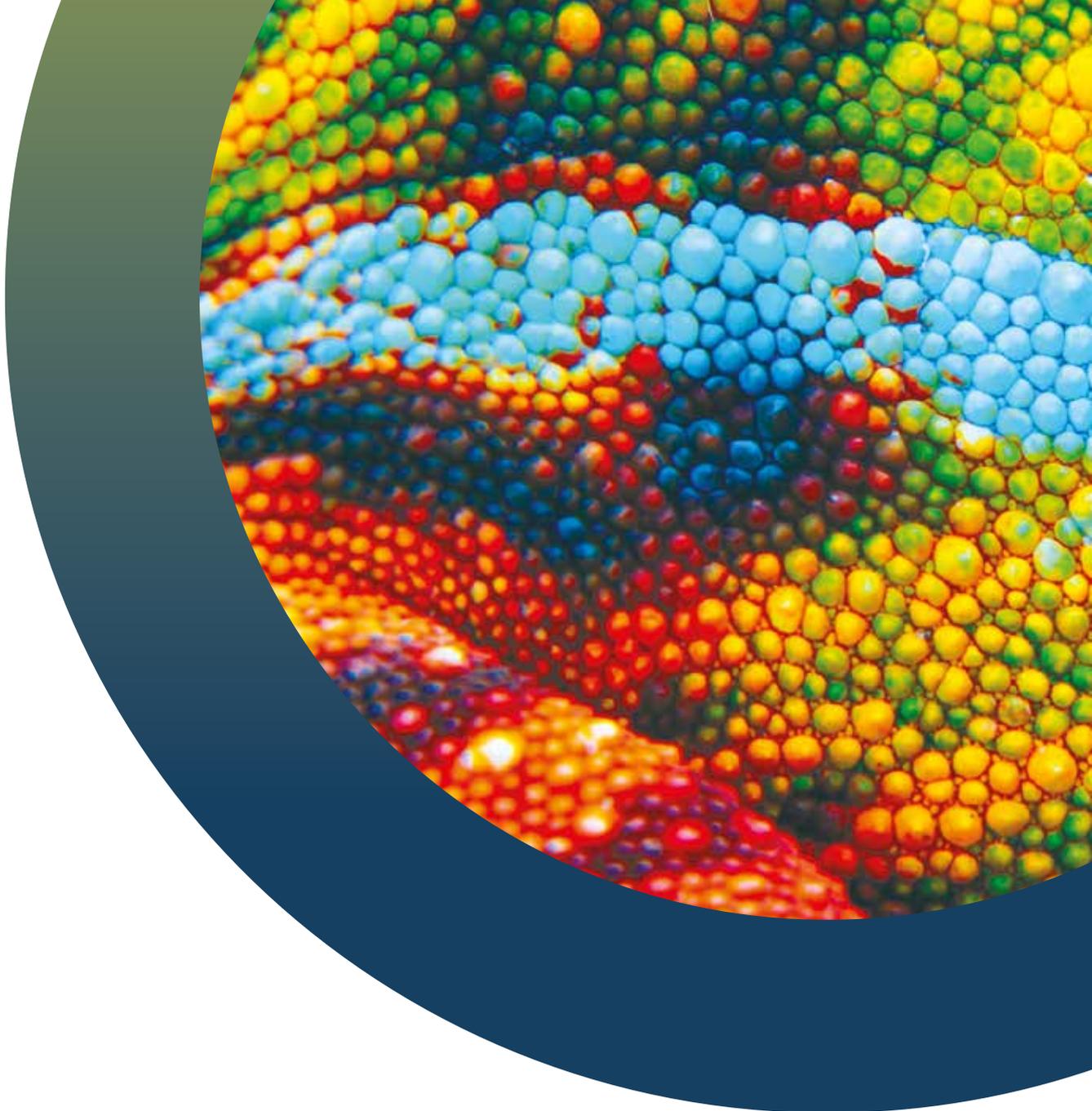


Building the Future of Field Medical

By Nic Hallett



A recent UK headline in The Guardian newspaper claimed “Australian doctors to ban drug company reps from visiting surgeries” and in the USA 25,000 sales representatives’ jobs were lost in the five years until 2011. So is this the end of the pharmaceutical sales representative and is Field Medical the natural evolution?

No, this is not the end of the sales representative.

Yes, Field Medical is its natural evolution however it is now a very different animal with quite a different role, responsibilities and needs.

Whether you work in Field Medical or manage / train the people who do, this white paper defines:

1. What is Field Medical and why planning their training is crucial?
2. Four step process for training needs analysis
3. Seven qualities required for Field Medical

What is Field Medical?

