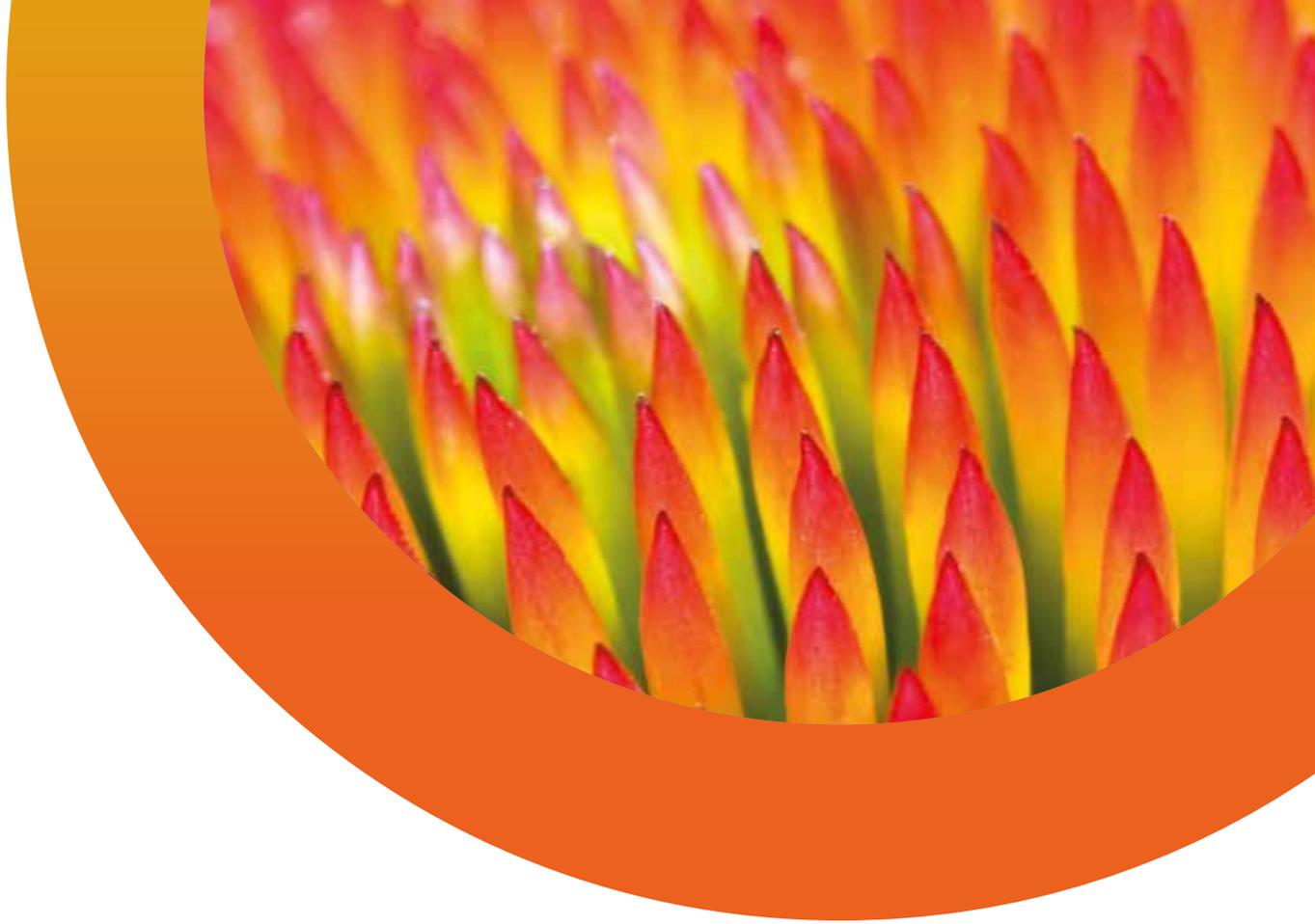




# 10 Ways to Mobilise your Advocates

A practical guide by Rachel Hewitt-Hall



Opinion Leaders, Advocates, Key External Experts, Thought Leaders – there are many terms used within the industry to refer to those that are simply ‘important clinical customers’.

