Quiet Spring in Indian Healthcare

It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the season of light, it was the season of darkness, it was the spring of hope...” - Charles Dickens in "A Tale of Two Cities".

In the midst of the silent pandemonium in the hearts of pharma generals, caused the benign neglect of the pharmaceutical sector by the Modi government in its maiden budget, and the subsequent sledgehammer of price controls, two media reports caught my eye and they represent the new hope for healthcare field sales professionals in India:

1. Strides Arcolabs’ acquisition of majority stake in Bafna Pharmaceuticals

2. Sutures India feature article in the July 23rd issue of Forbes India

Strides Arcolab made news when it sold its Agila Specialties division to Mylan for close to USD 2 billion in 2013. The cash rich company has now embarked on an ambitious plan to expand the footprint of Brands India, its branded products division. With the acquisition of Bafna Pharmaceuticals, it will not only gain an instant all-India footprint but get marketing rights of Raricap, the 8th largest brand in the Indian oral haematinic segment with a revenue of Rs 20 crore. The brand was acquired in 2011 by Bafna from Johnson and Johnson.

Arun Kumar, visionary entrepreneur and group CEO of Strides Arcolab, said, “This acquisition provides necessary impetus to our domestic branded generics business and the transaction is in line with our strategy to grow the branded business. The transaction will strengthen our reach to newer markets with a wider portfolio of products.”

The acquisition will strengthen its women and child care portfolio and Bafna’s pan-India reach will enable Strides’ biggest brand Renerve’s entry in new market segments. Strides has a strong South India presence, which will help Raricap to reach a much larger patient base.

Sutures India has been a silent performer in an unseen sector for over 20 years. In 1992, LG Chandrasekhar and S Subramanian launched Sutures India with an investment of just a few lakhs. The black cat in the dark room has now been spotted by investors according to a feature article in Forbes India: “Sutures India was launched with the mission of producing indigenous but superior surgical products at affordable rates. It achieved...”
...as large pharma companies downsize as a cost-cutting exercise, talented pharma professionals would do well to seek out opportunities in these next generation companies that have just begun their growth story.

success early on in its journey, logging operating profits the very year it was launched. The profits were marginal, but is significant given the understated, yet crucial products it made—stitches that held the body tissues together after surgery. Even the most talented of surgeons will find themselves handicapped without sutures, but even the fussiest of patients wouldn’t insist on a particular brand. Sutures were essential, yet invisible.

I have had the privilege of interacting with LG Chandrasekhar as he sat through the entire two days of a development program that I conducted for their field force. It spoke volumes of his commitment to people who made the difference where it mattered – on the field. Later, I travelled with their VP Sales, a genial Mr. Ramesh Iyer who could easily pass off as an artist/magician with a hat and wand. Their L&D lead, Shreenivas, an avid aircraft buff, is an ex-pharma man.

I had the privilege of interacting extensively with Subroto Banerjee (see his interview with MedicinMan), President of Brands India as I conducted a series of development programs for their sales managers.

In both these organisations, Strides and Sutures, one thing is common – top flight leaders, who walk their talk and have a genuine concern for the growth and development of their field force.

So, as large pharma companies downsize as a cost cutting exercise, talented pharma professionals would do well to seek out opportunities in these next generation companies that have just begun their growth story. -AS

MEET THE EDITOR

Anup Soans is an Author, Facilitator and the Editor of MedicinMan.
Write in to him: anupsoans@medicinman.net
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“When the only tool you have is a **hammer**, every problem looks like a **nail**.”

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Abstract
Recently, I was chatting with couple of medical representatives from leading companies, in the waiting room of a hospital near my residence. They were very curious to know about me. I revealed my identity to them and this put them at ease and they started openly discussing the many challenges they currently face.

The topic veered around to their sales managers (FLM/SLM). One issue that everyone seemed bothered by was ritualistic nature of joint field work. It mostly was about sales numbers, which stockist to book, how to get more, adding the request for prescriptions during the call, etc. Hence, the reps opined that there was hardly anything to learn in terms improving their selling behaviours and prepare for tomorrow’s challenges.

As I came out of the hospital, there was a gnawing question in my mind. The unanswered question was “Are the sales managers making themselves unimportant?”

I immediately recalled Ken Blanchard’s statement in his famous book, One Minute Manager:

“As a manager the important thing is not what happens when you are around, but what happens when you are not around.”

In the normal course of work, a sales manager works with his reps for 2 or 3 days in a month. Assuming that there are 200 Doctors in the reps’ list, the sales manager would be able to make 20 or 30 calls during his joint work. This is provided he works 2 or 3 full days during joint work - a rarity these days (feedback from reps) for various reasons.

The balance 180 or 170 calls are made by the rep without the sales manager. If the sales managers have done a good job of managing, on/off the job coaching and improving the selling behaviour of his sales person during their joint work, then the influence should be felt on the balance calls made by the reps.
Sustained improvement of productivity comes from what happens when the manager is not around. There’s nothing worse than spending a day with a rep coaching and managing and the next day, when they’re by themselves, NOTHING CHANGES.

