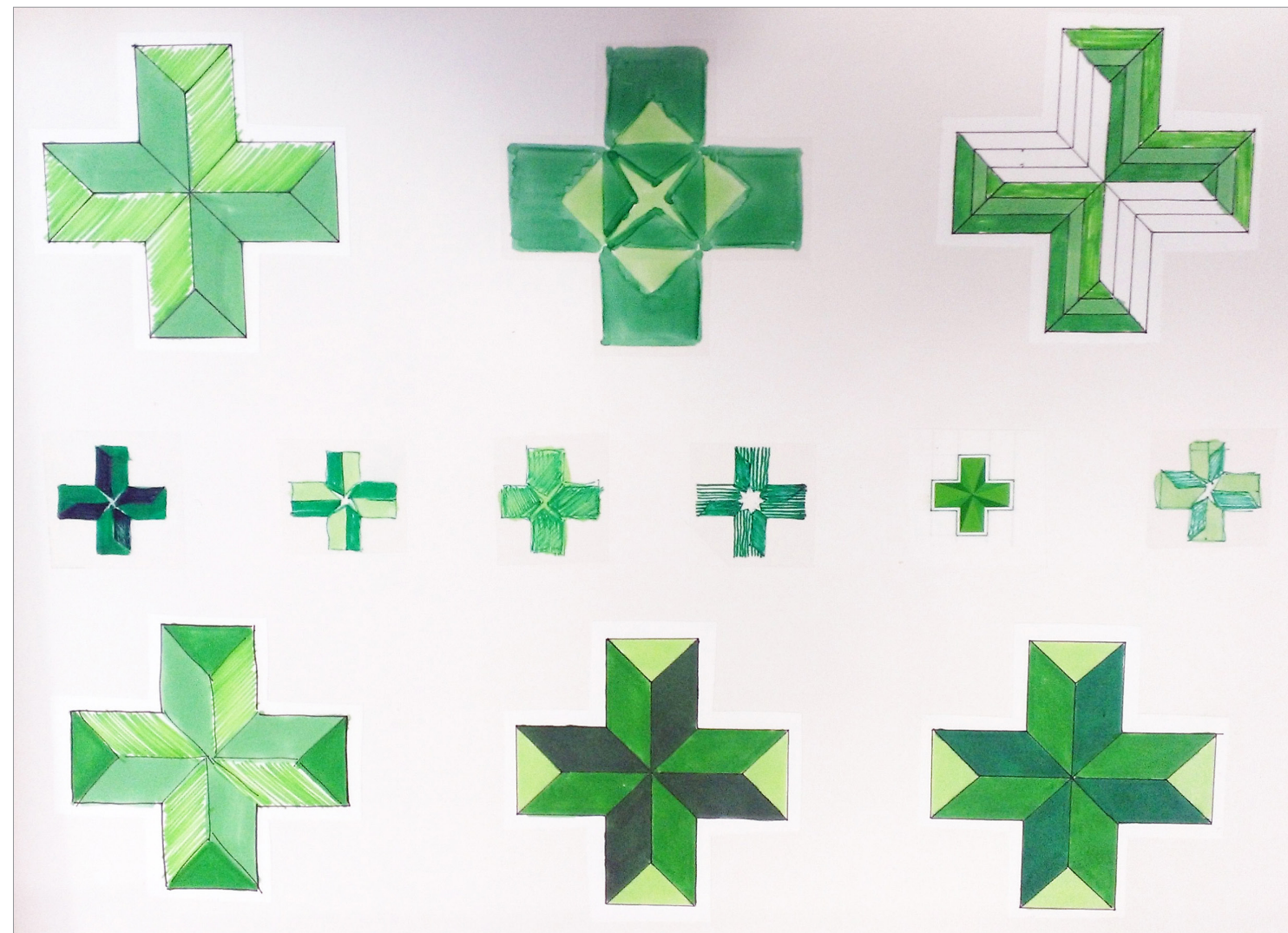
Digital Biology:
Code Conversion

+ FUTURE PHARMACY

The new face of pharmacy

+ 1984

In 1984 the Royal
Pharmaceutical Society
launched their green cross
symbol, designed by Allied
International Designers.
Above are some of the
original sketches that are
currently stored in the
Royal Society's library.