What makes advocates different from other experienced clinical prescribers is that they are typically already influencers amongst their peer groups. They have opinions but also willingly share those opinions with audiences across their region, country or the globe. Pharmaceutical professionals can keep their fingers crossed that those opinions are helpful to patients, disease management and brand strategy or they can get involved, work with the advocates and help ensure that the opinions are well informed and effectively communicated.

This document is designed to be a concise, informative and simple guide to help you mobilise your advocates for the benefit of patients, disease management and your brand.

## The model

Mobilise your advocates with this simple five-phase, ten-step model. It can be applied to a distinguished professor in a teaching hospital through to a nurse running disease management clinics in a GP practice.

These are the people that pharma companies need to engage with, to become partners with, and if this relationship is well managed it can lead to the optimisation of patient treatment, long-term medical advancement, effective utilisation of advocates and brand success.

So, let’s take a look at the model and then each of the steps.

# The model

## Identify

1. Attitude

2. Influence

## Inform

3. Clinical Data

4. Marketing Strategy

## Develop

5. One to One Communication

6. Working with Groups

## Commit

7. Therapy

8. Brand

## Mobilise

9. Locally

10. Nationally/Globally

# 1. Identify those with a Positive Attitude

Arguably the most important step is identifying the right people to work with and it is worth seeking potential advocates who already have a positive and collaborative attitude. This is because attitude is the quality that is most difficult to influence if they are not already on board.

Attitude is formed from a deeply held series of beliefs, values and personal identity. Once developed and fixed, these qualities are not easily shifted.

A commonly used approach, made famous by Jack Welch's General Electric/McKinsey involves a matrix looking at Skill (capability) vs Will (attitude):

- Those with a positive and collaborative attitude plus high levels of communication skills are the 'stars' and will make excellent advocates
- Those with a great attitude and lesser skills can be trained to become good advocates
- Those with a negative or confrontational attitude, whether they are highly skilled or not, will not be easy to work with and will not make good partners

## So, what attitudes are you looking for?

- Positive about the role that the pharmaceutical industry and medicines have to play in healthcare
- Positive about the importance of your therapy area in the management of patients
- Neutral or positive about the value of your medicines or brands in treating this type of patient
- Positive about the role that clinicians have to play in informing and educating their colleagues

How do you identify those with the right attitudes? When selecting advocates there is no substitute for getting to know them. A range of customer facing roles will personally know your customers be they sales people, sales managers, field medical, NHS liaison or marketing colleagues.

## 2. Identify those with the Right Sphere of Influence

If your chosen advocates are not listened to, respected and admired by their peers, the value of their views could be minimal.

So 'sphere of influence' is defined by who is exposed to this person and their views, and also how believable and credible they and their claims are. You will want to identify those who are known on the:

- Local stage; practice or trust level
- Regional stage; Clinical Commissioning Group or Local Health Board level
- National stage; countrywide conferences
- International stage; overseas conferences

### **So, how do you identify the sphere of influence of potential advocates?**

Again ask your colleagues but also talk to your customers. Who do they listen to, go to see, and whose writings do they read?

Desk research will include:

- Are they well published?
- Do they get asked to run major trials?
- Do they speak at local, national or international conferences?
- How well known is their institute, trust or practice?

This research will identify influencers from international cardio-thoracic surgeons to regional GPs. Do your homework and you will be able to make the right choices.



# 3. Inform the Clinical Detail

Educate your advocates so they have all the current clinical data that they need in order to make an accurate and informed decision with respect to your brand. To be mobilised they will need to be convinced and convincing.

Advocates would like to believe that they are more knowledgeable than most of their peers and the information that you provide will help with this.

Responsibility for interfacing with the advocates and credibly delivering this information depends on their role and your resources. The aim is for peer-to-peer discussions between equivalently experienced and senior people.