Drug companies employed salesmen as long ago as the 1850s and as the industry became more professional and more regulated they developed a vital role. In 1949 Peterson wrote:

“The well-informed “detail man” is one of the most influential and highly respected individuals in the public-health professions. His niche is an extremely important one in the dissemination of scientific information to the medical, pharmaceutical, and allied professions. Upon him frequently depends the saving of life or relieving from suffering by virtue of his intelligent discussion of it with a physician. His opportunity to render service of extraordinary value to physicians for the benefit of their patients is in itself a source of real satisfaction. He serves humanity well.”

In more recent years the conflict between prescribing and promotion has come to a head but Australian doctors are not implementing a ban. Just 50 GPs (ironically calling themselves NAP) are calling for a ban but the chairman of Medicines Australia described their campaign as “dangerous and misguided”.

True there are now far fewer pharmaceutical sales people being employed and one important response to this was to strictly delineate the informative and educational from the commercial and influential. Sales people could overtly focus on sales and a new breed of highly expert, scientific and clinical professionals created a Field Medical role – no commercial focus, no sales measures, no marketing messages just expert information and advice.

It was a bold step but driven by the highest and most altruistic of motives. If you can research and create significant medicines that improve and save lives, and then educate and inform clinicians, you will get a commercial return on your investment without promotions, sales people or gimmicks.

Field Medical is currently the nomenclature du jour that encompasses non-promotional, customer facing, therapy experts such as Medical Science Managers, Medical Science Liaison or Scientific Advisors. They may be entirely field based or can split their time between office duties and customers. And they are highly qualified, often to PhD level, and most will have had careers as medical doctors, scientists or pharmacists.

Field Medical have the academic credentials and experience to involve themselves in peer to peer conversations with consultants and medical professors, focusing on specific treatments in certain therapeutic fields. They remain current with the very latest data and scientific thinking, acting as a great resource for busy clinicians and, bereft of any commercial imperative, can confidently put the patient first even if that requires them to respond to discussions for off-licence indications.

In the words of Sir Andrew Witty (CEO GlaxoSmithKline):

“We recognize that we have an important role to play in providing doctors with information about our medicines, but this must be done clearly, transparently and without any perception of conflict of interest.”

Why Planning Training is Crucial

What is far from unique for Field Medical is their need for exemplary knowledge and skills. They will be in regular contact with your most important, influential and senior colleagues and customers so it is more than their reputation that is at stake, it is the very brand of your organisation and the industry at large.

And a trend in every industry is that the more academic a role becomes, the more technical and expert the people are. When you recruit with a bias towards subject matter expertise it is vital to then support and develop the communication skills as well.

A library can have the greatest book collection however it will fail to educate and inform if the door is locked – but there is little value in open access if the books are missing.



Training Needs Analysis: Four Step Process

A training needs analysis (TNA) for Field Medical should follow the same process as a medical audit and whilst the steps may be familiar it is the order and data quality that is crucial. A TNA based on “what are my weaknesses and how can I overcome them” is neither motivational nor in priority order.



1. Setting expected standards is always the first step. Consider what the Purpose of the role is, what it has to achieve and deliver both today and in the next 2-3 years. With a clear Purpose in mind define all of the areas of knowledge, skills and the attitude that is necessary to make it a reality. Be specific.

2. Assess the current state. How do each of your Field Medical staff measure against the standards set. This can either be done by the staff themselves, informally in discussion with their manager or formally through evaluation and assessment. The latter is more objective and quantitative, the former is quicker and cheaper.

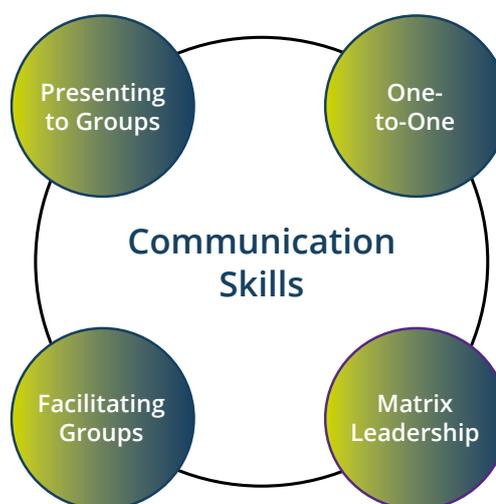
3. The performance gap is the difference between the expected standard and the current reality which can be compiled quantitatively or qualitatively. The former has the advantages of allowing numerical assessments of large numbers of people and measuring those trends over time. However reducing performance measures to a series of numbers you lose some of the subtlety of free text.