So the critical question that a sales manager has to ask is, “Am I sure that my joint work in the field has influenced some change, no matter how small?”

Most of the times the sales managers forget that it is not them but their reps who produce the desired results. These results come from what they do when their manager is not there or the balance 170 to 180 calls they make.

Without the customer a company is nothing. But without a high performing 170 to 180 calls per rep, the sales manager is irrelevant.

Remember – effective sales management happens when the sales managers focuses on the big picture – preparing and influencing their sales people for what happens when they are not around.

Sales Managers – make your importance felt by understanding your sales people and influencing their selling behaviours through ON/OFF THE JOB coaching and managing.

The impact of your joint field work should help the rep to sustain the balance days when you are not there with him. -KH

“Most of the times the sales managers forget that it is not them but their reps who produce the desired results. These results come from what they do when their manager is not there or the balance 170 to 180 calls they make.”
Key Opinion Leaders (KOLs) play important roles in drug discovery and development as well as in the marketing of new medicines. Traditionally, KOLs have been healthcare professionals with senior positions in the medical community. They advise companies as to where unmet medical needs lie, choose drug targets, help to define potential product profiles and shape clinical programs, run clinical trials, and may be involved in a drug’s regulatory or reimbursement review process.

Once a drug has reached the market, a wider group of KOLs may be required to drive the uptake of a new medicine and gain market share. The pharmaceutical industry is facing a number of challenges that will influence the way it works with KOLs. The definition of KOLs as professors of medicine within specialized areas is changing. Academic scientists, individuals with responsibility for market access, and other groups of thought leaders including patients, representatives of patient advocacy groups, health economists, those involved in the evolution of healthcare systems and the development of new business models are all considered more influential to the future of the industry. It is therefore of great importance for pharma marketers to be able to identify the right kind of KOLs.

It was only a few decades ago that the current idea of the Key Opinion Leader (KOL) was introduced following research into the influence of media on mass audiences. It was presumed, until that point, that media such as press, radio and television influenced consumers directly. However, research on behaviors led to the proposal of two-step flow models of influence, in which media influences opinion leaders who then influence their network of contacts. This is a direct overlap over the current model of pharma selling where the company influences the opinion leaders who then influence their network of contacts.

There are four traditional (and well-known) methods...
The definition of KOLs as professors of medicine within specialized areas is changing. Academic scientists, individuals with responsibility for market access, and other groups of thought leaders including patients, representatives of patient advocacy groups, health economists, those involved in the evolution of healthcare systems and the development of new business models are all considered more influential to the future of the industry.

of KOL identification and it is important to think of newer methods to more empirically identify KOLs, given the advancement in communication technologies and the potential for wasted expenditure if the wrong target is identified.

1. Self-Identification
Here marketers identify KOLs themselves. This is quite faulty and is fraught with the "ivory tower" bias.

2. Field force identifies KOLs
Using the field force to either suggest or ratify names of KOLs is usually a very quick process. It may not be efficient always. Field managers who understand well the incentives that KOL management ‘schemes’ comprise are unlikely to nominate names of opinion leaders in unbiased ways.

3. One KOL identifies another KOL
This is deemed as the most objective of the four. A known KOL is asked to name other doctors who he thinks are the most influential. Problematically, the process relies on visibility, the ability to actually see the interactions. The KOL’s bias leans towards the person he is most likely to be friends with. A potential KOL may not be obviously identified. Also, some projects require hundreds of thought leaders, and the observation method simply cannot identify hundreds of individuals in any objective way. This method can work well for small, relatively geographically contained communities.

4. Sociometric Method
The sociometric or survey method is the most common. KOL lists are either purchased from market research agencies or primary research is conducted if there is no in-house knowledge of the market. This is typically done when the company plans to enter a new disease area of which it has no previous experience.

Social Network Analysis: a New Paradigm in KOL Discovery
Given the inherent limitations with each of the four methods is there a better way? Such a solution would need to be unbiased, empirical and analytic and include the entire KOL candidate pool. Social Network Analysis may offer a refreshing change. Social network analysis measures relationships between two nodes, such as the flows of information between people, groups, organizations, computers, web sites, and other information/knowledge processing entities. A community is the visual representation of these node-pair measurements. With this information you can describe nodes or the entire network. A common metric is to rank nodes based on their centrality, the quantity of immediate, first degree connections. For example, in a social network map of Key Opinion Leaders’ collaborations, centrality allows you to know who is the most connected person, the second most
Social network analysis measures relationships between two nodes, such as the flows of information between people, groups, organizations, computers, web sites, and other information/knowledge processing entities. A community is the visual representation of these node-pair measurements. With this information you can describe nodes or the entire network connected and so-on. By comparing the connections to the entire community you can determine the KOLs reach, or in simple terms their influence and ability to connect to others.