Half-way through the project I visited the library of the Royal Pharmaceutical Society (RPS) and was granted access to files relating to the development of the pharmacy green cross in 1984. I learnt that the then president of the Royal Pharmaceutical Society, Dr. Hopkin Maddock had used the phrase ‘instantly recognisable graphic face’ during the launch of their new symbol for pharmacy. I had named my project similarly without knowing of this historic quote and it felt like a connection had been made through the years. The Face Of Pharmacy Project is a continuation of work began in 1984.

I reviewed every reference in the library relating to the development of the RPS cross including the industry press and it instantly struck me that the lack of recognition afflicting the pharmacy profession today is not a new thing. I could have been reading a contemporary article extolling the virtues of the pharmacy profession and the equal and opposite failings of others to embrace it’s potential.

I admire the attempts made by the leaders of the profession at that time to develop a recognisable symbol with which patients can identify pharmaceutical services. A symbol of reassurance. A symbol of trust. They were pioneering, determined and willing to harness new techniques to promote their profession.

Times have changed however. A single icon is no longer enough to carry the hopes, dreams and messages of an entire profession amidst our visually saturated world. A more coherent, adaptable and consistent visual identity system should be developed to provide a platform for promoting the pharmacy profession and complement its ongoing public relations work.

The leaders of pharmacy today must be as pioneering, determined and willing as their predecessors to develop alongside society, utilising every tool available to convince society of the value the profession can add to peoples lives.

The Face Of Pharmacy Project has to date uncovered the mandate, evidence and inspiration to explore what the future of the pharmacy profession may hold and the challenge that the pharmacy profession must overcome to persist in the decades to come.

The final stage of the project is to develop a conceptual visual identity for the profession and illustrate its use in context. This remains a challenging objective but every attempt will be made to achieve it. The concept will be shared with the pharmacy profession and its representative bodies will be challenged to determine the most suitable way forward to secure the future of the profession.

THE NEW FACE OF PHARMACY

REFERENCES

Dixon, P. (2007) Futurewise: Six Faces Of Global Change. 4th ed. London, Profile Books.

Elvey, R. (2011) Who do you think you are? Pharmacists' perceptions of their professional identity. International Journal of Pharmacy Practice. Vol 21. pp 322 - 323.

Intel. (2015) Moore's Law and Intel Innovation, Available from: <http://www.intel.com/content/www/us/en/history/museum-gordon-moore-law.html> (Accessed: 30th August 2015).

Mason, P. (2015) Post-capitalism: A Guide to Our Future. London, Allen Lane.

Medley, S. (2009) The feeling is neutral for pharmaceutical packaging aesthetic equals the Modernist aesthetic. Australian Medical Journal. Vol 1 (12) pp 146-151.

Neumeier, M. (2006) The Brand Gap. New Riders. United States. pp 4-7.

Nobel, I & Bestly, R. (2011) Visual Research. 2nd ed. AVA academia. Switzerland. p 18.

Olins, W. (2008) The Brand Handbook. London., Thames and Hudson.

Prescribing and Primary Care Team. (2012) General Pharmaceutical Services in England: 2004-05 to 2013-14. V1.0 Health and Social Care Information Centre. pp 26-27

The Pharmaceutical Journal, (01.09.1984) Faceted Green Cross Symbol Chosen As Pharmacy Symbol. pp 247 - 248.

Watson, R. (2009) Future Files: A Brief History of the Next 50 Years. 2nd ed. London, Nicholas Brealey Publishing.

Wheeler, A. (2013) Designing Brand Identity. 4th ed. Philadelphia, United States. John Wiley & Sons Inc.

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