

YOUR INDUSTRY YOUR SAY!

Welcome to the fourth year of the annual Pharmacy Pulse independent research initiative giving all pharmacies nationally an opportunity to provide feedback on the service and supply they receive.

Your opinion on the service you receive from your valued Rx suppliers and wholesalers will assist in bridging the communication gap, and provide understandings on how they can provide better training, call cycles, delivery and much more!

Your say along with that of your colleagues will provide the basis for some very interesting and informative articles that will appear over the coming months in your AJP magazine. These articles will provide you with real understandings of the collective findings from this unique and vital independent industry research.

Support research that supports you and complete the enclosed questionnaire, and you will also have the opportunity, to win an exciting Red Balloon gift voucher valued at over \$1000. As a special thank you, the first 100 completed surveys received by Pharmacy Pulse will automatically win a \$50 Myer Gift voucher!

Thank you for taking the time to complete the attached survey, once completed please place in envelope and address to reply paid address (no stamp required) as listed on survey. Please remember to complete your details on the survey if you wish to win one of the fabulous prizes on offer.

If you should require more copies of the survey please go to www.appco.com.au and click on Pharmacy Survey panel or contact Pharmacy Pulse on 02 95246648





To improve the service you receive from supplier **Rx REP's**, please tell us about **CALL CYCLE** and your **SATISFACTION** with the listed service attributes.

1A: How frequently does a sales rep call on your business. Please write either 2-4-6-8 or 12 for Weekly Calls or O for Occasionally , N for Never or DR for Don't Range		Please give a satisfaction rating for each SUPPLIER REPRESENTATIVE on the attributes listed. Enter for EACH supplier representative a rating number for ALL attributes. Use the following 7 point scale ; 1 = Very Satisfied 2 = Satisfied 3 = Somewhat Satisfied 4 = Somewhat Dissatisfied 5 = Dissatisfied 6 = Very Dissatisfied 7 = Don't Range					
Prescription Supplier	Call Cycle	1B: How satisfied are you with the REPs call cycle.	1C: REP provides valuable information about their products, including drug interactions.	1D: REP rotates product, checks date code & damaged packaging.	1E: REP delivers commitments on agreed plans and acts with integrity.	1F: REP understands my business needs & tailors activities to assist with sales & profit.	1G: How satisfied are you overall with your REP .

BRANDED PRESCRIPTION

Altana/Nycomed							
AstraZeneca							
Bayer Schering Pharma							
Bristol Myers Squibb							
Boehringer Ingelheim							
GlaxoSmithKline							
iNova							
MerckSharpDohme							
Novartis							
Pfizer							
Roche							
Sanofi Aventis							
Schering-Plough							
Sigma Pharmaceuticals							
Wyeth							

GENERIC PRESCRIPTION

Alphapharm							
Apotex/GenRx							
Arrow Sigma							
Generic Health/Bellwether							
Genepharma							
Pharmacor							
Ranbaxy							
Sandoz							

1H: Please **RANK** in preference the **THREE** most important attributes for your **BRANDED PRESCRIPTION REP** (1B, 1C, 1D, 1E, 1F)

1.	2.	3.
----	----	----

1I: Please **RANK** in preference the **THREE** most important attributes for your **GENERIC PRESCRIPTION REP** (1B, 1C, 1D, 1E, 1F)

1.	2.	3.
----	----	----

Q2: When purchasing **GENERIC** medicines for your Pharmacy please **RATE** the importance of **EACH** attribute within each category. Please use the 5 point scale: **1 = Very Important 2 = Important 3 = Unimportant 4 = Very Unimportant 5 = Don't Know**

2A Ability to source full range of Generic medicines from ONE supplier.	2B Bio equivalency of Generic medicines to Branded medicines.	2C Clear concise and unambiguous packaging, easy to differentiate strengths.	2D Consumer awareness of the Generic Brand / Company.	2E Discounting for volume purchases of Generic medicines.	2F Support provided to assist sell-through and substitution.	2G Good quality presentation and packaging (both inner & outer).

3A: What is your Pharmacies **CURRENT LEVEL** of Generic substitution?
*As a % of substitutable scripts.

< 20%	20%-40%	40%-60%	60%-80%	Over 80%
-------	---------	---------	---------	----------

(Please tick **ONE** box only.)

3B: What is your Pharmacies **ANTICIPATED** level of Generic substitution
POST AUGUST 2008? *As a % of substitutable scripts.

< 20%	20%-40%	40%-60%	60%-80%	Over 80%
-------	---------	---------	---------	----------

(Please tick **ONE** box only.)