While it may sound complicated, it is not as difficult as it sounds and can easily be done in-house by the marketing team. The data used to generate the map of a scientific community can come from anywhere: publication records, advisory boards, research agencies, clinical trial monitoring sites, government websites, university hospitals, editorial boards, etc. By drawing the collaborations as relationships on a Social Network Map (it helps if you have publicly available software packages), connections emerge. For example, the top-tier KOLs generally have the highest centrality, or number of connections. Similarly, important people tend to work with important people, yet there are sometimes hidden connectors between clusters of people. Further, individuals who aspire to greater responsibility and/or social rank will gravitate to the most important people. By tracing back through connections, the next-tier KOLs or Emerging Opinion Leaders (EOLs) become evident.

This approach provides a foundation for viewing KOLs in a community, peer-to-peer context and helps to sidestep problems that crop up in the traditional methods that we generally adopt. You can easily see which KOLs work together or which KOLs work across geographic boundaries. This strategic view gives an advantage when designing the subsequent KOL engagement and management processes. -SK
KOL MANAGEMENT WORKSHOP
A MEDICINMAN Initiative

OBJECTIVE:
This workshop will be hands on approach to understanding the challenges and help you develop an effective KOL management strategy.

TARGET AUDIENCE
- Field Force people responsible for KOL management
- Marketing team people involved in KOL management
- Medical Affairs people engaged in KOL management
- Members of existing KOL management team
- MSLs responsible for KOL Management
- Company shortlisted candidates for KOL management

TOPICS (included, but not limited to:)
1. Moving from a Sales Mindset to KOL Relationship Management Mindset
2. Understanding Factors that Lead to KOL Satisfaction
3. Effective Communication – The Key Skill for KOL Relationship Management
4. Understanding and Executing Effective KOL Relationship Management program
5. Interaction and Q & A with a leading KOL

OUTCOME:
1. Clear understanding of issues in KOL Management
2. Fine tuning existing KOL management programs
3. Developing a KOL management strategy and plan
4. Executing the KOL strategy

WORKSHOP DURATION: 1 Day
WORKSHOP COORDINATOR: Knowledge Media Venturz

WORKSHOP LEADER:
Anup Soans
Anup Soans has worked as a Medical Rep, Oncology Product Specialist and Front-line Manager in Pharma. Later he moved to IJCP, a pioneer in CME, medico marketing, healthcare communication, where he rose to become the Executive Director. At IJCP, he was responsible for identifying, developing and sustaining a mutually rewarding relationship with over 300 KOLs in all major specialties for 12 years. Many of the leading and emerging KOLs identified and nurtured by Anup Soans went on to win prestigious awards like the Padmashri and Dr. B.C. Roy awards among others.

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AHMEDABAD
Workshop Date: 23rd August 2014
Workshop Timings: 10:00 am - 04:00 pm
Venue: Comfort Inn Suba, Judges Bungalow Rd
Total seats: only 25 Registration fees: ₹5,000+tax

MUMBAI
Workshop Date: 20th September 2014
Workshop Timings: 10:00 am - 04:00 pm
Venue: Suba Int’l, Chakala, Andheri East
Total seats: only 25 Registration fees: ₹5,000+tax
KOL WORKSHOP REGISTRATION FORM

Location:

☐ Ahmedabad, 23rd August 2014  ☐ Mumbai, 20th September 2014

Name : 
Designation / Title : 
Company Name : 
Company Address : 
Phone : 
Email : 

In case of multiple delegates from the same organization please fill up individual registration forms for each member.

Registration Details

Registration fees: INR 5000 + 12.36% Service tax (Per Delegate)

The Fees is inclusive of Lunch & Tea & Snacks (Morning & Evening)

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Pareto’s law (80% of your business comes from 20% of your customers) can be applied to KOL management, although KOLs may not be a direct source of business. Put quite simply, they are leaders and their opinion counts. If one is not able to manage KOLs well, it can have a negative influence on the business. It’s like the U2 number, “you can’t live with or without them.”

If one has to encompass KOL management in just three words, it is Know, Own and Leverage. From a semantic perspective, some companies refer to them as external experts as the words ‘opinion leader’ may connote that one is trying to use their opinion to influence potential prescribers. In other words, the engagement is to seek advice from external experts through sharing of product and therapeutic area scientific knowledge and utilize their advice to appropriately position the product in the mind of customers.

The involvement of external experts begins years before launch of the product when their expertise is used to shape global clinical development programs and adapt the same to suit unique unmet medical needs of the local market. External experts may also be principal investigators in pivotal global clinical trials that happen in India and which form the basis of regulatory approval. Such experts then become advocates of the product and company as they share their hands on experience with the product and the company’s quality of clinical research. One can also facilitate investigator initiated clinical trials championed by these external experts. Thus one can do “medical research” pre-launch and plug gaps in the local market through local clinical development projects done by these external experts. Such research of the market can provide accurate data on epidemiology and be the basis of more accurate estimates and business forecasts. The company can also market the research it does through such external experts (EEs) who are inevitably good orators and who do positively impact their juniors and peers.

