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Article

Business Planning for Pharmacies in Bengkulu City

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Abstract: This study addresses the crucial role of operational planning in the initial stages of establishing a pharmacy business in Bengkulu City. Operational planning is particularly vital for entrepreneurs looking to navigate the complexities of starting a pharmacy, especially in a regulated environment. The research employs a qualitative descriptive approach, utilizing interviews, observations, and documentary studies of nine pharmacies across different districts in Bengkulu to provide a comprehensive analysis. Data were analyzed using Miles and Huberman's interactive model, focusing on six key operational aspects: Capacity Planning, Location Planning, Layout Planning, Service Planning, Scheduling, and Control. The findings underscore the importance of adhering to government regulations, particularly those issued by the Minister of Health, to facilitate the efficient establishment of a pharmacy. This research offers practical guidance for entrepreneurs, helping them understand regulatory requirements and streamline the process of opening a pharmacy in Bengkulu.

Keywords: Business Planning, Operational Planning, Pharmacy, Bengkulu City, Minister of Health Regulations, Government Regulations.

1. Introduction

Bengkulu Province based on population projections from BPS has a population of 2,086,883 people (BPS 2023). Bengkulu City is the region with the largest population among other regions. Based on data from BPS in August 2023, the total labor force in Bengkulu Province was 1,069,615 people. The employment status of self-employment ranked second compared to laborers/employees/farmers. As much as 21.74% or 232,534 people are residents who are self-employed or entrepreneurial. Based on data from BPS as of August 2023, the highest open unemployment rate (TPT) was recorded in the city of Bengkulu at 5.04%. This value is the highest in Bengkulu Province compared to other regions. One of the causes is due to the lack of knowledge and interest of the people of Bengkulu city in entrepreneurship. Based on data from the Department of Cooperatives and UKM of Bengkulu Province as of August 2023, there were 108,000 UMKM business actors, most of whom came from Bengkulu city, North Bengkulu regency and Seluma regency.

One of the UMKM that has experienced growth is the pharmacy. Although there was a decrease in the number of sales transactions during the pandemic, pharmacies were still able to survive and even experienced a significant increase in sales turnover. And also see the positive growth trend of pharmacies from 2018-2022, with an average growth of 32.90%, from 141 pharmacies in 2018 to 392 pharmacies in 2022. With the large increase in the number of pharmacy entrepreneurs, it is necessary to have a mature business plan. A qualified business plan is expected to make this business survive in the midst of competition. Business planning is a guideline that has been made covering activities or activities carried out before starting a business so that the business has a mature preparation after running. In this Pharmacy business plan, researchers used a modified strategy formulation model from David's book (2007). The book was chosen because it has

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a complete model for creating a new business. However, in this study the discussion is more focused on operational strategies.

According to Dita's research (2011) Analysis of strategic choices determines the best alternatives and can be used by a business to achieve its mission and goals. The company's strategy, goals and mission along with analytical information become tools to generate and evaluate the best strategic alternatives. As according to Dita's research (2011) operational planning includes several aspects, including; [1] Capacity planning [2] Location planning [3] Layout planning, layout arrangements are arranged to facilitate service delivery and according to consumer needs [4] Service process planning [5] Scheduling [6] Operation control, so it can be concluded that to design a pharmacy business planning starts from analyzing the mandatory requirements for the establishment of a pharmacy in accordance with applicable laws and regulations, considering that this pharmacy business is a high-risk business category according to OSS (Online Single Submission).

2. Materials and Methods

This research uses a qualitative approach with descriptive research type, qualitative research focuses on social phenomena aims to obtain data and information from observations assisted by interviews and notes or documentation in the field. So this research aims to obtain information and data regarding the implementation of operational strategies in pharmacy business planning in Bengkulu city. In this study we do not use the term population but social situations according to Sugiono (2016: 215) as said by Spradley. The social situation has 3 elements, namely: place (place), actors (actors) and activities (activity), the three of which interact synergistically. For the first element (Place) the research was conducted in Bengkulu city with its 9 sub-districts namely: (1) Gading Cempaka (2) Kampung Melayu (3) Muara Bangka Hulu (4) Ratu Agung (5) Ratu Samban (6) Selebar (7) Singaran Pati (8) Sungai Serut (9) Teluk Segara, the second element (Actors) where the source of this research is the Pharmacy facility owner (PSA).