Ideally this might mean:

- Qualified field medical professionals having peer-to-peer discussions with senior clinicians
- Scientific advisors and medical information specialists in contact with specialist pharmacists
- Nurse advisors working with hospital and community nurses
- Specialist representatives and managers meeting up with general practitioners

As well as one-to-one meetings a well-facilitated advisory board programme will help deliver clinical information, provide feedback and help develop a strong relationship with the company.

## 4. Inform the Marketing Strategy

Advocates do not expect to be dumb mouthpieces for any company but rather to help shape the way that any given condition is managed and treated.

They recognise the vital role that healthcare companies have in marketing, informing and educating the public and wider medical community – and want to work with you in partnership.

This requires an open, two-way dialogue about how you see your product fitting into the management of a given condition and the relative importance of that condition within the therapy area. You are looking for common ground where they can be informed about, and can even influence, your brand positioning, key claims and messages along with the way in which you plan to present and visualise clinical data.

Whether you inform potential advocates through one-to-one meetings or advisory boards, this is

where your company's marketers are best qualified to run the discussion. They typically bring the balance of sales, patient, clinical and promotional focus to the discussion. But avoid the jargon, clichés and unnecessary emphasis on sales figures and profits – they can be a real turn-off to health-care professionals.



## 5. Upskill One-to-One Communication

By now your advocates should have been identified and informed, but do they have the skills to disburse this information effectively?

Most healthcare professionals are more open minded to debate if the other party is confident, knowledgeable, open and friendly and can create an easygoing rapport. Intuitively this makes sense and yet any number of people in real life can be subject matter experts without the inter-personal skills to be advocates.

Fortunately these communication skills are behaviours which can be learnt. It is not a case of being born with the gift, but rather learning and practicing the capability.

Experience suggests that the majority of healthcare professionals are very keen to receive the kind of personal training and development that has been available to their peers in the

commercial arena for decades. Building instant rapport, understanding influencing strategies and negotiation skills, can help your customers deal more effectively with their patients, as well as communicating more convincingly with their colleagues.

Professional, quality training and development can be organised via one-to-one coaching sessions at the advocate's place of work or via group seminars. Training workshops can themselves be organised as either a stand-alone event or added on to a pre-existing meeting such as an advisory board or conference.



# 6. Upskill Managing Groups

Although it is important for advocates to have strong one-to-one communication skills, the most important, high-profile events invariably involve presentations to audiences and chairing meetings.

Public speaking is the number two phobia in the UK (bizarrely second to arachnophobia). This means that some of your key customers who have all the right attitudes and knowledge, and who may be able to speak convincingly in small groups, may clam-up nervously in larger groups. And for some 'large' may mean as few as six people in the group.

Whether they are presenting or chairing they need the skill to manage nerves and to look and

sound confident, knowledgeable and professional. They also need to be able to handle visuals convincingly, to orchestrate the audience, as well as to manage questions and discussion effectively.

Not surprisingly, few advocates are perfect speakers. This explains why, in more than 30 years of business, Presenting and Chairing Meetings has been the most requested workshops at the Excel Academy – because these skills can be taught.

## 7. Commit to Therapy

You may have the right people with the right attitude, the right information and the right skills. Which means that you should be able to mobilise them but will they want to go out and spread the word?

Advocates are being asked to walk out of their surgeries and clinics and travel the country or even the world. Why should they?

If your advocate development plan has followed all the previous six steps – carefully selecting the right people, then investing time, effort and training – there should already be a high level of commitment present. However, it is easy to assume that this commitment is to your therapy area and brand whereas it may just be to you or your company. It is essential that you review this before your advocate goes public.

The penultimate planning step is a frank and open discussion with each individual advocate to clarify any assumptions and learn about how they honestly feel and think about your therapy area.

- What exactly are they comfortable to stand up and make claims about in public?
- When pushed or challenged by their peers how strongly are they prepared to argue back?