Such EEs or KOLs need to be distinguished from Key Business Leaders (KBLs) who are the prescribers. EEs may
...some companies refer to them [KOLs] as ‘external experts’ as the words ‘opinion leader’ may connote that one is trying to use their opinion to influence potential prescribers. In other words, the engagement is to seek advice from external experts through sharing of product and therapeutic area scientific knowledge and utilize their advice to appropriately position the product in the mind of customers.

not prescribe yet are very important doctors with whom one needs to partner to gain credibility. EEs can also own a product when they are intimately involved in its development. Some companies even involve them in testing of detail aids and they might even contribute to how exactly should the information be communicated through detail aids. Some companies invite EEs to address the field force during cycle meetings and some may even be used to help train the field force as they detail to the EE, repeatedly exposing the EE to the brand messaging and aiding brand recall. Another important KOL is the government institute affiliated doctor who is a part of the New Drug Advisory Committee (NDAC) or technical committee. With such KOLs one could do purely educational or academic workshops that the expert may wish for himself and his department, and through such non quid pro quo initiatives, a healthy understanding develops between the company and expert.

So how does KOL management begin? One needs to first identify these experts by defining criteria. Typically the criteria include the following:

• Holds office of importance in Regional/National/International Medical Associations/Institutes
• Association with Government-related agencies, e.g., DCGI, ICMR (Policy shapers) and Payer organizations such as Army, Railways, PSUs
• Standing among peer group
• Sought after by media, patient advocacy groups
• Member of Guidelines, Formulary Committees
• Member of global advisory board/steering committee
• Oration skills/Presentations
• Presence at Regional/National/International fora
• Affiliations (reputed institutes)
• Publications (peer–reviewed journals); Editorial board/s
• Clinical research expertise (Good Clinical Research Practice or GCRP studies)

Once one is able to select experts based on these criteria and names furnished by internal customers, it is useful to also get the list vetted by an external agency after a confidentiality disclosure agreement is signed between the company and agency. This validation helps the company know whether one has missed out important experts or has included doctors who do not fit those criteria. The agency can also help in customer profiling which can again validate internal customer profiling. The agency can identify networks among these experts and their spheres of influence (communities of practice). Ideally a database needs to be designed into which each expert’s vital statistics are input. This is a living database which...
KOLs need to be distinguished from Key Business Leaders (KBLs) who are the prescribers. EEs may not prescribe yet are very important doctors with whom one needs to partner to gain credibility. EEs can also own a product when they are intimately involved in its development.

What are the different ways in which one can engage experts through what I call ‘medical relationship management’?

- Participation in global/regional clinical trials, company sponsored clinical trials, and/or Investigator-Initiated Studies (IIS)
- Provision of value-added educational activities, medical information, slides, scientific engagements, etc
- Sponsorship to CME conferences at national and international level
- Conference support
- Participation in Medical-Marketing Programs, e.g., advisory board meetings, speaker training programs, CMEs, guideline meetings, roll out of diagnostic questionnaires
- Liaison with international EEs
- Member of global and regional advisory board
- Unrestricted educational grants
- Healthcare Leadership workshops
- IIM/ISB training program for physician leaders who are into healthcare policy and reform

In particular one can help meet unmet medical needs of experts by offering a menu of educational activities through tripartite programs where faculty could be the EE from the institute, company medical personnel, and an independent unbiased expert. Topics could include the following:

- Evolution, Principles and Outline of Good Clinical Research Practice (GCRP)
- Clinical Study Design and Protocol Writing
No matter what anyone may say, everything that is done by any function within a biopharmaceutical company is done for the business. It is therefore important to measure the effectiveness of whatever we do. Accordingly, while one continues to invest in nurturing the relationship and rapport with these experts, one also needs to monitor the return on this involvement. This can be achieved through the following:

- Number of meetings conducted by EE and qualitative impact of those meetings on attendees
- EEs facilitating placement of products on hospital formulary
- EEs conducting symposia at national, regional, local medical society meetings
- EEs working with medical societies to endorse guidelines
- EEs recommending expediting of regulatory approvals; advising during dress rehearsals and making presentations to NDAC
- Tacit support by EEs on issues such as patents, price control with government and media
- Advice by EEs on product-related issues, protocols
- Upward movement of baseline rating between EE and company based on relationship and access
- Trainings conducted for EEs on GCRP as an engagement tool and enabling them to move up the value chain as investigators
- EEs being trained on media management and being a part of a crisis management rapid response team

External Medical Affairs can manage interfaces with the government (with Public or Corporate Affairs), academia, and medical societies. As part of continuing professional development a doctor could be exposed to what it means to be a good mentor, administrator and leader.
There’s so much one can do for a KOL, and there’s so much the KOL can do for a company. The trick is to be able to do it in a way that is in line with his/her expectations and in a spirit of propriety, compliant with applicable local regulatory requirements.

There’s so much one can do for a KOL, and there’s so much the KOL can do for a company. The trick is to be able to do it in a way that is in line with his/her expectations and in a spirit of propriety, compliant with applicable local regulatory requirements. Fair Market Value (FMV) may need to be standardized. One will have to draw the line before one is forced to do so. If the revised Department of Pharmaceuticals (DoP) code is made mandatory, honoraria given to individual doctors (for being advisors, consultants, speakers) may need to be routed through an institute as direct payment will be forbidden. Going forward one may need to declare financial payments to doctors in India as is happening abroad. Increasingly, Medical Affairs will have to play a very important role in managing relationships with external experts through scientific engagements that appeal to their high standards. It is both an art and a science. -VS
The pharmaceutical industry’s goal has always been to improve outcomes for patients through the development of truly valuable new medicines or improved treatment outcomes to meet currently unmet or evolving medical needs.