4. Development resources are those learning opportunities that support people as they seek to close the performance gap and can include the following:

- a. **Knowledge** gaps can be filled by books, journals, e-learning and self-study as well as conferences, lectures and discussion groups.
- b. **Skills** gaps are best addressed through practical training whether this is on-the-job with a peer or manager or in the classroom with an expert skills development specialist.
- c. **Attitudinal** gaps can be hardest to address and require some expertise to identify the root cause of the problem, if there is a solution it is likely to be through coaching which can be by the manager or an external, professional performance coach.

Seven Qualities Required for Field Medical

When considering your Standards for Field Medical there will be a range of language, values and company strategies that may need to be reflected in its design. However when looking across a number of Field Medical roles in different companies the following 7 qualities importantly occur.



Therapeutic Knowledge

The first quality that many people expect and indeed recruit for in Field Medical, is their technical knowledge. Individuals will find themselves in conversation with the most senior clinicians and scientists in their field and they need to be able to create a peer to peer relationship which requires high levels of fluency in:

- Therapeutic knowledge – disease area, pathology, symptomology and epidemiology
- Treatment options and protocols – pharmacology, mode of action and pharmacokinetics
- Their brand – clinical and licence data, adverse event profile, interactions and contraindications
- The patient experience – their condition, its diagnosis and treatment

Customer Knowledge

Medicines cannot be discussed effectively in isolation of the political, economic and structural context of the prescriber. Field Medical are expected to understand the complexity and inter-relationships between:

- Local public or private health services in which the patients are treated
- Prescribers themselves, their influences and freedom to prescribe...or not
- Payors and purchasers whether it is the patients themselves, insurance companies or the state.

One to One Communication Skills

At the heart of the Field Medical role is the ability to 'open wide the library door' so that they can initiate dialogue rather than monologue, understanding the customer's information needs and sharing their leading edge knowledge and wisdom. Whether they are communicating with internal company colleagues, external customers or patients they must demonstrate:

- Ability to quickly build rapport and credibility in a peer to peer expert setting
- Exceptional listening and questioning skills to understand deeply the other person's point of view
- Clarity when sharing data, information or experience using language and a level of detail that is appropriate for the audience

Presenting to Groups

Field Medical is a senior role and as such will be called upon to present as subject matter experts to both internal colleagues as well as external customers. In either context they will be exposing the reputation of the industry, company, brand and themselves to an audience of a few...or a few hundred. To protect and enhance that reputation they need to:

- Demonstrate a confident and professional image
- Be engaging and interactive with the audience rather than deliver a monotonous monologue
- Tailor the presentation to the information needs and expertise of the audience

Organisation And Planning

Demands on the time and expertise of Field Medical will always outstrip the resource available. This means that those in the role have to be effective at organising so that they can optimise the value they bring to their employer, customers, colleagues and patients.

- Prioritising their focus and resources on the strategic imperatives of their role and local needs
- Being outcome oriented in their thinking so they are clear what must be delivered and when
- Managing time to deliver priorities and outcomes, avoiding excessive travel and meetings

Facilitating Groups

Where presenting is about broadcasting your views, facilitating should be about saying less, listening more and encouraging relevant contribution, conversation and debate amongst participants. A typical example of this for Field Medical are the Advisory Boards of Key Opinion Leaders. In these complex meetings they should be clear about when they are expected to present and when they need to facilitate.

- Encourage an open, trusting environment where KOLs can share their thinking
- Maintain a focus for the group on the outcome, topic or question being discussed
- Encourage participation from everyone and manage any overly dominant characters

Matrix Leadership

Field Medical sit within one of the most complex of matrix organisations having as they do a line manager of their own plus dotted line relationships with colleagues on a geographical, therapeutic, clinical, regulatory and pharmacovigilance basis. And then amongst their customer groups they may also be responsible for prescribers, payors, patients and health service managers. As senior product and therapy leads Field Medical should take a leadership role in many of these relationships even though they do so without positional power. Matrix Leadership is about using personal power and influence to add value.

- Creating and sharing a vision for optimal disease management
- Taking responsibility to proactively manage time and activities to deliver the vision
- Communicating with stakeholders to maintain their motivation and alignment with the vision

Whilst I predict that pharmaceutical sales representatives will still be with us in 2050, the growth that we have seen in the last two decades of the Field Medical function will continue at their expense. Field Medical are a valuable and expensive commodity and investing in their development and performance is essential if they are to maximise the value they add to patients and clinicians as well as to the company and industry.



i Melissa Davey, The Guardian, 9 October 2014

ii The Herb Museum, Vancouver, Canada:
The Drug Rep – Historical Background

iii Arthur F Peterson, Pharmaceutical Selling,
Detailing and Sales Training, 1949 Scarsdale, NY

iv Dr Dale Archer, The Dark Side of Big Pharma,
Forbes, 26 December 2013

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