In this research, our samples are theoretical samples and not statistical samples, the samples we use are also referred to as sources or participants and not respondents. The sampling technique we use is non probability sampling. Here the research subject is taken using purposive sampling technique where the sample is selected with certain considerations and objectives in accordance with the expected criteria. The sample we took was one pharmacy from each different district in the city of Bengkulu, later we will have 9 pharmacy samples, samples were selected based on the following criteria: 1. The pharmacy owner (PSA) is a pharmacist, 2. The location of the pharmacy is on the side of the highway, 3. The pharmacy has been operating for more than one year, 4. The pharmacy building is self-owned, 5. Not in the same sub-district.

The data source comes from the results of interviews as the main data, which are structured interviews with PSAs, for secondary data in the form of journals, articles, books, websites, analysis of electronic media and literature review. Data collection techniques based on [7] Direct observation at the pharmacy location, [8] Direct interviews with PSA pharmacies that we have selected based on the criteria we have determined, [9] Documentation, taken from official government websites (health department website, BPS, etc.). The data analysis technique is based on the miles and huberman interactive model, where the data from interviews, observations and documentation are matched so that the data obtained matches the facts in the field. The results of the data obtained will be simplified according to our research needs which will then be presented in an informative manner so that other people who need it can easily read it and get information from the data presented [10].

3. Results

The results of structured interviews conducted with nine pharmacies are as follows:

Table 1. Capacity Planning

Pharmacies	Procurement methods
AG	Consumption, *proxy Consumption*
APG	Consumption, *proxy Consumption*
AI	Consumption, *proxy Consumption*
AMF	Consumption, *proxy Consumption*, *Just in Time*
APA	Consumption, *proxy Consumption*, *Just in Time*
AH	Consumption, *proxy Consumption*
AP	Consumption, *proxy Consumption*
AMC	Consumption, *proxy Consumption*
AE	Consumption, *proxy Consumption*

Source: Research Results (data compiled, 2024)

Based on the results of the interviews, 7 out of 9 pharmacies answered that they used the consumption and proxy consumption methods, the selection of the consumption method was because the pharmacies that answered generally had medicine usage data from the previous period and this was certainly easier due to the existence of stock cards and the use of applications that were generally able to recap the amount of entry and exit of medicine preparations, while the proxy consumption method was chosen because this method could use almost all available data, for example disease incidence data, medicine consumption, demand, use, medicine expenditure, because it was not fixated on one data, this method could be used in new pharmacies that did not have consumption data in the previous year (data for procurement could be based on data on demand, use and expenditure of medicines in the current period) [11].

The results of structured interviews conducted with nine pharmacies are as follows:

Table 2. Site Planning

Pharmacies	Factors (ranked based on interview results from PSAs)	Description
AG	accessibility, government regulations, environment, visibility, competition, expansion, parking lots	Located on the side of a major road
APG	accessibility, government regulations, environment, visibility, competition, expansion, parking lots	Located in a residential neighborhood
AI	accessibility, government regulations, environment, visibility, parking, competition, expansion.	Located next to Indomaret
AMF	accessibility, government regulations, visibility, environment, competition, expansion, parking lots	Located on the side of a major road
APA	accessibility, government regulations, visibility, environment, competition, expansion, parking lots	Located on the side of a major road
AH	accessibility, government regulations, environment, visibility, competition, expansion, parking lots	Located on the side of a major road
AP	accessibility, government regulations, environment, visibility, competition, expansion, parking lots	Located on the side of a major road
AMC	accessibility, government regulations, environment, visibility, competition, expansion, parking lots	Located on the side of a major road
AE	government regulations, accessibility, environment, competition, visibility, parking, expansion.	Located in the slow lane, no pharmacy around, close to the Hospital

Source: Research Results (data compiled, 2024)

The top three answers from the results of the structured interviews conducted with 9 PSAs, showed that: the factor of Accessibility is the main factor of site selection for almost all PSAs according to the interview results. A location that is easily accessible means that we can say that it has a strategic location. Strategic location is one of the important factors because the easier it is to reach, the easier it is for consumers to come [12]. Government regulations are the the second most answers from the interview results, apart from because it has been stated in the related Permenkes, government regulations government regulations are also related to licensing issues.