In pharma’s context, KOLs have traditionally been healthcare professionals in senior positions in the medical community.

My considerations for selecting KOLs would be as follows:

• Doctors trust each other (more than they trust pharma companies)
• Experts in the therapeutic area
• Embrace a ‘disease management’ approach
• Add credibility & Authenticity in a time-constrained world
• Continue to learn & keep abreast of the developments
• Participate in clinical studies & research
• Understand the sphere of their influence

Some simple questions I have asked myself when developing a KOL strategy included:

• Why are KOLs important to us?
• What do we want them to do?
• How will we support them in achieving the planned goals?
• How will we define and measure success?
• Who do we want to engage (which experts should be our KOLs)?

In today’s context of being in the rat race, pharma companies have muddled up KOL management conveniently into KBL (key business leaders) management. This has led to mushrooming of CRM (customer relationship management) activities.

KOL management is not the same as KBL management. There is a world of difference in prescription INFLUENCING and prescription CAPACITY.

Influencing – relates to multiplying effect with long term benefits.
Capacity – relates to individual giving number of prescriptions based on his/her practice.

Further, the fundamental difference lies in how KOLs impact:-

• They are not there to sell or buy your product.
• They are not going to be swayed by a simple clinical detail or so-called marketing trials.
• They are genuinely committed to building a real partnership to further their clinical – and just as importantly, health economics goals.
• Their net effect is Transformational and NOT TRANSACTIONAL

Having been actively engaged in KOL management in my tenure as head of specialty pharma organisation, some interesting points on KOL development are:

• Right Identification - stay clear of regional politics
• Involvement of higher officials without undermining the role of medical reps
• Building trust and mutual respect
• Bringing clarity
• Allocating sufficient time
• Balancing side effects

Please remember, KOL BUILDING IS A MARATHON…not a SPRINT.

"The term KOL seems to be so abstract and ubiquitous that we forget that key opinion leaders are people with opinions, networks, and expertise which should be honoured with respect." -KH
HOW TO TRAIN YOUR REPS

Prof. Vivek Hattangadi

Cognitive Load Theory (CLT) is a training plan to help the learners not only to understand, but also to retain the learning's from the training programs for future use. According to CLT, learners can absorb and retain information effectively only if it is given in such a way that it does not ‘overload’ their mental capacity.

To understand CLT, three terms are significant - long term memory, short term memory and working memory.

Long-term memory is the vast store of knowledge and record of prior events. Short-term memory reflects faculties of the human mind that can hold a limited amount of information temporarily. Working memory includes short-term memory and other processing mechanisms that help to make use of short-term memory.

Cognitive theory of multi-media learning states that ‘people learn more from words and pictures than from words alone’. It starts from the belief that ‘our working memory is limited with respect to the amount of information we can hold, and the number of operations we can perform on that information’. That means a learner should be encouraged to use his limited working memory efficiently, especially when learning difficult tasks. It is therefore important for the trainers to recognize the role and the limitations of working memory. This will help the learners. Trainers have to find ways to help optimize the working memory. Application of CLT makes learning experience pleasant and memorable.
Cognitive Load Theory helps us to design our training module in such a way that it can reduce the stress and anxiety on the working memory of the learners. Learning can become more pleasant and successful.

The fundamental rule of CLT is that cognitive capacity in working memory is limited. If a learning task requires too much capacity (high cognitive learning load), learning will be slow \(^4\). This theory suggests that learning happens best under conditions that are aligned with the architecture of human cognition. Research shows that short term memory is limited in the number of elements it can contain simultaneously \(^5\).

Human information processing has three main parts: sensory memory, working memory and long-term memory.

**Information Processing Model\(^6\)**

As we know, the sensory system is a part of nervous system. It consists of sensory receptors that receive stimuli from internal and external environment. The neural pathways conduct this information to the brain. The information is called sensory information. Every day, we are bombarded with sensory information. Sensory memory filters out most of this information, but keeps an impression of the most important items, long enough for them to pass into working memory.

For example, when Sachin Tendulkar hits a ball, his sensory memory discards information about spectators, the cheer-leaders, the hoots of the opposing team supporters. He focuses only on the approaching ball.

Information from our sensory memory passes into our working memory, where it is either processed or discarded.

Working memory can generally hold between five and nine chunks (bits) of information at any one time. This is central to CLT. When our brain processes information, it categorizes that information and moves it into long-term memory, where it is stored in knowledge structures called ‘schemas.’ \(^4\)

**How to Apply Cognitive Load Theory to Training**

Cognitive Load Theory helps us to design our training module in such a way that it can reduce the stress and anxiety on the working memory of the learners. Learning can become more pleasant and successful.