You should be open about the ecology of the relationship; gains and consequences. When the advocate speaks out in public, in support of your agreed platform, what are the positives that will be gained by the patients, by the advocate and by you and your company? However, in contrast, are there any costs or negative consequences to patients, the advocate or you if they speak out in public?

You both need to be clear on what you can expect, in order to avoid future frustration and to strengthen their commitment to the message for everyone's benefit.



## 8. Commit to the Brand

An individual's commitment to a specific brand is a double-edged sword, but again you must be clear on their views.

If you can achieve your strategic plans with advocate endorsement at a therapy level this may be preferable. For an advocate to be too strongly identified with a single brand potentially leaves them open to accusations of bias. This is even more so if they are perceived as being 'in the pocket' of any given company.

Having an advocate facilitate your marketing messages by supporting positive treatment options, but at a distance from your brand, may be more helpful. However there are also occasions where named endorsement is vital and this is a decision only you can make – just be sensitive to not overexposing such direct support.



## 9. Mobilise Locally

Having invested time and resources in your group of advocates it is the mobilisation phase that starts to benefit the patients, advocates and the brand – as long as it is coordinated well.

Whether it is within a primary or secondary care setting, geographically selected or based around a therapy specific interest group, it is important to build an advocate's experience and profile from the ground up.

It is helpful to know an advocate's "unique selling point" – why would an audience want to come and specifically hear this person speak? You can use this to better sell meeting attendance to the most appropriate audience. Organising a meeting is a great opportunity to spend quality time with an advocate, helping them plan with a clear healthcare outcome and their audience in mind. Audiences can spot a standard, off-the-peg presentation and if the content is too specialist, or too simple, the meeting will fail at every level.

### **Support their planning with the following five questions:**

1. What is our outcome for the meeting?
2. What is the audience going to be like?
3. What venue / equipment will we need?
4. What does the audience need to hear from the advocate (content)?
5. What does the audience need to see to better understand the message (visuals)?

Many presentations fail because the advocate falls into the trap of presenting everything they know rather than what the audience needs to hear. Emphasise that 'less is more'. Visual aids, particularly PowerPoint slides, are very often too complex and too detailed, challenge them to simplify and delete.

The rule of KISS is as true today as ever; Keep It Short & Simple. The rule for slides is one content slide for about every three minutes of presentation. Thus a 10-minute presentation only requires about three or four slides if they are to be explained clearly and their relevance discussed. Surprisingly, this takes pressure off the advocate and makes it more engaging for the audience.

Regarding the meeting logistics, consider involving a range of customer facing field roles such as the sales representatives. They can be crucial to your success in inviting and generating the right audience for your meeting. Once the meeting has been arranged invite customers once, twice, then invite them again. Sell the value of the meeting and watch them enter it into their diary, then remind them as often as you can.

# 10. Mobilise Nationally and Globally

National and global meetings differ from local ones primarily in terms of the scale of the event, typically much larger audiences. However, there are some important technical differences that are triggered by the larger scale.

Any group in excess of 50 means you should request radio-lapel microphones and amplification. Lectern based microphones are not ideal as they restrict your ability to move and handheld or head-mounted microphones are really only for pop stars or karaoke.

You will usually be on a raised stage with lighting and will be more reliant on PowerPoint for your visual aids. Audiences may be multi-national with people listening in their second or even third language, occasionally employing simultaneous translation. Advocates need to be coached to slow down their pace of delivery, to enunciate more clearly and avoid colloquialisms.

While the fundamentals of great presentation skills and chairmanship are the same, your training must prepare national and international advocates for the big stage. A specialist training company can organise rehearsals and coaching on a real stage – advocates can feel the heat from the spotlights, work with microphones and sense the lonely reality of an empty stage.

Expert training will fully prepare them to make the most of this opportunity as major meetings are not the place to take risks.

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### Excel Communications

45 West Street  
Marlow  
Buckinghamshire  
SL7 2LS

+44 (0) 1628 448 854

[Hello@excel-communications.com](mailto:Hello@excel-communications.com)

[www.excel-communications.com](http://www.excel-communications.com)