So even though they get a strategic location but the pharmacy license is not issued, the pharmacy cannot stand in that location. license is not issued, the pharmacy cannot

stand in that location either. And for the third factor is the environment, according to the results of the interview, the environment is also one of the factors that because it is expected that the pharmacy is in a densely populated environment (close to housing), the environment is also one of the important factors. densely populated (close to housing), located in a lane or center of the crowd (on the side of the road). or center of the crowd (on the edge of a large road / main road) [13].

The results of structured interviews conducted with nine pharmacies are as follows:

Table 3. Layout Planning

Pharmacies	Prescription Reception Place	Prescription and Compounding Services	Place of delivery of pharmaceutical and medical supplies	Counseling place	Pharmaceutical and medical supplies storage
AG	✓	✓	✓	✓	✓
APG	✓	✓	✓	✓	✓
AI	✓	✓	✓	✓	✓
AMF	✓	✓	✓	✓	✓
APA	✓	✓	✓	✓	✓
AH	✓	✓	✓	✓	✓
AP	✓	✓	✓	✓	✓
AMC	✓	✓	✓	✓	✓
AE	✓	✓	✓	✓	✓

Source: Research Results (data compiled, 2024)

In accordance with the Minister of Health Regulation No.73 of 2016, pharmacies must have facilities and infrastructure as specified. From the results of the answers to interviews with PSAs regarding the layout of all PSAs and pharmacists generally have the same answer, namely that all pharmacies must have the facilities and infrastructure listed in the regulation. regulations, the difference is the design of the room, additional decorations, pharmacy signage, etc. which aim to make the pharmacy more attractive and more comfortable. make the pharmacy more attractive and more comfortable to visit [14].

4. Discussion

Capacity planning research conducted by Dewi (2011) in her journal entitled "Pharmacy Procurement Planning Study at Pharmacy X Based on Regulation of the Minister of Health Number 73 of 2016", namely the use of the proxy consumption method is considered strategic for the calculation of pharmaceutical preparations because it is a combination of the consumption method and the epidemiological method [15].

Location planning research is also in line with research conducted by Chelviani (2017) in her journal entitled his journal entitled "Analysis of Factors Affecting the Selection of Modern Store Locations in the District of Influencing the Selection of Modern Store Locations in Buleleng District", where accessibility factors, government regulations and the environment are the dominant factors in the selection of locations which are also supported by previous research in his journal.

Layout planning, research journals conducted by Mukaddas (2018) and Nadia (2022), that layout (2022), that the layout has been determined according to the legislation but an attractive and comfortable layout design can create a comfortable atmosphere and can attract visitors to come to the pharmacy. Service planning is also in line with research conducted by Risma (2023) in her journal entitled "Implementation of Pharmaceutical Service Standards at Pharmacies".

Pharmaceutical Services at Tegar Pharmacy based on Regulation of the Minister of Health of the Republic of Indonesia No. 73 of 2016." The results of his research show that the activities of managing pharmaceutical preparations, medical devices and medical materials used, have all been carried out and for clinical pharmacy services are determined by mainly environmental factors where the pharmacy is located.

Scheduling planning for obtaining a pharmacy establishment permit, the process of applying for a pharmacy establishment permit has been written and there are all steps. What determines whether or not with the specified time is our preparation as business owners to prepare the requirements (files and other letters) before taking care of the One-Stop Integrated Service Investment Office (DPMPSPT). In the research of Rahmawati (2024) and Irsyad (2020), they added that human resources and the quality of service from DPMPSPT were the determining factors for the additional time required in the process of obtaining a pharmacy establishment permit.