We can apply the concept of cognitive load to learning and training in four major ways \(^7\).

1. Know the levels of the trainees and adapt our presentation accordingly.

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**Bibliography:**

The more expertise we develop in a particular field, the more information we have in our schemas. This is why it is a good idea to adapt our training to reflect the level of expertise of the trainees. It will be better idea if we assess the training needs of the participants. Present information at the right level of the learners. What seems obvious to us may not be at all obvious to them!

2. Decrease the gap between the understanding of the learner and our communication

This is the gap between where the learner is today and the desired goal of the trainer. If this gap is big, (as when a medical doctor trains a batch of freshly recruited medical representatives) the learners’ working memory becomes overloaded. How do we overcome this? Through stories or by using appropriate examples. Training using educational games and entertaining videos can be helpful. To make learning more effective, the trainer should understand the gap and break the training into easier chunks. This can lighten the cognitive load.

3. Reduce Split-Attention Effect

Attention can be split and diverted when there are multiple sources of auditory information. Any extraneous sources of noise should be removed - such as people talking amongst themselves or the ringing of mobiles. The trainees should be asked to keep their mobiles in ‘power-off’ mode – not even ‘vibrator mode’!

Attention can also be split when we have multiple sources of visual information, such as photographs, illustrations, or diagrams. These add to the cognitive load, making learning more difficult.

4. Take Advantage of Auditory and Visual Channels in Working Memory

There are two separate channels for processing information; auditory and visual. Each channel has a limited capacity. We can process only a limited amount of information at a time. One more way of overcoming the split-attention effect is to replace some of the visual information with auditory information. This reduces the cognitive load on people’s visual working memory. People then use the auditory channel, which has its own memory space.

To conclude, if we as trainers apply the Cognitive Load Theory, we can make learning a pleasurable experience. -VH

This is the gap between where the learner is today and the desired goal of the trainer. If this gap is big, the learners’ working memory becomes overloaded. To make learning more effective, the trainer should understand the gap and break the training into easier chunks.

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I am delighted to share with you my experiences on the slide of the pharma industry from “Entry” to “No Entry” in the doctor’s chamber, a transition witnessed in the last two and half decades. Every company and the sales team has think-tanks for utilizing the available 3-5 minutes in the doctor’s chamber productively.

Things have changed drastically from the past. When I started my career as a Medical Representative in the year 1989, I had senior colleagues who belonged to an era of late sixties and mid-seventies who shared their professional experiences and the type of respect they commanded with the customer. That was the era of dependence of medical professionals for new scientific information on MRs. The salient features of MRs of that era were:

1. Mostly people were science and pharmacy graduates (selection criteria was stringent)
2. People were well trained on products and related science - their ability to discuss science was strong.
3. People were having very good communication skills and commitment towards the job
4. People had high social acceptance because of their very good dressing sense, appearance and attitude, respect for the job, good living standards, knowledge and presentation skills
5. People felt lot of pride in the job and were differentiated from the mass because of their etiquette and mannerism
6. Limited number Medical Representatives (Less divisions, less specialties and less field force)
Those representatives were welcomed by the doctors on account of their professional qualities and sincerity. I have witnessed a glimpse of this while working with some of these reps. That was the era of respectful entry in the doctor’s clinic and doctors expected scientific inputs and information on new developments.

In the Nineties and beyond the year 2000, many companies launched new divisions and many new organizations were launched. Increased geographical coverage and addition of huge manpower through launch of divisions became the order of the day. It was also an era of globalization and intellectual property rights. It was a period of transition from scientific knowledge based pharmaceutical promotion to service oriented business. This change, substantially added volumes of business and provided not only stability and strength to many organizations but also the emergence of a new business practices. Looking into the ROI many MNCs also copied this practice. Many organizations initiated travel desk services for customers and destination of travel depended on the quantum of business generated. The trend of travel changed from domestic to international destination in the name of attending conferences.

In this period a common saying emerged with organizations which led the new business practices: “A doctor knows his subject well and MR can’t add value to his knowledge”. Scientific conferences proliferated - from international to national to state chapters and even at district level associations. This was the methodology adopted by customers for sharing and disseminating science. Increased CME and seminars led to development of new trend of CRM. Key words which drove business were ‘KOL management’ and ‘thought leader development’ initiatives. Further, access to internet and Google gradually minimized the flow of science through MRs. This impacted the industry heavily and lead to compromises in recruitment procedures and parameters. Selection of representatives became mostly through “walk-in” interviews, selection criteria were made flexible, entry of non-science graduates increased, communication and presentation skills were not seriously assessed, gradual decline in training and development programs either in terms of its contents or were flexed looking into the competence of the field force. This impacted the industry as:

1. Recruitment criteria were made flexible- B.A, B.Com, MBAs entry to the job became easy
2. Less knowledge of science was encouraged as in-clinic interaction was directed more towards personalized services
3. Communication skills and presentation skills were compromised due to increased geographical coverage and incorporation of customers of remote areas–non MBBS GPs
The above changes led to the emergence of MR as a courier and service boy which further lowered the selection criteria. As the divisions were added to the organizations, the quantitative requirement took over qualitative parameters of recruitment allowing the entry of poor and poorer detail men in the industry.