To improve the service you receive from your **Rx SUPPLIERS**, please tell us about your **SATISFACTION** with the listed service attributes.

4: Please give a satisfaction rating for each **Rx SUPPLIER** on the attributes listed. Enter for **EACH** supplier a rating number for **ALL** attributes.
Use the following **7 point** scale; **1 = Very Satisfied 2 = Satisfied 3 = Somewhat Satisfied 4 = Somewhat Dissatisfied 5 = Dissatisfied 6 = Very Dissatisfied 7 = Don't Range**

Prescription Supplier	4A: SUPPLIER provides effective training on their products.	4B: SUPPLIER has competitive trading terms and understands my business risks.	4C: SUPPLIER provides and organises credits correctly and efficiently.	4D: SUPPLIER has competitive product pricing.	4E: Overall satisfaction with SUPPLIER
------------------------------	--	--	---	--	--

Q5: What best describes you and your position in this pharmacy?
Please select from the options below.

5A: Role in Pharmacy (TICK one only)	
Pharmacist	<input type="checkbox"/>
Pharmacy Owner	<input type="checkbox"/>
Pharmacy Technician	<input type="checkbox"/>
Buyer/Manager	<input type="checkbox"/>
5B: Gender (TICK one only)	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
5C: Age (TICK one only)	
Under 35	<input type="checkbox"/>
35-45	<input type="checkbox"/>
46-55	<input type="checkbox"/>
56-65	<input type="checkbox"/>
Over 65	<input type="checkbox"/>
5D: Years in Industry - How many years have you been working in the pharmacy industry? (TICK one only)	
Less than 4	<input type="checkbox"/>
5 to 12	<input type="checkbox"/>
13 to 19	<input type="checkbox"/>
20 Plus	<input type="checkbox"/>

BRANDED PRESCRIPTION

Altana/Nycomed					
AstraZeneca					
Bayer Schering Pharma					
Bristol Myers Squibb					
Boehringer Ingelheim					
GlaxoSmithKline					
iNova					
MerckSharpDohme					
Novartis					
Pfizer					
Roche					
Sanofi Aventis					
Schering-Plough					
Sigma Pharmaceuticals					
Wyeth					

GENERIC PRESCRIPTION

Alphapharm					
Apotex/GenRx					
Arrow Sigma					
Generic Health/Bellwether					
Genepharm					
Pharmacor					
Ranbaxy					
Sandoz					

4F: Please **RANK** in preference the **THREE** most important attributes for your **BRANDED PRESCRIPTION SUPPLIER** (4A, 4B, 4C, 4D)

1.	2.	3.
----	----	----

4G: Please **RANK** in preference the **THREE** most important attributes for your **GENERIC PRESCRIPTION SUPPLIER** (4A, 4B, 4C, 4D)

1.	2.	3.
----	----	----

Q6: How frequently do **REPRESENTATIVES** of the following **WHOLESALERS** 'call on' your business in person? Please write either **2-4-6-8** or **12** for **Weekly Calls** or **O** for **Occasionally**, **N** for **Never** or **DR** for **Don't Range**

	API	Sigma	Symbion	DHL	Other Short Line

Q7: Please give a satisfaction rating for each **WHOLESALER** on the attributes listed. Enter in for **ALL** a rating number for each supplier by attribute. Use the following **7 point** scale:
1 = Very Satisfied 2 = Satisfied 3 = Somewhat Satisfied 4 = Somewhat Dissatisfied 5= Dissatisfied 6= Very Dissatisfied 7= Don't Know

	API	Sigma	Symbion	DHL	Other Short Line
7A: Discounts and parcel buy prices passed on					
7B: Wholesalers' ease of ordering, ordering system effective					
7C: Wholesaler supplier rep 'turnover' orders promptly					
7D: Wholesaler responds promptly to phone requests					
7E: Wholesalers' delivery is efficient and delivery windows are kept					
7F: Wholesalers' credit claims are processed promptly					
7G: Wholesaler provides up-to-date and comprehensive information on their costs and charges					
7H: How SATISFIED are you with OVERALL SERVICE you receive from these wholesalers?					

7I: Please **RANK** in preference the **THREE** most important attributes for your **WHOLESALER** (7A, 7B, 7C, 7D, 7E, 7F, 7G)

1.	2.	3.
----	----	----

8A Would aligning your pharmacy to **ONE** Wholesaler be beneficial to your business?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

8B Has the change to **ONE** Wholesaler delivery per day affected your business?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