Control Planning, in line with research conducted by Oktaviani (2023) and Bustani (2019) in their journal which shows that Pharmacies cannot implement one hundred percent COSO-based internal control, especially in controlling the internal environment where the pharmacy is one of the MSMEs and is generally individually owned so it is not yet possible to create a board of commissioners and (Standard Operating Procedures) SOPs that are too heavy. However, for risk assessment, control activities, communication information to monitoring activities, all of the above aspects can be applied in pharmacies with the application adjusted to the situation and conditions in each pharmacy.

Table 4. Services Planning

No.	Indicators	AG	APG	AI	AMF	APA	AH	AP	AMC	AE
1	Management of pharmaceutical supplies, medical devices and consumable medical materials									
a	Planning	✓	✓	✓	✓	✓	✓	✓	✓	✓
b	Procurement	✓	✓	✓	✓	✓	✓	✓	✓	✓
c	Reception	✓	✓	✓	✓	✓	✓	✓	✓	✓
d	Storage	✓	✓	✓	✓	✓	✓	✓	✓	✓
e	Destruction	✓	✓	✓	✓	✓	✓	✓	✓	✓
f	Controlling	✓	✓	✓	✓	✓	✓	✓	✓	✓
g	Logging	✓	✓	✓	✓	✓	✓	✓	✓	✓
h	Reporting	✓	✓	✓	✓	✓	✓	✓	✓	✓
2	Clinical Pharmaceutical Services									
a	Prescription Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓
b	Dispensing	✓	✓	✓	✓	✓	✓	✓	✓	✓
c	Medicine Information Service	✓	✓	✓	✓	✓	✓	✓	✓	✓
d	Counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓
e	Home *Pharmacy Care*	X	X	X	X	X	X	X	X	X
f	Monitoring Drug Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓
g	Monitoring Drug Side Effects	X	X	X	X	X	X	X	X	X
3	Pharmaceutical resources									
a	HR	✓	✓	✓	✓	✓	✓	✓	✓	✓
b	Facilities and Infrastructures	✓	✓	✓	✓	✓	✓	✓	✓	✓

Source: Research Results (data compiled, 2024)

Based on Permenkes No. 73 of 2016, that pharmacies has two services, namely managerial activities (Based on the results of interviews, generally all PSAs and pharmacists carry out almost all lists for the management of pharmaceutical supplies, medical devices and BMHP, because according to them, inventory management will be monitored by external parties, namely by the health office and BPOM. Clinical Pharmacy

Services, based on the results of interviews, there are two services that all pharmacies (pharmacists) do not carry out, namely home pharmacy care and monitoring of drug side effects. According to the results of the interviews, this happened because in Bengkulu city it was not yet common to do so, besides that monitoring the side effects of drugs and home pharmacy care is generally carried out by pharmacists at health centers or hospitals and visits to patients who really cannot take medication independently.

The results of structured interviews conducted with nine pharmacies are as follows:

Table 5. Scheduling the permit process

Pharmacies	Permit Processing Time
AG	3 months
APG	3 months
AI	3 months
AMF	1 month
APA	1 month
AH	3 months
AP	3 months
AMC	3 months
AE	1 month

Source: Research Results (data compiled, 2024)

The process of obtaining an establishment permit or license renewal pharmacy license is now made easier by using the OSS system (Online Single Submission) system which is a one-stop licensing system. licensing system. In general, the maximum time for processing the establishment of a pharmacy license is three months (can be faster depending on the preparation of files, license letters and others), where one initial month for file preparation, the next month to take care of the licenses of related pharmaceutical personnel and the last month to waiting for a visit and approval from the public health office. Based on the results of the interviews, in general, the licenses licenses are completed on time, and even faster. As long as all the files, prerequisites and conditions have been fulfilled, the processing of the permit for the establishment of a pharmacy in Bengkulu City is quite easy and fast.