The above changes led to the emergence of MR as a courier and service boy which further lowered the selection criteria. As the divisions were added to the organizations, the quantitative requirement took over qualitative parameters of recruitment allowing the entry of poor and poorer detail men in the industry.

Quoting from my experience, a doctor shared: “I don’t want to meet MRs because they are not presentable, English mashallah and the product knowledge - “Oh my God!””.

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**MEDICINMAN** invites contributions from Pharma professionals on topics related to Field Force Excellence. See: [www.medicinman.net/author-guidelines](http://www.medicinman.net/author-guidelines) for more information.
EMPOWER YOUR FIELD FORCE

Learning and Development Programs from the Leaders in Pharma Field Force Excellence

Pharma-specific Training:
- Medical Representatives
- Field Sales Managers
- Senior Managers

Signature Programs for Medical Representatives

KA$H=CASH

Constructed on the fundamental premise that a Medical Representative's success depends on his Knowledge, Attitudes, Skills and Habits (KA$H). Representatives seek success in their personal and professional lives but look for it in the wrong places leaving them frustrated. Companies and bottom-lines suffer when the front-line is not fully engaged. KA$H=CASH is a high-engagement module for customer-facing employees.

In Any Profession, More KA$H = More Cash

REPEAT Rx

Repeat Rx is an advanced module for customer-facing Representatives based on the book by Anup Soans. Repeat Rx focuses on building lasting relationships with Doctors by creating value through a process of Calling > Connecting > Consulting > Collaborating with the Doctor.

At each stage of this Four Stage process the Representative acquires measurable skills and competencies that enable him to add value in the Doctor’s chamber. Repeat Rx comes with detailed evaluation tools.
Supervision for the SuperWiser Front-line Manager.

Based on the best-selling book by Anup Soans, this program is for new and experienced Front-line Managers who would like to get breakthrough performance from their teams.

**Supervision for the SuperWiser Front-line Manager** focuses on topics such as Team Building, Emotional Intelligence, Situational Leadership, Coaching and more.

VALUE ADD: Psychometric Assessment*

Signature Programs for Second-line and Senior Managers

**The Half-Time Coach**

*The Half-Time Coach* is based on the concept of half-time in football. If half-time is so crucial in a game that last only 90 minutes, how much more important in a career that last a life time.

*The Half-Time Coach* is a *learning-by-reflection* program with a focus on Coaching Skills for senior managers. Modules also cover Self Awareness, Emotional Intelligence, Employee Engagement and Sales Change Management.

VALUE ADD: Psychometric Assessment*

**Why Should Anyone Follow You?**

A walk-the-talk program for cross-functional senior managers to understand the process of employee engagement, creating trust and building relationships to build and sustain high-performance teams.

VALUE ADD: Psychometric Assessment*

*Psychometrics assessments give in-depth insights into one's personality preferences and its impact on interpersonal relationships and teamwork.*
Webinars and E-Learning

Company’s may choose to deliver a program as a webinar - giving the advantage of scale and lowering costs.

Audiences are kept engaged using visually stimulating slides and powerful delivery. Emphasis is placed on taking charge of one's success, even in the absence of oversight.

Most recently 1,000 reps of a leading MNC were trained over four webinars with excellent feedback.

Customized issues of MedicinMan, with inputs from the company can be given to the Field Force for their continuous learning and development.

MedicinMan currently reaches 60,000 pharma professionals.

Methodology

All programs are fully customizable. A pre-program questionnaire is used to capture the needs and expectations of the participants. Company’s may request a demonstration of a particular module at no expense (except conveyance to venue).

Programs incorporate the principles of adult learning and are highly participative, audio-visual and activity-based. Important truths are conveyed through games, stories and videos.

Companies are advised to give participants the books on which the programs are based for continued learning and development. The same may be procured from the author at a discount.
What Does SALE Mean?

S----------SERVICE
A----------AGREEMENT
L-----------LEADS
E-----------EDUCATION.

1. **Service** - Contribution by imparting knowledge regarding pharmacology, biochemistry, side effects, indications and contraindications and dosage of the product to the Medical Fraternity. And thus to the ailing patients.

2. **Agreement** - The doctor should agree regarding the feature and benefit of the product and should be convinced to use it whenever there is an opportunity.

3. **Leads** - Leads in terms of prescription habits of the doctor and general trends from concerned chemist. Information gained through interaction with the doctor andpara medical staff in prioritizing products during presentation.

4. **Education** - Product knowledge, communication skills, third party references, trial reports is very important for prescription generation.

These four letters in the word ‘SALE’ depict four very important parts of the entire process of field sales.

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**A few words on call timing restriction by top doctors.**

Due to number of reasons these calls are quite often missed. For these doctors, appointment has to be taken before proposed call date and there is a fixed time for booking your call. The field force people of smaller companies are meticulously visiting these doctors and are getting good results. Doctors generally respond to people who visit them regularly, honouring their protocol. We have to change our mindset as per the need of the hour.