The results of structured interviews conducted with nine pharmacies are as follows:

Table 6. Pharmacy control planning

Pharmacies	Controlling
AG	1. Control Environment a. Internal Monitoring : PSA and Pharmacist b. External Monitoring: BPOM and Dinkes 2. Risk Assessments Risks Example: Consideration of drug expiration, Solution: FIFO system, placing drugs that expire the soonest in the front 3. Control Activities Risk Assessments: a. stock cards b. CCTV c. FIFO and FEFO system d. stock-opname every three months 4. Information and communications PSA is directly on duty, so direct communication to customers is also carried out by PSA. 5. Activity monitoring by PSA directly
APG	1. Control Environment a. Internal Monitoring : PSA and Pharmacist b. External Monitoring: BPOM and Dinkes 2. Risk Assessments Risks Example: Consideration of drug expiration, Solution: FIFO system, placing drugs that expire the soonest in the front 3. Control Activities Risk Assessments: a. stock cards b. CCTV c. FIFO and FEFO system d. stock-opname every one month e. Buffer stocks to avoid emptiness or stacking of goods. 4. Information and communications Direct communication to customers is carried out by the pharmacist in charge. 5. Activity monitoring by the pharmacist in charge
AI	1. Control Environment a. Internal Monitoring : PSA and Pharmacist b. External Monitoring: BPOM and Dinkes 2. Risk Assessments Risks Example: Consideration of drug expiration, Solution: FIFO system, placing drugs that expire the soonest in the front 3. Control Activities Risk Assessments: a. stock cards b. CCTV c. FIFO and FEFO system d. stock-opname every one month e. Buffer stocks to avoid emptiness or stacking of goods f. Computerization 4. Information and communications PSA is directly on duty, so direct communication to customers is also carried out by PSA. 5. Activity monitoring by PSA directly

AMF	1. Control Environment a. Internal Monitoring : PSA and Pharmacist b. External Monitoring: BPOM and Dinkes 2. Risk Assessments Risks Example: Consideration of drug expiration, Solution: FIFO system, placing drugs that expire the soonest in the front 3. Control Activities Risk Assessments: a. stock cards b. CCTV c. FIFO and FEFO system d. stock-opname every one month e. Buffer stocks to avoid emptiness or stacking of goods f. Computerization 4. Information and communications Internal communication: briefing during stock-opname and communication to customers is carried out by PSAs, pharmacists and other pharmacy technical staff. 5. Activity monitoring by PSA directly
APA	1. Control Environment a. Internal Monitoring : PSA and Pharmacist b. External Monitoring: BPOM and Dinkes 2. Risk Assessments Risks Example: Consideration of drug expiration, Solution: FIFO system, placing drugs that expire the soonest in the front 3. Control Activities Risk Assessments: a. stock cards b. CCTV c. FIFO and FEFO system d. stock-opname every one month e. Buffer stocks to avoid emptiness or stacking of goods f. Computerization 4. Information and communications Internal communication: briefing during stock-opname and communication to customers is carried out by PSAs, pharmacists and other pharmacy technical staff.. 5. Activity monitoring by the pharmacist in charge
AH	1. Control Environment a. Internal Monitoring : PSA and Pharmacist b. External Monitoring: BPOM and Dinkes 2. Risk Assessments Risks Example: Consideration of drug expiration, Solution: FIFO system, placing drugs that expire the soonest in the front 3. Control Activities Risk Assessments: a. stock cards b. CCTV c. FIFO and FEFO system d. stock-opname every one month e. Buffer stocks to avoid emptiness or stacking of goods f. Computerization 4. Information and communications PSA is directly on duty, so direct communication to customers is also carried out by PSA. 5. Activity monitoring by PSA directly

AP	1. Control Environment a. Internal Monitoring : PSA and Pharmacist b. External Monitoring: BPOM and Dinkes 2. Risk Assessments Risks Example: Consideration of drug expiration, Solution: FIFO system, placing drugs that expire the soonest in the front 3. Control Activities Risk Assessments: a. stock cards b. CCTV c. FIFO and FEFO system d. stock-opname every one month 4. Information and communications PSA is directly on duty, so direct communication to customers is also carried out by PSA. 5. Activity monitoring by PSA directly
AMC	1. Control Environment a. Internal Monitoring : PSA and Pharmacist b. External Monitoring: BPOM and Dinkes 2. Risk Assessments Risks Example: Consideration of drug expiration, Solution: FIFO system, placing drugs that expire the soonest in the front 3. Control Activities Risk Assessments: a. stock cards b. CCTV c. FIFO and FEFO system d. stock-opname every one month 4. Information and communications PSA is directly on duty, so direct communication to customers is also carried out by PSA. 5. Activity monitoring by PSA directly
AE	1. Control Environment a. Internal Monitoring : PSA and Pharmacist b. External Monitoring: BPOM and Dinkes 2. Risk Assessments Risks Example: Consideration of drug expiration, Solution: FIFO system, placing drugs that expire the soonest in the front 3. Control Activities Risk Assessments: a. stock cards b. CCTV c. FIFO and FEFO system d. stock-opname every one month 4. Information and communications PSA is directly on duty, so direct communication to customers is also carried out by PSA. 5. Activity monitoring by PSA directly

Source: Research Results (data compiled, 2024)

Based on the results of the study, it shows that in general, internal control has been carried out by all pharmacies. Plus points for several pharmacies that have implemented computerization as one of the risk controls in control activities. Based on research, pharmacies cannot really implement COSO-based Based on research, pharmacies cannot really implement COSO-based internal control because pharmacies themselves are UMKM and are generally individually owned so it is not yet possible to create a board of commissioners and (Standard Operating Procedures) SOPs that are too heavy. However,

for risk assessment, control activities, information communication to monitoring activities, all of the above aspects can be applied in pharmacies with the application adjusted to the situation and conditions in each pharmacy.

5. Conclusion

The Operational Planning of the Pharmacy in Bengkulu city is as follows:

Capacity Planning

Determination of capacity requirements can be done based on Epidemiology, Consumption, Proxy Consumption and Just in Time methods. Where each of these methods has its own calculations and is adjusted to the data and resources owned.

Location Planning

Accessibility is the main point when setting up a pharmacy, followed by government regulations as the basis for the establishment of the pharmacy itself, the next point is the environment (the need and support of the surrounding community with a pharmacy in their neighborhood), followed by visibility (ease of being seen), competition with other pharmacies or health facilities around, the possibility of expansion and finally the parking lot.

Layout Planning

Pharmacies must have facilities and infrastructure, namely: (1) Place for receiving prescriptions, (2) Place for prescription and compounding services, (3) Place for delivery of pharmaceutical preparations and medical devices, (4) Place for counseling, (5) Place for supplying pharmaceutical preparations and medical devices, (6) Place for archive storage, for (2) and (6) equipped with tables, medicine shelves, storage cabinets, temperature measuring devices, temperature cards and air conditioners (fans or air conditioners). For (4), a table-chair is provided.

Services Planning

Pharmacies have 2 main services, namely managerial activities (management of pharmaceutical supplies, medical devices and BMHP) which include planning, procurement, receipt, storage, destruction, control, recording and reporting. The second is clinical pharmacy services where pharmacies carry out (1) prescription assessment, (2) dispensing (the process of receiving prescriptions until drug delivery), (3) PIO (providing drug information by pharmacists accurately, unbiased and up to date), (4) Counseling, (5) Monitoring drug therapy.

Scheduling the Permit Process

For the management of pharmacy business establishment licenses, it is now made easier by using the OSS system, namely Online Single Submission, which is a one-stop licensing system managed by the OSS agency of the Bengkulu City One-Stop Investment and Integrated Services Office (DPMPTSP), basically what we have to do is create an OSS account, create an NIB (Business Identification Number), take care of licensing pharmacists and other pharmaceutical technical personnel which will be uploaded to the pharmacy OSS system.

Based on the analysis and discussion of the results of interviews, observations and documentation, it can be concluded that in conducting pharmacy business planning, the main thing that we must understand correctly is government regulations regarding pharmaceutical service standards, especially in pharmacies. Because pharmacy is a risk-based business (Risk Based Approach), as business owners we must really understand the terms of establishment, licensing flow, risks, HR selection and so on from choosing this pharmacy business.

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