Unfavourable conditions will always be there, one who accepts the challenge is always a winner. I have seen people coming in sleeping suits at 5 am in the morning to book their calls as the limit is 10 calls per day Yes, you are right, I used to be one of them.

**New Approaches to Field Force Effectiveness**

Except some super specialty products and high priced vaccines and immunoglobins all common products are over stocked in the market place, because the primary sales is much higher than the secondary sales. This is a result of pressurized selling by dumping stocks. The only objective is to meet the sales budget every month. This has a snow ball effect, and at some point of time, the territory shows negative growth due to high inventory and outstanding payments, the primary sales automatically start declining. Some MNCs have withdrawn rupee and unit budgets for the field force. The appraisal of field force is based on the quality of calls made, the doctor’s perception, response after the calls and, the quality of objection handling. Scores are given on these parameters.

This is I think a welcome step for the Pharma Industry in the recent times. After few years, the balance will come back and there will be steady growth.

Bribery, sponsoring foreign tours, giving costly gifts are common unfair practices and this has a detrimental impact on patients.
**Old is Gold**

Our basic training was conducted by Lederle in Mumbai in the year 1980. I was stopped by Mr M.J. Taraporewala our trainer at the entrance of the Training hall because I was late by 2 minutes after lunch break. After this incident I always tried to be before time throughout my life. The lessons he taught us can never be forgotten and are useful in all spheres of life.

He used to move around in the hall while teaching some subject and used to sing and dance in between to make it light and interesting.

He used to crack jokes and come near all the participants, hold them, sometimes shake hands, in between his talks. We could never feel any kind of pressure and learnt basic Anatomy, Physiology, Pharmacology and the Marketing part which we remember even today. As far as field training was concerned, our managers were great trainers.

People like M.K Basu, S, Roy, D.P Sahu, Onkar Krishna were masters of the art of convincing doctors by their sound knowledge and communication skills.

Now training has taken back seat. As they say, ‘Old is gold’

In my 33 years of field work, I have called on various types of doctors.

The age of the doctors is also very important. The younger generation are easy to change and become friendly easily. The elderly and seniors are hard nuts. It needs lot of patience, cool temperament and their ego has to be kept in mind. -AS

Now a days important doctors want their prescriptions to be served by a particular chemist. So one has to build good contacts with the concerned chemist. -AS
UNCERTAINTIES IN PHARMACEUTICAL DISTRIBUTION CHANNEL WITH REFERENCE TO AVAILABILITY OF NEW PRODUCT

ABSTRACT
Pharmaceutical supply chain is different from the other supply chains because its customer (doctor) is different from consumer. This fact indicates that for any pharmaceutical product to be successful there are two crucial issues - first is to generate prescription and second is make product available at retailer. Loss of sales due to non-availability of products at the retailer’s end is quite common in current pharmaceutical distribution setup. Persistent non-availability of products can have an adverse affect on their demand, since the doctors may stop prescribing in cases where availability is an issue. This problem has triggered the need for Research to find out valuable conclusions that could lend a hand to improve the present scenario. This article gives details of a study which was performed using a process consisting of structured interviews, carried out with multiple participants in the pharmaceutical supply chain, including doctors, medical representative, chemists and stockiest.

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Complete article is available on the MedicinMan Website and can be accessed here (link to be added)
A new book by Renie McClay published by ASTD Press is apt for the global executive with a local vision. “The Art of Modern Sales Management” has 12 chapters, each written by a leader in the field from around the world.

Now available for readers in India on Kindle and print on Amazon. Download a free chapter of the book here.

Renie is on top of her game again and brings the A Team to the world of Modern Sales Management. With the explosion of social media and the immediacy of shared experience for buyers and sellers, The Art of Modern Sales Management is a practical guide to navigating these changing realities, and the action plans offered provide tools to ensure the best opportunity for success. If you have a leadership role within the sales organization, you need this book as a guide and resource.

--Gary Summy, Director of Business Development Global Accounts Operations, Xerox Corporation

The Art of Modern Sales Management is a must read for any global sales leader. It's practical, relevant, and grounded in the experience of seasoned sales professionals who make a significant difference in the organizations that they serve. This book includes many useful tips and actionable ideas that any sales leader can use.

--Kimo Kippen, Chief Learning Officer, Hilton Worldwide

Renie has done a great job of selecting thought leaders that speak to the challenges of selling in our new, connected world. I absolutely love the framework of the book and found myself skipping from one chapter to another based on what I thought was most relevant to the problems I am most interested in solving today. This book is a must for anyone that understands that front-sales management is tomorrow's competitive advantage.

--Pat Martin, VP of Sales, Estes Express

Renie McClay, MA, CPLP, has been a dynamic performance improvement professional for 20 years. She has been successful in sales, management, and learning and performance roles at several Fortune 500 companies (Kraft, Pactiv, and Novartis). Founder of Inspired Learning LLC, she continues to bring her passion and practical approach to all project work. Inspired Learning LLC does design and delivery of energetic programs and projects around the world.